Fighting HIV/AIDS in Malawi:
Exploring the underlying factors that play a role in the spread of HIV/AIDS amongst teenage girls in Zomba, Malawi

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Abstract

This thesis explores how different underlying factors influence the spread of HIV amongst teenage girls in Zomba, Malawi, a town with high HIV prevalence amongst female youth. Qualitative research was conducted to gain insights and perspectives from female secondary school students and from NGO staff working in the field of HIV prevention for youth. The findings presented focus on issues of gender, poverty, education, migration, youth culture and multiple concurrent partnerships. Building from the theory of intersectionality particular attention is given to the way in which different underlying factors intersect to create unique identities of HIV risk and vulnerability for the teenage girls living in the community.
List of Abbreviations

ABC  Abstain, Be faithful, use a Condom
AIDS  Acquired Immune Deficiency Syndrome
CBO  Community Based Organisation
CEPARAM  Centre for Education Promotion & Advancement of Rights of the Adolescent Mothers
CRECOM  Creative Community Solutions
FGD  Focus Group Discussion
HDI  Human Development Index
HIV  Human Immunodeficiency Virus
KAP  Knowledge, Attitude and Practice
KAPB  Knowledge, Attitude, Practice and Behaviour
MDG  Millennium Development Goal
MCP  Multiple Concurrent Partnerships
NAC  National AIDS Commission (Malawi)
NGGO  New Generation Girl’s Empowerment Organisation
NGO  Non-Governmental Organisation
SADC  South African Development Community
SAFE  Sub-Saharan Family Enrichment Organisation
UNAIDS  Joint United Nations Programme on HIV/AIDS
UNDP  United Nations Development Programme
WHO  World Health Organisation
YONECO  Youth Network and Counselling

List of Boxes and Figures

Box 1  Millennium Development Goals and HIV/AIDS
Figure 1  Conceptual scheme of research
Figure 2  Students from St Mary’s Girl’s School taking part in ‘voting’ exercise
Figure 3  Students from Mulungizi Secondary School contemplating question in the ‘voting’ exercise
Figure 4  View of Zomba - Town centre shops in foreground and Zomba Mountain in background
Figure 5  View of Zomba - Tailors working by shop fronts
Figure 6  Poster encouraging girls to say ‘no’ to sugar daddy relationships
Figure 7  An advertisement for a local youth helpline painted onto the side of a mini-bus
Figure 8  Poster displayed at a local youth club advising youth to not have multiple partnerships
## Contents

Chapter 1: Introduction ........................................................................................................... 1
Chapter 2: Background and Rational ..................................................................................... 2
  Why focus on HIV/AIDS? ................................................................................................. 2
  HIV and AIDS in Malawi ................................................................................................. 3
  Global Epidemic – Local Response ................................................................................. 5
Chapter 3: Theoretical Framework ......................................................................................... 6
  What are the Challenges in Youth HIV/AIDS Prevention? ............................................. 6
  KAPB, Rereasoned Action and Behaviour Change ......................................................... 6
  Underlying Context and Supportive Environment ......................................................... 7
    Poverty .......................................................................................................................... 8
    Gender ........................................................................................................................ 10
    Education ................................................................................................................... 12
    Migration and Urbanisation ......................................................................................... 13
    Changing ‘norms’ and Youth Culture ......................................................................... 14
    Multiple Concurrent Partnerships .............................................................................. 16
  Complex Relationships between Factors ...................................................................... 18
Chapter 4: The Research ....................................................................................................... 20
  Research Question and Sub Questions ........................................................................... 20
  Conceptual Scheme ........................................................................................................ 22
    Description of Conceptual Scheme ............................................................................ 22
    Definitions of Main Concepts: .................................................................................... 22
  Unit of Analysis ............................................................................................................. 23
  Research Methodologies: ............................................................................................... 23
  Sample and Sampling Methods: ..................................................................................... 24
    The Schools ................................................................................................................ 24
    Selection of Student Participants: .............................................................................. 25
    Focus Discussion Groups ......................................................................................... 26
    The Organisations ...................................................................................................... 28
    The Interviews with Staff ......................................................................................... 28
    Participating Organisations: ..................................................................................... 29
    Participant Observation ............................................................................................ 30
    Text and Poster Analysis ......................................................................................... 31
  Data Analysis ................................................................................................................ 31
  Ethical Considerations ................................................................................................... 31
Chapter 5: Description of Research Location .................................................................... 34
  Malawi ........................................................................................................................... 34
  Zomba ............................................................................................................................ 36
Chapter 6: Research Findings Part 1 - Gender, Poverty and Education .................................................. 38
  Gender .................................................................................................................................................. 38
    Gender Roles in Society .......................................................................................................................... 38
    Gender and Initiation Ceremonies ......................................................................................................... 39
    Gender and Intergenerational Sex (Sugar Daddies) ............................................................................. 41
    Summary .............................................................................................................................................. 43
  Poverty .................................................................................................................................................. 43
    Poverty and Transactional Sex .............................................................................................................. 43
    Parental Influence on Transactional Sex ............................................................................................... 45
    Poverty and Early Marriage .................................................................................................................. 46
    Older Men ........................................................................................................................................... 46
    Lack of Alternatives .............................................................................................................................. 47
    Wealthy Girls ...................................................................................................................................... 48
    Summary .............................................................................................................................................. 49
  Education ............................................................................................................................................... 49
    Life Skills .......................................................................................................................................... 51
    Misinformation .................................................................................................................................... 52
    General Empowerment ....................................................................................................................... 53
    Wider Community ............................................................................................................................... 55
    Where Time is Spent ............................................................................................................................. 56
    Education and Poverty .......................................................................................................................... 56
    Summary .............................................................................................................................................. 58

Chapter 7: Research Findings Part 2 - Migration, Changing ‘Norms’ and Youth Culture and Multiple Concurrent Partnerships ........................................................................................................ 59
  Migration ............................................................................................................................................... 59
    Summary .............................................................................................................................................. 63
  Changing ‘Norms’ and Youth culture ...................................................................................................... 63
    Social Change ...................................................................................................................................... 63
    Influence of Western Culture ................................................................................................................ 65
    Peer Pressure ....................................................................................................................................... 67
    Summary .............................................................................................................................................. 69
  Multiple Concurrent Partnerships ......................................................................................................... 69
    Summary .............................................................................................................................................. 72

Chapter 8: Discussion of Findings and Conclusions ..................................................................................... 73
  Final Thoughts and Recommendations ................................................................................................. 77

Reference List ........................................................................................................................................ 739
Chapter 1: Introduction

‘We cannot act on behalf of children in Africa without directly, honestly and boldly addressing HIV/AIDS’ (Bellamy, C. 2002)

For over 20 years scientists, academics, policy makers and governments have battled against HIV and AIDS, yet today it is still one of the biggest challenges to health and development (IDS, 2006). As a student of both children’s rights and international development, I agree firmly with Bellamy’s statement above and as such I chose to base my thesis on the issue of HIV and AIDS in Africa. More specifically I will be exploring the underlying factors that are contributing to high HIV rates among teenage girls in the Malawian town of Zomba.

Youth are recognised as being at the very centre of the fight against HIV/AIDS and are thought of as a window of opportunity to halting the spread of the virus. Recent studies have found that the burden of all new HIV infections in sub-Saharan Africa are concentrated among young people (Hallman, 2005: 37). In 2007 it was estimated that globally, 45% of all new HIV infections occur in young people under the age of 25 (UNAIDS, 2008a: 96). Reducing the number of new infections in this age group is key to reversing the global epidemic; as such, sustained and effective preventative action needs to be directed to young people (UNAIDS, 2008a: 96). Yet when we talk about young people, it is important to recognise that youth are not one homogenous entity, their lives are diverse, even within a single county, city or community. As such ‘one size fits all’ HIV prevention programming will be limited in its effect. It is important for programme and policy makers to have a full understanding of the different contextual factors influencing youth vulnerability to HIV within any given locality in order to maximise the relevancy and impact of their programmes.

In Malawi, like many other countries, the majority of young people have some awareness of HIV/AIDS and how to prevent oneself from contracting the virus, however as Hallman points out ‘such information may not always be useable in the daily situations of economic and social disadvantage that characterise many of their lives’ (Hallman, 2005: 37). Despite this recognition, there are relatively few studies that investigate how different underlying factors affect HIV risk amongst youth, particularly in Malawi. As such I will be exploring how factors of gender, poverty, education, migration, youth culture and multiple partnerships impact, effect, interact and play out in

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the lives of girls in a community and how these different factors can effect HIV risk. To do this I carried out 11 weeks of research in the town of Zomba in Malawi, collecting qualitative data through focus group discussions and interviews with female secondary school students, NGO staff and other key informants as well as making use of observation and printed materials.

Chapter 2: Background and Rational

Why focus on HIV/AIDS?

In many of the world’s poorest countries AIDS is reversing the progress which had been made in regards to development. According to the UNDP, HIV/AIDS has inflicted the ‘single greatest reversal in human development’ in recent history (UNAIDS, 2008a: 13). In countries with the highest HIV prevalence, life expectancies have seen dramatic decreases of more than 20 years, economic progress has been slowed, households have fallen further into poverty, and in sub-Saharan Africa alone over 12 million children have been orphaned (UNAIDS, 2008a: 13).

Globally the worst of the epidemic is in Africa, which is home to 26 of the 28 worst affected countries, with sub-Saharan Africa being the area of greatest HIV prevalence (Whiteside, 2002: 315). According to UNAIDS around 22 million people are living with HIV in this region which accounts for two thirds of the global total of 33 million people living with the virus. The region was also home to three quarters of global AIDS related deaths in 2007 (UNAIDS, 2008a: 39).

In high prevalence countries in this region the impact of AIDS can be felt in all walks of life and at all levels of society, from dying parents worrying about how to provide for their children when they can no longer secure a livelihood, to grandparents becoming primary caregivers at a point in life when they often require care themselves, and orphan children becoming stigmatised at school and in the community.

The United Nation Millennium Development Goals (MDGs) represent a consensus of the international community on development targets to be reached by 2015 which aim to make the world a ‘safer, healthier, and more equitable’ place (UNAIDS 2008a: 13). Goal 6 of the MDGs directly refers to halting and reversing the HIV/AIDS epidemic, and by including this, the international community acknowledges the centrality of combating HIV for the future ‘health and well-being’ of

our planet (UNAIDS 2008a: 13). As ‘goals’ the MDGs should be both realistic and achievable, but the impact of HIV/AIDS has meant that slow progress is being made in meeting these development goals. In the box below I have outlined the first 3 MDGs and how HIV/AIDS is impacting progress:

**Goal 1** - Eradicate Extreme Poverty and Hunger: HIV/AIDS is thought to severely reduce progress towards this goal. This is seen most dramatically at household level rather than national or global levels. In many areas of sub-Saharan Africa where prevalence is particularly high, AIDS has been found to deepen household level poverty; it can lead to an increase in household spending on areas of nutrition and medicine and at the same time deplete household assets. Where AIDS results in the loss of an income earner, household income can fall by up to 80% (Whiteside, 2002: 328).

**Goal 2** - Achieve Universal Primary Education: Education is seen as an invaluable tool in preventing HIV infection, yet HIV and AIDS are having impacts both on the supply and demand sides of education. AIDS has resulted in staff shortages and absenteeism due to death and illness amongst teachers greatly affecting the supply side of education. On the demand side students are failing to enrol, attend and complete primary school because of various AIDS related factors; young girls in particular are often kept at home to care for sick parents, and because of increased household poverty, school fees may no longer be affordable so children are forced to leave school and contribute to the family income (Whiteside, 2002: 329).

**Goal 3** - Promote Gender Equality and Empower Women: Empowerment for girls and women goes hand in hand with reducing HIV rates, yet HIV/AIDS often intensifies inequality as the burden of care often falls upon women and when an income earner falls ill or dies women face greater vulnerability.

*Box 1: Millennium Development Goals and HIV/AIDS*
(Source: adapted from Whiteside, 2002 and UNAIDS 2008a)

**HIV and AIDS in Malawi**

In Malawi, the country where this research will be based, the first case of AIDS was identified in 1985 and by 2005 national HIV prevalence was estimated at 14.2 per cent of the adult population (15-49) meaning that out of a total population of almost 14 million, around one million people are living with HIV. Malawi is one of the world’s most heavily affected countries; each year AIDS accounts for around 87,000 adult and child deaths and it is the leading cause of death amongst the most
productive age group (UNDP Malawi, 2009⁵). An estimated 90,000 new infections occur every year, with the majority of these occurring in the young generation between the ages of 13 and 25 (AVERT, 2009⁴). HIV prevalence is higher among women than men in Malawi and women start contracting the virus at a younger age than their male counterparts; prevalence in the 15-24 age group is estimated at 6 percent and for young women in this age group the likelihood of contracting the virus is four times higher than for men (prevalence is 9 and 2 percent, respectively) which suggests that girls are particularly vulnerable to contracting HIV (National Statistical Office, Malawi, 2005: 230⁵). HIV and AIDS have also had a huge impact on children in Malawi, by the end of 2007 over 90,000 children were living with HIV and over half a million children had lost one or both parents to AIDS (AVERT, 2009).

HIV prevalence is much greater in urban areas of Malawi and in some cases is double that of rural areas. However, this pattern is now beginning to change, as recent research is showing a decline in HIV prevalence in urban areas such as the capital city of Lilongwe and an increase in HIV prevalence in some of the country’s rural areas (AVERT, 2009). In Malawi, as elsewhere in sub-Saharan Africa, the main mode of HIV transmission is through heterosexual sex.

At first official response to HIV and AIDS in Malawi was slow; sex and sexuality were considered taboo subjects and were not openly or publicly discussed, particularly pre-1994. The National AIDS Committee, which was set up in the late 1980s, launched the first widespread HIV/AIDS awareness campaigns within the country (UNAIDS, 2008b⁶). More recently, government initiated response and action towards the pandemic is coordinated through the National Aids Commission (NAC) which was established in 2001 and oversees the country’s prevention and care initiatives. In 2004, with the election of a new president, Bingu Wa Mutharika, Malawi’s first National AIDS Policy was launched which called for a multi-sectoral response to HIV/AIDS focusing on the areas of prevention, treatment and support (AVERT, 2009). Additional efforts to halt the spread of HIV and mitigate its impact in Malawi are carried out by a large variety of international and national governmental and non-governmental organisations, faith based organisations and community initiatives.

With this combined effort there have been some positive movements towards reducing the spread of HIV in Malawi, although it is believed that this progress is greatly hindered by social, economic

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⁵National Statistical Office (2005): Malawi Demographic and Health Survey 2004
⁶UNAIDS Regional Support Team for Eastern and Southern Africa: Malawi Country situation Analysis http://www.unaidsrstesa.org/countries/malawi
and cultural factors within the country. So while awareness of HIV is now high, these underlying environmental factors stop many people from changing their behaviour, even when they are aware of the risk it holds (AVERT, 2009).

**Global Epidemic – Local Response**

As UNAIDS point out in their 2008 Report, the global HIV/AIDS epidemic is actually ‘an amalgam of an almost infinite number of individual epidemics’ made up from separate communities, areas, countries and regions (UNAIDS, 2008a: 27). As such, tackling HIV/AIDS with one standard strategy or response as though it was one epidemic will not be effective. UNAIDS further point out that although different countries may be able to learn from each other in how best to respond to HIV/AIDS, ‘national efforts need to be informed by evidence and carefully tailored to national needs and circumstances if they are to be optimally effective’ (UNAIDS, 2008a: 27). I believe the same needs to be said of individual communities and different groups within those communities, and in order to understand how and why HIV is spreading it is essential to examine the local economic, social and cultural factors that shape the epidemic. As such my research is based on exploring how six underlying factors are playing a role in the spread of HIV/AIDS amongst teenage girls in the town of Zomba, Malawi, how these factors interact, and what this might mean for initiatives working towards preventing the spread of HIV amongst this group. I hope for this research to be of use to those working amongst this group in the town of Zomba, giving them refreshed insight into areas of attention.

The following chapter provides a theoretical frame work (literature review) relevant to this research, starting with the theory of behaviour change and going on to explore findings from previous studies as to how the six underlying factors concerned in this study influence HIV risk for teen girls.
**Chapter 3: Theoretical Framework**

**What are the Challenges in Youth HIV/AIDS Prevention?**

In southern and eastern Africa, general awareness of HIV/AIDS is high, information about the virus has been available for over a decade and the majority of people living there have some understanding of it. Yet prevalence rates remain high, with the 15-25 age group having the highest new infection rates. It is important to ask why in this climate of general awareness does infection rate remain to be persistently high? What challenges hinder prevention strategies aimed at youth?

A major focus of many of the prevention strategies carried out in sub-Saharan Africa in order to combat the spread of HIV has been the idea of ‘behaviour change’. Barnett and Whiteside, in their book ‘AIDS in the Twenty-First Century’ argue however that in order for prevention strategies to be successful they have to coincide with a supportive environment and conditions as well as desirable incentives in order for people to make healthy decisions and hold firm to them (Barnett and Whiteside, 2006: 341). In this theoretical framework I will firstly outline the behavioural change approach in HIV/AIDS prevention, and then go on to consider what factors might play a role in the ‘supportive environment’ necessary for interventions to be successful.

**KAPB, Reasoned Action and Behaviour Change**

Early intervention in the AIDS pandemic, such as the World Health Organisation’s (WHO) Global program on AIDS, saw a heavy reliance upon a framework of: Knowledge, Attitude and Practice (KAP), which had developed from studies of sexually transmitted disease and population control (Barrett and Whiteside, 2006:79). The idea behind this approach was that general programming could be adjusted to cater for the specific requirements of a population/country depending on the sexual culture of that country, as determined by what people already know, their attitudes and practices in sexual behaviour (Barrett and Whiteside, 2006:79). The behavioural aspect soon came to be understood as key in gaining insight to local contexts, and as such the KAP model evolved to KAPB, with the added ‘B’ representing Behaviour.

The behavioural focused prevention strategies that followed were often rooted in the theory of reasoned action. This theory, developed by Azjen and Fishbein (1980), attempts to predict and explain why people engage in certain behaviour in various contexts and situations. It’s basis centres around the concepts of knowledge, beliefs, attitudes, intentions and behaviour and their complex
relations leading to performance or non-performance of a behaviour (Ajzen and Fishbein, 1980). A key aspect of the theory is the idea of intention and how people rationally go about carrying through their intentions (Barnett and Whiteside, 2006: 80). The theory assumes that behaviour can be predicted by intention, for example (in the case of an AIDS related issue) if someone has the intention of staying faithful to one sexual partner it can be predicted that this is the behaviour they will exhibit.

This theory is not without its critics who have argued that a major problem of programmes stemming from this perspective is that they have ‘retained a restricted view of sexuality, reflecting the rather simple perspectives of experimental psychology rather than taking into account the complex realities of human sexuality and its social and cultural nature’ (Barrett and Whiteside: 2006 80). Likewise, Singhal and Rogers (2003) point out that behaviour change strategies focusing on the individual incorrectly assume that each person is ‘capable of controlling their context’, that ‘all persons are on a level playing field’, that decisions are made based on ‘free will’, and that ‘individuals make health decisions rationally’ (Singhal and Rogers, 2003: 211,212). In reality many people in developing countries have little control over the social, economic, political or cultural factors which often govern their ability to verify their HIV status, procure essential preventative items such as condoms, or to remain faithful to one partner. Also the ideas of level ‘playing field’ and ‘free will’ need to be questioned when considering women and people from lower socio-economic status, groups which are often found to be more vulnerable to HIV/AIDS. Even when individual behaviour is ‘healthy’ people can still find themselves at risk, for instance a married women may still be at risk of contracting HIV from an unfaithful partner (Singhal and Rogers, 2003: 212). Finally the focus on behaviour and reasoned action does not sufficiently consider emotional aspects which are often a trigger for prevention. For example, experiencing the loss of a friend or relative to AIDS or seeing the suffering of a family because of it can often influence behaviour more than rational intention (Singhal and Rogers, 2003: 212).

**Underlying Context and Supportive Environment**

As mentioned earlier, much of the response to the HIV epidemic has focused on the behavioural change strategies of knowledge, attitude, practice and behaviour which have resulted in the provision of information, awareness raising campaigns and condom distribution. Craddock points out that although these efforts are of great significance in the fight against this disease, the strategies rely on assumptions of individual agency removed from the ‘social context, economic contingencies, inequitable power relations and the cultural production of meanings of AIDS and
other diseases’ (Craddock, 1999:164). Craddock argues that until the complex context underlying the HIV epidemic (of which discourses of gender, politics, economics and culture are key) are fully taken into account, inappropriate and ineffective prevention policies will continue to be produced (Craddock, 1999:164). This underlying social, economic, gendered and cultural context of AIDS is a major part of what Barnett and Whiteside refer to as the ‘supportive environment’ necessary for successful intervention (2006: 341).

In his book ‘Infections and Inequalities: The Modern Plagues,’ Farmer also states that ‘wherever HIV infection is a sexually transmitted disease, social forces necessarily determine its distribution’ (1999: 137). He continues that while cultural, political and economic factors are undoubtedly all important, the weighting or significance each of these factors can alter according to specific contexts and settings (ibid).

So, which factors play a role in the supportive environment? And how might this translate to the situation of youth in Malawi? What conditions are important to consider in order for HIV/AIDS prevention strategies to be effective? What measures need to be put in place or which issues need to be addressed to create a more supportive environment?

From reviewing the literature on HIV/AIDS prevention studies conducted with youth, as well as other related studies and theories, it appears that many factors can contribute to a supportive or unsupportive environment. In this literature review I have decided to focus on six of these factors: poverty, gender, migration, education, youth culture and multiple concurrent partnerships. The first five factors were chosen before the research took place, and the sixth was added during the research process. These six factors were chosen due to their general prominence in HIV/AIDS related discourse, their relevance to youth in sub-Saharan Africa, particularly Malawi, and because these are areas that interest me.

**Poverty:**

Is AIDS a disease of the rich or the poor? This is a question that many researchers have sought to answer. It appears that evidence from studies conducted early on in the AIDS epidemic suggest a positive correlation between economic resources and HIV infection, which indicated a higher infection rate amongst the more affluent in society. It was thought their mobility and greater personal autonomy were contributing factors to the high prevalence rate. However, once information about the virus and its transmission became available, this more affluent group was in a
better position to change their behaviour because of their access to information, healthcare and condoms (Gillespie et al. 2007: 5).

More recent studies now point to a change in the relationship from being one of ‘affluence and HIV’ to now seeing a connection between ‘poverty and HIV’. A current assumption within HIV/AIDS discourse is that poverty places individuals and households at a greater risk of HIV exposure through ‘the economically driven adoption of risky behaviours’ (Gillespie et al. 2007: 6). Poverty, particularly in areas of food insecurity, is thought to lead to high-risk transactional sex in order to provide a way of meeting the immediate needs of a household or individual. A study undertaken in Malawi by Bryceson and Fonseca (2006) noted the response of one village leader being: ‘HIV/AIDS is not very threatening compared to the hunger which most households face. In fact it is hunger, which is contributing to the rise in HIV infections in the area’ (religious leader in village, August 12, 2003 cited in Bryceson & Fonseca, 2006: 105). It is revealing that in circumstances where immediate needs are not being met, the long term threat of HIV/AIDS is a less prioritised concern for some people. Entering into ‘risky’ or unsafe sexual relationships which may provide money, security or access to resources can be seen as a solution to addressing present needs. In such situations, where economic dependence on a sexual partner is apparent, the power relations between partners can lead to the practice of unsafe sex, for example a women’s or young person’s dependence on their partner may leave them with little power to insist on condom use (Gillespie et al. 2007: 6).

Many youth are actively involved in earning an income to either contribute to their parent’s household or for their own use. Atekyereza (2001) found that in Uganda this was particularly the case for boys who searched for paid employment, where as for the majority of girls the only option was to marry. Kakuru (2006: 69) also found that options for girls to earn an income were highly restricted, particularly amongst the poorer members of society (i.e. for those girls attending ‘free’ schools rather than private schools). She noted that income earning pathways included taking money and gifts from older men. Her research in Uganda found that some economically disadvantaged girls were involved in sexual relationships with ‘boda-boda’ (bicycle taxi) drivers on their way to school as a way of paying school fees, and she states ‘this seemed to be done out of desperation’(ibid). This can be seen as greatly increasing the girl’s vulnerability to contracting HIV, not only because these older men are likely to have been sexually active for a longer period of time and therefore have a greater chance of being seropositive, but also because the economic dependence and ‘desperation’ of these girls would greatly limit any power they might have had to negotiate safe sex, i.e. condom use.
So, what could this mean for youth focused interventions? Is poverty seen as contributing to the HIV/AIDS rates amongst youth in the community of Zomba? And by whom? Is the special situation of poor girls taken into account? The difference in income earning opportunities for youth brings into light the gender disparities between young people, and the additional vulnerabilities it can bring, particularly for girls.

**Gender**

Gender has long been acknowledged as an important factor in the transmission of HIV. It is important to note that defining gender is not the same as defining sex. Gender refers more widely to the norms and expectations that a society holds concerning what is deemed the appropriate behaviour, characteristics and roles for men and women within that society. Whilst sex is a biological construct, gender is socially constructed and can differ between societies. It is gender that defines how men and women are expected to interact with one another (Gupta, 2000: 1).

Issues of gender have often been central to the discussion of HIV/AIDS in sub-Saharan Africa where the majority of transmission occurs through heterosexual intercourse.

Gupta points out that many societies exhibit a ‘culture of silence’ surrounding sex, and women in particular are expected to be ignorant regarding sexual matters. This creates difficulty not only in informing women and girls about how to reduce the risk of infection, but also by weakening their ability to negotiate safer sex or access appropriate services (Gupta, 2000 and Carovano, 1992). A study in 23 developing countries (Gwatkin and Deveshwar-Bahl, 2001) found knowledge of HIV prevention to be almost always higher in men than in women (cited in WHO, 2003: 12). In the same way, prevailing norms about masculinity suggest that boys and men are often expected to be more experienced and knowledgeable about sexual matters. Gupta points out that this often places boys and young men at risk as it prevents them admitting their lack of knowledge or seeking information about sex and protection. It may also lead to them being pressured into having sex at a young age or in unsafe ways in order to prove their masculinity (Gupta, 2000:3).

Further, gender norms tend to place women in reproductive and household centred production roles, whilst men are expected to act as economic providers and production outside of the household. This arrangement leads to women having less access to productive resources (land, income, employment) than men which affects their negotiation potential in their relationships (WHO, 2003: 5).
The issue of power or rather the inequality in power relations between genders is a primary area of discussion in the field of HIV and AIDS. Craddock (1999: 155) links the idea of gendered inequalities with the theories of Sen (1981) and Watts and Bohle (1993) who, though focusing on famine, present a theory of vulnerability that can be useful to the discussion of gendered vulnerability to diseases such as HIV/AIDS. Sen’s theory of entitlement sees access to resources as a critical factor in reducing vulnerability, while Watts and Bohle focus more on the idea of empowerment, which centres on power relations and their configuration at the personal, household or societal level (Craddock, 1999: 155).

As mentioned, the assignment of women and girls to household centred roles, as well as their lower socio-economic status, results in them having less access to and command over resources, which according to entitlement theory places them in increased vulnerability. This is reinforced by unequal power relations meaning women are less able to negotiate safer sex such as condom use from their partners (Craddock, 1999).

Gender norms, expectations and power relations play a central role in the experiences of youth, particularly in the context of HIV/AIDS, affecting their sexual behaviour, risk and vulnerability. It has been stated that ‘age intersects gender in determining the distribution of power within society’ (WHO, 2003: 22). Generally, younger people hold less power in society and girls/young women are again less powerful than boys/young men (WHO, 2003: 22). The theory of intersectionality, discussed later, implies that you are most disadvantaged and discriminated against when you are both young and female. Craddock suggests that gendered entitlements and empowerments become most visible when considering not ‘how’ but ‘why’ sex is taking place and with whom. While research with youth has found many young people become sexually active out of choice, for others particularly girls, other reasons are paramount not only in their becoming sexually active, but with ‘whom’. Craddock refers to the ‘sugar daddy’ phenomenon that has become common in many parts of Africa. As previously mentioned, this involves an older man bestowing gifts, clothes, money, schools fees etc. on a girl or young women in exchange for sex (Craddock, 1999: 158). It is thought that this type of ‘intergenerational sex’ is perpetuated by girls’ lack of access to resources and their relative powerlessness both in terms of age and gender. Craddock points out that such inequality within society has ‘directly implicated’ the rise in the rate of HIV seropositivity amongst girls (Craddock, 1999: 158). In southern Africa, adolescent girls are between 2 to 4.5 times more likely to be infected with HIV than boys of their age group (Bearinger et al, 2007 & UNAIDS, 2008a: 107).
Given the differences in gendered vulnerability to HIV, and the different pressures and circumstances faced by young people (boys being encouraged to prove their masculinity by having sex at a young age, and girls susceptibility to ‘sugar daddy relationships’), is gender viewed as an underlying factor in youth HIV/AIDS by interested parties in Zomba? What gender roles are present in the study community and how are they reinforced? Are girls viewed as especially vulnerable to HIV? Why and by whom?

**Education**

Education is thought by many to be a ‘window of opportunity’ in HIV prevention, or as Vandemoortele and Delamonica suggest, education is the ‘vaccine’ against HIV (2000:6). Research has revealed two opposing views with regards to education and HIV/AIDS. Some argue that increased levels of education make an individual more vulnerable to HIV, whilst others argue that more education, especially for girls, helps reduce vulnerability (Hargreaves & Boler, 2006: 9). Hargreaves and Boler point out that while higher infection rates amongst the more educated was apparent in the earlier stages of the epidemic, more recent research from 11 African countries suggests a clear link between higher level of education and reduced vulnerability to HIV (Hargreaves et al. 2008). A recent study from South Africa measuring the effect of socioeconomic status on HIV prevalence found that one extra year of schooling reduced the risk of acquiring HIV by 7% (Barnighausen et al, 2007). It appears that education is particularly effective at reducing girls’ risk of contracting HIV; studies suggest that girls who have completed primary education are more likely to use condoms than those who have not, and for secondary school completers this likelihood has been reported as between 4 and 7 times that of their non-school going peers (UNAIDS, 2008a:70).

Vandemoortele & Delamonica point out that whilst more recent studies are suggesting that education contributes to reduced HIV prevalence, they have not been able to conclude precisely how the ‘education vaccine’ works (2000:7). While some believe that sex education and information about AIDS provided to students at school is the reason for prevalence reduction, others argue that education in general is important as it allows and ‘empowers’ an individual to internalise the information they receive about AIDS, using what they have learnt to effect a healthy behaviour change (ibid). Beyond the individual level, education is seen as a positive tool for transforming social attitudes within the family and community, creating an environment where behavioural change can be accepted (ibid).
Whilst the introduction of free primary education has meant that many more children and young people are enrolled in school, there are still large numbers of out of school youth in much of sub-Saharan Africa including Malawi. Some relevant questions when looking at the topic of HIV and education in Malawi are then: Is education viewed as a ‘vaccine’ against HIV in my study community? Are out of school youth perceived as being at risk? What aspect of education (information/empowerment/ community transformation) is seen as most beneficial in lowering HIV risk? One group of youth whose schooling is often disrupted are migrant children, some of the issues surrounding migration and AIDS will now be considered:

**Migration and Urbanisation**

The process of migration has long been associated with the epidemiology of HIV/AIDS in sub-Saharan Africa. During the initial stages of the HIV epidemic, migrants and mobile populations played a significant role in its spread. The seasonal or temporary nature of much migration in the region meant that returning migrants often carried the HIV virus with them to previously unaffected home areas (Brummer, 2002: 2). In the current stage of the epidemic, where HIV prevalence is high amongst the general population, the migrant is now viewed not so much as a carrier or agent in the spread of the HIV but as an individual more vulnerable to infection than non-migrant people (Brummer, 2002: 2).

Migration is often closely linked with poverty and lack of economic opportunity causing people to migrate in search of work or better prospects. Gupta et al. point out that migration can ‘disrupt stable social and familial relationships’ and exposes people to a greater risk of HIV infection (2003: 18). One form of migration rapidly taking place in Malawi is urban-rural migration. Harsh conditions in rural areas have meant that many rural families and small holders are finding it increasingly difficult to meet basic needs. Bryson et al (2004: 64) state that due to economic, political and social factors, the agrarian way of life in Malawi has seriously eroded over the last 20 years, and migration to urban areas is seen as the only alternative for many people. Whilst Malawi is still predominantly rural and one of the least urbanised countries in Africa, its rate of urban growth has seen a rapid increase. Malawi’s rate of urbanisation is now one of the highest in Africa (6.3% per annum compared to the continental average 3.5% per annum), and is three times that of the average global rate of urbanisation (UN-Malawi, 20097). Many rural-urban migrants are youth who are heading to

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urban areas in search of viable non-agricultural livelihoods (Bryson et al. 2004: 64). A further and increasing migrant group relevant to this study are children and youth migrating independently, often as a result of HIV, moving from their original home and community to that of their relatives (Young & Ansell, 2003)

Today, migrants are thought to be more vulnerable to HIV than the non-mobile population. The increased vulnerability is not a direct result of their mobility, but due to the situations related to the migration process and the behaviours engaged in during migration (Brummer, 2002: 8). It is believed that members of immigrant populations can experience social marginalisation; their access to economic assets is generally more restricted than the local population, as well as their access to information and services (Gupta et al. 2003:18). Brummer (2002:9) points out that lack of money, social, cultural and language barriers can hinder public service access for many migrants, particularly to HIV/AIDS education, health services and condoms which are not easily available for many migrants. Further, the new social environment that migrants find themselves in are not always welcoming, and feelings of alienation, separation from family and lack of social support have been linked to risk taking sexual behaviour (Brummer, 2002; and Campbell, 2001).

Given the general consensus that migrants are particularly vulnerable to HIV, I am interested to find out whether participants in this research believe that migration places a girl at greater risk of HIV in my study community. For what reasons do families and young people migrate to Zomba? What specific factors and challenges within the process of migration may increase HIV vulnerability for girls who have recently arrived in the town? And are the same challenges faced by girls moving with their families as those travelling independently?

**Changing ‘norms’ and Youth Culture**

Culture can be defined as the learned behaviour of societies, it may include beliefs, customs, norms and values and is generally passed from one generation to the next (Hailonga, 2007: 130). Culture includes within it norms and values regarding sexuality and behaviours. It is not a static condition; it changes and evolves as a result of exposure to and interaction with external and internal forces of social, political, economic, cultural, or ideological natures (ibid: 135). One consequence associated with increased rural-urban migration, urbanisation, and modernisation within a country is the dilution of traditional cultural and social rules about sex.
Munthali et al (2004: 7) notes that ‘societies naturally make concerted efforts to ensure that adolescents grow into responsible and productive adults’. It is usually the responsibility of adults within society to oversee this process, with men responsible for boys socialisation, and women for girls. In their study of youth in Malawi, Munthali et al. note that traditional structures and culture are changing and, as a result, a ‘vacuum’ has emerged in the socialisation of young people, particularly on sexual issues: traditional structures are disintegrating, but newer emerging structures are not yet ‘meeting the socialisation needs of adolescents’ (2004: 7). Hailonga writes that youth are now having to negotiate between ‘traditionalism and rapidly emerging modernism’ (2007: 130).

Two different aspects regarding changing traditions and values become apparent in the literature regarding youth. Firstly, the ‘emerging modernism’ is causing a widening of the generation gap between parents and their children, and secondly media and ‘western youth culture’ is considered to have a large impact on youth sexuality.

Munthali et al. (2004) suggest that factors such as education, religion and urbanisation have brought changes to traditional structures within communities. The current generation of young people are the first to have been entitled to free primary education, making many of them more educated than their parents. In their study in Malawi, Munthali et al. found these changes were cited by respondents as the reason why ‘elders lament that young people do not listen to advice’ which has been perceived by the elder generation ‘as a major explanation for the high prevalence of diseases among young people, including HIV/AIDS’ (2004:7).

In Hailonga’s study of youth cultures and sexuality in Namibia, a country similar to Malawi in terms of youth HIV prevalence, she found that a generation gap between youth and their parents was emerging, with youth adopting value systems different to those of their parents and grandparents (2007:138). She writes that ‘adolescents embrace modernity’ and for them, being modern involves wearing trendy clothes, going to bars and nightclubs and being sexually active (ibid: 138). With adolescents having different attitudes to their parents and elders, difficulty arises in educating youth about sex as they perceive their advice to be ‘old fashioned’.

The media is thought to have played a considerable role in bringing about recent cultural change for youth. As part of wider processes of globalisation, images of ‘western’ youth cultures have been exported to much of the world. Cultural integration is never an equal process; through this process images from ‘outside’ allow ‘local communities to negotiate between local and global and (as a result) create new hybrid identities’ (Hailonga, 2007: 133). The media, whether TV, film, music, newspaper, magazines etc, presents and confronts people with new ideas and understandings,
which can often clash with traditional or existing norms and values of a society. Youth in particular are keen to take on and exhibit aspects of western culture. Hailonga found that amongst Namibian youth ‘there is a strong desire to be ‘American’ or ‘European’ or ‘modern’’ (2007: 138). Though as Hailonga points out, while media and western influences have changed what is seen as desirable, the environment and circumstances that many youth in Africa are living in are far removed from the western context. Many young people do not have the resources to buy fashionable clothes etc, and for some, efforts to obtain such ‘fashionable’ items has led to risk taking behaviour or ‘risky relationships’ forming, as Hailonga notes. Some young people have become increasingly susceptible to ‘sugar daddy’ relationships as they seek alternative routes to be able to live out western culture (Hailonga, 2007: 138).

Peer pressure amongst youth to act and behave in certain ways is putting young people in vulnerable situations in regards to HIV infection. Hardon (2005: 605) notes that in Masaka, Uganda, adolescents regarded risky sexual behaviour as a sign of modernity and part of being ‘a cool adolescent’. The pressure that young people put on each other to follow norms of ‘youth culture’ is also apparent in van Eerdewijk’s study of youth in Senegal, teenage boys were laughed at and mocked by their peers for not having sex. Other studies have revealed examples of teenage girls putting pressure on each other to have sex without a condom. These types of pressure are in direct conflict with the behavioural change programmes aimed at youth which promote abstinence or condom use. This highlights how contextual factors of culture and youth environments can make it difficult for some young people to put into practice the HIV prevention strategies they have been taught.

Given this background, I am interested to find out whether there is evidence of a difference in values between youth and their parents in my study community. What are the dominant aspects of youth culture in Zomba and does this bring added pressures and vulnerability for youth? Is western culture influencing youth behaviour? If so, what aspects and how? What types of peer pressure and expectations are common in Zomba? If ‘modern’ and ‘western’ cultures are appealing to young people, can they be used as a tool in prevention programmes?

**Multiple Concurrent Partnerships**

This factor was added into my research whilst in the field. It became apparent that this is an issue affecting youth in Malawi, particularly in the town of Zomba and was made clear by the prominence of the topic in my discussions and interviews there.
In 2006 a joint enquiry by UNAIDS and the South African Development Community (SADC) into HIV prevention in Africa’s high prevalence countries identified multiple and concurrent sexual partnerships (MCP), combined with low and incorrect condom use, as a critical driver of HIV transmission in these countries (UNAIDS, 2009: 1).

Multiple concurrent partnerships can be described as ‘sexual partnerships overlapping in time, where one partnership starts before another terminates’ (Kenyon and Badri, 2009: 29). There is still no consensus over the specific timeframe that should be used to determine an MCP, some studies include concurring or overlapping relationships that have lasted one month, three months or longer, while others count even one off sexual relationships alongside a long term relationship (UNAIDS, 2009: 3). There are two main reasons as to why concurrent relationships as opposed to sequential relationships are associated with accelerated HIV transmission. Firstly, overlapping relationships can create a large sexual network of directly or indirectly connected people through which the HIV virus, once introduced can spread rapidly (Kenyon and Badri, 2009: 31). Secondly, viral load is significantly greater in the early stage of HIV infection (typically a window of 3 weeks), which means that transmission is made more likely within this time period so if one person within a MCP network contracts HIV everyone in the network is placed at greater risk (Limwame and Kumwenda, 2008: 9).

In contrast, within a monogamous partnership, the HIV virus remains contained within the single relationship for as long as it continues. If or when a new partnership starts the acute stage of HIV infection where infectivity is greatest has already passed (Limwame and Kumwenda, 2008: 9).

A recent study of attitudes towards MCP in southern African countries found different reasons for people entering into MCP, reasons such as: ‘low appreciation of risk; sexual dissatisfaction; the influence of culture and social norms; the desire for money and material possessions; the influence of alcohol; the belief that men cannot control sexual desire; and pressure, male domination and abuse’ (UNAIDS, 2009: 6). It was also reported that ‘rather than being passive victims’ women sometimes seek out multiple relationships as a way of accessing material benefits (UNAIDS, 2009: 6).

Even though a link between MCP and HIV has been recognised in other countries for over 10 years, MCP is a relatively new area of research in Malawi. One recently conducted qualitative study of MCP within the country found that multiple relationships were a common occurrence (Limwame and Kumwenda, 2008: 44). While their research focused mainly on adult relationships, it also gave evidence of youth MCP, finding that boys like to have more than one girlfriend in order to prove their manhood, whereas girls generally state material reasons for entering into MCP. According to the study, while MCP is prevalent in Malawi, it is also a secretive affair and lying to partners is
essential so as not to lose them, which has meant that multiple relationships are often easier to sustain in the short term rather than the long term (Limwame and Kumwenda, 2008: 12)

Given the suggestion that MCP commonly occurs in Malawi, how does this translate into the youth culture of Malawi and Zomba? What reasons do youth have for entering into multiple relationships? Who are these relationships with? And is MCP perceived as fuelling youth HIV rates in the community?

**Complex Relationships between Factors**

Throughout this literature review, one thing that has become apparent when considering the different factors which contribute to the contextual environment of HIV/AIDS is that factors are both interwoven and complex. As Gillespie et al. suggest, ‘links between socioeconomic conditions, such as wealth and education, and HIV risk and vulnerability are clearly complex, perhaps too complex for a single explanation’ (Gillespie et al. 2007:12). Findings from previous studies have sometimes contradicted each other, which again highlights not only the complexity of factors involved, but also their often context specific outcomes. What is clear is that AIDS cannot simply be described as a disease of the poor, or uneducated, or urban populations (Gillespie et al. 2007:12). The importance and weighing of different underlying factors in any given context or locality can change over time, along with the progression of the AIDS epidemic or changes at the individual and societal level. Gillespie et al point out that ‘different socioeconomic factors may affect health at different times in the life course, operating at different levels (e.g. individual, household and neighbourhoods) and through different causal pathways’ (2007: 12).

As indicated, each of the contextual factors discussed here also play out at an individual level, factors such as gender inequality, poverty, and migration can affect people in different ways determining for example their gender position, socio economic status and inclusion in the community. Also underlying contextual factors combine and interplay to determine the power an individual has to decide on their behaviour and how they prioritise different behaviours. While individuals may share the same ‘contextual environment’ the way in which this plays out in the lives of individual people depends on individual circumstances and experiences.

One theory that can help us to better understand the complexity of contextual factors involved in the social environment, and how these play out in the individual lives of youth increasing their vulnerability to HIV/AIDS is ‘intersectionality’. This theory originates from feminist studies and was developed to understand the relationship between socio-cultural categories and identities (Knudsen,
It starts from the assumption that people have different identities (in the case of our example, these could be poor, in school, urban etc.) and it recognises these identities are multi layered and derived from social and historical structures (AWID\(^8\), 2004). The theory emphasises complexity, different factors are not simply understood as ‘additively’ increasing burden, but as ‘producing substantively distinct experiences’ (AWID, 2004: 1). Rather than merely referring to interaction between categories, intersectionality offers a ‘transversal’ perspective by considering how different factors ‘intertwine, pervade and transform each other’ (Knudsen 2004:64). In the case of this research, it would mean that instead of considering a teenage girl as falling neatly within the brackets of ‘urban’, ‘poor’ and ‘susceptible to peer pressure’, exploring how these factors intertwine to produce the particular experience and identity of the girl.

Larkin et al point out that once you acknowledge the multiple identities and different vulnerabilities of youth, it becomes apparent that ‘a ‘one size fits all’ prevention strategy is limited’ (Larkin et al. 2007: 2). They suggest that while there are common factors that will affect all youth, (ie. gender norms within society) differences in vulnerability are lost if youth are considered as a homogenous group. Using an ‘intersectional’ perspective can be helpful here as it allows us to consider how factors such as gender, poverty, education, location and culture intersect to create different ‘conditions of risk’ which in turn can be used to help develop effective and targeted prevention programmes that address the diverse situations of youth (Larkin et al. 2007: 2).

Likewise, Gillespie et al. (2007) argue that since no simple explanation for the interplay between factors such as poverty, education, culture and HIV transmission exists, prevention approaches need to reach people from all socio-economic levels in society. Further, prevention strategies need to be tailored according to the needs and vulnerabilities of different groups, with special attention given to women and youth ‘and to the dynamic and contextual nature of the relationship between socioeconomic status and HIV’ (Gillespie et al. 2007:12).

\(^8\) AWID – Association for Women’s Rights in Development, see: http://awid.org
Chapter 4: The Research

Research Question and Sub Questions

Whilst many reports have indicated that almost all of the population of Malawi have some understanding of HIV/AIDS, it is also reported that there are 10,000 new infections every year, and the majority of these occur amongst young people (aged 15-25). Due to the high youth infection rate, particularly for girls, it is important for policy makers and practitioners to have a current and full understanding of the challenges and barriers to successful prevention measures.

While the literature has highlighted a number of possible factors that contribute to the contextual environment, I was interested to find out what factors were particularly significant in the town of Zomba, and also to explore a local perspective on the ‘real life’ situation and how different factors interplay in the lives of youth to create barriers or challenges for them in adopting the behaviour change messages that they are given.

My original research plan was to ask: How do community and school based interventions in Zomba (Malawi) address the underlying factors that contribute to the spread of HIV/AIDS amongst teenage girls, in their efforts to encourage behaviour change? Before departing to the field I chose five different ‘underlying factors’ presuming that I would find some of them not to be relevant on arrival. Instead I found that all five were extremely relevant for girls in Zomba, and I had soon added a sixth factor to the list: Multiple Concurrent Partnerships (MCP). At this point I chose to direct my research towards focusing more intently on these 6 factors rather than current interventions; this was primarily for two reasons. Firstly because the wealth of information on each underlying factor and informant’s enthusiasm to share their understandings and experiences meant that I needed to dedicate more time to these factors in order to do them justice. Secondly, national elections were taking place during my stay in the country, and because of political preoccupancy with these elections much needed government funding had failed to arrive for many of the youth based organisations in Zomba. So rather than being able to tell me what programmes were running, I was often given details of past programmes or future proposals, and although I found this interesting I did not want it to be the focus of this study.

So while some aspects of my research changed, many fundamental parts remained the same. The focus of the study remained on teenage girls as the literature indicated that their social, cultural and economic status makes them particularly vulnerable to HIV/AIDS and that they become infected at
an earlier age than boys (initial response in the field also indicated that this was the case). In addition, with this research I still hoped to explore the challenges surrounding HIV/AIDS prevention for youth in Zomba, particularly how underlying factors were contributing to this. With this in mind, the aim of the research developed into gaining insight into the local situation of Zomba, based on local people’s understandings of the key contributing factors that lead to high HIV prevalence amongst teenage girls, so as to better inform local initiatives working on HIV prevention amongst this group, paying particular attention to the how different factors intersect with each other. As such, my revised research question was:

**Which underlying factors (in connection with each other) play a role in the spread of HIV/AIDS amongst teenage girls in Zomba, Malawi?**

The sub questions that I wanted to find answers to in order to address my research question were:

1. What factors are recognised as contributing to the spread of HIV amongst teen girls in Zomba?
2. Are issues of gender, poverty, education, migration, youth culture and multiple partnerships considered as important underlying factors? And by whom?
3. If so, how do issues of gender, poverty, education, migration, youth culture and multiple partnerships affect vulnerability to HIV?
4. How do different underlying factors intersect and interrelate with each other?

In order to help me answer the second and third sub questions above, I wanted to find answers to the following ‘sub-sub questions’:

- Are girls more vulnerable to HIV than boys? If so, what is it that makes girls particularly vulnerable?
- Does poverty affect HIV risk? If so how? Does being wealthy mean the risk is lower?
- Does having an education make a difference to HIV risk? If so why and how?
- Are migrant girls (newly arrived in Zomba) more vulnerable to contracting HIV? If so why?
- What is dominant youth culture in Zomba? Is it believed to contribute to youth HIV prevalence?
- Are multiple concurrent partnerships common in Zomba? Amongst youth? If so why do they take place? And do they affect vulnerability to HIV?
Conceptual Scheme

The above conceptual scheme helps to identify the main concepts relevant to this study and was created to be applicable for teenage girls between the ages of 13 and 19 year and currently living in Zomba, Malawi. The scheme was designed to show how underlying factors (in connection with each other) influence individual factors (in connection with each other) which in turn influence the sexual behaviour and HIV exposure of an individual. The scheme also recognises that structural interventions (meaning interventions intended to address underlying and individual factors) can have an effect on these factors and that behaviour change messages can also have some influence on sexual behaviour and HIV exposure.

Definitions of Main Concepts:

**Underlying factors**: This refers to aspects of the social, economic, political, cultural environment, which when combined make up the ‘environment’ in which AIDS prevention programmes are carried out. Factors of gender, poverty, education migration and youth culture have been identified prior to departure to the field, and a further factor of Multiple Concurrent Partnerships (MCP) was indentified whilst in Zomba.

**Individual factors**: this refers to how different contextual and underlying factors translate to the individual level, and how they interact and ‘intersect’ within the lives of individuals.
**Behaviour change message:** This refers to the aim and basis of the majority of HIV prevention programmes, which promote a change from ‘risky’ to ‘safe’ behaviour in the context of AIDS. This often involves promoting the behaviour ideal of ‘ABC’ (Abstain, Be faithful, use a Condom).

**Unit of Analysis**

The unit of analysis for this study is the underlying factors contributing to HIV/AIDS prevalence among girls. The main focus is on the factors affecting girls between the ages of 13 to 19 from various socio-economic backgrounds and places of residence within the town of Zomba, Malawi. Seeking the opinions and experiences from girls themselves was vital for building up a picture of the different factors that can increase vulnerability to HIV infection, as well as the views and professional experiences of staff from youth focused NGOs/CBOs and youth clubs working in the town. Views of other relevant stakeholders such as community leaders and local academics were taken into account.

**Research Methodologies:**

This research is based on a constructivist epistemology. According to this view the world is understood as socially constructed, ‘truth and meaning’ are created through the subject’s interaction with the outside world (Gray 2004:17). There is not an objective truth to be discovered, but individuals construct their own subjective meanings, understanding and values in different ways (Gray 2004:17). This perspective was adopted as I believe the lives and experiences of the youth concerned in this study are diverse, the weighting of different underlying factors varies depending on the individual’s life experiences and circumstances. An implication of this epistemology was that the research is qualitative in nature, seeking to uncover and understand the various factors that increase girl’s vulnerability to HIV/AIDS.

Following on from a constructivist base, the theoretical perspective for this study is interpretivism, particularly aspects of symbolic interactionism and naturalistic enquiry. Symbolic interactionism is concerned with the notion of meanings which are considered key to social behaviour (Gray, 2004: 21), this perspective is particularly interested in the meanings arising from social interaction and the interactive processes of interpretation; as such this perspective was useful for studying the social and cultural aspects of a community, for example how gender norms and youth culture play out in the lives of young people. Aspects of naturalistic enquiry also feature in the theoretical perspective; this theory is concerned with holistically studying multiple realities. In this view, phenomena can only be understood in their contextual setting and cannot be isolated or manipulated independently.
of other factors. This falls in line with the idea that different underlying factors interact and intersect to produce the contextual environment for the girls in this study, for example, looking at education independently of poverty would mean that a more complete picture would be missing.

These theoretical perspectives lead to me adopting a methodology of ethnography, aiming to understand the interaction between people and their environment by attempting to see the situation as relevant actors see it. This meant that my research would be based on qualitative methods, particularly interview, focus group discussion, participant observation and observation of posters, texts and documents relevant to the study.

**Sample and Sampling Methods**

After seeking permission to conduct my research from the relevant local authorities in Zomba, my first actions towards finding the answers to my questions were to organise which schools would participate in my research and also to locate relevant NGOs, CBOs and grassroots initiatives working in the Zomba Town area. I will firstly discuss my research in the schools and then go on to explain how I worked with the organisations.

**The Schools**

As stated, one of the main aims of this research is to explore how different underlying factors contribute to the spread of HIV/AIDS amongst teenage girls, and as teenage girls are the main focus, I felt it was greatly important to include the voice of these girls in the research.

To do this I organised focus discussion groups with female students in some of the local schools. The first step in this process was to seek and gain permission from the District Education Office and select the schools to take part. I had originally planned to hold discussion groups at 4 schools, 2 single sex girl’s schools and 2 mixed education schools with boys and girls both attending, all from different locations within the town. After discussing my plans with the education department, I discovered that Zomba only has one single sex girl’s school, so this one was selected along with 3 mixed education schools. In the Malawian school system, secondary schools are divided into 3 categories and the type of school a student can go to generally depends on their primary school finishing exam results. Those in the top third attend Secondary Schools with boarding facilities; students with grades in the mid range go to Secondary Schools without boarding facilities and the lowest achieving students attend Community Day Schools. As I wanted to include girls from a range of educational and socio-economic backgrounds I chose to include one school from each category,
and from different locations within the town. As such the following schools were selected to take part:

- St Mary’s Girl’s School – a prestigious Catholic boarding school for girls, situated on the western side of Zomba.
- Mulunguzi Secondary school – a coeducational boarding school on the eastern side of Zomba.
- Cobe Barracks Secondary School – a coeducational school without boarding, situated within the Army Barracks on the North side of Zomba and mostly attended by children whose families live within the barracks.
- Zomba Urban Community Day Secondary School – located in the south of the town.

**Selection of Student Participants:**

My original plan for selecting the students who would take part in the study was to first fully inform them about the purpose of the research and ask for volunteers who would be happy to take part. For those who would like to take part I intended to draw names at random to make up the focus discussion groups (5-7 girls in each group). This turned out a little differently in practice. During my initial visit to each of the schools I spoke in depth with the head teachers to let them know the nature of my research and to seek permission to include their school. We then arranged a time for me to return and hold the focus group discussion (FGD). After discussing participant selection, the head teachers generally felt that it would be more practical and time efficient if they arranged this. I left them with instructions that students should firstly be informed as to what the research is about and what their part will involve, and then from those who volunteer to take part a selection can be made. I reminded the teacher that it was for girls only and that preferably they should be randomly selected, if this was not possible then the group should be selected so as to be as representative as possible of different social-economic backgrounds and academic abilities in the school. There are dangers of bias in both of these selection processes, for example those students who are willing to take part might be more conversant in English or more confident in sharing their opinions, and when teachers are left in charge of selection, favouritism or the desire to present a certain image of the school could also influence selection. I think it is important to be aware that this bias may have taken place, but I do not think that overall it harms the research, as when the results from each of the schools are combined they portray opinions from a wide selection of individuals from varied socio-economic backgrounds and academic abilities.
Focus Discussion Groups

I wanted the discussion groups with the girls to be informal and interactive and therefore worked towards creating the right atmosphere for this. In 3 out of the 4 schools I was given a classroom to use as the venue for the discussion. In the 4th school we used the playing field which also worked as a suitable venue. I introduced myself in an informal way letting the students know that I was not a teacher or an NGO staff member, but a student like them and they therefore did not need to be shy or reserved in front of me. I let the girls know what I was studying and told them what and why I am researching, as well as what my research would be used for. I gave the girls taking part opportunities to ask me about myself or my research, regularly checking if they had any questions.

The first activity I planned was intended to give the girls a chance to think about the topic we would be discussing and what their opinions are towards them. I prepared a list of 12 questions on the subjects that we would be discussing, each written on a separate piece of card. After each question I had written possible answers that the girls could choose, for example question 1 was: Do girls find it difficult or easy to apply the things they learn about in life skills to their own life? And the possible answers were: very difficult, a little difficult, it’s ok, quite easy, or very easy. By each possible answer was a plastic cup, the girls were each given a handful of dry beans to use to ‘vote’ by dropping a bean into the cup that most closely represented their opinion. The idea of ‘voting’ worked well as an activity as presidential elections were taking place in Malawi during my research visit so voting was a concept that all the girls were familiar with. Underneath the question and answer options I created a small section called ‘something to think about’ where I listed related questions that I would be asking during the discussion. I wanted to give the girls a change to think about what their answers might be and of examples they could use.

Figure 2: Students from St Mary’s Girl’s School taking part in ‘voting’ exercise.
Girls moved around the room to different desks where the cards had been placed to read the questions vote for the answers, and to also read the extra questions that I would be asking them later. Some of the students walked around in pairs, others individually. It took around 20-30 minutes for the girls to complete this activity. After everyone’s votes had been cast I got the girls to help me by each taking one of the questions and counting the votes, putting the total next to each of the possible answer options. After this we came back together as a group to discuss the different topics. I would always start by asking for a volunteer to read out the question and the total count for each of the options and then we would discuss why people choose the answers they did, and then went on to discuss the additional questions.

I was able to conduct the discussion groups in English as this is the language of instruction in Secondary Schools in Malawi. I was aware that proficiency in English varied between students and schools, some students for instance could read and understand English but were shy to use it in conversation. To overcome this I would always try to reassure the students, and would laugh with them over my attempts to speak their language. Also the introductory activity gave the girls time to think about their answers so that they were not put on the spot.

I had originally planned to hold individual interviews as well as focus discussion groups with the girls because previous researchers had indicated a reluctance of participants to discuss issues surrounding HIV/AIDS. Some researchers reported that participants were more comfortable in a group environment, whilst others found participants were more open in a one-to-one situation. In my discussion groups it soon became apparent that the girls were quite comfortable with open discussion in a group setting, this could have been due to the fact that they were single sex groups, or that I introduced and maintained an informal and relaxed atmosphere during the discussion, or due to the girl’s familiarity in discussing such issues in their Life Skills classes at school. Either way I felt that individual interviews would not draw any further information from the girls as they were both open and discursive in the group situations.
I had also hoped to include the opinions of out of school youth in this research but for a number of reasons this was not possible. This was largely due to logistical and organisational constraints making it difficult to arrange a discussion group as these children are not usually gathered in one place. Some NGOs did hold sessions for out of school youth, but felt because of time constraints it would not be appropriate for me to hold a discussion group during this time. Instead I asked other informants of how they feel the underlying issues in question affect out of school youth.

**The Organisations**

As mentioned earlier, one of my first steps in finding the answers to my questions was to locate relevant NGOs, CBOs and grassroots initiatives working in the Zomba Town area. I began this using internet searches whilst still in Amsterdam, and although this revealed some of the larger organisations such as YONECO and World Vision, many of the smaller and more grassroots focused organisations did not have websites and were not traceable on the internet. As a result, I arrived in the field with only a handful of leads, and found that some of those I had discovered in advance were no longer running the programmes stated on the internet. In order to find out what organisations were currently working in the town I was advised by local government representatives to seek out a list of all youth based NGOs from either the city or district assembly offices, and yet after much redirection from one department to another, it seemed this list was not in existence. This left me with the only option of using a word-of-mouth recommendations and physical on-foot searching in different areas of the town, which although time consuming proved to be very fruitful. In this way I came to know the nine organisations that would take part in this research, as well as two key informants, (a ‘life skills’ teacher and Zomba city HIV/AIDS co-ordinator). Their inclusion in the study was based both on their willingness to take part, and on how relevant their HIV/AIDS programmes or experiences are for youth and particularly for girls.

**The Interviews with Staff**

At each organisation I conducted a one to one interview with a key staff member, seeking their personal opinions based on their particular expertise and professional experience gained from working in the field. The aim of the interview was to explore the underlying factors that are contributing to the spread of HIV/AIDS amongst teenage girls in Zomba, and how different factors interrelate and interact.
In selecting who to interview within an organisation a number of considerations were taken into account. I always sought to interview the most relevant or informed staff members for instance, those people working directly in the youth or HIV/AIDS departments, or more senior staff such as programme managers and directors who had a larger overview of the work of the organisation as a whole. Of course this selection process was also based on staff availability and willingness to take part.

The interviews lasted approximately one hour, although many of the interviewees wanted to share much more about their opinions and professional experiences concerning the underlying factors of HIV/AIDS in the town and as such, the interview sometimes lasted up to two hours. Because of the length of the interview and the enthusiasm of participants to spend time giving examples to back up their opinions, I quite often split the interview over two separate days as I was concerned that it was taking up their working time.

The interviews tended to take place at the workplace of the participant, often in their office, or where this was not available or did not exist, a suitable quiet space within the grounds of the organisation was usually found. Apart from this, two interviews took place in cafés, and one in a participant’s home as these locations best suited the participant and were suitable environments for interviewing.

**Participating Organisations:**

**CRECOM (Creative Community Solutions):** A well established community orientated organisation, with a special focus of encouraging communities to support the return to school of girls who had previously dropped out. HIV/AIDS issues are integrated into all of their programmes.

**YONECO (Youth Network and Counselling):** A locally established and internationally supported youth focused organisation. YONECO has their main offices and two drop in centres located in walking distance of the town centre. Their main focus is on promoting children’s rights and working with child domestic workers.

**Youth Alive:** A national organisation based in nearby Blantyre, but runs programs and visits schools in Zomba. The primary focus is youth friendly HIV/AIDS prevention using behaviour change messages, and promoting them in ‘trendy’ ways.

**CEPARAM (Centre for Education, Promotion & Advancement of Rights of the Adolescent Mothers):** A locally established NGO set up in order to assist teen mothers to return to school. A major part of
their current work is promoting HIV/AIDS awareness amongst youth and encouraging behaviour change.

NGGEO (New Generation Girl’s Empowerment Organisation): a local organisation seeking to empower girls with the ability to make their own decisions and support income generating activities.

Zomba Youth Network: A network of local youth organisations and youth focused CBOs. This network was established in 2008 under government instruction as part of decentralisation.

LYO (Likubala Youth Organisation): A locally run youth organisation in a poorer town community, seeking to empower youth to be pro-active in their community and to raise awareness of HIV/AIDS.

SAFE (Sub-Saharan Family Enrichment Organisation): A local NGO with American support, SAFE created the curriculum for a life skills programme called WHY WAIT? which has been implemented in primary and secondary schools across Malawi. SAFE are involved in training teachers and trainers.

World Vision: a local branch of a large international development organisation. Although World Vision runs the majority of its programmes in neighbouring rural areas, its youth focused HIV prevention programmes are conducted nationwide.

**Participant Observation**

During my stay in Zomba I also spent time observing societal norms and behaviours in order to help me to identify gender roles and behaviours through the interaction between males and females, and also youth culture through the dress and action of young people in the town. For example in regards to gender norms, while I was in the town I would observe any gendered differences in the various establishments I entered, for example in the local cafés where I eat lunch I found that I was regularly the only female customer. I would also observe gender differences in people’s actions in the town, for example I observed that while bicycles are a common mode of transport in Zomba, it is extremely rare to find a woman or girl riding one. Also, as I lived on the route from the university campus to the town centre I was able to observe the fashions of the students who walked past, these students were often financially better placed to be able to buy the most ‘desirable’ youth fashions. I regularly discussed my observations with NGO staff and also the girls taking part in the study in order to verify them.
Lastly, I made use of my time in Zomba to collect in-country research documents regarding the factors relevant to my study, particularly those giving up to date situations and statistics which are not easily accessible from Europe. I also took photographs and made field notes of relevant printed materials for prevention campaigns which highlighted the involvement of various underlying factors.

Data Analysis

In order to aid analysis of the data collected in the field, I made use of a digital voice recorder during interviews and discussions (after asking for permission from the informants) and transcribed recordings as soon as possible afterwards so that information was not lost. There were a few cases where informants did not want to be recorded, when this happened I made notes during the interview and transcribed them soon after. I also made notes of non-verbal communication and information regarding the situation of the interviews and focus group discussions. I also noted down general observations of gender norms, youth culture, and youth directed HIV education within the town in as much detail as possible.

After the first few weeks of data collection, I reviewed the data collected so far to assess whether the underlying factors I had chosen were relevant and whether any more needed to be added. It was at this point that the issue of Multiple Concurrent Partnerships was officially added into my research.

After all of the interviews and focus group discussions had been transcribed, and field notes sorted, I analysed the information I had collected, searching for reoccurring themes in regards to challenges of HIV prevention and the underlying factors causing these. I also looked specifically at the interaction of different variables and how these play out in the lives of the girls.

Ethical Considerations

In all research with children and young people, special attention needs to be paid to ethical considerations; this is particularly the case for this research which focuses on the potentially sensitive issue of HIV/AIDS. Given the location of the study it is also important to be aware of the ethics of doing research in a ‘developing’ country. In light of this I adopted the statement by Madge (1997) who advocates that ethical research in developing countries should not only do ‘no harm’ but intend or at least have the potential to do ‘good’ (cited in Scheyvens et al. 2003).
One important consideration for this research was that of ‘informed consent’, this involved letting all respondents in the study know what the research is for and what might be required of them within it, giving them the option of ‘opting in’ but more importantly the knowledge of their right to ‘opt out’ of participation in the research at any time. This became particularly important as in light of recent funding shortages for youth programmes in Zomba, it became clear that a number of the smaller organisation were hoping that I could either fund them or arrange funds for them. In these cases it was especially important for me to inform participants of the limits of my abilities in this regard, and that their taking part was voluntary and would unfortunately not lead to funding, but that information gathered may be of use to them in planning future projects.

Further, HIV/AIDS is potentially a very sensitive issue for some of the young people in the study. In Malawi where prevalence rates have been high for many years, it is presumed that the vast majority of children and young people will have had some experience of the disease, whether it be the loss of a friend, family member, neighbour or acquaintance. The youth taking part in the study may have already been infected with HIV or be living with AIDS, or be concerned over their status. Also, until more recently there was a general reluctance in Malawi to talk openly about AIDS, and this attitude is still present in many parts of society. Part of doing ethical research is about acting in a sensitive and respectful manner (Scheyvens et al 2003). Before carrying out research directly with youth I spoke with teachers to ask for advice about how to go about this. In the majority of cases the students were happy to discuss HIV related issues, the existence of ‘life skills’ classes in school may have helped this. For youth who felt uncomfortable talking directly about AIDS, I made questions more impersonal and indirect, for example...do you think other youth find it easy or difficult to apply the things they learn in life-skills classes to their lives? Depending on responses and how comfortable the participants felt, questions were then made more specific.

Also the issue of confidentiality was discussed with the young people; I assured them that their names would not be used in the results of the research, so that the information they provide will remain confidential. I asked for permission to take the photographs which appear in this document.

I was also prepared for the possibility that the students may ask me questions concerning HIV/AIDS as this had been the case for other researchers. If they had technical questions (such as, can you catch AIDS through sharing clothes?) and I had the answers to these questions I would have been happy to talk about these, or find the information for them. If questions were more opinion based (such as is AIDS a punishment?) I would first ask the young person their thoughts about it and what other opinions they know of, before sharing my thoughts. In practice I received very few of these
questions, and the majority of questions I did receive were concerned with finding more out about me, for example what my family was like and what music I listen to.

The following chapter gives a more in-depth insight into the location in which this research took place.
Chapter 5: Description of Research Location

As mentioned previously, my research took place in the Republic of Malawi in the town of Zomba. There are a number of reasons as to why this country and town were chosen. Firstly because of the high HIV prevalence in the area; Malawi has one of the world’s highest HIV prevalence rates, with urban areas being particularly affected. The town of Zomba is situated in the southern region of Malawi, a region with Malawi’s highest regional HIV prevalence of 17.6% (19.8% for women and 15.1% for men) compared to the Malawian national average of 14.2% (National Statistical Office, Malawi, 2005: 232). The town of Zomba itself is believed to have a similarly high prevalence of 17.8% but has much greater difference between male and female prevalence being 10.5% and 24.6% respectively, indicating that in this town HIV and AIDS are particularly prevalent and significantly gendered with many more women than men living with HIV/AIDS (ibid). With such a high HIV rate and gendered difference I was interested to find out what local factors where behind this and why females were so much more vulnerable to HIV within the town.

There were also practical reasons as to why this research location was chosen. Zomba is a medium sized urban area, the town centre and surrounding residential areas are accessible on foot which meant a community style study was possible as all data collection sites were within walking distance of the town centre. Furthermore, English is widely spoken in Malawi and is the language of instruction in secondary schools which meant I was able to communicate easily with my respondents and there was no need for assistance from a translator. Lastly, I had a contact in Zomba who was able to help arrange accommodation for me and assist in other practical arrangements such as transport and directions around the town, as well as introduce me to life in Zomba and Malawi. The following sections provide some background information on the geography, history and current situation in Malawi and Zomba.

Malawi

The Republic of Malawi is often referred to as the ‘warm heart of Africa’ due to the friendliness of its people. It is located in east Central Africa, boarded by Zambia to the west, Tanzania to the north and Mozambique to the south and east. It is a small but densely populated country, with its most famous geographical feature, Lake Malawi, accounting for one fifth of the country’s total surface area (UNDP

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9 National Statistical Office (2005): *Malawi Demographic and Health Survey 2004*
Malawi\textsuperscript{10}). Gaining its independence in 1964, Malawi was ruled for three decades as a one-party state under President Hastings Banda, but since elections in 1994 a multi-party democracy has been in operation (CIA\textsuperscript{11}, 2009). It is made up of a number of different ethnic groups, the main ones being Chewa, Yao, Lomwe and Nanja (World Vision\textsuperscript{12}).

Malawi is one of the least developed countries in the world. It is ranked 162nd out of 179 countries on the United Nations human development index (HDI), placing the country in the category of ‘low human development’ (UNDP, 2008a). HDI measures a country’s overall achievement in three dimensions of human development: living a long and healthy life, being educated and having a decent standard of living\textsuperscript{13} (Potter et al.). Since the introduction of the HDI, Malawi has consistently remained in the bottom 20 countries.

Like many countries in this stage of development, Malawi has a large dependent population; over 50% of its total population of 13 million people are children under the age of 15 years (UNDP Malawi). Life expectancy at birth is estimated at 46 years (UNICEF, 2007), and this low life expectancy can be attributed in part to the heavy toll that HIV/AIDS has exacted on the country.

Education in Malawi has seen major policy reforms in recent years; these have been triggered in particular by the introduction of free primary education in 1999, the Malawian government recorded an increase in school

\textsuperscript{12} http://www.worldvision.org.nz/wherewework/profiles/c_malawi.asp
\textsuperscript{13} HDI is a summary and not a comprehensive measure of development; there are important aspects of human development that it does not include, notably the ability to participate in the decisions that affect one’s life and to enjoy the respect of others in the community.
enrolment from 1.9 million to 3.2 million in just one academic year (Ministry of Education: Government of Malawi, 2009\textsuperscript{14}). The rapid increase in primary enrolment has had a knock on effect in demand for secondary school, resulting in the establishment of many private secondary schools, varying greatly in size and type. The rapid expansion of the education sector has resulted in a compromise in quality. The Malawian Ministry of Education report a severe shortage of qualified teachers, inadequate teaching resources and poor teaching due to overcrowded classrooms. High staff and student absenteeism, poor performance and high student dropout rate are prevalent in Malawi (Ministry of Education: Government of Malawi, 2009).

The country is predominantly rural, with only 15% of the population living in urban areas (UNDP Malawi). The Malawian economy is heavily based on agriculture which accounts for 90% of export earnings. The main export is tobacco, but tea, coffee and sugar are also important exports. The majority of employment within the country is farm based, with 75% of total employment in agricultural sector. Industry in the country is somewhat limited and tourism has yet to be fully developed. Wages in the country are generally low; around 65% of Malawi’s population live below the poverty line and many households cannot meet their basic nutritional needs (UNDP-Malawi).

**Zomba**

My research took place in Zomba, a small city in the Southern region of Malawi. According to a 2008 censes, Zomba has an urban population of approximately 87,000\textsuperscript{15} (National Statistics Office of Malawi), although in reality it felt like a much smaller town, and the centre could in no way be described as bustling. There is one main supermarket in the town, two national banks, a handful of general stores and tailoring shops as well as a lively market area selling everything from second-hand clothes to electrical goods and metal works alongside butcheries and fruit and vegetable sellers. A recent law forced all street traders to relocate

\textsuperscript{14} Ministry of Education, Malawi: http://www.malawi.gov.mw/Education/Home%20Education.htm

\textsuperscript{15} National Statistics Office of Malawi: http://www.nso.malawi.net/
to designated market areas, although there is still some informal street trading, mostly for mobile phone airtime and fresh fruit and vegetables.

Until 1975 Zomba was the capital of Malawi, and it remained the meeting place for parliament until 1994. The town has a lot of character and charm, and many traces of its colonial past can be seen in its buildings and open spaces, including a botanical garden. There are a large number of administration offices, now mostly catering for Zomba City and District Assemblies, and many formally grand but now slightly dilapidated buildings. The town lies at the foot of Zomba Mountain, and its beautiful location was one reason why it was chosen as the former capital. As well as being the administrative centre for the district, Zomba town acts as a trading post for surrounding rural areas and is also home to a large army barracks (Cobe Barracks), police training ground, prison, mental hospital, and a large number of educational institutions including Malawi’s biggest university campus.
Chapter 6: Research Findings Part 1

Gender, Poverty and Education

The breakdown of results from my fieldwork have been separated into two chapters for the sake of readability. In this first chapter I present my findings on the factors of gender, poverty and education. In the following chapter (chapter 7) the factors of migration, youth culture and multiple concurrent partnerships will be presented. Aspects of the intersections between different factors will be mentioned in both of these chapters, but discussed further and more fully in chapter 8.

Gender

I have decided to engage with the issues surrounding gender first because my research question specifically addresses teenage girls, but also because of its prominence in the discussions I had and observations made whilst in the field. The vast majority of NGO staff and teenage girls I spoke to in Zomba considered girls to be especially vulnerable to HIV/AIDS and issues of gender are intertwined in all of the following sections.

Gender Roles in Society

As discussed in the literature review, gender refers to the norms and expectations that a society holds concerning what is deemed as appropriate behaviour and characteristics for men and women. In Malawi, gender roles are strict and inequality is clearly present; this is believed, by my respondents, to be putting girls and women at an increased risk of contracting HIV.

Although Malawi is made up of a number of different ethnic groups, and Zomba itself is a melting pot of different of these different groups, one characteristic seems present throughout all of these, which is the inferiority of females and the dominance of males in society. As one of my respondents explained: ‘culture in Malawi says a woman has no power’ (female staff member: NGGEO). The entire socialisation process in Malawi reinforced this. Girls are taught from a young age that they are to respect and be polite to males, as one informant explained: ‘parents always say ‘you must respect your brother. So in the same way, [girls] think that when a boy is proposing her [asking for sex], if she
says no, it’s not respect. But with boys [they] are treated as superiors everywhere’ (National Field Coordinator for SAFE).

Girls’ lack of power has put them at risk as they often have little autonomy over the decisions they make, particularly in relationships. Even though a girl might be aware of HIV and its causes, she generally has little power to ensure safe behaviour in a relationship: ‘in our society, most girls have been very strongly disadvantaged; they are not able to stand up and resist pressures that are coming from the male side, despite having information on HIV and Aids and information on sexual reproductive health’ (Director of YONECO). Students in the discussion groups were asked whether they think girls have enough power to follow the HIV/AIDS advice that they are given, and the most common response given was ‘sometimes’, which was followed by the explanation that sometimes a girl is forced to do things by other people.

Whilst it is true that the traditional culture in Malawi is one in which women must respect men and keep quiet in situations in which they have been violated, this is a generalisation and there are girls growing up who are learning to stand up for themselves and speak out. The trend, in the towns at least is that girls are learning to be more assertive and this can only be good in reducing the risk of contracting the virus. As students in one of my discussion groups pointed out, roles for women in society are slowly changing, the current vice president of Malawi is a woman, and other women are now holding more prominent positions in society acting as role models for younger girls.

Two topics within the theme of gender that were significant in my discussions in the Zomba were initiation ceremonies for girls, and the gendered aspect of intergenerational sex. These two topics will now be discussed.

**Gender and Initiation Ceremonies**

One aspect of Malawian culture that greatly reinforces gender roles within society and in some instances places youth in direct risk of HIV is traditional initiation ceremonies. These ceremonies are much more prevalent in rural areas, although it is not uncommon for girls from town areas to be sent to initiation camps by their families.

For girls in Malawi, there are at least four ceremonies they may attend, firstly as children between the ages of seven and nine years, secondly as adolescents when they begin menstruating, thirdly when they get married and lastly at the birth of their first child. The purpose of initiation ceremonies is to inform and prepare women for their role in society, as one informant explained: ‘they have to
would you be a good woman’ (Staff member: NGGEO). Certain aspects of the initiation ceremonies can be seen as being useful and beneficial, for example they educate girls on health and hygiene matters suitable for their age. Yet initiation ceremonies are reported as containing many harmful aspects, particularly at the adolescent stage, posing a major threat of early pregnancy and contraction of HIV for girls. This is a major concern to many NGO staff.

During the adolescent initiation stage, girls are given information regarding sex: ‘so you go there and you go there naked and they tell you everything which happens in bed’ (Founder of NGGEO, a grassroots organisation working with girls of this age group). This includes information such as ‘sex is to please men’ and ‘if a man is proposing sex with a girl, he should be obeyed’; as one informant explained: initiates are taught that ‘a girl should not say no to a man when they are asked for sex because they say, a woman has to service a man’ (staff member: SAFE). This information reinforces the dominance of men and subordination of women and girls in sexual matters, suggesting that a woman’s purpose is simply to please a man. In some cases, on leaving the ceremonies, initiates are told that they are now adults and should begin experimenting and practicing with sex: ‘after they have undergone the different ceremonies they are told; you are big, go out there and sleep with men’ (HIV/AIDS Programme Co-ordinator: World Vision). Likewise, in boy’s initiation ceremonies, they are told that now they are men, and they should now have sex in order to prove their manhood. As one student explained: ‘boys are told to think that they are really like men, and sex is so they know they are grown ups and not boys’ (student from St Mary’s, grade 4).

In some areas of Malawi, initiation ceremonies place girls in direct risk. In part of the ceremony known as ‘removing the dust’ female initiates are expected to have sex with a designated man known as a ‘fisi’ (hyena), whose job it is to introduce girls into the practice of sexual intercourse. This one man may sleep with many girls on one night without the use of a condom, greatly increasing the risk of HIV transmission.

Many different organisations have been fighting to stop the harmful aspects of initiation ceremonies taking place. Aspects like ‘removing the dust’ are now much less common and restricted to more remote rural areas. World Vision for example have been running a programme where they educate key leaders of the initiation ceremonies on issues of HIV and AIDS and the risk that girls are exposed through ‘removing the dust’. As one staff member commented:

‘Though we are not yet there, at least there has been a good behaviour change because they [the leaders] now just tell the girl’s: ‘you are mature now, you need to take good care of yourself’… and everything that leads to pregnancies and things like that. But that time
where they would force the girls to sleep with men, that tradition is dying. But because it is a tradition it cannot die overnight’ (HIV/AIDS Programme Co-ordinator: World Vision).

Nonetheless, young initiates often leave the camp feeling that they are now adults and able to experiment with sex, particularly boys who are eager to ‘prove their manhood’. At this point youth are faced with confusing contradictions, while they feel they have just received a licence to have sex, Malawian society does not condone premarital sex. Pre-marital relationships therefore are often secretive, and youth grow up with contradicting messages and poor communication skills on sexual matters.

NGO staff and student respondents both suggested that the majority of young people in southern Malawi go through some type of initiation, although there can be great variance in the content and style of different ceremonies. For example, many Churches are now holding alternative ceremonies, which focus instead on biblical principals such as the importance of avoiding premarital sex and faithfulness in relationship as well as health and hygiene matters. Because of this variance in content it is not easy for me to tell from this study how many girls have been exposed to more harmful aspects of initiation ceremonies or whether this is an important issue for girls in urban areas such as Zomba; further research would be needed to determine this. Nevertheless, initiation ceremonies were certainly perceived by respondents as reinforcing gender roles in society including the belief that females should be submissive to men which is thought to lead to HIV risk as it gives females very little power in relationships.

**Gender and Intergenerational Sex (Sugar Daddies)**

As stated in the literature review, gender norms, expectations and power relations play a central role in the experiences of youth, particularly in the context of HIV/AIDS, affecting their sexual behaviour, risk and vulnerability. Intergenerational sex is one outcome of unequal gender and power relations in society, and in Zomba, sexual relationships between older men and young girls are common: ‘In my experience, I see that it is young girls, unlike young boys, who would engage in intergenerational affairs with older men than themselves’ (Director of YONECO). In Malawi, this intergenerational sex between young girls and older men and boys has become known as the sugar daddy phenomenon, named as such because in return for sex, girls receive money or gifts from the ‘sugar daddy’, as one student explained ‘they bring money, or if you are at school they give you money or buy you groceries’ (female student from Mulunguzi School, Grade 5).
Although ‘sugar daddies’ are discussed in every section below, it is also important to cover the issue in this ‘gender’ section as it is essentially an issue that affects girls; whether poor, wealthy, educated or out-of-school, it appears that girls from all parts of society are susceptible to sugar daddy relationships. In Malawi transactional sex is common, money and gifts are frequently given to girls in return for sex and this forms a major part of the relationship culture (see section on transactional sex). In a culture where giving gifts or money in return for sex is normal, the sugar daddy phenomenon thrives. For some girls, socio-economic forces have been the reason to enter into such transactional relationships for survival, bargaining their moral values for enough money to be able to access daily needs (also see section on poverty). For others, the want for ‘desirable’ items such as face creams, sanitary products, and fashionable clothes leads them into sugar daddy relationships (see section on migration). It seems that where there are men wanting sexual relationships with young girls, and are willing to pay the small price that is expected, there are girls who will oblige them. It is difficult to pin point a specific cause of the sugar daddy phenomenon, but there are certainly aspects within society that perpetuate it.

Due to gendered inequality within society, women and girls generally have little access to resources. Work is generally confined within the domestic sphere and while some women are now holding prominent roles in society, this is a relatively new movement. In general women and girls are expected to be dependent on and submissive to men. Further supporting girls’ involvement in intergenerational sex is the belief that girls always have the possibility of relying on sex for financial gain. It is believed that a major asset a girl always has is ‘a signed cheque given by her mother’ or ‘a gold mine’, one informant explained: ‘here in Zomba, they will say ‘you are a girl, why are you asking me for money, don’t you know you already have a signed cheque given by your mother’ (founder of NGGEO), meaning that a girl can always access funds by having sex with men.

Intergenerational relationships greatly increase risk of HIV transmission for the girl. The older men are often more sexually experienced, they generally have a wife at home, meaning they are in at
least two concurring relationships, and they are more likely to be HIV positive. Also societal gender norms mean that girls hold little power within these relationships, often leaving girls with no option of negotiating condom use.

**Summary**

Girls growing up in the town of Zomba can face many challenges due to gender inequality within the society. Girls are often treated as inferior and have little power over the decisions they make, particularly in relationships. Initiation ceremonies are thought to reinforce gender positions, as they place young people in direct risk of contracting HIV through encouraging them to ‘practice’ sex. While it is unclear from this study as to how many girls from the town are sent to initiation camps, this practice was certainly considered with serious concern by my respondents. One outcome of unequal gender and power relations within society is the practice of intergenerational sex which was reported as being prominent within the community. Girls have different reasons for entering into these relationships, although gaining access to funds or goods appears to be a primary reason and is perpetuated by the belief that girls should be dependent on men and by the culture of transactional sex that is present within the community.

**Poverty**

‘Now the dad, if he is failing to get money he will say ‘ah no daughter, you see at this time there is no food there is just hunger, why can’t you just go out at night and just roam around that men should see you and have sex with them, so at least tomorrow and the other day we should eat.’

*(Staff member: Zomba Youth Network)*

Poverty was considered to be a major contributing factor to HIV/AIDS rates by the vast majority of NGO staff, teenage girls and other informants in this study. One theme in particular was regularly cited; the reliance of economically disadvantaged girls on transactional sex as a means of meeting daily needs.

**Poverty and Transactional Sex**

Exchanging sex for gifts or money is commonplace in Malawi, and forms part of the dating culture, particularly for teen girls. An in-country study revealed that money is most frequently received in
exchange for sex, followed by clothes, food, soap, school fees and jewellery (Wittenburg et al., 2007). The same study found that in the previous year around 80% of young women who had sex with a non-spousal partner reported receiving something in exchange (Ibid).

In the school discussion groups I asked the question: Who is more at risk of getting HIV? And gave four answer options for the girls to choose from: poor girls, rich girls, orphans, all girls. When combining the results from all four discussion groups the most popular answer given was ‘girls from poor families’, followed by ‘all girls’, next was orphans and lastly ‘girls from wealthy families’. When I asked the participants for their reasons in choosing these options many used a similar argument, that in a home environment where basic needs are not being met, girls can resort to entering into transactional sex in order to support themselves or their families. Below is just one statement from each of the school discussion groups with this same argument:

‘Maybe just because of poverty, girls can sometimes just be enticed because of money so that the house persons can also eat, thereby conducting the virus’ (female student: Cobe Barracks, grade 4).

‘It’s like when the families don’t have enough to meet their basic needs, maybe they will find some other ways of making money. They can go for prostitution, so they will contract HIV/AIDS’ (female student: St Mary’s, Grade 4).

‘Girls from poor families, they will be trying to get some basic needs so they can do things to get it’ (female student: Zomba Urban, grade 5).

‘Girls from poor families can be encouraged to get HIV/AIDS; maybe their parents can be forcing them to do bad behaviours so that there is food on the table’ (female student: Mulunguzi, Grade 4).

NGO staff echoed this opinion that girls from poor families are at a higher risk of falling into prostitution. Generally there was a difference made between the poverty that is experienced in Malawi as a whole (i.e. in comparison to global or western standards), and households that are experiencing extreme poverty where food or other items essential for daily survival are unaffordable. It was the later household type that was more often, though not exclusively, referred to in the case of poverty induced prostitution. This would indicate that my respondents viewed ‘relative poverty’ or the poverty of an individual household in relation to community standards as significant. In disadvantaged households where items essential for daily survival are not attainable, poverty is believed to place girls at increased risk of HIV as they are thought to resort to prostitution for survival. Because of the culture of transactional sexual relationships, prostitution is seen as a solution to gaining access to these essential items. As one informant, a teacher and Life Skill trainer
explained:‘ if you don’t have anything to eat, the only way to make money is just to go out and do prostitution to get money, that’s why most of them are contracting HIV/AIDS. Especially if there is a death, you find that both parents are dead and nobody is there, the eldest is 14 she has to fend for the rest. Now, as a result she will go into what? Prostitution’ (Teacher and Life Skills Trainer for SAFE).

**Parental Influence on Transactional Sex**

One thing that became apparent from the focus group discussions was that a girl entering into prostitution is often not doing this simply for her own financial benefit, but for that of the entire family. In certain cases girls may even be encouraged or pushed into transactional sexual relationships by parents or guardians as a way of ensuring basic needs are met. One student from Zomba Urban school told me that although a girl may know the dangers of AIDS, she may still be at risk ‘because, maybe your parents are forcing you to do prostitution so they can have some mealie meal (staple food) so you can never follow the advice on HIV/AIDS’. Comments in other groups echoed this, at Cobe Barracks School a student told me ‘sometimes it is our parents, if your parents need the money they may order you to do things’. I found similar stories from the NGO staff I spoke to, one informant explained that when basic necessities are lacking in a household, parents can look to the girl child to provide through prostitution:

... ‘if the parents are poor and they cannot afford to give their children the basic necessities, it happens that they (the parents) sometimes influence the girls to go and look for whatever they need. So if the situation is like that, then it’s like the girls are going looking for their daily bread and in the process they get infected.’ (Deputy Director: CRECOM)

Whilst transactional sex is reported to be common amongst many young people in Malawi, it seems that particularly in situations of extreme poverty the choice of entering into such relationships does not lie with the girl herself but with older family members. In Malawi’s cultural environment, obeying the commands of both elders and males is something that has been instilled in girls and young women throughout their socialization and upbringing. One student, on explaining that parents instruct girls to go for prostitution finished with: ‘you say because they are my parents I have to’ (student from Cobe Barracks School, grade 4). It is difficult to determine just how widespread parental influence on prostitution is in Zomba or Malawi as a whole. Although I was informed about it happening on different occasions and by a wide range of students and staff from establishments ranging from international to local grassroots, I was not given details of specific cases. It is certainly a
widely held belief that this situation does exist, however the degree of force or influence that parents exert over their daughters entering into transactional relationships is unclear or variable, for some girls the instructions from parents appears to be quite direct, for others, lack of parental care or support, combined with the attitude that ‘girls have a signed cheque’ (an easy way to make money through sex) can indirectly influence girls to enter into transactional sex.

The general consensus was that girls are particularly vulnerable because of their inferior status within society: ‘Girls are more vulnerable … because [they] are not a decision maker, because of poverty; we are the ones being sent out for prostitution [to] get something for the families’ (Founder of NGGEO). Because girls lack the power to make their own decisions they often have little option but to follow the direction of elders and males. This attitude is slowly changing in Malawi, through nationwide awareness campaigns of women’s rights and empowerment for girls, as well as life skills sessions which intend to give girls the tool they need to make decisions and stand up for themselves. Female students themselves felt that girls are slowly gaining power in Malawi; the majority of my student respondents believed that in 10 or 20 years time the situation for girls and women in society will have improved dramatically. However, I feel that while extreme poverty is the root cause for parentally influenced prostitution of girls, it will carry on for some time into the future, and this forced prostitution will remain camouflaged by the wider transactional sexual culture in Malawi.

**Poverty and Early Marriage**

Poverty can also force girls to enter into early marriage. In Malawian culture a ‘bride price’ is paid to the girl’s family upon her marriage, and in a situation where resources are scarce, a girl may be forced to marry in order for her family to receive finances. As one student put it: ‘the parents can tell their daughter to marry so they can be getting something from their in-laws, unlike the boys [the parents] can’t tell them because they know they will be the ones who will [support them]’ (female student from St Mary’s, grade 4). The student’s statement was echoed by NGO staff who agreed that when parents are unable to afford necessities they sometimes push girls into early marriage: ‘Why? Because they want somebody to take over the caring of the girl, but again that somebody that marries the girl should be able to support the parents at home’ (Director of YONECO).

**Older Men**

The risk in seeking early marriage as a solution to family poverty is that girls are often forced to marry men much older than themselves as these men are more likely to have financial resources
than same age partners. However, older men are more likely to be sexually experienced, more likely to have had more sexual partners in their lifetime, and thus more likely to be HIV positive. It is also older men that are involved in the transactional sexual relationships with girls mentioned earlier, for the same reason, that these men have money. A fifth grade student from Cobe Barracks School informed me: ‘girls from poor families can get forced by parents to do such risky behaviours, to have sex with men older than you’ highlighting that older men are the targets, something which was reaffirmed in interviews with NGO staff: ‘AIDS is higher in girls because girls prefer to have an older man for financial gain, they think with this they are going to end their poverty’ (National Field Coordinator for SAFE). A further danger for girls entering into transactional sexual relationships in order to meet basic needs is that they have very little ability to negotiate condom use. Men will pay more for sex without a condom; they perceive young girls to be free of the virus and do not consider protection as necessary. Because of gender roles in society, girls are already at a disadvantage when it comes to negotiating for condom use, and when a girl is dependent on the money she receives from transactional relationships, her negotiation powers are further reduced. One student explained why she felt girls from poor families entering into transactional relationships were at risk: ‘I think the girls from poor families [are most at risk] ….. she might decide to start prostitution just to get money to fend for herself, so if maybe she goes to the street, if she does sex with people, like the sugar daddies they may prefer to have sex without condoms and to get more money she needs to have sex without condoms, so I think she is at risk’ (student from Cobe Barracks, grade 3).

**Lack of Alternatives**

In my interviews with NGO staff and discussions with teenage girls it became apparent that for many girls in economically disadvantaged situations, prostitution is viewed as the only viable solution available in order to ensure they can meet their daily needs. A student from St Mary’s School explained to me: ‘on the issue of poverty, it goes like sometimes when the girl has no fees for school, all she can think of is selling her body, but when it is a boy he can sometimes go somewhere and do some work’ (female student from St Mary’s, grade 4), suggesting that in the mind of young girls, prostitution is sometimes viewed as the only option available to them. This view was shared by some of the NGO staff too: ‘[In a very poor family] you discover that even though these boys and girls are not educated, there will be a difference, because for this girl any money means she has to go out for prostitution, where for this boy to earn money he can go out and find some work’ (Staff member: Zomba Youth Network). As Kakuru found in her Ugandan research, options for girls to earn an income in Zomba were heavily restricted by the gender roles present within the society (2006: 69).
Whilst boys are free to make money through manual labour and odd jobs, the girls were generally more restricted to the domestic sphere. Students in one of my discussion groups revealed that to be seen selling items on the street or other similar business is considered a source of embarrassment for girls: ‘boys, they are not shy of doing some other business, like the girls might say ‘oh, but my friends will see me’ (female student from St Mary’s, grade 4). When I asked the students further of possible ways of raising necessary funds, they were able to suggest alternatives: ‘A girl is supposed to go to the head teacher and talk through her issues and problems, then the head teacher can tell her about the different NGO’s that can help her with her education’; ‘they also can do farming’, ‘and also during holidays that girl might do some business and save some money for her fees’ (Students from St Mary’s School).

**Wealthy Girls**

The results above would suggest that coming from a wealthy family would automatically mean a girl is less at risk of contracting HIV, although when I queried this it appeared that this was not necessarily the case. Although girls from wealthier families may not be forced into transactional relationships to meet basic needs, these girls face different challenges and situations that place them at risk. Girls from wealthier social groups are often greatly affected by peer pressure and the desire to keep up with the actions of their friends: ‘Yeah, basically it wouldn’t be the poverty thing. This issue of peer pressure- sometimes it’s like all your friends have got boyfriends. And so you feel like you are left behind and so you have to get to catch up with them’ (HIV/AIDS Programme Co-ordinator: World Vision). While the girl’s family may be financially secure, it does not mean that the individual girl has access to these funds, and in an environment where transactional relationships are the norm it is easy to be drawn into this type of relationship in order to have the pocket money needed to keep up with friends and fashions: ‘I think mostly, that a thing that is yours is that one which is right there in your hand. So it’s like you are talking of the well to do of my parents, but at times, let’s say I need something, but the parents are not there for me at that particular time. And that’s where the temptations even for those girls come in, particularly for those girls in urban areas like this’ (HIV/AIDS Programme Co-ordinator: World Vision). There is also a belief within the community that girls from wealthier families are at risk because of their socialising, which commonly involves going to parties and drinking: ‘Cause [rich girls] have enough – they have nothing to do, all they need is to have fun, and that’s the only way to have fun. They have sex and go for dances, then drink, so yeah, they are more at risk’ (Teacher and Life Skills Trainer for SAFE).
It is important to note that the above results are generalisations; it would not be true to say that every girl who lives in an economically disadvantaged family will enter into transactional sex, or that every girl who lives in a more wealthy family drinks, smokes and has sex. Individual situations will often depend on the values and beliefs held within the family, as one informant explained: ‘Some families can be very poor, but their girls will never give in to sex before marriage, because of the values they have been brought up with. Some families will be rich, but with no morals’ (National Field Coordinator for SAFE). So the family set up can greatly influence the actions of individual youth.

Summary

Respondents in this study felt that poverty can be a very strong contributor to the high HIV prevalence in the town and particularly amongst youth. It appears that poverty affects people’s lives and behaviour in a number of ways that can put them at greater risk of contracting the virus. Young girls from poor backgrounds are perhaps the most vulnerable group as they are more likely to be forced into prostitution, forced marriage or transactional sex. However it is not only poor girls that are at risk; girls from wealthier families who do not have access to family funds can also be susceptible to transactional relationships so as to keep up with their peers. A reoccurring theme of particular importance when talking about the effect of poverty is that of obedience, especially in young girls to their parents, to men and to older people in general. When these factors are found together, as they are here, it means that young, poor girls are very vulnerable to the contraction of HIV.

Education

As stated in the literature review, education is considered to be a window of opportunity in HIV prevention, or even as much as a ‘vaccine’ against HIV/AIDS (Vandemoortele and Delamonica, 2000:6). Free primary education was introduced in Malawi in 1999 and a huge increase in enrolment rates soon followed. Due to increased demand a large variety of secondary schools were established, yet the rapid expansion in the sector often resulted in a compromise in quality (Ministry of Education: Government of Malawi, 2009). Zomba is considered as a strong educational centre, as well as being home to one of the largest campuses of the University of Malawi and many vocational training institutions, the town centre also hosts around ten secondary schools with many more in the surrounding district.
When speaking to people in Zomba, I found that education was seen as an extremely positive tool in the battle against HIV/AIDS. As one of the students in my discussion group stated ‘if you don’t go to school, you don’t get a chance to learn about HIV and AIDS’ (female student from Mulunguzi, grade 5). This attitude was shared by many of the NGO staff and other students. For example, the director of one NGO informed me that HIV and AIDS is now covered in the Malawian school syllabus, and as such ‘if the girls and boys have no other avenue to learn about HIV we are sure that in a school set up they will at least learn about HIV/AIDS’ (Director of YONECO).

In the discussion groups at local high schools almost all of the girls had positive things to say on the influence of education on HIV, for instance that girls who go to school ‘know about the dangers of getting it and can have an idea of how to prevent it’ (female student from Zomba Urban, grade 3). Likewise, a student from another school commented that ‘for the girls who don’t go to school, most of them they only know there is AIDS but they don’t know how you get it or how to prevent it...so they just have sex but don’t use a condom’ (female student from St Mary’s, grade 4). When I asked the participants of the discussion groups to vote for whether they think education helps girls to make healthy decisions about AIDS, all of them voted for ‘yes it does’. And when asked who is more vulnerable to HIV? And given the options of: girls in school, girls out of school, all girls, no girls, the votes were split between out of school girls and all girls. So for the students in my discussion groups, education was viewed as an important tool in the prevention of HIV. Only one student made a comment to the contrary, stating that education is not always helpful and gave the example that ‘girls who are educated are still prostitutes’ (female student from Zomba Urban, grade 4). This response is indicative of the fact that although education has a great potential to help in the fight against HIV/AIDS, it does not solve all of the problems faced by teen girls, there are factors other than education at play.

Some of the NGO staff I interviewed were also careful not to exaggerate the role of education in HIV prevention suggesting that it does not always make an individual less vulnerable to contracting the virus. Some mentioned that a general education does not necessarily mean individuals know how to protect themselves from HIV unless they are taught this specific information. For others the concern was for potential risk factors within the school environment, specifically the incidence of male teachers demanding sex form their female students. This issue was also raised by one of the students who commented that ‘the teachers that are men, they can teach but they also have eyes for those girls’ (female student from Cobe Barracks, grade 5). When discussing this with NGO staff, they suggested that girls can give into these demands for different reasons, for some the issue of poverty
is paramount, with the students unable to afford school fees or essential items for daily needs, with the teacher filling the role of a ‘sugar daddy’. Other girls give in to the teachers demands out of obedience to a male elder as Malawian culture dictates and initiation ceremonies reinforce. It is not clear how common this practice is, as many girls never speak out for fear of social stigmatisation. During my stay in Malawi, one newspaper reported on the arrest of a 38 year old primary school teacher who had sexually abused his 16 year old pupil, although he told her not to report the incident to anyone, the girl uncharacteristically decided to speak out (Tayanjah-Phiri16).

Although this nuanced view of the impact of education on HIV prevention stands, there was still a great positivity expressed by my respondents towards education as a tool for HIV prevention.

In the literature review three different reasons were given as to how education works as a ‘vaccine’ against HIV/AIDS. Firstly, that it is the sex education and HIV/AIDS specific information imparted to students in the classroom that is essential, secondly that education in general empowers an individual enabling them to internalize and act on the information that they receive, and lastly that education transforms attitudes in the family and society, creating an environment where change can take place (Vandemoortele & Delamonica 2000:7). In my interviews and discussion groups the first two arguments were much more dominant, particularly that sex education, or ‘Life Skills’ class as it is referred to in Malawi is essential for education to assist girls to remain free from HIV/AIDS. These life skills classes will be explored further below.

**Life Skills**

Life Skills is a subject that has been introduced into the Malawian school curriculum as a non-examinable subject and is intended to teach students about HIV and AIDS and its surrounding issues. It aims to equip students with skills to help them avoid contracting the virus, and includes aspects such as decision making, resisting peer pressure and being assertive. As well as the timetabled class, many young people in school can also attend lunch time anti-AIDS clubs which have been set up in thousands of schools nationwide.

During my interviews and discussion groups it became apparent that many of my respondents saw the life skills component of education as essential in order for education to have an impact on the transmission of HIV. One reason given for this was the direct information about sex and HIV and methods of prevention which is often unavailable elsewhere. This information helps individuals to

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16 The Daily Times (Malawi); Issue: Friday 26th June 2009; Article: ‘Teacher accused of flirting with pupil’
make more informed decisions regarding their sexual behaviour, and also addresses myths and false information that are present in the community (see misinformation section below). Also, as the name suggests, the purpose of life skills is to impart students with the tool and abilities they need to be able to translate the information they have received into actions. The students in particular saw value in this aspect of ‘life skills’ with many of them stating that it ‘teaches us how to avoid peer pressure’ (15 yr old student, Mulunguzi Secondary School) to make decisions on ‘our own’ and to be assertive, for example ‘the girls who go to school, if their parents say go and make money (enter into prostitution) they will say no’ (Student from St Mary’s Secondary School, grade 4).

Although the vast majority of respondents in my research viewed ‘life skills’ as an essential element in making education a viable tool to reduce the transmission of HIV, there were also reports that it is not being taught properly in many schools. Three main reasons were given as to why this is. One is that although life skills is now a compulsory component of the syllabus, many teachers still feel ill-trained to teach the subject, and in some cases have received no training at all (Director of YONECO). This gives them little confidence to teach the subject to their class and as a result it is ignored. Secondly, because the subject is not examinable, many teachers give it little priority in comparison to subjects that will give credit (Teacher and Life Skills Trainer for SAFE). Lastly, in instances where the child of a teacher is present in the class, cultural traditions in Malawi inhibit the teacher to talk freely about issues of reproductive health in front of their child, and as a result, important aspects of the life skills programme are avoided (Director of YONECO). I spoke to staff of an organisation that trains life skills teachers and they were familiar with all of these issues, having come across each of them in their work. One Life Skills trainer I spoke with particularly emphasised the issue of teacher’s low prioritisation of the subject because it is not examinable and she felt that while life skills classes are not being taught fully and effectively to all students in all schools, the impact on decreasing risk of HIV contraction for youth will be compromised (Teacher and Life Skill Trainer for SAFE).

**Misinformation**

As mentioned above, one of the aims and benefits of life skills classes is to rectify misinformation that youth may have been exposed to through the community. During my research I discovered a number of common myths and beliefs about HIV/AIDS and sex in general that were incorrect and had potential to place the listener at greater risk of contracting HIV. One example of the type of health related myths that are putting youth at risk is the belief that sperm contains vitamin K which females lack, and if they don’t receive it they will become sick and need to be admitted to hospital, ‘now for them to boost the vitamin K in your body is difficult, so a girl is supposed to sleep with men
plain without a condom, because they feel like they should have a sense of having vitamin K in their body’ (Founder of NGGEO).

There are also myths about how you can avoid getting HIV from unprotected sex. A locally run child and youth helpline reported receiving many calls from young people wanting to confirm whether what they have heard is correct, for example ‘they will ask ‘is it true that when you have sex and immediately wash yourself, to get a bath, you cannot get HIV?’ or ‘if you have sex in water, in the river or in the lake, you cannot get HIV because the virus is going to be washed away?’ (Director of YONECO). When the source of their misinformation is enquired after, the answer generally comes back as ‘from friends’. Research completed by a local NGO found that peers are the greatest source of information on HIV/AIDS for youth, particularly as tradition prevents parents from talking directly to their children about sexually related issues, but the information received from friends was frequently found to be an ‘unreliable source’ (Director of YONECO).

Life Skill classes, therefore play a great role in correcting this misinformation so that youth have accurate information about HIV, its prevention and other sexual health issues, enabling them to make informed choices about their behaviour; this again highlights that it is essential for Life Skills classes to be taught fully and accurately so that myths can be fully resolved.

**General Empowerment**

As stated above, many respondents felt that education in general was beneficial, particularly because it empowers girls, and helps them to prevent the contraction of HIV/AIDS.

Through learning to read, write and investigate information, students are able to seek for themselves answers to the questions they may have regarding HIV/AIDS. Many people indicated to
me that being able to read and comprehend the information that is being read is essential for anti-AIDS posters and other written materials to be effective.

Being educated also helps women to take part in decision making and negotiating both within the community and on an individual level. One NGO staff member informed me that ‘when you go and conduct programs in the community... the women who have been to school... they will talk more than those who have never been to school... it helps them take part in decision making if they are educated’ (Deputy Director: CRECOM). This type of empowerment can also be seen at the individual level: girls and women who have an education and a way of generating their own resources have the confidence to rely on their self, and do not have to depend on a man who is being unfaithful or mistreating her:

‘So we have had experiences of girls that have finished school and get into marriage and then the guy starts misbehaving, they can divorce him and they are able to look after themselves. But if a girl is not educated and gets married to a man and within long the man has started having extra-marital affairs, I don’t think that girl will be able to drop from that marriage- she will still cling to that marriage so that he will support her and her family, and in so doing, exposes herself to HIV infection. So when girls are educated they are able to support themselves and say no to whatever they don’t want to, but if you are not educated you turn out to be submissive to your partner because what you want is support from that partner’ (Director of YONECO).

One of my informants gave their own personal experience as an example of how education and empowerment enabled her to leave an unfaithful husband. She got married at a young age and like many thousands of women across Africa, she contracted HIV on the marriage bed. She explained:

‘As soon as I wrote my O-Levels (secondary school exams) he proposed marriage to me. He was all loving at first, but I didn’t know that he was a womaniser. Every time he came home people told me that he is womanising. I said, ‘not my husband’. But the moment I discovered it for myself, I said ‘I’m sorry, you have to go.’ I couldn’t believe it because of the relationship that was being torn apart, but the moment I discovered that he was cheating on me, I moved out of the house and said ‘enough is enough’ (National Field Coordinator for SAFE).

She attributed her ability to leave her husband and ‘stand on her own’ to the fact she had an education which enabled her to believe she could support herself. She explained that she is looking forward to the time, and can see it coming, when all girls will be able to say ‘enough is enough’ and
feel empowered enough to leave unfaithful partnerships with the knowledge that they can support themselves and felt that general education for girls is a vital step in this process.

A further suggestion from a student as to how education can reduce the likelihood of a girl contracting HIV is that 'girls who have been educated, they went to school and they know the consequences [of unsafe sex], and they have their beliefs and dreams and they will try their best for themselves' (student from St Mary’s, grade 5). Others also followed this line of reason, suggesting that a girl who is driven to achieve goals that she has set for herself will be reluctant to enter into unsafe sexual relationships as they may harm her likelihood of reaching her goals.

**Wider Community**

As I mentioned earlier, the third reason given in the literature review for education being beneficial in the reduction of HIV transmission is that it can transform attitudes within society leading to a more conducive environment where change can take place. This attitude was voiced much less by my respondents, although some NGO staff did point towards the importance of community support in order for their programmes to be successful. For example, the organization CEPARAM focuses on the rights of adolescent mothers, but ensures its awareness programmes also include men and boys as ‘no one is an island’. And CRECOM use community involvement in their project which aims to raise fees for girls who have dropped out of school to return to education, so that the community takes ownership for this. But neither NGO attributed a conducive community environment with general education but rather with the work of their individual projects.

Further, general education within the wider community was not always necessarily considered as creating an enabling environment for the reduction of HIV transmission as it was pointed out that the clients of girl prostitutes are often educated men. One participant commented: ‘in urban areas like here, where we have the most educated people, you would be surprised that most of, I would say, the clients for these girls are the educated people at the top’ (HIV/AIDS Programme Coordinator: World Vision). Especially concerning, was that development facilitators and youth councillors who not only have a general education, but are often particularly knowledgeable regarding HIV issues were not excluded from this category: ‘He is right there, he is educated, he has all the information, but he will be trying to sleep with this young girl.’ (HIV/AIDS Programme Co-ordinator: World Vision). This was not the only interview where this opinion was expressed, another respondent voiced that: ‘you will find that if a girl has a lot of issues or some questions, they go to service providers like myself, I will tell you this, at times [service providers] even take advantage of them’ (Deputy Director
of CEPARAM). While respondents in no way suggested this was true of all service providers, it does highlight the concern that this situation can and does take place within Zomba, and when those whose job it is to protect girls are also posing a risk to them, then girls can be very vulnerable indeed.

**Where Time is Spent**

A further theme that was regularly discussed with relation to education and how it can provide a conducive environment for HIV prevention was the issue of how young people occupy their time. It was felt by many of the NGO staff and high school students that school was beneficial as it keeps young people busy and in a protected environment where their time is directed towards their studies and given purpose. One respondent commented that ‘girls who are educated, they are not very much at risk compared to the girls who are not educated. It’s like they are spending their time in their education, in their studies, with proper guidance and proper counsel; they are protected more than those who are not in school, those who are not educated’ (Deputy Director: CRECOM). When discussing how out-of-school youth might be at increased risk, an area of concern that was expressed related to their use of time, and being ‘idle’ in particular was thought to lead young people into undesirable behaviour, to either pass the time, be entertained or to make money through prostitution. The Director of Zomba Youth Network shared this opinion, saying that ‘children who are students are in their classes, they are busy listening to teachers, writing exams, busy reading. While people who are out of school they don’t have anything to do, they can say ‘ok because I don’t have anything to do, let me go to the bars...’’ (Director of Zomba Youth Network). This type of behaviour, going to bars and having no constructive use of time, is thought to lead to a ‘downward spiral’ which may eventually result in behaviour that puts out-of-school youth at risk of contracting HIV. While their counterparts are in school and being influenced by things that reduce the risk of HIV, out-of-school youth are being influenced by risk increasing behaviours. It was felt that a benefit of organizations and youth centres for out-of-school youth is that, as well as providing information about HIV/AIDS, they ‘provide a lot of things like playing football, darts, pool, cards, so as to make them busy to be like the students’ (Director of Zomba Youth Network).

**Education and Poverty**

While education was viewed as a positive step in creating an enabling environment for girl’s to stay free from HIV, it was also noted that education on its own is not sufficient and that other factors determine how effective education can be. For some, poverty was seen as the most important
factor, regardless of education levels, for instance a student commented that a girl may attend school but she can still be poor and face the same poverty issues that put girls at risk of HIV (Student from Cobe Barracks, grade 4). For others education was seen as a more powerful influence than poverty, particularly life skill education which seeks to enable girls to make healthy decisions and give them the skill needed to do this, as one informant commented ‘we know we have poverty but it is not the end of our life, so if we have enough life skill definitely we can achieve, but because of lack of life skill definitely they can fail’ (Director of Zomba Youth Network). Being out-of-school was thought to go ‘hand-in-hand’ with poverty; illiteracy can make it very difficult to engage in any successful income generating activity where there are issues of accounting for example. Informants felt that being out of school meant that a child is very likely to be or become poor and therefore be susceptible to the different risk factors that poverty can have regarding HIV transmission (Director of YONECO).

Yet education in itself does not guarantee an end to poverty or HIV risk. Zomba town has a large number of schools in the urban centre and surrounding district, with many young people graduating each year, yet the town has little to offer in the way of industry, with relatively few job opportunities for secondary school leavers. Many youth that have progressed through the formal education systems leave with few vocational skills and rather than start up their own small businesses, look to be employed. In this environment when employment is scarce and competition is large, employers have been known to take advantage of jobseekers, notably of girls. NGO staff used the term ‘carpet interview’, which basically involves the promise of a job or at the least the promise to be considered for a job in return for sex: ‘so maybe when they come to the office, they say I will employ you if you give me your body, so looking back [at their] poor family the girl says yes’ (Director of Zomba Youth Network). This holds huge risks for the girl, not only is the man older and more likely to have previous sexual experience, but because of her desperation for employment she will have little power to negotiate the use of a condom. It is not exactly clear how common it is for ‘carpet interviews’ to take place in Zomba, the girls involved are often forced to keep the practice secret, but its incidence was mentioned by a number of staff at different organisations as something which they come across in their work. Carpet interviews were not a major point of discussion by my student respondents, this could indicate that they are less common than NGO staff perceive, or it could simply be because the students in my discussion groups had not yet reached this ‘post secondary school’ stage of seeking employment. I feel that ‘carpet interviews’ or the exploitation of female job seekers can and does occur within Zomba, as the environment is certainly conducive for such practice. Gender inequality and societal belief that it is a women’s role to please a man, the culture of transactional sex and the
expectation from girls that ‘giving’ sex will lead to ‘getting’ something in return, as well as the large number of graduating students and relatively low number of job opportunities all creates a very conducive environment for ‘carpet interviews’.

**Summary**

It appears that while education is viewed as an extremely valuable step in protecting young people from HIV, it is not a guaranteed one and in many cases cannot negate the influence of other factors such as gender, poverty and peer pressure which are present in the lives of youth. Girls attending school are on the whole considered as less vulnerable to HIV because of the Life Skills they are taught and general empowerment that they receive. It is also thought that the time demands of studying protect students from entering into risky behaviour that can eventually lead them to contracting HIV.
Chapter 7: Research Findings Part 2

Migration, Changing ‘Norms’ and Youth Culture and Multiple Concurrent Partnerships

In this second research findings chapter factors of migration, youth culture and multiple concurrent partnerships are presented.

Migration

Migration into Zomba appears to be particularly prevalent, the town is not only subject to the usual rural to urban migration and general urbanization that the rest of the country is experiencing, but Zomba has certain characteristics which make it a particular hot-spot of long and short term migration. Within easy walking distance of the town centre market area is the Cobe Barracks, an army headquarters with a regular influx of personnel and their families from other areas of Malawi to the army base. There is also a Police Training Camp to the south of the town centre, with residential facilities for members of the police force and their families, and again they come from all districts of Malawi. As well as the police and army bases, Zomba is also home to a Prison and a mental hospital, both attracting a steady flow of visiting family members and a high turnaround of specialized staff and their families. Zomba is also an educational centre within Malawi; it is home to the chancellor college campus of the University of Malawi, as well as a wide selection of secondary schools some of which have boarding facilities. This has brought teachers, lecturers and other staff into the area. The presence of the secondary schools in particular has meant that it is common for girls to travel to Zomba without their families in order to attend. As one taxi driver I was speaking to succinctly described it: ‘Zomba has the cleverest people in Malawi, the craziest people in Malawi, the army and police constantly moving around, ex-convicts who have just been released, as well as all the local people. It’s an interesting town!’

During my discussion groups with the girls there seemed to be a split opinion as to whether or not migration can place a girl at a higher risk of HIV. Two of the four school groups voted that a migrant girl is more at risk, and the other two voted that she would not be at an increased risk. Although
they voted this way, their verbal responses tended to slant towards a girls being more at risk in a new town.

It was interesting to find that the girls who attended schools where migration would be commonplace were the two schools that voted a girl who is new in town is at an increased risk. These were Cobe Barracks School, where students may have travelled with their officer parents, and St Mary’s, a prestigious girl’s school where many girls travel independently of their parents from other parts of Malawi. Mulunguzi, the second school with boarding facilities has students both from within the town area and further afield, had the closest vote with only slightly less thinking a migrant girl is ‘at risk’. The last school, Zomba Urban Community Day school is comprised of pupils almost entirely from the local area and students here felt that a new girl in town would not be at increased risk. So the girls who have a better understanding of or direct experience in moving to a new place are those who regard it as putting a girl at increased risk of contracting HIV. This would suggest that their experiences have led them to form this opinion, and therefore suggests that girls can indeed face increased risk of contracting HIV when arriving in a new community and environment.

For all of the girls that thought migration does not increase the risk of HIV one particular argument was dominant in their answers, that if a girl is aware of and avoiding HIV in her home town, she will continue to do so in her new town. Some emphasised the importance of knowing the information about HIV/AIDS, one student explained that she voted for ‘no’ ‘because the information is the same in every town, ‘if you go to a different town you won’t find different information’ (female student from Cobe Barracks, grade 4). Others emphasised the importance of internalising this information and having the necessary skills to be able to put this into action, so that where ever a girl goes, she takes with her the beliefs and values she already holds. As another student said ‘someone who is more self assertive and does things on his or her own takes these things with her to a new place or village’ (female student from Zomba Urban, grade 4).

Others have said that moving to a new town can provide extra challenges to girls. Where girls are moving from a village into a town like Zomba, there are both pressures and attractions of the new way of life that they are being introduced to. A common answer from the discussion groups was that a new girl arriving from a village would desire to have the luxuries the town is offering, whether it be fashionable clothes, face creams, sanitary products etc. Yet for many girls arriving from the village their financial status does not allow for such purchases. In Malawi, where it is commonplace for gifts or money to be given in exchange for sex, (Wittenburg et al., 2007) this can sometimes seem like an accessible option to acquire the things a girls wants. As one girl in my discussion group describes it:
‘I think the girl in a new urban town, when she meets some friends there and they are dressing well, wearing trousers and mini-skirts, she will want to wear the same but she doesn’t have the money. Then the boys in town, they are clever sometimes, they see that this girl comes from the rural areas, they come and start a relationship with her and she says yes. In the end they sleep with her and give her the money. She can be at risk through this’ (female student from Cobe Barracks, grade 5).

Another student respondent used a similar example of a girl moving from a village into a highly developed area and followed by saying ‘so she will see that these men are richer than the ones at home, so what if I do sex for just one night so I can get money, then the next day she wants to do the same’ (female student from St Mary’s, grade 4).

A further issue raised was that girls arriving in a new town, where ever they are coming from, are in increased danger because they do not know anyone in the new town. They are more susceptible to being tricked or misguided, whether it be from the new ‘friends’ that they are making, or from men and boys in the town. A student from Zomba Urban school raised the concern that girls are at a greater risk because ‘they might be meeting a boy, but they don’t really know who he is, they don’t know if he has other girlfriends, they don’t really know anything about him because they are new’. So whilst migrant girls may not be openly socially marginalised, they can be at a disadvantage because they are unfamiliar with the social networks and local knowledge that informs an individual whether certain behaviours are risky.

Other girls in the discussion groups also raised the point that even the new friends that someone is making can misguide them. For example the girls at St Mary’s pointed out that ‘when they move to a new town, they will find friends, but they don’t really know what those friends do… maybe they can pressure the new girl saying she should do something like that [have sex]’. Another respondent pointed out that the new girl could be misguided as her friends may exaggerate their sexual activity and experiences, making the new girl think that ‘this is what they do here’. So again the pressures of fitting into a new town and the desire to be seen as acceptable by new friends can lead young girls into risky behaviour in order to meet the approval of their peers. The effect of peer pressure is often overlooked in more conventional discussions on migrant vulnerability, perhaps in part because it is an issue that largely affects youth as opposed to the wider group on migrants.

An added challenge that girls moving to Zomba from rural settings face is the desire of boys to ‘test out the new chick in town’ (student from St Mary’s, grade 3). It appears quite common that when a new girl arrives in Zomba, some competition arises between males in the area as to who can have sex with her first. One informant explained that boys think ‘this girl has been through initiation
somewhere else and she knows what to do, let see if she has anything new to offer’ (Director of Zomba Youth Network). This places girls at increased risk as they not only face issues of peer pressure and fitting into a new environment, but can become the direct target of males within the area.

As discussed in the literature review, independent migration is becoming increasingly common among children and young people; this is often associated with AIDS related deaths in the family, forcing children to move to the homes of extended family members. While this type of migration is no doubt present in Zomba, it was not a major discussion point for many of my informants. One aspect of independent migration which regularly came up was the migration of teen girls coming to Zomba for secondary school, with many of these girls coming alone. It appears that while a handful of schools have boarding facilities, these are often over-subscribed, and many others offer no accommodation at all. As a result many girls are ‘self-boarding’, finding accommodation off campus without supervision where they are ‘home and free and can do anything’ (Deputy Director of CEPARAM). One NGO staff member who had been working with some of these girls in the hopes to set up a support channel for them informed me that the majority of them look for boyfriends or ‘sugar-daddies’ to support them as they lack necessary finances for school and housing. Although schools should be aware of the students housing situation, it appears common for girls to report to teachers that ‘this is my uncle who is looking after me’ and so their situation goes un-monitored. Even at the official boarding accommodation, girls are still perceived as at risk as older men often target these areas looking for young girlfriends. A former teacher at one of the larger boarding schools informed me that girls staying in the boarding facilities: ‘have pressures from people from barracks proposing them, from the hospital and maybe the police officers, and [the students] from chancellor college they are found where? At the boarding school!’ Girls can often be persuaded to enter into transactional relationships with these men, perhaps as a result of direct encouragement from friends or in order to be able to access desirable items of clothing and beauty products. As one student explained, sugar daddies and girls ‘look for each other’, it is not always a one sided pursuit.

While general discussions of migrant vulnerability tend to focus on issues such as restricted access to public resources and services or language barriers and social alienation, these did not feature so highly when focusing on the vulnerability of young migrants in Zomba. Young migrants are perceived as ‘at risk’ but this tended to be because of lack of local knowledge on ‘who is who’ in the community and also issues of peer pressure to fit in with town youth, the desire to try new things and the need for money from transactional relationships in order to do all of this.
Summary

Migration is a time of big change for a person and it brings a range of new situations, opportunities and challenges. As a town with a number of important centres, Zomba has a large population of recent migrants, many of whom have come to work or study. Respondents in this study generally felt that migrant girls in particular can be at risk of contracting HIV for a variety of reasons; the pressure to fit in with new peers, a misunderstanding about how things are done in a town, or because they are targeted by local boys who want to ‘test’ the new girl.

Changing ‘Norms’ and Youth culture

Youth culture has been an interesting concept to research as an underlying factor as it encompasses many different aspects, all of which can in some way contribute to a ‘supportive’ or ‘unsupportive’ environment for HIV prevention in Zomba. I found out quite early on in my research that the term ‘youth culture’ was not well known amongst my participants, perhaps an indication in itself that it is a western term and relatively new concept in Malawi. Many of the staff at smaller youth organizations and CBO’s first mistook the idea of ‘youth culture’ for traditional cultures and initiation ceremonies for youth in Malawi. To overcome this issue I began to explain youth culture in terms of youth attitudes and behaviour, and the things they like to do and to be associated with.

My investigation of how aspects of youth culture can affect the supportive environment necessary for behaviour change to take place focused on three particular areas as discussed in the literature review. Firstly, whether modernism and changing traditional and social structures are creating a widening of the ‘generation gap’, with youth considering parental advice as outdated for the situation in which they are living. Secondly, whether western style youth culture is having an impact on youth sexuality in Malawi. And lastly, whether issues of peer pressure and peer influence are seen as contributing factors to the supportive environment.

Social Change

Influenced by Hailonga’s research in Namibia (see literature review), I was interested to find out whether social change in Zomba was also causing a widening of the ‘generation gap’ with youth adopting value systems different to those of their parents and grandparents.
Just like youth culture, also the term ‘generation gap’ is not a commonly used phrase in Malawi and some participants first mistook this term for the gap in communication between parents and children over sexually related issues, as Malawian culture does not allow parents to talk to their own children about these issues, this is instead the role of aunties, uncles and peers. While this was not what I had intended, it revealed that a communication gap already exists between parents and children.

Looking at a more conventional meaning of the generation gap, meaning differences in attitude, experiences and values between the younger and older generation, there was evidence of this in Zomba. Like in many of Malawi’s towns, people are increasingly aware of and are embracing influences from other countries. Public showings of TV and film are ever popular and increasingly common, internet cafés are available and reasonably priced, and ex-pats and tourists bring with them aspects of western culture. Due to general modernisation and changing norms within society as a whole, a gap is quite apparent between the older generation who are perhaps unable or reluctant to adapt to new influences in the fear of more traditional ways disappearing, and a young generation who are more inclined to embrace new things and who are eager for a more modern way of life: ‘The generation gap can be an issue, because sometimes those who are older they would say it’s because of how the youth are behaving, they are copying behaviours from other culture’ (Deputy Director of CRECOM)

Tensions between youth and their parents have arisen because of this gap, as youth walk away from the more traditional norms with which the older generation are familiar, creating a breakdown in understanding between the two: ‘Yes there is a very big generation gap, that’s why there is a lot of misunderstandings in families between the youth and parents. You find that they are always quarrelling, because the parents, they have a different culture and the youth are doing a different culture altogether’ (Teacher and Life Skill Trainer for SAFE). Like Hailonga’s study in Namibia, (2007: 138), youth in Zomba often perceive the advice from parents and older family members on issues of sex and lifestyle as old fashioned and not appropriate for their modern generation. This issue has been recognised by many different youth focused organisations working in the town, who are seeking to provide essential sexual health and lifestyle information to young people in a way that they will accept and not reject as ‘outdated’.

One informant commented that ‘you cannot go to the youth and start drumming the drum, they will not dance’ (Deputy Director of CEPARAM) implying that the youth are no longer impressed with the old ways of doing things but seek modern entertainment, and as such this needs to be the medium.
used for youth focused awareness campaigns. Many NGOs are now adopting this ‘youth friendly approach’.

One tool being used is the adoption of youth language when speaking to the young people about issues of HIV/AIDS and sexuality, in order for them to accept the speaker as someone who is aware of what it is like to be a youth... ‘it may be the same local language but the way they have coined new words and they say things differently... they take him as “oh, this one is one of us” and sometimes they can listen better, and take advice from those. But when they think this person is rigid and will want us to be old fashioned, then they would not take that advice sometimes. They can even shout “that’s old fashioned!!”’ (Deputy Director of CRECOM)

NGOs are also trying to reach out to youth in ways that are appealing to them, through rap and hip hop music events, fashion shows, and video shows. Ironically, these events have been labelled as ‘putting youth at risk’ in other contexts, but they are believed to be an effective tool in drawing in the crowds and passing on HIV/AIDS messages in a modern and attractive way. One NGO is even making use of cell phone SMS technology, which is hugely popular amongst young people in Zomba. In areas where they have been running their awareness campaigns, they collect cell phone numbers from young people and enter them into a central system, then on a weekly basis text messages are send out to the youth with the intention of entertaining them, but with a direct message about HIV/AIDS (Director of YONECO). There is a strong belief from youth organisations that if campaigns embrace youth culture and are structured properly their messages will reach young people and HIV/AIDS rates amongst this age group will decrease, as one staff member phrased it: ‘we have all the belief and hope that getting information to young people using youth culture would help to address the issues of HIV and AIDS’ (Director of YONECO). Speaking to the students in my discussion group, I found that this approach is certainly popular, particularly for its entertainment value, but not yet available to everyone, only certain schools had been targeted with this approach whilst others felt ignored. Also, while youth are enjoying the entertaining packaging that anti-AIDS messages are being presented in, it is not possible to know what actual impact this is having on the sexual behaviour of youth, whilst the messages may be appealing, many youth still face the same socio-economic constraints that are putting them at risk in the first place.

Influence of Western Culture

The emerging youth culture present in Zomba was widely recognised as being heavily influenced by ‘western culture’. For many, the changes that western culture has brought, particularly to sexual
behaviour of youth, are believed to be negative ones. Many of the older generation blame the ‘western culture’ and its influence on the young population for the increase in HIV and risky sexual activity amongst youth: ‘they say ‘that’s western, that’s western, that’s western’ and that’s what causes these children to misbehave’ (Deputy Director of CRECOM). I was interested to find out what it is that people perceive to be causing ‘western influence’ and discovered that in Zomba it was generally thought to be western made TV and films, the internet, dress style, and music. Video shows and ‘blue movies’ (sexually explicit/porn films) were mentioned quite often in interviews, and many of the older generation see them as an extremely negative influence on the behaviour of their children: ‘a problem that comes time and again... people say ‘oh these video shows, these video shows are damaging our children’s behaviour’ and all that. So there is that conflict of interest because for youth, it’s like day by day they are learning new things, they are seeing things, they are unlike what it was like in the past’ (Deputy Director of CRECOM). As many homes do not have their own TV, a number of bars and entertainment centres within the town and its outskirts will show films for members of the community to watch. Youth are thought to imitate what they see from these films in terms of dress, attitudes and behaviour as it is perceived to be modern and desirable: ‘they are thinking ‘oh, this is what we need to do in these days, in OUR days’ (Ibid). The risk is perceived to come from the belief that youth accept what they see acted on the TV screen as real life, ‘they forget the person is performing – to them it is real’ (Ibid). NGO staff were particularly concerned with the content of the films being shown, many are very sexually explicit in nature and are thought to ‘drive young people to experience and practice what they see in these pornographic films’ (Director of YONECO). ‘Blue Movies’ as they are referred to in Zomba appear to be quite common, and although there are a few restrictions as to who can come in and watch them, even young children are seen in the video centres. The belief that watching films from the ‘western culture’ increases HIV risk as youth practice what they see was mainly voiced by adult respondents. However, some students also felt that these movies can impact youth behaviour, for instance students at Cobe Barracks school felt that a girl who is coming into town from the rural areas and being exposed to films for the first time is particularly influenced by them and will ‘try and copy what she sees’. In general though ‘blue films’ were mentioned much less by students than NGO staff. When discussing western influences with student informants their answers were more general, they tended to emphasize the adoption of western appearance and dress style, as well as western style of socialising, going to parties and attitudes about relationships. Students felt that influence came from peers who were displaying western fashions and attitudes as well as from what they see on the TV and in magazines. Although students referred more to lifestyle fashions rather than direct
influence on sexual behaviour, western influence can still be considered as increasing their vulnerability to HIV because, as Hailonga suggests, while outside influences have changed what youth see as desirable, the environment and circumstances in which many youth are living are far removed from the western context (Hailonga, 2007: 138). For youth who do not have the resources needed to purchase ‘fashionable’ items, there is increased attraction towards entering into transactional sexual relationships, including sugar daddy relationships, in order for them to access the type of western lifestyles that they perceive as desirable.

From my observations, it appeared that whilst not all youth in Zomba had access to such technology as internet, TV and films, they were indirectly influenced by these things through their peers. For example, the University of Malawi has a large campus in Zomba and many of the students attending come from relatively privileged family background, where access to the western world through film and internet is more common. Many of the University students dressed in the latest fashions, much of which was in direct contrast to traditional Malawian customs, for example girls wearing tight jeans, and short skirts, students often listened to the latest music from America and Europe and followed TV programmes from overseas. The presence of these students was felt within the town and they appeared to have much influence over younger youth from within the town, dictating what was ‘fashionable’: ‘Now the youth they don’t want to wear Malawi cultural things, they just want to wear things that have just arrived. It’s like they want to wear things from western places.... they want to wear them like the magazines and the TVs’ (Founder of NGGEO).

Peer Pressure

Peer pressure is an integral part of youth culture, and when this pressure is negative it can have serious consequences on the environment in which behaviour change can take place. When I asked students in my discussion groups whether peer pressure puts youth at a greater risk of HIV, all of the participants, with the exception of one, voted for ‘yes’. The most common form of peer pressure amongst teenage girls appears to be the pressure to have a boyfriend. According to the girls in the discussion groups this can start around the age of 12 or 13, and girls who are already sexually active pressurise their friends to do the same ‘saying if I have a boyfriend, you should do the same’ (Teacher and Life Skills Trainer for SAFE). Girls who are receiving money from their boyfriends encourage their friends to follow suit by letting them know the source of their funds: ‘so the friend who has money says if you sleep with men you can look like me, you can buy new clothes’ (student from St Mary’s, grade 4). Other peer pressures that were discussed included going to parties, drinking and taking drugs, and being fashionable by wearing the right clothes and face creams.
When I asked which youth are most affected by peer pressure, answers suggested that none are free from it. Both boys and girls experience pressure, although this often comes in different forms. For boys there is pressure to have girlfriends and prove their ‘manhood’, but also to drink, smoke and take drugs which is thought to lead them into having sex. Girls seem to be less affected by pressure to drink and take drugs, but more affected by image and portraying the right look: ‘there are many things that a girl wants like clothes and whatsoever, and she doesn’t have money, she sells her body to get money so she can be getting those things, and in that she can get HIV. But boys, most of them do not worry about clothes’ (Student from St Mary’s, grade 4).

In Zomba, peer pressure amongst youth is often reinforced by misinformation that is widely held within the community about sex and HIV/AIDS (see section on Education: Misinformation in Chapter 6). Girls are told that they need a boyfriend not only because it is fashionable, but because for example, they will become unwell or infertile if they do not sleep with men. Peer pressure combined with this often unintentional false information from friends has put many youth at risk, and forced them into early and unprotected sex increasing their vulnerability to HIV/AIDS.

There seemed not to be any category of girls who were more at risk from peer pressure than others, poor girls can be pressured into relationships by their friends because of the financial benefits it can bring, as one informant told me: ‘a poor girl might know about HIV and say to her boyfriend ‘we need to go for testing’ but her friends might say ‘you are poor, if you try to convince this boy he might leave you’ (Director of Zomba Youth Network). Girls who are out-of-school can face a similar predicament, because they do not have the qualifications necessary to find formal employment, they are dependent on men to provide for them: ‘somebody comes, although we know that he is already married he starts telling her some things like ‘I want you’, the girl can say no, but the friend will say ‘you didn’t go to school, you don’t have anything, you don’t have any papers, why don’t you say yes because maybe this is the only one who can help you’ (Director of Zomba Youth Network).

Girls from wealthier families are also not exempt from peer pressure, and in some cases are considered to be more susceptible to it. This pressure may be to have a boyfriend in order to keep up with friends or to be fashionable and own the latest things. When parents are reluctant to pay for such items, sugar daddy relationships are looked for (HIV/AIDS Programme Coordinator: World Vision).

The discussion group participants were split on the opinion as to whether peer pressure was easy or difficult to ignore. Those who said it was difficult used similar examples to the ones already discussed above. Students who felt peer pressure was easy to ignore tended to point towards using
the type of skills taught in life skills class: to be self-assertive, to have friends of your own age and of
good character. Girls also felt that in order to ignore pressures from friends it was important to set
goals and make decisions and stick to them, suggesting that if you are firm in your beliefs nothing
will dissuade you (Students from Cobe Barracks and St Mary’s Schools).

Summary

While the terms ‘generation gap’ and ‘youth culture’ are relatively new in Malawi, they are both
clearly visible within society. Increasing modernisation is thought to be creating a communication
barrier between the older generation and young people, with youth often being unwilling to take
advice from those they perceive as ‘old fashioned’. Popular youth culture in Zomba includes going to
video shows, which are thought to encourage risky behaviour; and adopting western styles of dress
and music, often obtained through transactional relationships. Peer pressure and the influence of
misinformation are further encouraging many youth to enter into risky behaviours, and this can also
greatly increase their vulnerability of contracting HIV.

Multiple Concurrent Partnerships

A final aspect which came to light during my research as having an impact on the youth environment
was the issue of ‘Multiple Concurrent Partnerships’ (MCP). Though MCP appears to be a part of the
fabric of the sexual culture in Malawi it is a relatively new area of research within the country. MCP
occurs when a person has two or more sexual relationships over the same time period. There is
some variety in exactly how this can happen, for example it could be that a person has two long
term partnerships which overlap, or two or more short term sexual relationships which take place
simultaneously. MCP is considered as a major risk factor in the transmission of HIV as it exposes
individuals to an invisible chain or network of sexually active people where, once introduced, the HIV
virus can spread rapidly. For example, a teenage girl may have two boyfriends, one of them infects
her with HIV, she in turn passes this on to her other boyfriend, he then passes it on to his two other
girlfriends who in turn infect their boyfriends and so on. In areas such as Malawi where condom use
is consistently low, the rate at which HIV spreads through these networks is very high.
Though not exclusively a youth issue, MCP is certainly present in the youth relationship culture and many of the NGO staff I interviewed considered it as a major risk factor affecting youth. One of the main concerns raised was that teenage girls will have an older boyfriend (or sugar daddy) for financial reasons and at the same time they will have an ‘age-mate’ (a boyfriend from within their own age group). As one informant explained: ‘this type of love affair can increase HIV because they might fall in love with an elder one, but [the reason] behind is to get something, not love. So they come and fall in love with someone their own age too. They have a teen that they can interact with easier, but behind they will have the sugar daddy’ (Director of Zomba Youth Organisation). The same aged boyfriend is not informed about the older boyfriend and vice-versa; in order for this secret to be kept, girls will often agree to non-condom use in sex as it is believed to be a sign of faithfulness and trust between partners.

At the same time, the sugar daddy is likely to have a wife at home, adding an extra person into the chain: ‘So mostly sugar daddies they take girls, they want to love them and do everything for her each and every day, food, rent, whatever. But then behind, that sugar daddy has a wife, and when he is busy at home with that wife is when this young girl is meeting her age-mate lovers. That is the reality that is happening. It is like a chain’ (Director of Zomba Youth Organisation). This type of MCP suggests that girls enter into such arrangements for economic reasons, choosing only to be in a relationship with a sugar daddy because their age-mate is not able to provide them with the necessary gifts and money expected from a transactional relationship. Whilst this may indeed be the reason for some individuals, others have different objectives.

There is a great desire and social pressure amongst youth to be somebody’s girlfriend or boyfriend; sometimes for love but also for social status and respect. Students in my discussion groups revealed that multiple relationships were common amongst their peer group and are often something that
girls are pressured into. Having two or more boyfriends shows that a girl is popular and desirable, and because of the transactional element of the relationships places her in a better position to buy fashionable clothes, face cream and luxury food items. When I asked students whether having multiple partners was a common peer pressure amongst youth, their response was ‘very common’ generally accompanied by laughter. It was also suggested that multiple partnerships can be entered into out of choice, one student from St Mary’s secondary school pointed out that simple attraction can lead to MCP: ‘but it’s not always that it’s because of peer pressure, because maybe it might happen that you are on this break and you have been proposed by a certain boy and you think he is handsome. And then within that proposal you go to another place, you find another boy who again you think is handsome. So you think ‘I will just have to provide [have sex with] both of them’ (female student from St Marys, grade 4). So it appears that the reasons youth have for entering into multiple relationships extend beyond the initial assumption of financial gain. Other discussions revealed that fear of being ‘dumped’ by a partner can lead an individual to have ‘back up’ partners, so that you never have to be without a relationship. A common youth motto in Zomba is ‘have three: love one, have one of your choice, and marry one’; the suggestion behind is that the first one is for transactional sex, the second one is also a sexual relationship but with someone who is considered fashionable for status and the third person is a long term partner who you will eventually marry (Deputy Director of CEPARAM).

Having one long term partner who will become a future spouse whilst concurrently having short term sexual partners appears to be common behaviour amongst youth in Zomba, one informant explained that a man might become drunk and have unprotected sex with a girl he meets at a bar, and return home to his long term partner and have unprotected sex as it is a long term relationship: ‘So he may have slept with that bar girl with HIV/AIDS. When he comes back to his beloved one, the future wife, he can enjoy the sex knowing that it is the only one. So that’s why HIV/AIDS is increasing here in Zomba. But the big problem is lack of faithful and abstinence and life skill about the way they can use condom’ (Director of Zomba Youth Organisation). NGO staff pointed out there is sometimes a misunderstanding of what it means to be faithful, youth will say they are remaining ‘faithful’ to the partner who they intend marry, whilst having other short term sexual relationships which are not regarded as being ‘unfaithful’ as there is no long term commitment.

These complex multi-partner relationships pose a challenge for NGOs working with youth. While it is accepted that MCPs commonly occur amongst this group, social norms have meant that boys often exaggerate the number of girlfriends they have so as to appear macho, where as girls will understa...
their number of partners so as to conform with the societal expectations that they should be naive and inexperienced in sexual matters: ‘Boys are happy to have multiple partners, you know in quotes, which is not true, they will have only two girlfriends but they will boast to their friends ‘you know, I go with so many girls’ to show they are macho. Whilst a girl will say she has only one boyfriend, yet she has several’ (National Field Coordinator for SAFE). Understanding this is extremely important for people who work with youth, as often boys behaviour is believed to be intensifying HIV rates in the community, while girls are thought to be innocent. But research into MCP amongst youth is discovering that boys are also vulnerable, particularly as girls bring sugar daddies (who have been sexually active for longer and have higher chances of being HIV positive) into youth MCP relationships.

**Summary**

Respondents in this study revealed that MCPs are present in Zomba and seemingly common amongst youth. NGO staff considered this as a major risk factor influencing the spread of HIV amongst young people. A main pattern of youth MCP is for teen girls to have a boyfriend of their own age as well as an older boyfriend acting as a ‘sugar daddy’. The presence of the sugar daddy suggests that motives behind entering into these relationships are financial, and for many girls this may well be the case, but other reasons were also voiced, for instance peer pressure to have multiple partners (whether for social status or for the transactional element of the relationships), in other cases MCP is entered into simply out of choice, or sometimes out of a fear of being ‘dumped’ by a current partner. The concept of being faithful is often lost in these multiple relationships; it was reported that youth believe they can be faithful to a long term partner whilst concurrently having short term partnerships. Social norms have lead to boys exaggerating and girls understating the number of partners they have, this can pose a challenge for NGOs working with youth who need to understand the complexities of youth MCP in order for their programmes to have maximum impact.

The findings presented in this chapter and the previous chapter have revealed that issues surrounding the underlying factors of gender, poverty, education, migration, youth culture and MCP can have great influences on the spread of HIV amongst teenage girls in the town of Zomba, according to the participants of this research. The following chapter presents a discussion of these findings and focuses specifically on the intersections between different underlying factors.
Chapter 8: Discussion of Findings and Conclusions

All six of the underlying factors concerned in this study were believed to be connected with the spread of HIV amongst teen girls in Zomba, according to the secondary school students and staff from various organisations that took part in this study. Gendered norms and relations within the community, reinforced through local initiation ceremonies, are thought to lead to girls being treated as inferior and often with little autonomy over decisions they make, leaving them with little power to enforce safe behaviour messages that they have been taught. One associated outcome of unequal gender relations in light of the girls’ young age is that of intergenerational sex which is thought to place girls at a much increased risk of HIV. Gaining access to funds or goods appears to be a primary reason for girls entering into these relationships, this is perpetuated by the belief that girls should be dependent on men. These findings support the general arguments of Craddock (1999) who suggests that this type of ‘intergenerational sex’ is perpetuated by girls’ lack of access to resources and power. This thus supports the belief that poverty is a major influencing force for girls entering into relationships for the purpose of accessing resources. Respondents indicated that young girls from especially poor backgrounds are particularly vulnerable to transactional sexual relationships, and in order for families to access basic needs girls may be forced by parents into prostitution or early marriage placing them at greater risk of contracting HIV. Strategies for overcoming poverty appear to be highly gendered in Zomba as Kakuru similarly found in Uganda (2008: 69): while it is socially acceptable for boys to find manual work and odd jobs, avenues for girls are much more restricted and often involve transactional sex. However, this study revealed that it is not only girls from poor families that are at risk of contracting HIV through transactional relationships; girls from wealthier families can also be susceptible because of pressures to keep up with their peers in terms of fashion and lifestyle.

While education was viewed as an extremely valuable step in protecting young people from HIV many respondents would not go as far as to agree with the view that it was a ‘vaccine’ against AIDS (Vandemoortele & Delamonica 2000:6). Education was highly regarded for the information and skills taught in life skills classes, as well as the individual empowerment it allowed girls with the potential for them to rely on themselves rather than men. Yet education does not negate all risk of HIV, other factors such as gender, poverty and peer pressure for example, exert great influence on girls in spite of their level of education. Teachers have been reported as sometimes taking advantage of female students, girls may have to begin transactional relations in order to pay for fees, and negative peer
pressure from class mates can all lead to a very unconducive environment for safe behaviour messages.

Young migrant girls arriving in Zomba were considered by respondents to be at an increased risk of HIV due to pressures and challenges faced when moving into a new area. This supports the argument of Brummer who states that migrants are at an increased vulnerability of contracting HIV due to the situations related to the migration process and the behaviours engaged in during migration (Brummer, 2002: 8). Many girls were thought to move to Zomba in order to study at one of the town’s secondary schools linking factors of education and migration. Respondents believed that the new social environment that girls find themselves in can place girls at a greater risk of contracting HIV for many different reasons; pressure to fit in with new peers can be particularly strong for girls who have moved from rural areas and are experiencing town life for the first time, lack of resources mean that many girls enter into transactional relationship in order to access desirable goods highlighting how issues of poverty are intertwined with migration. Respondents also suggested that migrant girls can be targeted by local boys who want to ‘test’ the new girl, again highlighting issues of gender relations that can increase girls risk of contracting HIV.

Youth culture present in Zomba is also thought to play a role in the spread of HIV amongst teen girls. Just like Hailonga found in her study based in Namibia (2007: 138), informants in Zomba suggested that youth are keen to take on and exhibit aspects of western culture. Western influences, particularly via the media are thought to encourage risky behaviour either directly through practicing sexual behaviour seen in video shows - to which migrant girls from rural areas are thought to be particularly susceptible; or through transactional relationships in order to allow girls to access western styles of dress and music to which girls living in poverty are thought to be particularly susceptible. Peer pressure is also a common force amongst youth leading them to adopt risky behaviours; the pressure to have a boyfriend is common amongst girls and part of ‘fashionable’ youth culture. Multiple partnerships are reported to be frequent in Zomba and considered as increasing girls’ risk of contracting HIV. It is believed to be popular among teen girls to have a boyfriend of their own age as well as an older boyfriend acting as a ‘sugar daddy’. For some girls these multiple relationships are entered into because they are economically disadvantaged and rely on the transactional element of the relationships, for others peer pressure to have multiple partners is the leading force (whether for social status or for the transactional element in order to purchase fashionable goods). Gender norms mean boys exaggerate and girls understate the number of
partners they have, posing a challenge for NGOs working with youth who must understand the complexities of youth culture, gender norms and MCP in order for their programmes to be effective.

One thing that becomes apparent from considering the results in the previous chapter is that the underlying causes of HIV amongst girls in Zomba are complex, multi-faceted and widespread. No single factor can alone be attributed to causing high rates of HIV amongst this population group. Rather, different factors interrelate and intertwine resulting in an environment through which girls have to navigate, influenced by their own choices, the choices of other people and local structures, culture, norms and expectations.

While it could be correct to say that poverty is a key contributor to the high HIV rates in Zomba, it would be wrong to give the impression that poverty is solely responsible for the spread of HIV. If one factor alone is considered to be the dominant force in the spread of HIV amongst teen girls, it overshadows all of the other factors that intersect with the first. So while poverty may be being addressed, other key influencing factors of gender, peer pressure and MCP for example, may be being ignored, so prevention programmes that focus only on the issue of poverty will not have as great of an impact than if other contributing factors were simultaneously taken into consideration. This is also true for prevention programmes that focus narrowly on any other single issue; a coordinated effort that addresses multiple issues is much more likely to have an impact on reducing youth HIV prevalence.

One other thing that has become clear is that different factors can have different weighting for different people at different times of life. For example, a girl who attends secondary school, whose father is in employment and who has lived in the same town all her life may be most influenced into risky relationships by peer pressure to conform to youth culture and friends expectations that she should have a boyfriend or even multiple boyfriends. If her circumstances changes, for instance, if her father lost his job, poverty may suddenly become the most paramount influencing factor, perhaps leading her into transactional sex as a way of keeping up with peers, or even for survival. Or perhaps her family move to a new town and she is suddenly the target of local men and boys wanting to ‘test the new chick in town’ (as explained by students at St Mary’s School). Whilst the information she may have previously gained about prevention of HIV/AIDS will have remained the same, she will be encountering new pressures and challenges in her new circumstances.

The list of possible scenarios could continue, though the point they make remains the same: that individual life circumstances will determine which underlying factors are paramount for an individual
at any given time or stage of life, each requiring support focused in different areas and tailored to different primary needs.

Factors underlying the spread of HIV amongst teen girls often work in conjunction with each other. If you take, for example, the factor of gender, on its own it may mean that we know a girl is considered inferior and holds little power in society, which is reinforced through initiation ceremonies. However, when you consider this factor in the presence of poverty, education, youth culture, migration, and multiple partnerships, different identities begin to emerge. She is not simply vulnerable because she is female, but because this is interacting with other factors presenting an individual identity based on her life circumstances, her reactions to them and the reactions of society around her. This picture of underlying factors intersecting and pervading to create individual identities links in with the theory of intersectionality. This theory puts forward that categories of discrimination, or in the case of this research, categories of risk and vulnerability to HIV as determined by underlying factors interact in numerous and simultaneous ways. Different factors do not act independently, but interact and transverse with one another to create different identities. Also, even when considering girls who are affected by the same underlying factors, it is important to realise that the way in which they experience the effects will vary in intensity depending on the individual. For example while we expect issues of gender to affect all girls, a girl who is brought up to adhere strictly to societal gender norms may be affected differently by issues of gender than a girl who is brought up in a household where gender roles are less rigid.

Also in cases where poverty is present or seen as a leading cause of the spread of HIV among teen girls, the factor of gender is also present as gender norms dictate what can be done to overcome the situation of poverty, for example while a boy can enter into manual work a girl is expected to depend on men through the use of transactional sex. Although on the whole education was seen as an extremely important factor in preventing girls from contracting HIV, education in itself may not be enough to counter the impacts of peer pressure or the challenges a girl faces when moving to a new town.

The six underlying factors identified in this study (gender, poverty, education, migration, youth culture and multiple partnerships) though all particularly relevant to teenage girls in the town of Zomba, are by no means exhaustive of the different influencing factors governing a girl's individual susceptibility of contracting HIV. Other factors such as home environment and family values, knowing someone who died of AIDS, or pessimistic attitudes towards the future for example can all have a bearing on whether an individual will enter into risky sexual behaviour. There is a need for
further research into these issues in order to further our understanding of the complexities of the underlying issues impacting HIV risk and vulnerability for teenage girls.

The lives of young people in Zomba are diverse; teen girls experience a variety of conditions, social positions and influences which impact on how vulnerable they are to contracting HIV. Knowing that these girls live in a high HIV prevalence region is not enough to describe these girls as at risk to HIV, it is also necessary to know how gendered, economic, social, and cultural factors combine and interact to provide the different identities and vulnerabilities present in the town.

Once these multiple identities and vulnerabilities are recognised, it becomes apparent that, as Larkin et al suggest, HIV prevention programmes that work on a ‘one size fits all’ basis are limited in their impact (2007: 2). While common factors such as the six underlying factors explored in this study link youth, the ways in which these are experienced vary between individual and over time. Using this intersectional perspective is helpful as it allows a wider understanding of teen girls’ vulnerability to contracting HIV, which in turn can be used to inform and develop effective targeted prevention programmes that address the diverse situations of this specific group within society.

Without sufficient attention during the development and delivery of HIV prevention programmes for teen girls to the underlying social, cultural, gendered and economic environment and to the dynamic and contextual nature of the relationships between underlying factors and HIV risk, efforts to combat the spread of HIV are hindered.

**Final Thoughts and Recommendations**

This qualitative study is by its nature limited to a certain geographical area and community, and the findings presented are specifically relevant for teenage girls in the town of Zomba, but lessons learned from this research do have relevance for other communities with a high HIV prevalence amongst youth, both within Malawi and further afield. This ‘transferability’ comes in the form of two major lessons learned, firstly, that in any given community key underlying factors can influence the spread of HIV amongst its young population, these factors could be similar to those presented in this study or unique to the community in question according to local context; and secondly that different underlying factors interact and intersect to produce unique identities of HIV risk and vulnerability for individual young people within a community.

In this thesis six different factors were explored simultaneously. This was done in order to gain a bigger picture and broader view into the important factors related to the spread of HIV amongst
teenage girls in Zomba. I chose to focus on all six, because the danger of focusing too narrowly on just one or two factors is that you neglect to acknowledge other contributing factors which may be having just as great an impact. Further, it would also hide the way in which different underlying factors intersect and affect each other, providing unique individual risk identities.

On the basis of the findings of this study I recommend the following: that policy and programme practitioners make renewed efforts to fully understand the underlying contexts which affect youth and ‘especially female youth’ vulnerability to HIV, paying particular attention to intersections between different underlying factors and the resulting outcomes, in order for prevention efforts to have maximum effect. Further, that in the town of Zomba increased attention is given to addressing the social, cultural, gendered and economic factors identified in this study that influence the spread of HIV among teenage girls, with particular reference to factors which lead girls into transactional and intergenerational sex. And finally that further study explores how underlying contexts affect youth vulnerability to HIV in different communities, countries and regions.
Reference List


