

**Women's Sexual and Reproductive Health in the
Context of HIV/Aids: The Involvement of the
Anglican Church in the Upper Shire Diocese in
Southern Malawi**

**Dissertation presented through the
Department of Theology and Religious Studies to the
Faculty of Humanities of the University of Malawi**

**Submitted in partial fulfillment of the requirements for the
Master of Arts in Theology and Religious Studies**

by

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(BEd)

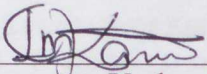
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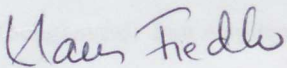
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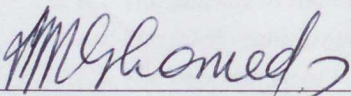
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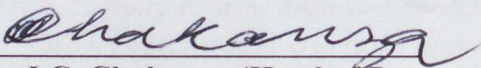
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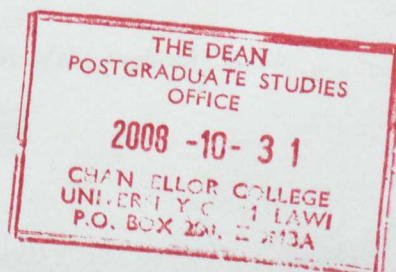
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MALAWI COLLECTION

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You have a duty and responsibility to pray for them. Possess good sense of humour and keep your marriages. Do not take your marriage for granted nor let your husband slip away from your hands due to carelessness and your indulging in chatterbox behaviour. *A wife of noble character, who can find?* (Proverbs 31:10). But when things get worse, you have the right to walk out and save your lives.

To my fellow unmarried, thank you too for being honest with me on your experiences as singles. Much as I understand that life is not that simple when you are unmarried, still there is no excuse for risky behaviour that will in the long run lead to HIV. Believe me, a penny got in that way cannot solve our poverty. Infact, it will just add more and more pain. Let us not sell our bodies for a few tambalas. We are not cheap, my fellow ladies. We are expensive, bought by the precious blood of Jesus. Keep praying. God is ready to give us another man at the appointed time.

Many votes of thanks go to PLWAs I interviewed. Even in challenges, there is peace. *Weeping may remain for the night but there is joy in the morning* (Psalm 30:5). God has plans, blessings and calling for you to experience. Forgive those that have caused the pain and ask forgiveness of those you have hurt. God still loves you and cherishes you as his own children, made in his own image. One day it shall be over. There is no illness, no plague that comes to stay. We shall overcome someday.

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Abstract

Dedication

In memory of my late husband Dudley Maulana (*Requiescat in pace*),
I dedicate this thesis, in love and appreciation to all women in Malawi, as mothers, wives and care
givers in the age of HIV/Aids. Commit to God whatever you do and your plans shall succeed.
I am proud of you all. God bless you!

Abstract

This thesis looks at what the church has currently been doing towards women's sexual and reproductive health issues. In particular, the aim of the thesis is to find out how the Anglican Church is involving itself in improving women's sexual and reproductive health.

The study gathered both physical and religious views and experiences. Physical experiences were sourced from a case study from Malemia Traditional Authority. Findings reveal disparities between the morality of the Anglican Church and what women in general advocate. The Church is taking a role in issues of women's sexual and reproductive health through St Luke's Hospital in Malosa. However, bound by their doctrines, much of what they advocate seems to favour those women that are married. Economic pressure forces most unmarried women to indulge in risky behaviour. The study reveals that contraceptives are advocated in the church only for those married. In reality, however, knowledge of contraceptives is high with most women, both unmarried and married. The results of the study show that condom use is not being taken seriously. While the Anglican church advocates condom use in the marriage context, reality shows that even the married are not interested in using them, whether as a contraceptive or for prevention against HIV/Aids.

In order to educate their couples on sexual life, the church has embarked on family life education in the form of marriage seminars. However, even these too seem to benefit those that are married. Whereas the church upholds and encourages nakedness between couples, reality has shown that the trend in most homes is quite contrary, such that marital nakedness is not appreciated.

From the study, the multi sectoral HIV prevention approach is not being taken seriously by most families or perhaps has failed to be an appropriate strategy. While abstinence and faithfulness could be the best approach as advocated by the Anglican church, findings reveal that this is beyond women's expectation. Those married say they can afford to be faithful to their spouses but the big question they pose is "Can you measure the faithfulness of your partner, what if he is not faithful, does it make a difference?" Married women claim to be faithful but faithfulness amongst men in most cases is not considered necessary. Findings also show that those that are unmarried have failed to abstain as advised by the church.

Abbreviations

Aids	Acquired Immune Deficiency Syndrome
ARVs	Antiretroviral drugs
CLAIM	Christian Literature Association in Malawi
CPCA	Church of the Province of Central Africa (Malawi, Zambia, Zimbabwe and Botswana)
HIV	Human Immunodeficiency Virus
MANASO	Malawi Networks of Aids Service Organizations
MU	Mothers Union
NAC	National Aids Commission
PLWA	Person Living with Aids
PLWHIV	Person Living with HIV
STD	Sexually Transmitted Disease
TB	Tuberculosis Bacillus
UMCA	Universities Mission to Central Africa
UNAIDS	United Nations Joint Programme on HIV/Aids.
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
USGP	United Society for the Propagation of the Gospel

Chapter One: Introduction

Malawi, just like other countries in the world, has been hit by the Aids pandemic. The 2003 estimates presented 900,000 infected people.¹ The government and other stakeholders including the faith communities are continuously meeting the challenges of HIV/Aids. Although research shows that a great percentage of the Malawian population is quite knowledgeable about HIV/Aids transmission and prevention, the epidemic still continues to kill at a fast rate.

As everyone fights Aids, one important area to consider in curbing the virus and improving support for infected people is the satisfaction of a woman's reproductive and sexual needs. The coming of the Aids epidemic has greatly influenced female sexual and reproductive health. As it is the responsibility of every individual to meet the challenges of HIV/Aids, proper management of her sexual and reproductive life would consequently have a potential benefit for the whole family and the nation at large. Improving her health means improving the health of her partner and her children as well. Sexual and reproductive health is a key component of health and quality of life.

Women's sexual reproductive health is a challenge today because sexuality is explicitly related to HIV/Aids, a disease that has no cure.² How a woman handles her sexual and reproductive life is very crucial today. When a woman's health is poor sexually, that gives room for HIV entry. This can ruin not only her health but also other lives as well including, the infants born to her. Many women in Malawi have died, infected and affected by the HIV pandemic because of, among other factors, a negative approach to their own sexuality. Women could improve their reproductive health if they are knowledgeable about and in control of their sexuality and sexual relations. Culture, economy, ethics and values do influence a woman's sexual health, consequently affecting the whole family. By coming up with responsible sexual and reproductive choices such as safe and healthy pregnancy, family planning, safe delivery, sexuality education, when to have sex and with whom, HIV/Aids could be defeated.

The National Aids Commission shows a high HIV prevalence rate of women attending antenatal clinics. The rate varies from 10% in the rural areas to 35% in urban areas. In 2001, out of 7361 pregnant women sampled at Queen Elizabeth Hospital, 20% tested positive.³ This high infection rate suggests that many children are born HIV positive. There is again evidence that HIV infection in women of the reproductive age group is between 4 to 6 times higher than with their male counterparts. In 2003, out of 760,000 infected adults, 58% were women with 45,000 newly infected ones as compared to 35,000 among men.⁴

In the mid 19th century when Christianity was introduced into Malawi, the missionaries did much to improve people's health. One such mission was the Universities Mission to Central Africa as a

¹ *HIV/Aids in Malawi: 2003 Estimates and Implications*, Lilongwe: NAC, January 2004, p. 6. The figure could be more than that. See subsection 1.3 under State of Research.

² See Overton Mzunda et al, *The God of Love and Compassion: A Christian Meditation on Aids*, Zomba: Kachere, 2002. The authors cited the understanding of sexuality as one of the problems in addressing the Aids problem, p. 5.

³ "HIV/Syphilis Sero Prevalence in Antenatal Clinic Attendees: NAC Malawi Sentinel Surveillance Report 2001", p. 8.

⁴ *HIV/Aids in Malawi: 2003 Estimates and Implications*, p. 17.

pioneer of the Anglican Church in Malawi. From that time the present, the Church has worked as a team with the government in the provision of medical services in Malawi and in its fight against HIV/Aids.

The study therefore looks at how adequately the Anglican Church in the Upper Shire Diocese responds to the issue of women's sexual reproductive health in this context of HIV/Aids. It is anticipated that this work will serve as a valuable tool for pastoral care not only to members of the faith community but even to all persons who are still uncertain how to handle women's sexual reproductive issues.

1.1. The Research Problem

My research problem is that different opinions and attitudes from both culture and the faith community at large towards sexual reproductive health may affect the health of a woman. Consequently, this could provide an entry point for HIV/Aids. The problem is that most churches do not actively come into the open with remedial policies and approaches to the issues concerning woman's sexual reproductive health. The Church is involved because when talking about questions of fertility, sexual reproductive health can be affected through the question of faith. The faith community has an important role to play in enhancing the position of women and changing accepted norms. Improving the status of women is not only a matter of theology but of ethics, health and survival. This challenges churches to change some of their attitudes and visions and to undertake creative new initiatives in their pastoral ministry. A crisis such as Aids should be a time of opportunity and of decision-making.⁵

Some cultural beliefs on sexual activity have promoted the spread of the HIV virus. Women abstaining from sex during a certain period because of traditional beliefs could be dangerous as regards their sexual health.⁶ Where partners fail to wait, they become reckless and indulge in promiscuity. In turn faithful wives get infected right in their own bedrooms. World Health Organization comments that most HIV infected African women received the Virus from their husbands.⁷

Child bearing exposes women to many health risks. Complications from pregnancy and childbirth are a major cause of women's death in Malawi. Transmission rates of STDs (including HIV) are higher in women and if not treated and prevented lead to many complications such as infertility, genital cancer, ectopic pregnancy and even death. Thus ignoring contraceptive and pregnancy related issues could seriously affect the women's health and may lead to prenatal HIV transmission.

The stand of the faith community on condoms has also affected a woman's sexual health. Most churches value abstinence and faithfulness in marriage as the only way of curbing the virus. The use of

⁵ Gillian Patterson, *Love in Time of Aids: Women Health and the Challenge of HIV/Aids*, Geneva: WCC Publications, 1996, p. 1.

⁶ Such a period include when a woman is menstruating, after stillbirth, while breast-feeding, in the last two or three months of her pregnancy and up to a period of six months after a baby is born. Abstinence is also required when a daughter is having her first menstruation or when death strikes a family. For details, see Molly Longwe, "Rites of Passage in Malawi: A Critical Examination from a Christian Perspective in the Context of HIV/Aids", paper presentation at Nantipwiri, Salama Shield colloquium, 2004.

⁷ Quoted from United Nations Report of 1998, Geneva, Switzerland in C. Jean Garland, *Aids is Real and it's in our Church*, Bukuru: Africa Christian Textbooks, 2003, p. 137.

condoms as a device for preventing the transmission of HIV and other STDs is and has been an issue of hot debate among the faith communities. Woman's inferior status coupled with cultural expectations denies her a chance of negotiating safe sex even when it's necessary. In some cultures, a woman cannot refuse her husband sex though she knows he has HIV/Aids.⁸ Most men refuse to use a condom that could offer some protection to the wife from contracting any sexually transmitted infection. In many faith communities a condom is still a taboo and still being viewed as a tool of promiscuity. There is again a culture of silence in most churches on women's sexual and reproductive health.

The purpose of the study is to understand the role the Anglican Church is playing towards improving women's sexual reproductive health in a struggle to combat the epidemic. Women need support from both their families and the community at large including their faith communities, in issues pertaining to their own health.

1.2. Theoretical Framework

In the context of today's situation when HIV/Aids and population issues are a great concern throughout the world, the plight of women seems to be visibly exposed. Both culture and religion have been determining factors that have contributed to women's low status in many areas including health. The discipline of the topic under study is Christian Ethics and the field is "women issues". Christian Ethics (from Greek "ethos", custom, conduct) deals with concrete steps of Christian discipleship. Its focus is to relate faith to action (doing) when analyzing a specific situation. It takes theory further to practice, with the gospel as the primary source for decisions. Christian Ethics vary in a given time and circumstance as one tries to contextualize one's efforts and apply the message to a specific situation.⁹ Research emphasizes the development of sound theories. Theoretical frameworks make it possible to understand a phenomenon. In this study, the use of theories will provide an awareness of the factors that contribute to the attitude of both church and culture towards women's sexual reproductive health issues in Malawi, hence provide an improvement. The issue of sexual reproductive health involves decision-making. The theories below look at who makes decisions and how decisions are made at all levels, in marriage settings, in culture and in the church.

1.2.1. The Theory of Sexual Subcultures

Where two different cultures meet, there is always conflict and there are differences of opinion. Garrett Hardin states that women have been concerned with birth control for a long time in history. However since anthropological scholars before the 20th century were men, no work was written about this issue until the 19th century.¹⁰ This is an indication that men were then not interested in the issue of birth control. Hardin takes this as an example of problems associated with two different subcultures. He explains this by describing the culture of the *Rif* of northern Africa that was divided into male and female subcultures. Hardin points out that these subcultures were separated in matters of birth control.

⁸ Ann Blanc et. al, *Negotiating Reproductive Outcomes in Uganda*, Kampala: Makerere University, 1996, p. 1.

⁹ Hans Häselbarth, *Christian Ethics in the African Context*, Ibadan: Daystar, 1976, p. 1.

¹⁰ Garrett Hardin, *Birth Control*, New York: Pegasus, 1970, p. 17.

There was theory in one sex and practice in the other, with men making the laws and women carrying out the practice.¹¹

The way these subcultures were controlled brought in problems about family planning. The laws of the village that were drawn up by men forbade all attempts at family planning. A woman caught using contraceptives could face severe punishment. On the other hand, the women, believing that it was their right to plan their families, had a separate market day at which no man was allowed. Hardin further comments that it was here that contraceptives and substances capable of producing abortions were sold without the knowledge of men. This secret life between the two different cultures was only discovered when a certain anthropologist in the 20th century came along with his wife who recorded this from her female counterparts.¹²

The life of these Rif helps us to understand that in many societies there are two different subcultures. Theories and decisions are being handled by men. Women continue to be oppressed and forced to carry out the practice. Certainly where women have no influence on issues involving their own sexual matters, any decision made tends to be contrary to their needs.

1.2.2. *The Theory of Patriarchy*

Isabel Phiri argues that the coming of Christianity into matrilineal societies in Malawi meant some transfer of power from women to men.¹³ In the name of Christ, the missionaries created a new culture. Their treatment of polygamy for example affected the welfare of women greatly. They introduced teachings and practices that put women in subordinate positions in Malawian societies and reinforced some negative cultural elements.¹⁴

Focusing on the Chewa women in Nkhoma Synod,¹⁵ Phiri shows how women's roles, status and experiences are affected by patriarchy. According to her definition, patriarchy is a term given to a structure where power and authority rests in the hands of males.¹⁶ These patterns that characterize African societies, churches inclusive, are an agent of oppression of women and deny women's participation in many areas such as decision-making.

In Malawi, very few women acquire leadership positions, both politically and socially, and even in various churches. Phiri further comments that this lack of women's presence implies that men who do not take into account the experiences of a woman make decisions for them.

1.2.3. *Situational Ethics Theory*

This theory advocates that it is the situation which one finds oneself in that helps to determine an ethical choice. The Bible does not give answers to all modern problems and areas of life. As Paul says, "you may be able to test and approve what God's will is—his good, pleasing and perfect will"

¹¹ Ibid., p. 18.

¹² The name of this anthropologist was not recorded.

¹³ Isabel Apawo Phiri, *Women, Presbyterianism and Patriarchy: Religious Experience of Chewa Women in Central Malawi*, Blantyre: CLAIM-Kachere, 1997, p. 12.

¹⁴ Ibid.

¹⁵ Nkhoma Synod in the central region of Malawi is one of the three synods of the Presbyterian Church in Malawi. The other two are Blantyre and Livingstonia.

¹⁶ Isabel Apawo Phiri, *Women, Presbyterianism and Patriarchy*, p. 11. Even the matrilineal structures of the Chewa are patriarchal.

(Romans 12:2 RSV). The Situational Ethics Theory was proposed by Joseph Fletcher (1905-1991), an Anglican theologian and priest, in 1966 following his argument against Legalism and Antinomianism which, to him, failed to provide a sound basis for ethics.¹⁷ Legalism emphasizes obedience to a set of fixed moral laws while Antinomianism accepts no fixed moral principles and argues that one's ethics are spontaneous.

Fletcher came up with Situational Ethics as a middle course between the two concepts. Legalism does not accommodate "exceptions to the rule" and Antinomianism on the other hand does not provide any basis with which to evaluate one's morality and also fails to justify why people should live free in any way they want.¹⁸ Fletcher's key principle in guiding moral decision making was love (*agape*), because it is of intrinsic value. The Greeks had four different ways of expressing love and affection. *Philia* meant friendship; *storge* stood for family love; *eros* for sexual love and *agape* for selfless love. Agape has a central role to play in sexuality. It is the love that the world is longing for. Agape constitutes our worthiness because it loves me in spite of myself and takes care of my weaknesses. By definition, love is an intense affectionate concern for another person.¹⁹ According to Fletcher, Jesus summed up the Mosaic Law and the Ten Commandments in one word—love. Thus any commandment can be broken in some situation for love's sake.

In this sense, when making decisions, Situational Ethics believes that what is important is not a binding law, be it biblical or from custom, but whether the neighbour will be hurt or helped by your action. When faced with a moral issue, the legalist says, "*what does the law say?*" whereas the situationist says, "*who is to be helped?*"²⁰ The theology of Jesus was based on love and since he did not leave a complete set of moral rules, situational theory states that in such situations, only the love demand should determine the answer to any changed circumstance. Other notable scholars of situation ethics are John Robinson, Emil Brunner and Reinhold Niebuhr. This theory is also called a "new morality," suggesting new code of behaviour in contrast to the more traditional outlooks, for instance in the context of sex and marriage.²¹ However this does not mean Situationism rejects tradition but rather that it is not bound by it. It analyzes the past on the basis of wanting to do the right thing at the right time for the right reasons.

For a better understanding of the problem of sexual and reproductive health in relation to women, the study will benefit from the above theories. I want to show that as long as men continue making decisions concerning women's sexuality, women will remain victims of many circumstances, including HIV/Aids. In order to make sense in religious judgements, you have to make sure that you are addressing the real issues of people and at the same time involving the right people in their own subculture. Instead of looking at the problems and needs of women, patriarchy comes with a blockade against doing so. Paterson observes that when the church itself is organized in a patriarchal way, it

¹⁷ *Situation Ethics: Introduction*, <http://www.faithnet.org.uk/A5%20Subjects/Ethics/Situation-ethics.htm>, 2004, p. 1.

¹⁸ Ibid

¹⁹ William Morris (ed), *The American Heritage Dictionary of the English Language*, Boston: Houghton Mifflin, 1980, p. 772.

²⁰ *Situation Ethics: Four Working Principles*, <http://www.faithnet.org.uk/A5%20Subjects/Ethics/Situation-ethics-fw.htm>, 2004, p. 2.

²¹ Hans Håselbarth, *Christian Ethics in the African Context*, p. 19.

provides a powerful model of a society that makes the subordination of women an entry point for HIV.²²

Situation Ethics theory provides a ground that in this situation of HIV/Aids, love should be the best tool to address women's sexual and reproductive health. In today's context, where women are often not able to keep the rules that do not consider the reality on the ground, HIV utilizes that chance. Thus, approaching their reproductive and sexual health should be situational.

1.3. The State of Research

This section reviews studies and works in Malawi, Africa and even in the western world on HIV/Aids and sexual reproductive health. They are both general and theological. Works on health systems in Malawi have also been examined. The review has shown clear indications that people globally are very much concerned with HIV/Aids and are taking every positive move to combat it. All the works studied present the reality of HIV/Aids, statistical figures showing the scale of the problem, the terrible impact of the disease on the social life of the people, and the fact that there is still no cure for Aids. The studies also reveal that women are at a higher risk of contracting HIV/Aids than their male counterparts. One reason for being so is their inability to control their own sexual and reproductive health due to some socio-cultural practices. I have found no single work on women's sexual reproductive health in the context of the Church, in particular the Anglican Church. This could be an indication that sex is still being taken as a taboo.²³ Still I have found a positive approach worldwide to try to improve the sexual health of women. The studies reveal that socio-economic factors such as culture and religion affect women's sexual reproductive health. I sincerely believe my contribution to knowledge on the involvement of the Anglican Church at improving women's sexual reproductive health is justified.

1.3.1. *Worldwide Studies on HIV/Aids and Sexual Reproductive Health*

1.3.1.1 *HIV/Aids*

HIV/Aids, the plague of the 20th Century, seems to be a worldwide concern. Aids was first identified in the gay communities of New York and San Francisco. By the early 1980s the epidemic appeared to be only present in the United States of America. It was an epidemic for particular groups of people that were homosexuals and intravenous drug users. This changed all too soon. According to the United Nations Department responsible for Aids (UNAIDS), by December 2004, about 44 million people were infected with HIV/Aids globally, of which half were female.²⁴

Ann O'Leary and Loretta Jemmott comments on how the disease has impacted the social life of people, especially women.²⁵ The book talks about care specific to HIV infected women. Since most HIV infected women are of reproductive age, service providers must be prepared to deal with

²² Ibid., p. 78.

²³ For comments, see Emanuel Saidi, "The Aids Epidemic in Africa: Its Detrimental Impact on the Value of Human Life", in *Religion in Malawi*, no. 9. 1999, p. 44.

²⁴ *Aids Epidemic Update*, UNAIDS, December 2004, p. 1.

²⁵ Ann O'Leary and Loretta Jemmott (eds), *Women and Aids: Coping and Care*, New York: Plenum Press, 1996.

contraceptives and pregnancy related-issues. *Children and HIV/Aids*²⁶ describes women and children as doubly vulnerable to HIV/Aids. Women of child-bearing age make an increasing proportion of people with HIV worldwide. Thus, reducing the sexual transmission to women could reduce the vulnerability of children. Economic and societal manifestations of gender discrimination and lack of attention to their own sexual health influence a woman's vulnerability to HIV.²⁷ Decision-making to women concerning sexual and reproductive health including avoidance of unplanned and unwanted pregnancies is very vital.²⁸

Fankson's article "A Challenge to the Powerless Woman"²⁹ acknowledges that HIV/Aids is a disease that feeds on the world's weak and vulnerable.³⁰ The author believes the advent of HIV/Aids in the Caribbean was a result of their historical position of powerlessness. In Jamaica, the reality of HIV to women is severe due to their powerlessness and low economic status so that many of them suffer the pain of nursing infected babies.³¹

David Miller's *Living with Aids and HIV*³² is a practical manual for those living with HIV/Aids. It comments that safer sex is the only way at present in which the HIV epidemic will be stopped.³³ The book talks about the benefits of making an active response rather than having a reliance on others or a helpless acceptance of the circumstances.³⁴

1.3.1.2. Sexual reproductive health

Works sourced from the Internet on World Health Organization have provided useful information on sexual reproductive health. Such include Sonia Correa's paper, "From Reproductive Health to Sexual Rights: Achievements and Future Challenges".³⁵ The World Health Organization defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system, its functions and processes.³⁶

Another work, "Gender and Reproductive Rights: Sexual Health" by the World Health Organization³⁷ states that sexual health is influenced by sexual behaviour and attitudes, societal, and biological factors. It includes problems of HIV/Aids, unintended pregnancy, infertility and cancer due to an STI and sexual dysfunction. *Engender Health: Sexuality, Family Planning and Reproductive*

²⁶ *Children and HIV/Aids: UNAIDS Briefing Paper*, Geneva: UNAIDS, 1999.

²⁷ Ibid., p. 10.

²⁸ Ibid., p. 6.

²⁹ Joan Ross Frankson, "A Challenge to the Powerless Woman" in Elizabeth Reid (ed), *HIV/Aids: The Global Inter-connection*, West Hartford: Kumarian Press, 1995.

³⁰ Ibid., p. 79.. For details, refer to page 83.

³¹ Ibid., p. 80.

³² David Miller, *Living with Aids and HIV*, London: Macmillan, 1987.

³³ Ibid., p. 46. Miller comments that Aids is not a "gay disease" but that all sexually active persons with more than one partner are potentially at risk of infection unless they use condoms. Refer page 125 for details.

³⁴ Ibid., P. 126.

³⁵ Sonia Correa, "From Reproductive Health to Sexual Rights: Achievements and Future Challenges", <http://www.hsph.harvard.edu/organizations/healthnet/fr>, 2004.

³⁶ Ibid., p. 4. The definition implies that people have a satisfying and safe sex life, the capability to reproduce and freedom to decide if, when and how often to do so.

³⁷ *Gender and Reproductive Rights: Sexual Health*, <http://www.who.int/reproductive-health/gender/Sexual-health.html>. Sexual health looks at the enhancement of life and personal relations and not only at counselling and care related to reproduction and sexually transmitted diseases [like what is mostly done in many churches and family planning clinics - this is my comment!]

*Health*³⁸ discusses the importance of understanding sexuality and its impact on practices, partners, reproduction and pleasure. Sexuality is an integral part of family planning and reproductive health.

The World's Women 2000 Trends and Statistics believes women's health risks are complicated by their lack of family planning information and modern contraceptives.³⁹ Women are at a higher risk of suffering short and long-term consequences of STIs than men. Berne talks about both the psychology of sex and the physical dimension of it.⁴⁰ In his book, he discusses the role and position of a man and a woman in sex and how each feels about it. The author again describes varying positions that a couple could take during sex.

Jemott and Miller's "Women's Reproductive Decisions in the Context of HIV Infection" discusses the need for reproductive decisions in the context of HIV/Aids.⁴¹ The article argues about HIV sero status, pregnancy decisions and the challenges of social-psychological factors. On reproductive decisions, issues of concern are one's desire for a child, attitude towards pregnancy, perceived effects of pregnancy on health, the health of the child and availability of financial resources. The authors note that many women infected with HIV become pregnant every year. Thus their reproductive decisions will affect the scope of the HIV epidemic on their infants.⁴²

Tania Vergnani and Elzan Frank in their book *Sexuality Education for Intermediate Phase Teachers* argue that beliefs and values are the factors that mostly affect the decisions a woman makes concerning her sexuality.⁴³ In line with that, *Private Decisions, Public Debate: Women, Reproduction and Population*⁴⁴ argues that while family planning programmes are very crucial to improve the lives of women and their families, the social realities that constrain or enhance women's opportunities to control their reproductive lives have been ignored.

Shymala Nataraj's article, "The Magnitude of Neglect: Women and Sexually Transmitted Diseases in India", gives the challenges to women's sexuality in India.⁴⁵ Nataraj comments that a woman's vulnerability to sexually transmitted diseases is increased by both physiological and social factors. Gillian Paterson analyses the challenges HIV/Aids has exerted on women and their health.⁴⁶ One of the difficult challenges of HIV prevention is how to present the subject to married women and

³⁸ EngenderHealth: Sexuality, Family Planning and Reproductive Health, www.engenderhealth.org/wh/sg/eswhat.html, 2004. The Sexuality Information and Education Council of the United States defines sexuality as encompassing sexual knowledge, beliefs, attitude, values and behaviours of individuals.

³⁹ *The World's Women 2000 Trends and Statistics*, New York: United Nations, 2000, p. 53.

⁴⁰ Eric Berne, *Sex in Human Loving*, Harmondsworth: Penguin, 1973.

⁴¹ John Jemott and Suzanne Miller, "Women's Reproductive Decisions in the Context of HIV Infection" in Ann O'Leary and Loretta Jemmott (eds), *Women and Aids: Coping and Care*, New York: Plenum Press, 1996, p. 167.

⁴² *Ibid.*, p. 175.

⁴³ Tania Vergnani and Elzan Frank, *Sexuality Education for Intermediate Phase Teachers*, Sandton: Heinemann, 1998.

⁴⁴ *Private Decisions, Public Debate: Women Reproduction and Population*, London: Panos Publications, 1994.

⁴⁵ Shyamala Nataraj, "The Magnitude of Neglect: Women and Sexually Transmitted Diseases in India" in *Private Decisions, Public Debate: Women, Reproduction and Population*, London: Panos Publications, 1994, pp. 7-17.

⁴⁶ Gillian Paterson, *Love in Time of Aids: Women Health and the Challenge of HIV/AIDS*, Geneva: WCC Publications, 1996.

introduce the idea of safer sex into a relationship that is itself, synonymous with security.⁴⁷ Other issues discussed include the vulnerability of a woman towards STDs including HIV/Aids, the importance of good health, sexuality in the Bible and factors influencing a woman's sexuality.

Writing from a Christian point of view, David Edwards' *What Anglicans Believe*⁴⁸ deals with the Anglican view of faith, worship and ethics. The author talks about the Christian understanding of marriage and describes sex as a vehicle of love, both physical and emotional. Edwards states that though Anglican doctrine is based on the Bible, it is nevertheless not confined to what was laid down explicitly in the Bible or in the ancient church. Anglicanism is flexible and has a living experience, changing as faithful Christians have changed. Because the Anglican conviction is that the church should be involved in the life of the nation, in Anglicanism lay people matter and the clergy spend time visiting people in their homes and caring for those that need help. The book also discusses Evangelicalism and Catholicism as strong elements in Anglicanism.⁴⁹ Baker's book *Aids, Sex and Family Planning*⁵⁰ shows a relationship between Aids, sex and family planning. As compared to Edward, Baker seems to be more evangelical.

1.3.2. HIV/Aids and sexual reproductive health in Africa

1.3.2.1. HIV/Aids

Despite the fact that the virus started in the western world, it has hit Africa at a scaring rate much faster than the West. More than 70% of people living with HIV/Aids worldwide are in Africa.⁵¹ In South Africa, the people living with HIV are close to 5 million. In their book, *HIV/Aids and the Law*, the editors discuss how South Africa has responded to HIV/Aids as a nation and how PLWAs could find their way through the law on human rights and discrimination.⁵² At present, Sub-Saharan Africa alone is living with about 28 million HIV infected adults with 57% being female while both Europe and America have a level of less than 2 million.⁵³

⁴⁷ Ibid., p. 54. Paterson admits that though safer sex is a defence to women's assertiveness and access to sexual pleasure, it is however manipulated by a set of values defined by dominant male cultural standards. HIV virus always comes from outside the home and threatens its comfortability and security. There is, therefore, a need for more open and forthright attitude to sexuality.

⁴⁸ David L. Edwards, *What Anglicans Believe*, Oxford: Mowbray, 1974. Though the book is a bit old in the sense that the theology of sex may have changed since then (which is indeed true), still the book offers information on the historical background of Anglican beliefs.

⁴⁹ For details refer to Chapter 2 of the thesis on the "Background to the Anglican Church in Malawi".

⁵⁰ Kristina Baker and Honor Ward, *Aids, Sex and Family Planning*, Achimota: Africa Christian Press, 1989.

⁵¹ Kitty Barrett-Grant et al, *HIV/Aids and the Law: A Resource Manual*, 2nd edition, Cape Town: The Aids Law Project and the Aids Legal Network, 2001, p. 11.

⁵² Ibid. p. 1. The book recommends access to health care to those living with HIV. On women, the manual comments that they are at risk of HIV infection because of, among other factors, customary rules and traditions such as marriage laws that gives a husband marital power over his wife.

⁵³ *Aids Epidemic Update*, December 2004, p. 19. The booklet emphasizes the need for realistic strategies to address the vulnerability of women as most of them become infected through their partners' high-risk behaviour. It further comments that reducing infection rates in women is essential if HIV/Aids is to be brought under control. On average 13 women are living with HIV for every 10 men.

Circle of Concerned African Women Theologians has made a profound contribution to HIV/AIDS studies in Africa in their latest book *African Women, Religion, and Health*.⁵⁴ The book discusses the relationship between religion and health and how religion influences women's thoughts and social relationships. There are a number of issues that deny women's health such as HIV/Aids, religious institutions and gender-based violence among others.⁵⁵ In her essay, "*Texts of Terror*", Sarajini Nadar recounts the issue of rape as a product of gender-based violence associated with power, sexuality, and ideology.⁵⁶ Referring to Esther and the story of Dinah as examples of women's suffering and abuse in the biblical literature, Nadar shows that literary reading of such texts approve the rape of women often interpreted as natural. He argues that reading the Bible should be liberative and not oppressiveness.⁵⁷

The other book from the Circle group of women is "Grant Me Justice" where the concerned women discuss approaches how the faith communities ought to re-read the Bible in this era of HIV/AIDS.⁵⁸ Reading the Bible today raises a number of challenges and reading it without at the same time addressing the broader issues of gender, power and culture is likely going to have its own challenges. With HIV/Aids, in order to address questions of healing, care and support, issues of human rights and justice need to be highly considered. Johanna Stiebert's article, "Women's Sexuality and Stigma in Genesis and the Prophets" emphasizes that stigma as regards HIV is hindering the progress of attempting to control and contain the virus.⁵⁹ In reference to the book of Genesis and prophets, Stiebert argues that some biblical texts tend to demonize and stigmatise women's sexuality. Consequently, this could facilitate the stigmatization of those people afflicted with HIV/Aids.⁶⁰ The author recommends that though the Bible contains some damaging possibilities of the woman metaphors in some prophetic books, a reader should be promoting those texts that praise women's sexuality.⁶¹

⁵⁴ Isabel Apawo Phiri and Sarojini Nadar (eds), *African Women, Religion and Health*, Pietermaritzburg: Cluster Publications, 2006. The book is a cluster of essays from Circle women writing in honour of Mercy Amba Oduyoye. The Circle is a group of women in Africa who are theologians and at the same time concerned with the social evils of the society and attempting to bring change where possible. Their focus is on African cultures and religions. Issues such as justice, beliefs and gender do shape an African women. Musimbi Kanyoro calls the Circle a "space of women of Africa to do communal theology" The Circle was founded in 1988 under the initiative of Mercy Amba Oduyoye. Members of the circle are Christians, Moslems and those rooted in African Traditional Religion. For details, see pp. 9-42.

⁵⁵ Ibid., p. 9.

⁵⁶ Sarojini Nadar, "Texts of Terror, The Conspiracy of Rape in the Bible, Church and Society: The Case of Esther 2: 1-18" in *African Women, Religion, and Health*, pp. 77-95.

⁵⁷ Ibid. Nadar proposes post modernist-literary approaches in contrast to historical-critical methods. The article depicts the story of Esther and the other virgins as shocking and unwelcome. The young girls had to spend a night with the king before choosing the queen. On the other hand, Dinah was raped by Shechem in Genesis 34. Nadar takes this as a violation of one's sexuality where the virgins were treated as mere objects of desire. For detail see pp. 79-84.

⁵⁸ Musa Dube and Musimbi Kanyoro (eds), *Grant Me Justice! HIV/AIDS & Gender Readings of the Bible*, Pietermaritzburg: Cluster Publications, 2004. The editors recommend that reading a Bible in this era of HIV/AIDS should be taken from the perspective of gender and with a multi-sectoral approach.

⁵⁹ Johanna Stiebert, "Women's Sexuality and Stigma in Genesis and the Prophets" in *Grant Me Justice! HIV/AIDS & Gender Readings of the Bible*, pp. 80-96.

⁶⁰ Ibid. Some books of the prophets such as Hosea, Jeremiah and Ezekiel depict female sexuality as negative, evil, shameful and depraved unlike the Genesis story where sexuality is pleasurable. In Genesis, sexuality is not condemned nor associated with stigma.

⁶¹ Ibid., pp. 91-92. In times of HIV/Aids, Stiebert calls for one's responsibility over their own sexual behaviour. She asserts that women should not be denied or ashamed of their own sexuality let alone their desire to produce children.

Frank Ham shows how poverty in most African countries has greatly contributed to an increase of HIV/Aids.⁶² Most women whose economic status is low have used their sexuality for survival, consequently infecting themselves with HIV. Helen Jackson emphasises on prevention strategies as the only practical ways of dealing with the epidemic.⁶³ In this 338-page book, the author calls for effective well-considered policies and strategies of HIV prevention and of support for affected communities and families. Jackson believes that there is need for a major change in sexual behaviour patterns since HIV in Zimbabwe is transmitted primarily through sexual intercourse. The book puts emphasis on the impact of HIV/Aids on women and how HIV is transmitted from an infected mother to her baby before or during birth. Challenging socio-cultural structures and cultural values that are promoting high-risk behaviour could help reduce the HIV infection in women. The author also recommends promotion of female education and improvement of their economic position as a way of reducing transmission.⁶⁴

Writing from a theological point of view, Garland argues that Aids is real and has even reached the Church.⁶⁵ The book contains information about Aids in Nigeria and offers measures to reduce stigma. The author explains that the church has an important role to play at reducing and even eradicating Aids. In Nigeria by 2001, there were 3.5 million people living with the virus. On social reasons for the fast spread of Aids in Nigeria, Garland mentions among others, cultural issues of power and gender, shame, fear and denial, poverty and urbanization, and inferior status of women.⁶⁶ Birgitta Rubenson's,⁶⁷ book trains teachers and pastors on how to give relevant information about Aids to those they work with.

1.3.2.2. Sexual reproductive health

Ann Blanc et al wrote on reproductive health issues in Uganda.⁶⁸ The book is the result of a study aimed at understanding women's reproductive health challenges. The objectives of the study were to examine how reproductive decisions and their outcomes are negotiated within sexual unions, and also how the position of women influences their ability to negotiate the outcomes they desire. The study revealed that there are strong norms that prohibit women, particularly those married, from refusing sex with their partner.

⁶² Frank Ham, *Aids in Africa: How did it ever Happen*, Zomba: Kachere, 2004. The author, an Englishman from Amsterdam is a living testimony of the pandemic. He is one of the very few people that have come in the open and declare openly their status. Ham, a homosexual, was tested positive in 1984. His visits to Malawi and other parts of Africa in 1999 pushed him to write the book. The book is an eye opener to the reality of Aids, a book that offers hope to those infected. More especially, the book stirs each individual, the Church inclusive, to do something about the pandemic.

⁶³ Helen Jackson, *Aids: Action now, Information, Prevention and Support in Zimbabwe*, Harare: Aids Counseling Trust and the School of Social Work, 1992.

⁶⁴ Ibid., p. 56.

⁶⁵ C. Jean Garland, *Aids is Real and it's in our Church*, Bukuru: Africa Christian Textbooks, 2003, p. 97.

⁶⁶ Ibid., p. 113. Jean Garland admits that young girls and women are especially vulnerable to HIV/Aids. African culture has created a feeling of inferiority in girls whereby it is not easy for them to reject a man's advances. On the same, because of their low status, women do not have the rights to refuse their husbands sex when they know their husbands are having sex with other women and yet the same men refuse to use condoms. Garland emphasizes that the church needs to do much teaching in this area. See page 137 for details.

⁶⁷ Birgitta Rubenson, *Learning about Aids: A Manual for Pastors and Teachers, Churches Action for Health*, np., 1994.

⁶⁸ Ann K. Blanc et al, *Negotiating Reproductive Outcomes in Uganda*, Kampala: Makerere University, 1996.

From a Christian point of view, Mizzeck Banda et al wrote on how to handle sex in their book, *Treasuring the Gift. How to Handle God's Gift of Sex*.⁶⁹

1.3.3. HIV/Aids and sexual reproductive health in Malawi

1.3.3.1 HIV/Aids in Malawi

In my research on women and sexual reproductive health, the issue of HIV/Aids will play a major role. Here is therefore some brief background information on the pandemic. There is a high HIV prevalence rate in Malawi especially among the youths. High mortality and morbidity rates, a high transmission rate from mother to child, increased number of orphans and child headed households and absenteeism at the work place are some of the outcomes of the epidemic.⁷⁰

In 1985, Malawi reported its first case of HIV/Aids when 17 people were diagnosed HIV positive. In 2001, the National Aids Commission estimated that 1,000,000 adults and children in Malawi are HIV positive, representing 15% of the whole population.⁷¹ This led to a decrease in life expectancy from 54 years to 39 years by 2000.⁷² Many deaths in Malawi are caused by Aids-related illnesses and opportunistic infections. The mortality rate of TB patients has also increased due to the epidemic. In the absence of HIV, the number of new TB infections would be 10,000 by 2003 but due to HIV it has gone up to three times more because many people are infected with HIV.⁷³ In 1999, UNAIDS found 36% HIV positive women attending antenatal clinics.⁷⁴ In Malawi, there are an estimated 250 new infections every day, about 100,000 every year.

The National HIV/Aids Policy explains how the government of Malawi has responded to the epidemic.⁷⁵ The policy aims at preventing further HIV infection and at the same time mitigating its impact on the social economic status of the people at large.

MANASO estimated a figure of 300,000 orphans for the year 2000.⁷⁶ At a summit in Paris in 1994, there was a call for a global partnership to reduce the impact of the HIV/Aids epidemic on children.⁷⁷ Since the dominant mode of transmission of HIV to new babies is through perinatal transmission, the document observed that it is important that women be continuously informed on the prevention of the HIV transmission and consequences of having an infected child. According to the MANASO newsletter, in 1999, 24% pregnant women attending antenatal clinics were infected with the virus. At

⁶⁹ Mizzeck Banda et al, *Treasuring the Gift. How to Handle God's Gift of Sex: Sex Health Learning for Religious Youths Groups*, Zomba: Kachere, 2004.

⁷⁰ *The HIV/Aids Epidemic in Malawi: The Situation and the Response* UNAIDS, August 2001, p. 2.

⁷¹ Recent figures indicate 1.2 million infected. See Overtoun Mzunda et al, *The God of Love and Compassion: A Christian Meditation on Aids*, Zomba: Kachere, 2002. Compare with footnote 1.

⁷² Matase Mkwamba et al, *STDs, HIV/Aids: Booklet Four*, Lilongwe: Ministry of Women, Youth and Community Services, 1996, p. 26

⁷³ *HIV/Aids in Malawi: 2003 Estimates and Implications*, p. 18.

⁷⁴ Frank Ham, *Aids in Africa*, p. 31.

⁷⁵ *Government of Malawi, National HIV/Aids Policy: A Call to Renewed Action*, Lilongwe: NAC, October 2003. The government shall among others ensure that all people, especially PLWAs, women and vulnerable groups participate in designing, implementing, monitoring and evaluating the national response. For details refer to pages, 9, 10 and 20.

⁷⁶ MANASO: *Aids Update*, issue no 2. Although I could not manage to find a statistical figure of orphans at present, I have of the opinion that the number has increased.

⁷⁷ *Children and HIV/Aids*, p. 7.

present, the estimated under five-mortality rate is 134 per 1000 live births—a figure that is expected to rise to 200 per 1000 live births by 2010 due to HIV.⁷⁸

Apart from the more general literature, Jambo's *Face to Face with Aids*, is the true-life story of the author himself and his experiences with HIV/Aids.⁷⁹ Jambo's main objective is to enlighten the youth to change their behaviour, and always abstain until marriage. For those married, Jambo reminds them of the necessity of faithfulness to each other.⁸⁰

In line with that, from the theological angle *The God of Love and Compassion*⁸¹ is a meditation of Christians on Aids. It shows how Aids challenges one's life and faith. The text depicts God as loving and compassionate and obliges Christians to approach Aids positively. The book encourages love, compassion and hope and how to correct some shortfalls in the Christian understanding of suffering to deepen and strengthen one's faith.⁸² Matase Mkwamba presents the challenges of HIV/Aids in Malawi.⁸³ STDs, HIV/Aids, the roles of the family and gender equity among others affect the economic and social development of any country.

Chipeta and Luhanga have also contributed to knowledge in the School Curriculum.⁸⁴ Malawi Institute of Education has come up with both teachers' guide and students' books on HIV/Aids.⁸⁵ On the same Education, another work is that produced at Domasi.⁸⁶ T.J. Bisika et al compiled a literature review that lists different researches undertaken in the field of HIV/Aids.⁸⁷

A booklet entitled *Living positively with HIV and Aids* is another piece of work that has contributed to knowledge of the epidemic in Malawi.⁸⁸ Among other things on why HIV/Aids is still spreading, the booklet talks of unprotected sex without a condom, poverty, fear, shame and denial of the epidemic and also women's lack of control over their sexuality.⁸⁹

⁷⁸ MANASO, issue no 2.

⁷⁹ Isaac Wilson Jambo, *Face to Face with Aids*, Balaka: Montfort Media. It is a touching story and a warning to all people on how reckless life is a gateway to HIV/Aids. The author admits that it was his own careless sexual life that led him to contract the virus. He was diagnosed HIV positive in 1987. In his book, Jambo presents God as a forgiving God and that repentance is the only means of salvation. It is a book that gives hope that God is able to save and heal.

⁸⁰ Ibid., p. 45.

⁸¹ Overtoun Mazunda et al, *The God of Love and Compassion: A Christian Meditation on Aids*, Zomba: Kachere, 2002

⁸² Ibid., p. 3

⁸³ Matase Mkwamba et al, *STDs, HIV/Aids: Booklet Four*, Lilongwe: Ministry of Women, Youth and Community Services, 1996.

⁸⁴ D. P. Chipeta and F. Luhanga, *HIV/Aids and Health in the Teacher Education Curriculum*, Mzuzu: Olive Publishing House, 2001.

⁸⁵ *Do Something About It: HIV/Aids Education for Secondary Schools in Malawi*, Domasi: MIE, 2002.

⁸⁶ *HIV/Aids Awareness: Module 4*, Domasi: MIE, 2000.

⁸⁷ Thomas J. Bisika and Paul Kakhongwe, *Research on HIV/Aids, STDs and Skin Disease in Malawi*, Zomba: Centre for Social Research, UNIMA, 1995.

⁸⁸ *Living Positively with HIV and Aids*, Blantyre: Pakachere, 2004. It is a beautiful piece that covers a lot of information on HIV/Aids.

⁸⁹ Ibid., p. 4. The booklet further comments that many women in Malawi feel they are obliged to obey men in sex at all times. This coupled with lack of power to ask their partner to use a condom even if they know their men are having sex with other women and fear of being seen as promiscuous once the condom is sought, put women in Malawi at high risk of being infected.

“Why Wait” is a post secondary course that teaches young people about sexuality and HIV/Aids using a life skills approach.⁹⁰ The aim of life-skills education is to develop in young adults character and behaviour that will be beneficial not only to the individual but to the whole community. In HIV prevention, introducing life-skills approach that is based on interactive and participatory methodologies seems to be the right method in handling HIV/Aids and sexuality.⁹¹ The course is specifically for the youths in Malawi on how they could identify and acquire life skills in order to make healthy choices and avoid risk behaviour. Such skills include decision-making, conflict resolution, negotiating, assertiveness, critical and creative thinking among others.⁹²

Unpublished research

A PhD dissertation in progress by Martin Mgeni is a promising work on the issue of HIV/Aids.⁹³ Writing from a theological point of view, the author’s focus is on pastoral counselling. Mgeni argues that the Church has not capitalized sufficiently on pastoral counselling and care in its fight against the epidemic.⁹⁴ On the contribution of the faith communities, reports on integrated workshops are very useful material.⁹⁵ On the same, “Our Faith and HIV” is also a useful report.⁹⁶

1.3.3.2 Sexual reproductive health

Women and children are the most vulnerable groups in the epidemic. Economic status; gender issues and women’s lack of attention to their sexual health are main factors that influence their vulnerability to HIV.⁹⁷ The vulnerability of infants to HIV infection requires that sexual transmission to women be reduced as well. It is the responsibility of every woman to make decisions concerning her own reproductive and sexual health such as avoidance of unplanned and unwanted pregnancies. In Malawi, many women who contract Aids are victims of traditional sinful attitudes in both religious and civil

⁹⁰ Moira Chimombo and Martin Gulule, “Why Wait? Truth for Youth: Life Skills Curriculum for Post-Secondary Institutions”, Zomba: UNIMA, 2005. Topics under study include, Life skills for youth, Health y relationships, Navigating the media, The consequences of premarital sex, Negotiating peer pressure and choosing the right life partner. It also advocates abstinence to young people until they are married. Accordingly, they are to wait because they are special and worth waiting for.

⁹¹ Ibid. Under the support of Sub-Saharan Africa Family Enrichment (SAFE), the course so far has been mounted at Chancellor College, Domasi College of Education, Kamuzu Academy and Emmanuel Bible teachers college among others.

⁹² Ibid. For details, see pp. 1-12.

⁹³ Martin Mgeni, “HIV Pandemic in Malawi and the Role of the Church Focusing on Pastoral Counselling and Care”, PhD, University of Malawi. He is still working on it.

⁹⁴ Int. Martin Mgeni, Anglican priest, Malosa, 08.08.04. His main focus is on those living with the virus. His argument is that the Church has done very little on the issue of HIV/Aids, mostly ending up duplicating what others are doing.

⁹⁵ Report on the Integrated HIV/Aids Workshop: Strategic Plans Review for the Faith Community and Non-governmental Organisations in Malawi. This was held at Kalikuti Hotel from 8-10 October, 2002. The objective was to share experiences and information on the current situation of HIV/Aids in Malawi. A committee through Churches Action in Relief and Development (CARD) Malawi organized the workshop. Support came from Global Interfaith Alliance (GAIA) in California.

⁹⁶ This was another integrated workshop on HIV/Aids. It took place from July 26-30, 2004 at Nantipwiri Pastoral Centre, Limbe. Organized by the Department of Theology at Chancellor College in conjunction with Salama Shield Foundation, the theme of the colloquium was: “Our Faith and HIV/Aids: Expressions of Hope and Compassion for the People of Malawi”. Some of the papers are published in *Religion in Malawi*, no.12.

⁹⁷ *Children and HIV/Aids, UNAIDS Briefing paper*, Geneva: UNAIDS, 1999, p. 10.

care plan in 1978 that aimed at improving health services. John Kadzamira and Wycliff Chilowa¹⁰⁶ state that health services are provided on both formal and informal basis. Informal are those provided by traditional healers, traditional births attendants, local vendors and shops. The government, Christian Health Association of Malawi (CHAM), non-governmental organizations (NGOs), private practitioners and some large companies also provide formal services.¹⁰⁷ The Malawi Fourth National Health Plan of 1999 to 2004 comments that the Ministry of Health is the major provider of formal health services with about 60% of the services while CHAM takes 37%, the Ministry of Local Government provides 1%, and 2% is from private practitioners.¹⁰⁸

1.4. Aim and Objectives

1.4.1. Aim

The aim of the study is to find out how the Anglican Church in the Upper Shire Diocese involves itself in improving women's sexual reproductive health and how such services are received and perceived by the women in the area.

1.4.2. Objectives

The objectives of the study are the following:

- a. To investigate the type of sexual and reproductive health services the Church provides.
- b. To find out what the Anglican Church says on women's sexual reproductive health.
- c. To examine the biblical principles and teachings on women's sexuality and the Anglican Church's interpretation of them in its pastoral ministry.
- d. To find out how culture influences women's sexual reproductive health and the Anglican Church's response.
- e. To investigate women's response to the Church's pastoral approach toward their sexual reproductive health in the context of HIV/Aids.
- f. To explore how women relate sexual reproductive health issues with their faith?
- g. To propose steps the diocese could use in sexual and reproductive health.

1.5. Hypothesis

There seems to be a big gap between theory and practice on issues of sexual and reproductive health in the Anglican Church. Although the Church does much on such issues, there are disparities between Church teaching and women's reality.

1.6. My position as a researcher

The emergence of HIV/Aids has created grief in almost every household in Malawi. The commonly held slogan today is that "we are all affected". Yet it is one thing to be affected, another thing to be

¹⁰⁶ John Kadzamira and Wycliffe Chilowa, *The Role of Health Surveillance Assistants in the Delivery of Health Services and Immunization in Malawi*, Zomba: Center for Social Research, UNIMA.

¹⁰⁷ Ibid., p. 3.

¹⁰⁸ Malawi Fourth National Health Plan: 1999-2004, Lilongwe: Ministry of Health, 1999, p. 7. According to the document, health services are provided at three levels that are primary, secondary and tertiary.

infected and yet another to be both. I conduct this research project not merely as a theologian but more especially as a woman, a widow, and one who has not only been affected by the HIV/Aids epidemic but infected too, living with the virus. The loss of my husband, my only child (the child I never saw) and later my being diagnosed HIV positive came as a nightmare and a tragedy into my life. It has given me a whole new outlook on the suffering that Aids brings into a family. The bitterer I became about my situation, the more I was forced to do something. It was this experience that forced me to contribute to and write on improving women's sexual reproductive health. Being part of the "group", I am concerned about the Aids situation in Malawi. The challenges of widowhood, the pain, shame and humiliation that go with the disease are things that pierce my heart. Yet it makes me proud to write this thesis from an inside experience.

It is my desire to bring to women the importance of a true understanding of one's own sexual reproductive health. There are *some* sufferings and deaths that are sometimes, and only sometimes, not always, the result of yesterday's carelessness. These can be avoided if one is aware of sexual and reproductive health. Decision-making today is vital if one wants to survive. Ignorance and false beliefs on the said issue are causing Aids to spread even faster. And it is tragic to see innocent children and faithful wives suffer because of someone else wicked ways. The most effective strategy to fight Aids involves truth to combat the behaviour and moral ignorance that leads to death, and no longer view sex as a taboo.

I am a Presbyterian by denomination and I remember one of my lecturers asking me why I am conducting the study with the Anglican Church. The answer is simple, I am flexible and could have chosen any other church. Besides, my focus is not studying a church but rather how that particular church studied could be a vessel to other churches on how to improve a woman's sexual reproductive health especially in the time of HIV/Aids. Living in Zomba for 17 years now, St Luke's Hospital has been part of my family and me, and it being an Anglican hospital, I have included it in my study. Finally, studying something from outside has the advantage of epoche. Epoche is a term that simply means bracketing one's beliefs and consciousness.¹⁰⁹ It has the strength of neutrality.

The research will hopefully aid both policy makers and those directly involved in Church affairs in identifying critical problems and possible solutions. It is intended that this research will contribute to the body of knowledge that will serve to improve moral issues and therefore build a healthier Malawi by improving the welfare of every individual, in particular women.

1.7. Research methodology

This section looks at how the research was conducted. This includes: the areas under study, sampling and sample size, and the methods used when collecting data to validate my hypothesis and objectives. I also explain the rationale for using the methods in question and how data was collected and analyzed. The data was mostly collected through interviews. The study gathered both physical and religious views. Physical experiences were sources from a case study from Malemia Traditional Authority in Zomba and then linked with that from medical background at St Luke's hospital. The participants

¹⁰⁹ Class notes, J.C. Chakanza, "TRS 610: Religious Studies: Theories, Methods, Current Researches", 15/10/03.

were all women, married and single.¹¹⁰ This information was then related to the religious experience and teachings and activities of the Church.

1.7.1. Study areas

The research dealt with the Anglican Church in the Upper Shire Diocese in the southern region of Malawi. The Anglican Church has been chosen largely because of its contribution in the provision of reproductive health services at St Luke's Hospital in Malosa. Being a main line church and one with a large following, their role and response towards the issue will have a large impact. An in-depth study of women's experiences in sexual and reproductive health was done through a case study of Malemia Traditional Authority. Formal permission to carry out the study in the cited sites was sought.¹¹¹ As for Malemia, I went in person to group village headman Ntogolo to seek permission.

1.7.2. Sampling and sample size

All the Anglican churches in Malawi could form the population for this study. But since this population would have been too big to handle, the sample was drawn only from the Anglican Church in the Upper Shire Diocese. Likwenu, Chinamwali and St George (Zomba) parishes and two prayer houses, Domasi and Mpira, were sampled for the study. Data was collected both from the Church and the medical department at St Luke's Hospital. Data was also collected from three villages in Malemia Traditional Authority within the catchment area of St Luke's Hospital.

Techniques used in sampling

- Convenience sampling: Both Malemia and the above parishes were sampled for proximity reasons and easy access of the subjects. This sampling also applied to clients from the ARV clinic (who were just handpicked) since the interviews took place in their different homes.
- Stratified random sampling: The three sampled villages in sub chief Ntogolo of Malemia T/A were sampled randomly, making sure that from the villages there was at least a woman village head, an initiation counsellor ("namkungwi"), a traditional birth attendant and an elderly woman. The first three were handpicked using purposive sampling.
- Simple random sampling: The rest of the women subjects from Malemia were randomly selected by going to every 10th home. Clients for antenatal and family planning clinics at the hospital were also sampled randomly by counting every 5th client. This technique was also administered with Anglican women during focus group discussions by going for every 5th or 6th individual, sometimes 4th depending on the number of the women who had volunteered to stay after the church service, yet making sure that the subjects were not more than 12 in number.
- Purposive sampling. This was mainly done in the Church with women representatives and members of the clergy. At the hospital, the administrators and service providers were handpicked for the purpose.

¹¹⁰ The study did not involve youths but adults above 20. The definition of single here means women that were once married, then divorced or widowed.

¹¹¹ See appendix 16.

The key respondents in the study were:

- Women
- The clergy
- Administrators and service providers

Women, both as clients, church and community members formed the main part of the study. They are the main respondents. Women are active members in many Christian churches and have even established “guilds”.¹¹² In the Church, I dealt with both members of the Mothers’ Union executive committee and other women members in the church. One of the objectives of the Mothers Union of the Anglican Church is to uphold marriage as holy and unbreakable.¹¹³ I wanted to learn from them how the church responds to their needs in relation to marriage and HIV/Aids and whether they have a stated objective in their teachings concerning sexual and reproductive health issues.

The women members of the church represented all Anglican women and provided scope for me to compare their responses with those of the clergy.

In this study, the clergy also form a big part. They are important as leaders of the church. I therefore wanted to check with them the position of the Anglican Church towards human sexuality and in particular sexual reproductive health.

At St Luke’s Hospital, I wanted to find out reproductive health issues women as clients bring in at the hospital, the kind of treatment and services given and any challenges encountered. At the Hospital, I mainly dealt with service providers and women from family planning, antenatal and ARV clinics.

Information from the hospital enabled me to tell what kind of services the Anglican Church provides and whether they address the real needs of the people. This empirical data helped me to relate the hospital observation to the information from the church. Finally the case study of Malemia provided me with an insight into women’s experiences in their sexual and reproductive health, of the effects and challenges in the context of HIV/Aids. A case study is the systematic investigation of a specific case. This provided in-depth analysis of women’s sexual reproductive health so as to deepen understanding of their leading role in the HIV/Aids epidemic. With the purpose of understanding the life cycle of an individual, it involved probing deeply and intensively.

1.7.3. Data Collection Methods

The research is primarily qualitative. Such a study views reality as socially constructed and relative, differing according to one’s perspective and the context from which the phenomenon is seen. Data were collected from 27th December, 2004 to April, 2005. In gathering the data, I used a variety of methods. This approach made me uncover the unforeseen concerns of the target population and brought me into close firsthand acquaintance with the various groups of women. Reviewing secondary sources was also undertaken to find information concerning issues of human sexuality, in particular sexual reproductive health and the Church.

⁹⁶ With the Mothers Union at St George parish in Zomba in April, 2004, I discovered that women play an important role in the church by not only spreading the gospel but also through charity works. Above all, they bring funds for the running of their church through income generating activities.

⁹⁷ Florence Hill, *Mission Unlimited: The Story of the Mothers Union*, np: nd, p. 1. These mothers are obliged to be responsible in upbringing up their children and also to be women of prayer. Mary Elizabeth Sumner started the Mothers Union in 1876 at Old Alresford in Manchester. See chapter 2 for details.

Data collection relied on many sources of evidence. The following were the instruments I used.

- Interviews
- Focus group discussions
- Document analysis
- Participatory observation

These sources are complementary. A good study would want to use as many sources as possible for corroboration of information from different sources. This triangulation offered an intensive picture and a deeper insight into the topic under investigation and ensured greater validity and reliability.

The questionnaires were written in English. However for easy administration the instruments were then translated into Chichewa.¹¹⁴ A pre-test of the instruments was done with female students from Domasi College of Education. This provided improvement for the real study. I was able to modify some questions that needed it. Others needed to be omitted, due to repetition. Phrasing of the questions was also modified. For example, “what family planning method do you take?” (Ndi njira iti yolelera imene mumatsata). From the protest I realized that this was either not clear or there had to be a follow up. I got answers like “I am not planning because I don’t have a child” (Sindilera chifukwa ndilibe mwana). This was modified to “Do you plan in your family? If yes, what method do you use? If not, why not?” In Chichewa it was “Kodi mumalera? Ngati ndi choncho, mumatsata njira yanji yolelera? Ngati ayi, chifukwa?” Time management was also another factor I deemed necessary.

Interviews

The interviews were open-ended in nature, though following a set of questions. These types of questions encouraged both detailed answers and deeper probing. These were administered to 32 women at the three sampled villages in Malemia T/A, and 25 women who were attending for antenatal, ARV and family planning clinics. The villages were Malemia, Sani and Chepenga. At the Church, five Women representing Mothers Union were interviewed. Amongst the clergy eight priests, three deacons and the Bishop were interviewed. Among the hospital staff was the administrator, his deputy, the matron, and two service providers. In total, there were 81 respondents.

Focus group discussions

These were held with women at congregational level. They gave me an opportunity to interview many respondents at one time. The discussions took place after the church service. This method was deployed specifically for Anglican women, the reason being that it was not easy for me to sample them individually and be able to interview them in their homes. There were five groups, each with 10 to 12 respondents. In total there were 53 women.¹¹⁵ From the above sampling the respondents in total including those interviewed, were 135.

⁹⁸ See appendix 17.

⁹⁹ Because I had no money to hire research assistants, it was very difficult for me to handle focus discussions alone. However my friend Jacqueline volunteered at zero cost to be taking notes for me during focus discussions and I only played the role of a facilitator. The focus discussion at Malemia comprised members from one kin who voluntarily wanted to be together to save time. I only approached one woman who sampled the rest. There were 6 members in the group with a grandmother, a sister to her, her two children (one married and the other a widow) and two married grand daughters.

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Document Analysis

Documents were obtained both from the Church and the hospital. These included administrative documents, church doctrine, clinical records and minutes.

Participatory approach

I took part in two meetings of women's weekly activities, at Likwenu and St George's parish. For the whole month of January until the end of the research, I was attending Anglican Church services with the intention of targeting women afterwards. This gave me the chance to assess the extent to which issues of sexual and reproductive health are tackled in the Anglican Church. I also took part in a meeting organized by the Department of Theology and Religious Studies at Chancellor College and Salama Shield Foundation at Nantipwiri Pastoral Center. The purpose of the workshop was to establish an ecumenical theology on HIV/Aids. The workshop comprised academicians from Chancellor College and faith communities and the government, represented by NAC.

1.7.4. Data Analysis

The data collected was analyzed descriptively. The conceptual frameworks helped in interpreting the data. However, though the study was qualitative, quantitative data helped support its validity and reliability and allowed greater generalization of findings.

1.8. Limitation

The limitation of my study was sampling of women subjects both from Malemia and the Church. This was not easily done. Malemia is a vast area. However, only three villages were sampled under sub-chief Ntogolo. Even demarcation of the villages was not so easily possible. It was difficult to mark where one village finishes and where another starts. At the church, sampling of women subjects for discussions was not easy because there were many women who wanted to be part of the process.

Chapter 2

Background: The Anglican Church in Malawi

Christianity, the religion that traces its roots to the life of Jesus Christ 2000 years ago, has always been a missionary one, continuously waging a war of evangelism. Before his ascension, Christ had commissioned his apostles to carry the gospel to all nations.¹¹⁶ From Jerusalem, Judea, Samaria and parts of the Roman Empire, Christianity continued to spread to many corners of the world until it reached this part of Africa in the 19th Century. The 19th Century marked a new twist to the continent of Africa as it witnessed a major influx of Europeans that came (both) as explorers, traders or missionaries.

2.1. The Universities Mission to Central Africa

The Malawi Church traces its history back over one hundred and forty years to the first mission. Under the influence of David Livingstone, explorer and missionary from Scotland, mission groups reached Malawi hoping to civilize Africa by bringing Christianity and abolishing the slave trade.¹¹⁷ Talking about the Anglican Church, one immediately associates it with the UMCA strictly known as the Universities Mission to Central Africa. The work of the UMCA, in any history of the Anglican Church in Malawi deserves a detailed study. It was this classical mission that pioneered the present day Anglican Church in Malawi.

The UMCA was the first of the pioneer missions to land in Malawi in the 19th Century. Following his extensive journeys in central Africa, Livingstone went back to England in December 1856, alarmed by the slave trade. The evidence of this horrible trade was visible in Africa. Sights of burnt villages, abandoned slave and the corpses of abandoned slaves, murdered or left to die as they became ill, were unbearable. In his address at Cambridge on 4th December 1857, he stated the appalling conditions of people in Africa and begged his audiences in Britain to draw their attention there and plant a mission in central Africa.

I go back to Africa to try to make an open path for commerce and Christianity. Do you carry out the work that I have begun. I leave it with you!¹¹⁸

¹¹⁶ According to the great commission, evangelism had to start in Jerusalem and reach the ends of the earth. See Acts 1:8; Luke 24:47

¹¹⁷ David Livingstone was born on 19th March 1813 at Blantyre in Scotland. After completing his education at Glasgow University where he was trained as a medical doctor, Livingstone was convinced that he was called to be a missionary. He desired to explore the continent of Africa that many Europeans referred to as the "Dark Continent". In December 1840, he left England for Africa and reached Malawi in September 1859. During his missionary journeys, Livingstone was convinced that missions were essential in Central Africa. His last journey saw his death at Chitambo village in northern Zambia on 1 May 1873. For more details about his life see Jack Simmons, *Livingstone and Africa*, London: English Universities Press, 1955.

¹¹⁸ Anderson A.E.M. Morshead, *The History of the Universities Mission to Central Africa 1859-1909*, London: UMCA, 1955, vol 1, p. 3. See also, George Shepperson, "Livingstone and the Years of Preparation 1813-1857" in Bridglal Pachai (ed), *Livingstone. Man of Africa: Memorial Essays 1873-1973*, London: Longman, 1973.

slavery.¹²⁵ The missionaries landed in Malawi in 1861 under the leadership of Bishop Fredrick Mackenzie, a man who won people's confidence and trust.¹²⁶ According to Jonathan Newell,

His fine manly form and presence not only indicated his great physical capacity for such a work, but caused everyone who saw him to think instinctively of the homage which savage natives ever pay to personal endowments and physical powers such as his and the great advantage that they would thus gain in dealing with him.¹²⁷

With David Livingstone leading the way, the group reached Chibisa village in Chikwawa district about 140 miles up the Shire in the area of chief Mankhokwe. Within a short time, they moved further north and settled at Magomero in Chiradzulu district in the Shire Highlands among the Mang'anja people.¹²⁸ Being on a slave-trading route, the site offered the missionaries an opportunity of fighting the human trade easily and being able to block the passage. Thus, it offered a quasi-military refuge for local people. The Namadzi river was advantageous to the missionaries who could build a stockade for protection.¹²⁹

The Yao in the area had been intensively involved in human trade continuously enslaving Mang'anja people. During the first days, the mission faced problems of adaptation to the new environment. Being situated along the slave route, the missionaries were faced with much pressure from the Yao raiders.

The Magomero mission did not survive for long, mainly due to environmental factors. Poor health conditions, coupled with wars between the Yao and the Mang'anja, made the missionaries position vulnerable.¹³⁰ Their participation in African politics created conflicts and tensions. The Yao saw them as threats to their business and as enemies since they sided with the Mang'anja, their opponents. Their work of preaching the gospel was in turn affected and diverted to checking slavery and freeing slaves. Diseases such as malaria, small-pox and dysentery contributed to their failure. Within a short time, many had died, including Bishop Mackenzie himself on 31st January 1862. War brought famine as people spent their days fighting at the expense of their farms. This shortage of food, coupled with loss of medical supplies, worsened the whole issue. There was no choice but to withdraw the mission to another place. Attempts were made to move the mission to Katunga's village in Chikwawa. Even here the mission could not survive as the chiefs there were not willing to accommodate it. Finally, the new Bishop Tozer decided to withdraw the mission altogether from Malawi to Zanzibar in East Africa in 1863.

The missionaries' use of arms against the Yao slave raiders had some negative effects on the mission.¹³¹ This was contrary to their thinking in England before the start of the journey where the use

¹²⁵ J.M. Schoffeleers, "Livingstone and the Mang'anja Chiefs", in Bridglal Pachai, *Livingstone. Man of Africa: Memorial Essays 1873-1973*, p. 123.

¹²⁶ Phillip Elston, "Livingstone and the Anglican Church", in Bridglal Pachai, p. 73. Fredrick Mackenzie was the Archdeacon of Natal in South Africa. He was consecrated the first Anglican missionary bishop of the people of Nyasa and the Shire River on 1st January 1861 at St George's Cathedral, Cape Town, by Bishop Gray.

¹²⁷ Jonathan Newell, "Not War but Defence of the Oppressed? Bishop Mackenzie's Skirmishes with the Yao in 1861", in Kenneth R. Ross (ed), *Faith at the Frontiers of Knowledge*, Blantyre: CLAIM-Kachere, 1998, p. 130.

¹²⁸ See appendix 1.

¹²⁹ G.H. Wilson, *The History of the Universities Mission to Central Africa*, London: UMCA, 1955, p. 11.

¹³⁰ Ibid.

¹³¹ J.C. Mitchell, *The Yao Village: a Study in the Social Structure of a Malawian Tribe*, p. 27.

of arms was strongly condemned and regarded as unlawful under any circumstance.¹³² Their participation in internal affairs not only destroyed their reputation but also hindered their missionary work. Much concentration was put on military activities and defending the natives in the “Ajawa wars” as Mackenzie described them. However, Mackenzie saw that the need to use arms to handle the political and social aspects of the area was inevitable. He found the Mang'anja in a state of alarm and misery caused by the invasion of a hostile tribe that threatened to sweep over the whole country.¹³³ Mackenzie was convinced that his action was justifiable.

There were arguments in favour of our taking up arms, the real reason of our doing so being, however, that when chiefs called upon us to help against a powerful enemy, and we felt that the result depended under God on our going or refusing, we could not refuse.¹³⁴

More especially, Mackenzie believed that his obligation of bringing Christianity could only be fruitful in a peaceful atmosphere once the aggressive Yao were dealt with. Even in Old Testament times, holy men used to wage wars when need arose. To Mackenzie, a Christian may take up arms to defend his country and this is not war but defence of the oppressed.¹³⁵ Yet despite their argument, many Africans could not condone such behaviour that not only destroyed their reputation but also had dire consequences for their mission work.

Expectations of the missionaries differed from one tribe to another. While the Mang'anja at Magomero saw them as heroes, the Yao perceived them as a threat. The missionaries had problems not only with military work, but with culture too. The Yao saw the group as dangerous, as they meddled with African culture. Differences in culture exacerbated the whole issue and resulted in many conflicts. The missionaries had failed to incorporate traditional beliefs and customs. According to Mbiti,

Part of the reason for this conflict [of culture] is the large number of moral requirements demanded and put upon African Christians by their missionary masters. It is more of a clash between western culture and African culture, than a specifically religious conflict.¹³⁶

The missionaries were ready to suppress all aspects of culture that to them did not meet the requirements of Christianity. Polygamy, for instance, seemed to them devilish, because it not only contradicted the Christian teaching of monogamy but also devalued the nature of womanhood and a woman's place in society.¹³⁷

¹³² Anderson Morshead, *The History of the Universities' Mission to Central Africa*, p. 16.

¹³³ Jonathan Newell, “Not War but Defence of the Oppressed?” p. 132.

¹³⁴ Ibid., p. 137.

¹³⁵ Ibid., p. 138.

¹³⁶ John S. Mbiti, *Introduction to African Religion (2nd revised edition)*, Oxford: Heinemann, 1991, p. 190.

On conflicts, see also Andrew Chris Mndalasini, “Local Rulers and the U.M.C.A Missionaries during the Early Years of the Mission's Establishment on Likoma”, History seminar paper, University of Malawi 1975/76. See also Klaus Fiedler, “Christian Missions and Western Colonialism: Soulmates or Antagonists?” in Kenneth R. Ross, *Faith at the Frontiers of Knowledge*, Blantyre: CLAIM-Kachere, 1998.

¹³⁷ Phillip Elston, “A Note on the Universities' Mission to Central Africa: 1859-1914” in B. Pachai (ed), *The Early History of Malawi*, London: Longman, 1972, p. 358. Elston was once chaplain and history teacher at Malosa Secondary School.

2.1.2. The second expedition and the move to Likoma Island 1881

The hardships at Magomero had forced the new Bishop William George Tozer to withdraw the mission to Zanzibar off the coast of East Africa in 1864.¹³⁸ Zanzibar offered easy communications to Europe and a stable government offered them freedom to carry out their work and at the same time diminished their fear of being attacked by hostile tribes. By 1868, arrangements were being sought to bring the mission back to Malawi.¹³⁹ It was only in 1881 when the mission finally landed on Malawi soil for the second time. Led by Rev William Percival Johnson and Chauncy Maples, the group settled at Chitesi village on the eastern side of Lake Malawi. The intention of the two priests was to evangelize not only the eastern side of the Lake but to go further to the western side. In 1885, they moved to Likoma Island, which then became the headquarters of the mission.¹⁴⁰

Two prominent chiefs, Mataka and Chitesi, owned Likoma. Both were ready to welcome the missionaries into their land for protection against the Ngoni raiders in the region. Thus their initial reason to accept the missionaries was not because they were eager to listen to the gospel but rather their need for protection. Likoma proved healthy for the missionaries. Being an island, it provided a good harbour for the missionary work. Chizumula and Likoma islands were advantageous to the missionaries, as Ngoni raids had never affected the islands. Chauncy Maples built his headquarters at "Chipyela", a place where those convicted of witchcraft were burned alive.¹⁴¹

Life at Likoma was made easier by the arrival of the mission steamer on 17th September 1885, following the request of William Johnson. Mission stations on the east side of the lake could be reached more easily. Besides, the steamer provided a way to contact the west side of the lake. The steamer also acted as a floating training college for teachers.¹⁴² This easier communication resulted in many mission stations being opened along the shores.¹⁴³

Being part of Zanzibar Diocese, all administration work pertaining to evangelism in Nyasaland was done in that center. This diocese was known as the Diocese of Zanzibar and catered for Mozambique, Tanzania and Malawi, an area too vast to be administered by one bishop, Charles Alan Symthies, whose poor health made it even more difficult. This led to the formation of Nyasaland Diocese in

¹³⁸ William George Tozer succeeded Bishop Mackenzie as the second bishop in 1863. The other bishops included Edward Steere in 1874 that succeeded Tozer and Bishop Charles Alan Symthies as the fourth one. See appendix 2.

¹³⁹ The key figures that played a big part in the mission's move to Malawi were Chauncy Maples and William Johnson. Maples was in charge of the mission until 1895. On the life of Maples, see E. Maples, *Chauncy Maples: Pioneer Missionary in East and Central Africa for Nineteen Years and Bishop of Likoma, Lake Nyasa*, London: Longman, 1897. Rev. W.P. Johnson was an archdeacon from 1876 to 1928. For his biography see Brough Beryl, "An Evaluation of the Work of Archdeacon William Percival Johnson in Nyasaland (1876-1928)", MTh, University of Glamorgan, 1997. Brough's thesis was a reaction against Professor Knorr who argued that the missionary movement of the 19th Century aimed at nothing but the spread of European imperialism. Presenting the life of William Johnson, Beryl Brough argued that the mission succeeded in establishing an African Christian Church served by African priests and laity.

¹⁴⁰ The word in Nyanja means "beautiful and without any defects". The early inhabitants of the place found the area endowed with beauty and named it "chalo chokoma". Being the headquarters, Likoma was mandated to oversee all outstations.

¹⁴¹ The word is Nyanja, meaning "scar." Witches were identified by means of the *mwabvi* poison ordeal. This was one of the African customs that the missionaries vehemently challenged and opposed.

¹⁴² Bridglal Pachai, *Malawi: The History of the Nation*, p. 86.

¹⁴³ Denis M'passou, *Likoma Cathedral*, p. 5. The steamer was named Charles Janson in honour of Johnson's companion whose body was lying on the eastern lakeshore.

9. The first bishop of Nyasaland was Wilfred Bird Hornby, vicar of St Columba's, Sunderland. He led it for a period of eight months before his retirement following ill health. Then Chauncy Maples took charge and later changed its name to the diocese of Likoma. After his death, Bishop Hine succeeded and survived up to the 20th Century.¹⁴⁴ The Likoma diocese remained an entity of its own until 1952.¹⁴⁵

3. *The journey to Nkhotakota and the western lakeside 1894*

The end of the 19th century saw many African states being taken over by the European squads. Historians term this the "scramble for Africa". Others call it the partition of Africa. Here in Malawi, the partition affected the UMCA mission at Likoma, as most of its mission stations along the eastern shore of the lake fell under the protectorate of the Portuguese, who were at the same time Catholics.¹⁴⁶ It was in this situation that led the mission to concentrate on the west of the lake. Their first target was Nkhotakota, 100 kilometers away. Despite forces they met in the area that could have hindered their journey, the mission succeeded in establishing a station at Nkhotakota in 1894.¹⁴⁷ Reverend Arthur Simons was in charge of the mission up to 1895 when J. Wimbush took over. Within a short time, schools were opened. The UMCA not only concentrated their work in Likoma and Nkhotakota. In the Shire region they reached Malindi, Matope and Likwenu.¹⁴⁸ Today these parishes are part of the Upper Shire Diocese.

4. *The later years: from 1901 onwards*

One of the lessons learnt during its first years was to involve the Africans actively in the missionary work.¹⁴⁹ The missionaries tried to develop an indigenous ministry with African features.¹⁵⁰ The period was marked by frequent baptisms and ordinations of many Africans to the post of deacon and even higher positions. Even in their educational systems, they relied heavily on African teachers, especially those they had brought from Zanzibar. Such people included Augustine Ambali, Yohana Abdallah, Michael Mphahlele and Leonard Kamungu¹⁵¹. From Malawi, the UMCA expanded further into Zambia at a place

For details on the Bishops of Nyasaland see, A.G. Blood, *The History of the Universities' Mission to Central Africa*, London: The UMCA, 1957. Maples thought of changing the name because the majority of churches were within Likoma. Maples died in September 1895, drowning in the lake near Monkey-Bay.

Mary McCulloch, *A Time to Remember: The Story of the Diocese of Nyasaland*, London: UMCA, 1959, p.

Central African History for the Malawi School Certificate of Education, Lilongwe: Ministry of Education and Culture, 1992, p. 105.

Ibid. There they met not only the British control but also the Muslim influence and the Scottish missionaries who wanted to open their own station there. However H. Johnston favoured the UMCA against the Scottish missions and condemned Islam respectively.

Phillip Elston, "A Note on the Universities Mission to Central Africa: 1859-1914," p. 360. Likwenu became an important station by 1914. Churches were built at Unangu and Nkhotakota in 1900 and 1901 respectively. See appendix 4.

See Jonathan Newell, "Not War but Defence of the Oppressed".

Central African History for MSCE, p. 106.

On the autobiographies of Ambali and Abdallah, see Augustine Ambali, "Thirty Years in Nyasaland" and Yohana Abdallah, "The Yaos: Chiikala cha Wayao" in J.C. Chakanza and Kenneth R. Ross (eds), *Religion in Malawi: An Annotated Bibliography*, Blantyre: CLAIM-Kachere, 1998.

bring a different type of trade to replace it. In the words of David Livingstone, they had demonstrated the sinfulness and disastrous consequences of traffic in human beings.¹⁵⁹ Commerce was one of the consequences of the introduction of Christianity in Central Africa. The peaceful atmosphere paved way for a legitimate form of trade. Raw materials like cotton became a valuable alternative to the slave trade and made people independent and self-reliant.

Education

The mission also established as part of the evangelical work. They pioneered education in Malawi in the nineteenth century. This western education offered literacy, numeracy and skills in technical subjects. It offered people opportunities to get jobs as teachers, clerks, storekeepers and typists. Being a religion of the book, it was inevitable that the Malawian converts be taught how to read so that they could be able to read the Bible on their own. Education was another way of motivating Africans to join Christianity. Village schools provided Malawi with educated children. Both primary, secondary and college schools offered good education and alleviated the illiteracy rate in many areas. Schools were opened in Likoma, Nkhotakota and other stations. Colleges on Likoma included St Andrews and St Michaels which trained priests and teachers respectively. The first principal of St Andrews was Archdeacon Arthur G.B. Glossop. St Michael's College in 1899 presented one of the greatest achievements of the UMCA. Examples of Primary Schools were Likwenu at Malosa in Zomba and St Martin at Malindi in Mangochi. Malosa Secondary School became one of the best schools in Malawi.¹⁶⁰ The development of both primary and higher education in Malawi owes much to the missionary era, one of whose missions was the UMCA.

Medical Services

The UMCA greatly contributed to the medical development of the country. A number of hospitals such as St Luke's in Malosa, St Anne's in Nkhotakota and St Martin's in Malindi were built, with many dispensaries depending on them. The mission not only concentrated on the spiritual side but also on the physical part. The missionaries were certain that the effectiveness of the gospel could be enhanced when one's health has been checked as well. The missionaries presented a picture that the responsibility for health services lies not only in the hands of the government. The Church too has a role to play in providing health to its members.¹⁶¹

Politics

Politically, the missionaries helped in bringing the British to control and protect the region of Malawi. It was mainly because of their fear of the Portuguese, who were not only Catholics but were indulging in the human trade, the same trade that the missionaries were attempting to destroy.¹⁶² They thus

¹⁵⁹ Jonathan Newell, p. 129.

¹⁶⁰ Masauko Chipembere describes fully how life was at Malosa Secondary School during the missionary era. See Robert I. Rotberg (ed), *Hero of the Nation. Chipembere of Malawi: An Autobiography*, Blantyre: CLAIM-Kachere, 2001, p. 184.

¹⁶¹ For more details see, James Tengatenga, "The Good Being the Enemy of the Best: The Politics of Bishop Frank Oswald Thorne in Nyasaland and the Federation, 1936-1961" in *Religion In Malawi*, no 6, 1996, p. 21.

¹⁶² See Andrew C. Ross, *Blantyre Mission and the Making of Modern Malawi*, Blantyre: CLAIM-Kachere, 1996, pp. 183-193.

wanted the British to protect them from these Portuguese and in turn help to stop chiefs from selling slaves. For this reason they were in favour of the British protectorate in 1891. Scholars such as Masauko Chipembere however, criticized the missionary era in terms of its politics. The UMCA like other missions, was conservative and proud of their empire. Accordingly, their nation was superior to all nations in the world and in their eyes everything different was wrong.¹⁶³ Chipembere challenged the Anglican missionaries' presence in Malawi to have destroyed the African culture.¹⁶⁴

2.2. The Anglican Church in Malawi: The Diocese of the Upper Shire

2.2.1. Introduction

Anglicans are distinguished as more catholic and more evangelical.¹⁶⁵ Among others, they believe in love, freedom and forgiveness. Anglicans are different from Catholics in their attitude to the clergy, and do not accept the infallibility of the pope.

In his study on what constitutes the Church, James Tengatenga shows that the term means many things to different people.¹⁶⁶ In his definition, a Church is a community of believers gathered for worship, teaching and fellowship. The Anglican concept of the church implies that it is an institution with an episcopal polity, organized hierarchically. In the hierarchy, the Bishop is highest on the ladder, followed by the priests and deacons. The laity is at the bottom.¹⁶⁷ In the episcopal system, the bond with Christ is found in unbroken continuity of ministerial order deriving from the apostles. The rule of Christ is maintained through the monarchical rule of one individual, the bishop.¹⁶⁸

Tengatenga's definition of church further points to the idea of membership. To be a member is to believe in Christ, be baptized and formed by God.¹⁶⁹ Accordingly, to be an Anglican, the first requirement is belief in Christ. Another is receiving the two sacraments of Baptism and Eucharist. Baptism makes one a member of God's people. Anglicans see the importance of baptism in their faith, just like partaking of the Eucharist. According to Tengatenga, Anglicans are primarily Eucharistic. Although the Gospel is the important element in the Anglican Church, sacraments are also important. Anglicans believe that worship requires sacraments, not only the hearing of the word.¹⁷⁰

¹⁶³ See Robert Rotberg (ed), *Hero of the Nation*, Chapter 7.

¹⁶⁴ Ibid.

¹⁶⁵ David L. Edwards, *What Anglicans Believe*, Oxford: Mowbray, 1974, p. 9. His book deals with the Anglican view of faith, worship and ethics.

¹⁶⁶ James Tengatenga, *Church, State and Society in Malawi: The Anglican Case*, Zomba: Kachere, 2006.

According to his research, 12% of the respondents defined a Church as a building, 15% as an institution, 2% as a divine mystery and 71% as a community of believers, pp. 13-15.

¹⁶⁷ Ibid., p. 12, pp. 72-75.

¹⁶⁸ On the differences between Episcopalianism and Presbyterianism, see Jurgens Johannes van Wyk, *The Historical Development of the Offices according to the Presbyterian Tradition of Scotland*, Zomba: Kachere, 2004.

¹⁶⁹ James Tengatenga, *Church, State and Society in Malawi: The Anglican Case*, p. 16.

¹⁷⁰ Ibid.

2.2.2 Dioceses in the Anglican Church in Malawi

The Anglican Church of Malawi, as one of the mainline churches, has about 300,000 members. The first Malawian to become a bishop of the Anglican Church was Josiah Mtekateka.¹⁷¹ In the 20th Century, the diocese of Nyasaland witnessed a demarcation that resulted in four dioceses for easy management. The diocese of Lake Malawi was established in 1951 and consisted of areas in the northern and central regions of Malawi.¹⁷² The Diocese of Southern Malawi was opened in 1971. Its first Bishop was Donald Arden, who resigned in 1976. The Diocese of Northern Malawi was established on 1st January 1995. The dioceses of Upper Shire and Southern Malawi comprise all districts in southern Malawi including part of Ntcheu.¹⁷³

Initially, the Upper Shire and Southern Malawi dioceses were one diocese of Southern Malawi. The first Malawian to become Bishop of Southern Malawi was Dustan Daniel Ainani. He reigned from 1978 to 1986. He was followed by Benson Nathaniel Aipa on 4th January 1987.¹⁷⁴ However, one individual could not successfully administer such a vast area, bearing in mind that Malawi is more populated in the southern region. This showed the need to split the diocese into two. Consequently, deliberations about the division started in 1998, under the leadership of Bishop James Tengatenga.¹⁷⁵ A Diocesan Synod met in the same year, of which a two-thirds majority voted for the division of the diocese. The diocese of Upper Shire was finally born on 4th May 2002. The first Bishop of Upper Shire is Archbishop Bernard Malango.¹⁷⁶

2.2.3. The Catchment Area of the Upper Shire Dioceses

The diocese of Upper Shire stretches from Mangochi to Namadzi River. At the Synod, it was agreed that assets were to be shared equally between the two dioceses. In the end, each diocese had six districts. The new diocese got Mangochi, Machinga, Balaka, Zomba, Ntcheu and Mwanza districts. The continued Southern Malawi diocese retained Blantyre, Nsanje, Chikwawa, Mulanje, Thyolo and Chiradzulu.¹⁷⁷ Although it was agreed that finances and structures were to be shared equally, this was not fully possible, as the structures could not be divided. As a result, the Church in Southern Malawi is not as well established as in Upper Shire. Southern Malawi retained St Paul's Cathedral in Blantyre. Mpondasi church in Mangochi became the cathedral for Upper Shire.¹⁷⁸

¹⁷¹ He was consecrated in St Peter's cathedral on May 27, 1965. For details about his life, see Denis M'passou, *Josiah Mtekateka: From a Priest's Dog-Boy to a Bishop*, Chilema, 1979. Hambil Matthew Chipembere who was ordained an Anglican priest on 21st January 1938 was twice considered to become the Anglican Church's first black bishop in Malawi. However, he had been dropped at both times for being the father of a radical son Masauko. See *Hero of the Nation*, p. 183.

¹⁷² "Constitution and Canons: Church of the Province of Central Africa", 1996, p. 17. This excludes part of Ntcheu district to the southeast and western part of Lake Malawi i.e. to the Peak of Chilobwe Mountain between Lizulu and Mlangeni and part of Golomoti.

¹⁷³ Ibid.

¹⁷⁴ Int. Fr. Brightone Malasa, Bishop's chaplain, Malosa, 8.6.04.

¹⁷⁵ Ibid. A technical committee was set up to look into the matter. Appendix 5 is a report of the meeting.

¹⁷⁶ According to Fr. Malasa, the Bishop's Chaplain, there was no need to consecrate Rev Dr. Malango as that had already been done when he became the Bishop of Northern Zambia on 18th December 1988. Bishop Malango was enthroned Bishop of Upper Shire on 26th January 2003 at Chilema in Zomba. Bishop Tengatenga remained the bishop of Southern Malawi and moved to Blantyre. For more details refer to the Constitution and Canons.

¹⁷⁷ See appendix 6.

¹⁷⁸ Int. Brightone Malasa, 8.6.04.

The diocese of Upper Shire consists of five components called archdeaconries. They are under the leadership of archdeacons, who are the senior priests. Zomba archdeaconry consists of Zomba, Likwenu, Chinamwali, Magomero and the sub-parish of Jali; Balaka archdeaconry comprises Liwonde, Balaka, Namalomba and Ntcheu parishes. Under Mangochi West archdeaconry are Mangochi, Mpinganjira, Mpondasi, Mchenga, Mkope, Monkey-Bay and Katema parishes. Mangochi East contains Malindi, Makanjira (Lungwena), Chingwenya (Namwera), and Masuku parishes. Finally, Shire archdeaconry caters for Lisungwi (Phalula), Matope, Chilipa, Chinseu and Mwanza parishes.¹⁷⁹ The diocese consists of about 46,000 members.¹⁸⁰

2.2.4. Social class of people and income generating projects

The Yao mostly inhabit the area comprising Upper Shire. The Yao migrated into southern Malawi from Mozambique in the 19th Century and dominated the Shire Highlands and areas around the end of Lake Malawi. The first group settled along Lake Malawi, mainly in Machinga and Zomba districts. These were called the Amachinga Yao. Another group settled in Blantyre and was given the name Mangochi Yao. Then there were the Achisi Yao in Mangochi district. Malemia and the whole of Zomba is Amachinga Yao territory.¹⁸¹ Apart from the Yao, other groups are the Nyanja and the Ngoni. The Ngoni are mostly in Ntcheu and part of Balaka. The Nyanja inhabit parts of Mangochi as well as Zomba.

The majority of the inhabitants of the Diocese of Upper Shire is rural and earns their living by subsistence farming. A few, however, are fishermen, especially those along the lake. For the smooth running of the mission work, the diocese has embarked on a number of activities as a source of revenue to their Church. Such include maize mills in Mwanza, Chingwenya, Masuku, Mkope and Monkey Bay. There are also fishing projects at Mpinganjira and Mchenga. In Malosa, there was a filling station that brought funds to the diocese. Apart from these, there is also the carpentry and welding section in Chilema. For the administrative structure of the Diocese, see appendix 7.

2.2.5. Women's organizations in the Diocese of Upper Shire of the Anglican Church

In the New Testament, both Paul and Jesus showed great concern women during their ministry. Paul, for instance, admitted them both as leaders and workmates. Phoebe, Lydia and Priscilla were some of the women who held leadership positions in the Church.¹⁸² Women in the early Church found liberation as they shared in the agape feasts, in worship, and in the proclamation of the gospel to the pagan world.

In most churches in Malawi, women play a major role in the activities of the Church. They have formed their own organizations, called "guilds". Isabel Phiri describes the women's guild as an

¹⁷⁹ See appendix 6.

¹⁸⁰ Int. Francis Chipala, Likwenu parish priest, Chilema, 8.9.04. This is just a rough estimation. Chipala confessed that it is not possible to come up with statistical figures of the whole diocese as of now. Hopefully in the near future.

¹⁸¹ Hespers Franklin Funsani, "The History of T.A. Malemia", History seminar paper, UNIMA 1971-2. On Amachinga Yao see also B. Pachai, *Malawi: History of the Nation*.

¹⁸² Janet Kholowa and Klaus Fiedler, *Mtumwi Paulo ndi Udindo wa Amayi Mumpingo*, Blantyre: CLAIM-Kachere, 2001, p. 7.

organization of Christian women who are united in the service of the Lord.¹⁸³ Although these organizations differ in name, their roles are basically the same and include spreading the gospel and practicing hospitality among others. In the Anglican Church, it is called the Mothers Union.

2.2.5.1 *The Mothers Union in the Anglican Church*

The Mothers Union as a Christian women's organization in the Anglican Church traces its origin to the life of their founder Mary Elizabeth Heywood. Born in 1828 at Swinton in Manchester and the wife of George Sumner, Mary was much concerned with the affairs of her fellow women during her day. She desired that they too experience the same happy life she had. Mary Heywood was disturbed by the social disorder of her day. At this time in England, unemployment was rampant. There was a big gap between the rich and the poor and many women and children were subject to exploitation. Even the Church was divided. In 1876, Mary Heywood started a meeting with a small group of mothers at the Rectory in the village of Old Alresford. This was the starting point of the Mothers Union. Her objectives for the Union were threefold:

- To uphold marriage as a holy and unbreakable relationship
- To be responsible mothers in their upbringing of children
- To be themselves a group of women united in prayer.¹⁸⁴

Because her aim was to support the needs of fellow wives of priests, the organization began as an organization of wives of priests.¹⁸⁵ Later on the organization included the laity as well. In 1886, the group became a diocesan organization spreading to other dioceses. It reached many other places, including Malawi. It started with the wives of the diocesan staff who were mostly medical personnel and schoolteachers. It was in Likoma, Malindi and Nkhotakota that these groups were first established.¹⁸⁶ It was the contact between these European ladies and the local women that led to the establishment of Mothers Union meetings. At Malindi, 20 Malawian women became members of the guild in 1929. Margaret Chirwa became the first leader of the organization at Likoma.¹⁸⁷ Shortly after, the organization spread to many areas of Malawi. Today, the Mothers Union is found in most parts of Malawi.

Membership requirements

The Mothers Union is a group of women who are dedicated and ready to help in the service of the Church. Those who join are expected to go through three months of training, where they are taught among other things the objectives of the guild.¹⁸⁸ To be a member one has to be properly married in the Church or in the District Commissioner's office. The Union also welcomes those not married, like

¹⁸³ Isabel Phiri, *Women, Presbyterianism and Patriarchy: Religious Experience of Chewa Women in Central Africa*, Blantyre: CLAIM-Kachere, 1997, p. 71. These women believe there is power in unity. The idea was taken from Exodus 35:25-35 during the making of the tent of the Lord.

¹⁸⁴ Florence Hill, *Mission Unlimited: The Story of the Mothers Union*, np: nd, p. 1.

¹⁸⁵ Rachel Nyagongwe Banda, *A Comprehensive Study of Christian Women Organization in the Southern Region*, MA Module, p. 2.

¹⁸⁶ For details see Anderson-Morshead. Also Elizabeth Ngoma and Alice Thupa, *A Brief History of the Mothers Union Work in Malawi, Central Africa*, np: nd.

¹⁸⁷ Ibid.

¹⁸⁸ Int. Eletina Yadidi, archdeaconry leader, Zomba, 21.2.04.

widows, divorcees and single mothers, provided they live exemplary moral lives.¹⁸⁹ The MU executive committee in the Diocese of Upper Shire includes a President, a Coordinator, St Agnes coordinator,¹⁹⁰ Archdeaconry leader and Parish leader. In general, the Mothers Union is concerned with the strengthening and preservation of marriage and Christian family life.¹⁹¹

The Role and achievements of the Mothers Union

Despite lack of priestly leadership positions, women in various parishes are very active in their work of building the Church of Christ. They preach the gospel and also get involved in charity work. They mend broken homes through fellowship, counselling and pastoral care. Above all, they bring funds for the running of the Church in general. Some of the works and achievements of the Mothers Union include:

(a) Conducting worship during their meetings

Women in the Diocese of Upper Shire contribute greatly in spreading the gospel to many different areas. Although most of their preaching is done during their weekly meetings, sometimes they also preach in the church.¹⁹² Any member can preach, not only executive members. The women have their meetings on Thursdays, where they preach, teach, and conduct charitable activities.

(b) Assisting during funerals

The Mothers Union is very active during funerals. They lead the singing, cook and make wreaths. Apart from this, the women are expected to go and condole the bereaved family. They do this through preaching, while referring to comforting messages from the Bible. They also contribute money as a group.¹⁹³

(c) Assisting the needy

The Mothers Union plays a big role in making sure that orphans, widows and the elderly are given as much support as possible. Because they do not have any direct funding, they have embarked on income generating activities. These include coffee selling, rearing livestock and sewing. The money they get is used to help those in need.¹⁹⁴ At St Georges, last year the group assisted a widow from Chikanda whose house had collapsed. After approaching the Church, it was the Union who helped

¹⁸⁹ Ibid. See also chapter 4.

¹⁹⁰ St Agnes is the Anglican guild for girls aged 7 to 15.

¹⁹¹ Agnes Mkoko, "Women and Economic Development in Malawi, Diploma Thesis in Women's Leadership", West Hill, 1992-93, p. 1. Mrs Mkoko is the MU's coordinator in the whole Upper Shire diocese.

¹⁹² In my research I conducted with the Mothers Union at St George parish in Zomba in January to March 2004, I discovered that women play a great role just like men in spreading the gospel. Although the Sunday worship is mostly in the hands of men, these women spread the gospel through teaching and preaching to one another who take the message to their families in their different homes. They assign each other roles in turn and make sure that most are given a chance to preach. According to Mrs Matewere, the vice chairman of St George parish, women's preaching in Church happens seldom when they are given a special Sunday to lead and conduct worship.

¹⁹³ Int. Chrissie Kapalamula, Vice Secretary, St George Parish, Zomba, 11.3.04. They do this not only to members from the women's guild but even any member from the church. They do not have a fixed amount for the condolence. Sometimes they give K50, other times K100 depending on how much money they have from their funds.

¹⁹⁴ Int. Agnes Mkoko, Mothers Union coordinator, Malosa, Zomba, 19.1.04.

constructing a new house. In another case, the Union is paying school fees for a form four boy at CCAP Community Secondary School who is an orphan.¹⁹⁵ Again, activities such as sewing and baking enable widows and single mothers to be self-reliant and to support their families in the absence of husbands.

(d) Visiting the sick and inmates

The women believe it is their duty to visit those who are afflicted. Every year, the Union plans to visit those in hospital and in prison. Here they preach, sing, pray and distribute some material items such as soap, maize flour, and sugar. In prisons, they mostly bring toothpaste and tooth brushes to the inmates.¹⁹⁶

(e) Visiting Christians "who are lazy"

These women also take part in visiting those who frequently absent themselves from the Church for no apparent reason. Through these visits, they are able to strengthen them in their faith. They share problems, if any, and discuss ways of handling them while referring to Biblical passages and examples.¹⁹⁷

(f) Cleaning the church and the surroundings

Before the Sunday service women make sure the surroundings are clean. Every Saturday, the women have general cleaning, where they mop and sweep the church and wash the priestly garments and other items.

(g) As counsellors

The women, as *alangizi*, are responsible for the counselling of newly married couples. Newly weds are given instruction on how to live in their new family. Before the wedding, the Union is responsible for the bridal shower, where they also counsel the bride on marital affairs. The Union also takes care of those families with problems. And since their objective is to build, not to tear down, for those with marriage problems, they counsel, teach and strengthen them.¹⁹⁸ Again the Mothers Union is responsible for girls' initiation.

(h) Other duties

Mothers from the Union also teach Sunday school where children from the age of 3 to 12 are taught Christian teachings.¹⁹⁹ Again every Sunday, some women are assigned to keep order in the church during worship and to take care of noisy children. Mothers Union is also mandated to offer financial

¹⁹⁵ Int. Jane Matewere, Mothers Union vice chairlady, St George parish, Zomba, 11.3.04. They are able to help him through their weekly and yearly offerings.

¹⁹⁶ Ibid.

¹⁹⁷ These are not only members of the guild but anyone provided they are members from the Anglican Church.

¹⁹⁸ Int. Jane Matewere, Vice Chair, St. George parish, Zomba, 11.3.04. She commented that no matter how serious the problem is, the Mothers Union upholds marriage and has no mandate to destroy one's family but just advise accordingly.

¹⁹⁹ Being one of their objectives to raise children in the life of the Church, the Mothers Union believes it is important to teach them Christian education and Christian behaviour while they are still young. Jesus himself welcomed children into his kingdom (Mt 18:1-6).

assistance to the Bishop or Priests in cash and kind, especially those who are poor and live in remote areas. Another duty of MU is to attend to visitors. The Union is responsible for the visitors who come to the Church.²⁰⁰

2.2.5.2 *St Agnes Guild*

This is an organization in the Anglican Church for young girls.²⁰¹ Just like the Catholic Church, Anglicans in Malawi also remember their saints.²⁰² One such saint is St Agnes, who is remembered on 21st January. Agnes was a young Roman girl aged 13 during the reign of King Diocletian. She was a devout Christian who worshipped no other god but Yahweh. In a land where people worshipped many gods, her faith was bound to be dangerous. King Diocletian wanted his son to marry her but she refused. Her faith could not allow her to marry a heathen, even a prince. Because of this, Agnes was tortured and killed in 304 A.D. Agnes is remembered for her strong character and her willingness to become a martyr for the sake of the gospel.²⁰³

The organization started in South Africa following a group of women that went to Rome. There in Rome they visited St Agnes' tomb. Back home, they started the guild in their church. Following South Africa were Zimbabwe and Malawi, in the 1970s. The first coordinator in Malawi was Mrs Agnes Mkoko.²⁰⁴ In the Diocese of Upper Shire, the guild of St Agnes is one of the youth organizations.²⁰⁵ Its objective is to teach girls to live a life pleasing to God. The guild looks not only at the spiritual side of an individual but at the physical aspects too. The activities of the organization are mainly prayers, Bible Study, preaching and meeting physical needs.

The age range is from seven years old to young women about to marry. The meetings are conducted once a week. For easy discussions, the girls are divided into groups depending on age: 7-9 years; 10-12 years; and above 13.

As initiates, they are given instructions on how to conduct themselves in a Christian manner, how to care for their bodies, how to avoid sexual immorality and how to prepare for marriage following the example of St Agnes. Only members of the Mothers' Union are responsible for giving advice to these girls.

2.2.5. *Other Youth Organizations*

Youths in the Anglican Church play a vital role in the activities of the Church. Out of the estimated 46,000 members, almost half are youths. In the Anglican setting, youths of both sexes are those from

²⁰⁰ These visitors do not include any other person who decides to attend the Church service for example, but solely those known to the Church to carry out some activities from somewhere. These could be preachers and choir groups from outside that require attention of the Church.

²⁰¹ Int. Chrissie Kapalamula, Vice Secretary, Zomba, 11.3.04.

²⁰² It should be noted that this veneration of saints only applies to the Anglo-Catholics. And indeed all Anglicans in Malawi are Anglo-Catholics. The Low Church Anglicans do not revere the saints.

²⁰³ See F.L. Cross (ed), *The Oxford Dictionary of the Christian Church (2nd edition)*, New York: Oxford University Press, 1983. Her name occurs in the Roman Canon of the Mass and in the records of all martyrs.

²⁰⁴ Int. Ella Mhone, St Agnes coordinator, Chilema, 4.8.04. Mrs Mkoko succeeded Mrs Chiminba on 1st August, 2000.

²⁰⁵ Others are Youth group, St Monica and the "Servers". The "Servers" are those youths that assist the priest during the Eucharist.

Sunday school level to 45 years of age (even those married could be youths). The diocese has a youth desk and it is the diocesan youth coordinator in all the parishes who is responsible for the youth groups. The youth organizations train youths spiritually, morally and physically. They mould them not only to become good citizens but more importantly, future church leaders. Thus, the objectives not only cover the spiritual aspect of an individual but the physical aspects too. Here sex education and HIV/Aids are the main targeted areas.²⁰⁶ Youths need to know the traditions of their church. "They are the church of today and of tomorrow".²⁰⁷ Every two months representatives from each parish meet at an advisory council.²⁰⁸

2.3. The Medical Department—St Luke's Hospital

The division of the original Diocese of Southern Malawi not only involved parishes but also the institutions as shown in appendix 5. St Luke's Hospital was one of the institutions the Diocese of Upper Shire which benefited from the division. Malindi hospital and eight other health centers in Machinga, Mwanza, Zomba and Mangochi districts also form part of the medical department. These health centers are Mkope, Mpondasi, Lulunga, Nkasala, Matope, Chilipa, Mposa and Gawanani.²⁰⁹

St Luke's, a CHAM health facility, is a district hospital in Zomba located 25 km north of Zomba municipality bordering Machinga district was established in the 1940s as a center for ill Anglican missionaries.²¹⁰ When first established, it was located in the foothills of Malosa Mountain for a cool breeze for the white missionaries. Then, it was known as "*kumkuli*" (*kumtunda*) hospital.²¹¹ It was in 1964 when the hospital moved to Chilema for easy access for all in need of medical services.²¹² It has a catchment area within a ten-kilometer radius, with 89,030 people.²¹³ The majority of the people in its vicinity are subsistence farmers, with 85% living below the poverty line due to land shortage in the area.²¹⁴ In 1976, the hospital was enlarged to have a children's ward, out-patient department, maternity and administration block with pharmacy. A nursing school was opened in 1972. In 2000, a TB ward was added.

Its main referral center is Zomba Central Hospital. The hospital in turn receives referral cases from its health centers of Nkasala and Chilipa in Zomba, Gawanani and Mposa in Machinga. Other referrals

²⁰⁶ Int. Thom Mpinga, Chingwenya Parish Priest, Chilema, 28.1.05. Father Mpinga is the diocesan youth coordinator. His role is to oversee the welfare of youths both spiritually and physically. On HIV/Aids, emphasis is put on abstinence. On challenges of his job, Fr. Mpinga cited failure to encourage youths to go for VCT and lack of proper care for those youths who are already infected with HIV. Other challenges include lack of facilities to meet the needs of youths in sports.

²⁰⁷ Ibid.

²⁰⁸ This is a big committee in the diocese. Once a year, youths meet to share experiences. The last annual conference was held at Malindi in Mangochi, 6th-12th December 2004.

²⁰⁹ See appendix 8 Map of Health Centres

²¹⁰ Annual Report: St Luke's Hospital - Anglican Diocese of Southern Malawi, 2002, p. 5. CHAM is an abbreviation for Christian Health Association in Malawi.

²¹¹ Int. Fr. Martin Mgeni, Mangochi, 28.7.05. *Kumkuli* is Yao just like *kumtunda* in Chewa, literally meaning "to the top".

²¹² Int. F.J. Manjele, Lab Technician, St Luke's hospital, 17.6.04.

²¹³ The 2002 Annual Report. The figure as recorded in 2001. Presumably it has gone up to not less than 100,000 people.

²¹⁴ Ibid.

come from other health centers in the district. One such center is the government-owned Domasi Rural Hospital, seven kilometers away, near Malawi Institute of Education.

The first administrator in charge of St Luke's was Dr. Asa Watson Johnson in 1964.²¹⁵ In 1969, Mr. Undulu became the first black administrator.²¹⁶ The hospital embarks on a number of activities categorized into curative, preventative and promotive activities, under the department of primary health care.²¹⁷ Other departments include dental care and theatre. The primary health care department provides information to communities on sanitation.²¹⁸ The hospital is also taking part in HIV/Aids control. One way of increasing awareness and promoting prevention of infection is through Voluntary Counselling and Testing which was started in 2001. This was the first VCT centre to be opened in Zomba.

There are a number of challenges facing the hospital at the moment. The main challenge is inadequate funds to run the hospital. St Luke's Hospital is not just a single hospital. It includes St Martin's hospital in Mangochi and other eight health centres.²¹⁹ The medical administrator noted that the problem is that administration is centralized and finances are not enough for all these hospitals.²²⁰ Besides the services are provided at very low cost. Medication is bought in Malawi, but it is very expensive. This shortage of finances has resulted in a high attrition rate of medical personnel who are paid on the government scale. Maintenance of services such as cars is also a problem when there is no money.²²¹ This inadequate service has also led to a decrease of clients at the hospital. As the administrator pointed out, patients expect good services, which the hospital at the moment fails to provide. As a result, many clients would rather go to private or government hospitals where they will be provided with food and where services are of a higher standard.²²²

²¹⁵ Int. F.J. Manjele, Lab Technician, St Luke's Hospital, 17.6.04. At the age of 76, Mr. Manjele who is retired and is now working as a counselor of HIV/Aids at the hospital could remember correctly the names of the British administrators. He says that the missionaries did not want to see a black man excelling in life. This is the reason why there were no black doctors until the late 60s. Other administrators included Billow, Both and Vandermas.

²¹⁶ Ibid. He followed Mr. Likambule as the first black accountant in 1967. After Undulu came Mr. Chinkhota in the 70s, Mr Chigwenembe in the 80's and Mr Mbuzi who has recently retired in May 2004 took the post of administrator in 1995.

²¹⁷ The purpose of this department is to improve one's health, nutritional status and knowledge on primary health care including HIV/Aids. Mother and child health care, HIV/Aids control and family planning are some of its projects.

²¹⁸ Int. Mr Chaguza, Medical administrator, St Luke's, 18.1.5.

²¹⁹ Int. Elizabeth Chowa, Matron, St Luke's, 18.1.5.

²²⁰ Int. Mr Chaguza, Medical administrator, St Luke's, 18.1.5.

²²¹ Ibid.

²²² Ibid. Mr Chaguza commented that there is an agreement between government and St Luke's hospital. It is the government that pays staff salaries. It is also the initiative of the government through NAC to provide free ARVs at the hospital. The administrator further added that the Anglican Church of the Upper Shire is like the mother of the hospital. The Bishop of the diocese chairs the medical board. The health coordinator who is also an Anglican is Mr Msusa. The Diocese however, does not provide financial assistance and management is solely the responsibility of hospital personnel.

Chapter 3

Women's Experiences in Sexual and Reproductive Health

3.1. Introduction

Women's sexual and reproductive health is a big challenge to the church, especially today in the time of HIV/Aids. How the church approaches the subject has an impact on the life of a woman as a whole. This thesis deals with the Anglican Church and how it has been involved through its pastoral ministry to include women's sexual and reproductive issues in today's context of HIV/Aids. This is mainly discussed in chapter 4. Chapter 3 provides the background information for the subsequent chapters, as it explores and depicts the experiences and challenges women go through concerning their sexual and reproductive health.

I collected the data through interviews. The material is both physical and medical. Because of the nature of the study, I believed that one to one interviews were the best approach. This approach gave me enough relevant data. The physical experiences were sourced out of the case study of Malemia T/A and I linked them with those from the medical side at St Luke's. At St Luke's I concentrated on the maternal and child health department, as it primarily looks into antenatal and postnatal services for mothers and also under-five clinics. I also interviewed some clients from the ARV clinic there.

Malemia is a matrilineal area mostly inhabited by the Yao.²²³ This type of society gives a woman higher power than patrilineal societies do. Here, when death strikes the family or in cases of divorce, the children belong to the maternal side.²²⁴ Nonetheless, I also noted a high element of patriarchy, where power rests in the hands of a man. It is still the man that dominates in everything, including sexual life. The men play the big role in deciding family sizes though it is women that feel the pain of childbirth.

On sexual life, the issues that were discussed included who makes decisions between a man and a woman, how often couples make love to each other, condom use, attitude of women towards sexual life and sexual taboos. Some of the language (especially the Chichewa terminology) may appear too strong to some people. Should this happen, my apology beforehand? However such words cannot be avoided. Besides, much as sexual life should be respected, it should no longer be taken as a taboo. On reproductive health, the issues were contraception and birth experiences (pregnancy, delivery, miscarriages, abortions, still births). All the issues were discussed in relation to HIV/Aids.

As I reflected on the lives of these women, my own experience and observations as a woman, and more especially someone who is HIV positive, were highly valued and correlated with the experiences of the sampled women. Therefore, I was not an outside enumerator. I correlated such behaviour in a scientific way with my own experience. This is how I won their confidence. I sincerely believe I have satisfied the desires of many women. As Rachel Banda writes,

²²³ Though Malemia is predominantly Yao, there are also Nyanja and Lomwe.

²²⁴ See Rachel Banda, *Women of Bible and Culture*, Zomba: Kachere, 2005, p. 10. In Chewa society, this tradition is called *chikamwini*.

To write women's experiences from a woman's perspective is to satisfy the desires of many modern historians who realize that most histories in the past have been written from a male perspective.²²⁵

The interviews were confidential and I invited no member of the family to participate, not even their partners. The interviewees have been given serial numbers. I was glad indeed to see that the women had confidence in me. They opened up and confided in me as a fellow woman all the material I wanted. My own part as a widow, my HIV positive status, my being an ARV client played a major role in the study. I was open to disclose myself as a widow to other widows and we could share challenges of widowhood. I would also declare my HIV status where necessary. This as well motivated many women. And I believe that although most women still fear to know their HIV status, my own story has given some of them hope. Talking to ARV clients was again easy because we know each other as we meet every month at the same hospital to get the drug. Here, we shared experiences and challenges as well.

The quality of the data does not claim statistical accuracy but they are broadly in line with similar findings. The data were mainly qualitative, and can be a sufficient base for further research. As the chapter deals with sexual and reproductive issues of women, I have used it to correlate with material elsewhere in order to check against other findings.²²⁶

3.2 Birth experiences

Birth marks the creation of life. For most women, birth is the most severe physical ordeal they will ever experience. Most women said giving birth is nasty and they just do it because it is nature. For a child to be born, it takes a long time, a journey that is not only challenging and traumatic but also leads to joy at the sight of the newborn baby. Consequently, this experience may affect the reproductive health of the mother.

In most societies, including Malemia Traditional Authority, every woman cherishes a child.²²⁷ Despite the challenge of the birth process, most women cannot live without their own children otherwise they would envy someone else. A family without children is void and lonely. A child is a woman's pride, which gives her a new stamp of being a mother, and removes her shame.²²⁸ This

²²⁵ Ibid., p. 15. See also Isabel Phiri, *Women, Presbyterianism and Patriarchy*. On my position as a researcher see chapter one.

²²⁶ Such materials include, Rachel Nyagongwe Banda, *Women of Bible and Culture*, Zomba: Kachere, 2005; Rachel Nyagongwe Fiedler, *Coming of Age*, Zomba: Kachere, 2005; Isabel Phiri, *Women, Presbyterianism and Patriarchy: Religious Experience of Chewa Women in Central Malawi*, Blantyre: CLAIM-Kachere, 2000; Molly Longwe, *From Chinamwali to Chilangizo: The Christianization of Pre-Christian Chewa Initiation Rites in the Baptist Convention of Malawi*, MTh, University of Natal, Pietermaritzburg, 2003; Alister Munthali, *Change and Continuity: Childhood Diseases among the Tumbuka*, PhD, Rhodes University, 2005, among others. Works from outside have also been of much support to balance my work. Such materials include Ann K. Blanc, *Negotiating Reproductive Outcomes in Uganda*, Kampala: Makerere University, 1996; Gillian Paterson, *Love in Time of Aids: Women, Health and the Challenge of HIV/Aids*, Geneva: WCC, 1996 and C. Jean Garland, *Aids is Real and it's in our Church*, Bukuru: African Christian Textbooks, 2003 among others.

²²⁷ I was not surprised to hear from women at the antenatal clinic that if they would be diagnosed HIV positive, they would still go on bearing children. Even those that are HIV positive expressed the same desire.

²²⁸ Int. Woman 9, 10.01.05. Most women think it is a shame, if not a curse from God, to die without a child. A 43-year-old woman literally shed tears as she narrated the story of her only two children. Both died at birth and following some complications the woman was advised not to fall pregnant again. "Ndasanduka chitsiru lero kusowa wonditungilako madzi" (I am now hopeless with none to draw me water).

reminded me of my own story and how people in my mother's village could actually point fingers at my mother as "chumba" (a barren woman). My mother tells me of how she kept reminding God with tears like Hanna in the Bible to remember her with a child. I was born when she was 38, a miracle to her. That is why I was named "Chimwemwe" (Joy). Most women believe a woman with children is given much respect and honoured by the society at large. Women from the sample tend to marry at an average age of 20.²²⁹ Some even give birth at the age of 17. On average, currently women from Malemia have 4 children.²³⁰ Unlike their male counterparts, most of whom favour a boy child, most women prefer girls.²³¹



The pride of a mother is in her children

²²⁹ See appendix 9. Of course 20 years of age is still a small figure. If the years given were indeed true, then these women tend to marry at a reasonable age. However, it is always questionable to believe the years given. Besides, there were those who said they could not remember the year they got married. I believe the average age could have been lower than 20.

²³⁰ See appendix 9. For comparative analysis, see Wycliffe Chilowa, *Demographic Projections and their Implications for Urban Housing in Malawi*, Zomba: Center for Social Research, 1996. Studying fertility as one of the factors affecting population growth in Malawi, Chilowa found out that on average 56% of women aged 40-49 have had at least 7 children. See page 3. Compare also *Malawi: Demographic and Health Survey 2000*, Zomba: National Statistical Office, 2001.

²³¹ A girl child is mostly favoured because she acts as a workmate to her mother, helping her with the house chores.

3.2.1 Pregnancy

After conception, a woman has the responsibility of taking care of the foetus in her womb for 9 months. To most women, this is not an easy period. Care during pregnancy is challenging and requires adequate support from the husband and the community at large. Women from Malemia describe the challenges they face when pregnant. Pregnancy experiences are unique to every woman but most face similar challenges. Many physical changes occur during pregnancy. When pregnant, many women lose their appetite, vomit and have backache, fever, swollen breasts, painful waist and stomach aches. These illnesses are normal and occur to many women. A few experience pain below their navel and have problems with high blood pressure that usually results in swollen legs and feet. It is again usual for most women to feel nausea, crave certain foods and at the same time reject some, such as meat, eggs or rice.²³² Some do not even want to be close to their partners during such periods.

Amandinyasa kuti agone nane. Amanunkha ndi mkamwa momwe olo atsuke chotani.²³³

This is the period when partners need not only to be supportive but also to understand some of these novel attitudes, otherwise it is very easy to be irritated and lose one's temper. Haemorrhoids also seem to be common to most pregnant women.²³⁴ It is however strange that even after delivery, this nasty illness continues to hurt many of them.

While some dislike sexual intercourse, a few women said this is the time they desire sex very much. There were some who said they deliberately ignore the abstinence taboo in the last two months of pregnancy, not necessarily because of pressure from husbands but because they themselves are sexually active at this time.²³⁵ All women from my sample feel great joy over pregnancy and they do not feel ashamed of the body's transfiguration. One woman commented that there is great need that mothers must express happiness over their pregnancy and never feel sad as that would disturb the foetus.

Mzimayi wapakati asamakhumate, osati nkhwinyiliri koma kumasangalala. Naye wamkatiyo amachitanso chimodzimodzi kukhumatanso. Ndiye pobereka ndi aja ena amabereka khanda lofoka, lopanda mphamvu. Mimba siibisika. Ngakhale ubise imatuluka basi. Chofunika ndi kusangalala, ukakhala kumaisisita kuti mwana azimva kukomedwa mkati.²³⁶

When pregnant, every woman wants the birth of her baby to be a positive one. As such, she expects every help, advice and support to make the most of her experience. Women from Malemia say there is little advice and support given to pregnant women from their faith communities. This is perhaps unintentional, but most faith communities may not see the need to do so. At times, they may not even

²³² This usually happens in the first trimester, i.e. the first 13 weeks of the pregnancy.

²³³ Int. Woman 16, 11.01.05. Translation: He despises me and wants to sleep with me. He smells including his mouth despite thorough washing.

²³⁴ These are swollen enlarged veins that sit just inside or outside the opening of the anus. They lead to irritation of the skin and bleeding when opening bowels. Most women experience this in the second stage of their pregnancy between 14 to 26 weeks.

²³⁵ On taboos, see section 3.5

²³⁶ Int. Woman 6, 5.5.05. Translation: A pregnant mother should not look gloomy but cheerful. The baby inside does likewise, it is gloomy. This is why some women bear fragile and weak babies. You cannot hide a pregnancy. It will still come out on its own. So the best thing is always to be in good spirits, caressing it at times, that the baby inside should be feeling jovial.

know what advice or support to give to such women. This ignorance could be the result of patriarchal tendencies in most faith communities.²³⁷

Women say faith communities don't seem to pay any attention to pregnant mothers even though they are still their own members. Care for pregnant mothers is left in the hands of the hospital personnel and not the church. Most women have never been approached by their church or heard anything at all concerning pregnancy in religious functions. Surprisingly, even fellow women members in the church give little support to pregnant women. Such support often comes only when the baby is born, when some members, especially friends, come to cheer it with gifts.²³⁸

Most women feel it is their responsibility to pray for their pregnancy. With support from close relatives, some pregnant mothers pray for the coming baby. Others however, take it for granted and say they only pray when going into labour. One woman talks about the need to pray as follows:

Iyi ndi nthawi yoopsa yofunika kupemphera. Sumadziwa kuti chidzatuluke ndi chiyani. Ndi bwino kumapemphera kuti Mulungu akutsogolere udzabereke mwana wa moyo ndinso opanda chilema. (This is a crucial moment when you are anxious of what will come out of your belly. It is important to pray and seek favour from God that you should bear a live child and without defect.)²³⁹

3.2.1.1 Local Beliefs/Traditions

Counselling of pregnant women is mainly left in the hands of elderly women.²⁴⁰ They advise on postures such as how to stretch one's legs when seated and not bending one's back when walking. A pregnant mother is also advised not to stand in the doorway otherwise the baby will behave the same way. This would give her problems during delivery.²⁴¹ Standing in the door is like blocking the way for people to pass, including the baby inside.²⁴² A pregnant mother must not eat eggs. Even drinking water while standing is prohibited as the baby upon birth may vomit through the nose and this is dangerous.²⁴³ From my sample, most women say they adhere to such practices for their own sake. A few who don't say they do not see a connection between delivery and adhering to such practices. These say they can manage to hold fast to the tradition of good posture and not the others.

Sindingazikwanitse zimenezo. Ndingathe kumaiwala. Sindimawonaso kusiya kulikonse pakati pa kubereka ndi kuyima pakhomo. Ndili ndi ana ndinaberekanso bwino bwino. (I can not manage that. I will always be forgetting. I also do not see any connection between delivery and standing in the doorway. I have children whom I delivered without problems.)²⁴⁴

²³⁷ Rachel Nyagongwe Banda, *Women of Bible and Culture*, Zomba: Kachere, 2005, p. 15. See also, Isabel Phiri, *Women, Presbyterianism and Patriarchy*, pp. 103ff.

²³⁸ Int. Woman 7, 10.01.05. This mainly applies to urban areas where friends can buy nappies or soap for the baby. In rural areas this seldom happens due to lack of money. This tradition comes a long way in the biblical times when the baby Jesus was showered with gifts by the wise men from the east (the *Magi*). It is a time of celebration. See the gospel of Mathew chapter 2 for details.

²³⁹ Int. Woman 23, 14.01.05

²⁴⁰ These are not necessarily "anankungwi" but any elderly women such as a mother, a granny or an aunt.

²⁴¹ Compare with the traditions of Tumbuka people in Alister Munthali, *Change and Continuity*, 2005, p. 128.

²⁴² Int. Woman 10, 30.4.05.

²⁴³ Ibid.

²⁴⁴ Int. Woman 41, 17.1.05

Another *mwambo* given to a pregnant mother is to immediately untie the firewood sheaf upon arrival from the bush. Failure to do so will result in her tying herself and she will have difficulties at delivery.²⁴⁵ *Mwambo* is again given on decency in dress. A pregnant mother is to dress modestly.

Kavalidwe. Mayi wapakati amafunika kudzilemekeza. Osavala chovala chothina, siketi izikhala ya chingwe kuti azitha kutakasuka. Osafunda nsalu mmapewa.²⁴⁶

The hospital staff plays a big role in counselling. This is mainly done at antenatal clinics. Most women start antenatal clinics when the pregnancy is 3 or 4 months old. Many women praised the good services they get from hospitals.

At St Luke's Hospital, health talk at antenatal clinics is group and individual. The individual talk gives the expectant mother confidence in the nurse and she is able to open up. Most women commended the nurses for the support they get during one to one talk. Here service providers do some examinations, including checking blood pressure and haemoglobin level.²⁴⁷ After their arrival, the mothers go into the group health talk before seeing a nurse individually. At group counselling, lessons are conducted on how to care for the pregnancy and the coming baby. These lessons are learner-centred in a question and answer technique. Before the lessons start, the mothers are given the chance to sing songs on their reproductive health.²⁴⁸ Such songs depict some sadness and need for antenatal.²⁴⁹

Song 1:

One:

Mlera ine mulera. x2
Ana onsewa mulera,
ndikhale olera ine, mulera? x2

x2

I care for the children. x2
All these children
Should I be the one to care for all these children?

All:

Mlera ine mulera x2
Ana onsewa mulera,
ndikhale olera ine, mulera? x2

x2

I care for the children. x2
All these children
Should I be the one to care for all these children?

²⁴⁵ Int. Woman 10, 30.4.05

²⁴⁶ Int Woman 3, Malemia, 9.1.05. Translation: "Dressing. A pregnant mother needs to be respected. Do not wear tight clothes. The skirt must be loose enough. She should not cover herself around her shoulders." For details on pregnancy taboos, see section 3.6.

²⁴⁷ For the client that is visiting the antenatal clinic for the first time, the service provider also checks any occurrence of an STI. To take an HIV test is up to the client to decide but what the providers do is to enlighten pregnant mothers on the need for VCT. During my study, I did not find a client coming for the first time. However all clients claimed to have gone through an HIV test and to know their HIV status.

²⁴⁸ I participated in these group counseling talks for a number of days and many times when I visit the hospital, I hear these talks and songs. They are conducted in the open place just next to the OPD department. I enjoyed singing with the women.

²⁴⁹ The first song is a cry of a mother as a care giver to many children. The second is a call for antenatal services for all mothers irrespective of their status. Though *kusikelo* is literally translated scale, in this context it refers to antenatal clinic where the woman's weight is also checked on a scale. There is no direct Chichewa translation for antenatal clinics and the word every woman uses is *kusikelo*. For more songs see appendix 10.

Song 2:

One:

Kusikelo kulibe wolemera
Kusikelo kulibe wodya bwino
Kusikelo kulibe wophunzira

All:

Kusikelo kulibe wolemera. x2
One: Inde, tete. x2

All: Eeeh

One: Teteteteteeee

All: Kusikelo kulibe wolemera.

At Antenatal, noone is rich
noone eats well
noone is educated. [It does not matter.]

At Antenatal, noone is rich.
Yes, tete. e.

Eeeh

Teteteteteteee

At Antenatal no one is rich.

Quite a good number of women visit St Luke's Hospital. In 2004, 7797 women visited the antenatal clinics.²⁵⁰ Most women commended the care and treatment they get but complained of inadequate drugs. Panadol seems to be the obvious medicine for every illness.

Matenda ena amafunika mankhwala a mphamvu. Enafe timavutika ndi miyendo, msana, kusanza kumene, koma daily ungabwere pano ndi Panadol. (Some illnesses require a stronger drug. Some of us have problems with backache, unusual vomit and aching legs. But each time we come here, we get Panadol).²⁵¹

Group Counselling during Antenatal services



Antenatal Health talks. The deputy Matron posing with clients

²⁵⁰ The statistics was collected from the public health department at St Luke's. Antenatal clinic is done Monday to Friday from 8am. This figure was from January to December, 2004.

²⁵¹ Int. Woman 44, 17.01.05. The hospital staffs admitted this lack of sufficient drugs at the hospital, which has indeed affected the hospital's operations.

3.2.2 Delivery experience

This is the climax of the birthing experience. No woman can forget the actual pushing, the pressure and the feeling of a baby coming out. To most women, labour is spontaneous. Most women visit hospitals for delivery. Only 10% of the interviewed women visit traditional birth attendants. To many women, going to hospital has the advantage of safe delivery.²⁵² Although most women feel that traditional attendants are better in terms of how they care for and treat patients, unlike hospital personnel, most of whom are rough and harsh, they would rather go to the hospital. To most women, traditional birth attendants do not have enough reliable equipment, and they feel that today in the context of HIV/Aids, it is dangerous to visit traditional attendants.

Let me get the HIV virus from other places, not at a traditional birth attendant's who does not even possess gloves.²⁵³

A small percentage of women who prefer to deliver at home say they do so because of the way some midwives behave in hospitals. One woman who had been disappointed with the hospital staff had this to say:

I will never visit the hospital again for delivery. I still remember how I lost my baby in 2002 because of carelessness from the midwives on duty. I was in labour and kept calling for the nurse to come and help as I was feeling the baby coming out. The nurses took no notice of me and were busy drinking tea in their office. All they said was – "Siinakwane nthawi mmadziwa chiyani kodi inu? Mungotisokosa basi? (It is not yet time. What do you know about delivery? You are just troubling us)." It was already too late when they came only to find the baby about to drop, but not breathing. I strongly believe this could not have happened had the nurse cared for me.²⁵⁴

This lady has now a one-year-old baby. She delivered at home with a traditional attendant. According to her, she was given the respect due to a pregnant mother and she does not regret visiting her. This lady believes that one can get HIV/Aids anywhere, even in the hospitals where people claim safe.

To concur with her, another woman who opts for traditional attendants says she does so because her mother is a traditional birth attendant. She feels happy to be delivered by her own mother whom she trusts rather than by a nurse, whose thoughts and intentions she does not know.

I have three children all delivered at home by my own mother. I have never experienced any delivery problems as those experienced by most women in hospitals such as "kuchepa njira" (small cervical canal), or be delivered with forceps that usually leave bruises. I have never had a still birth either.²⁵⁵

On how they are received in hospital, most women do not give high praise for the medical staff. Most women feel they are not accorded the respect they deserve at the maternity ward. Most women say hospital personnel are harsh and rude.

²⁵² Compare Evelyn Chinguwo, "Safe Motherhood: Constraints to Women's Utilization of Maternal Services in Zomba and Nsanje Districts", July 1995, UNIMA, MA. Chinguwo's study reveals that most women fail to utilize maternal services because of the socio-economic and cultural framework in which they operate and make decisions. Her findings revealed that removing this framework would help influence more women to use hospital based maternal services. My findings however do not mean that this structure is no longer there. I believe it is a result of social change. Both men and women today see the need to go to the hospital for delivery. Perhaps it is indeed out of fear of HIV/Aids as some women suggested. Whatever the cause, this is a positive development.

²⁵³ Int. Woman 32, 25.01.05

²⁵⁴ Int. Woman 24, 14.01.05

²⁵⁵ Int. Woman 27, 16.01.05

Some midwives behave as if they are not women and shout at us and talk in bad language. Sometimes, some midwives send *okolopa* (ward attendants) to attend to you when they are busy drinking tea. Many midwives are emotional, always screaming and shouting. Mmene mumachitira ndi amuna anuwo mumayesa mwana adzatulukira komwera tiyi. ('The time you were making love with your partner, you thought the baby will come out like the way you drink tea').²⁵⁶

This negative experience envelops most women. Although the standard of care differs from hospital to hospital depending on the midwife on duty, most women gave the same sentiments. Most women commented that some nurses leave mothers unattended while giving birth.²⁵⁷

Ine mwana wanga ndinabereka ndekha nditatopa ndikuitana adokotala (I delivered my child alone when I got tired of calling the nurse on duty to help me).²⁵⁸

Many women talk about negative delivery experiences. Caesarean sections are done far too often these days.²⁵⁹ Most women interviewed who had more than three children talked of at least one caesarean section experience.

I have four children, all of which I delivered through caesarean section.²⁶⁰

Most women fear Caesarean sections. This they say is the last thing they would do.²⁶¹ Most of those who go through normal deliveries complain of difficult deliveries. While some complain of a long labour period, most women have problems with the size of their canal. Many of these are delivered with forceps. Some women undergo induction.²⁶² Women who have undergone this say the pain is just unbearable.

This was my third pregnancy. The other two were normal and did not give me much pain. But this one mmm *mavuto* (trouble). I stayed in the labour room for the whole day pushing and pushing. At last I was told induction was the only remedy. I did not even know what it was and of course I had no option. My cervix was closed so they had to use forceps. Mwana amazonza (child bearing is painful).²⁶³

Another woman commented on a bad experience she went through in 1983.

I have six children. The first five did not give me much trouble as this last one. Labour took too long. My cervix was closed. At last the midwife boiled some water to speed the coming of the

²⁵⁶ Int. Woman 19, 11.01.05

²⁵⁷ The Archbishop of the Anglican Central African Province, Bernard Malango discouraged such behaviour. In his speech to graduating nurses at St Luke's College of Nursing in Malosa in April 2005, Malango noted that negligence in some medical practitioners in hospitals has greatly contributed to maternal and infant deaths. See appendix 11, *The Nation* 19 April 2005, p. 3. Malango added that this attitude has painted a bad picture of health service delivery in the country and needs to be altered.

²⁵⁸ Int. Woman 5, 09.01.05

²⁵⁹ HIV increases the number of Caesarian sections. Women that are HIV positive and pregnant are often advised to C/S.

²⁶⁰ Int. Woman 7, 10.01.05

²⁶¹ From my study, not even a single woman would choose Caesarean should it be optional. Those that had undergone Caesar did so not out of choice but emergency after failing to give birth normally. Surprisingly, most women say even if they are HIV positive and pregnant, they cannot opt for Caesar. I went through Caesar myself and personally feel this is the best way of delivery. And should I have a second pregnancy, Caesarian section will be my choice.

²⁶² When labour is difficult, midwives use drugs to cause it to begin.

²⁶³ Int. woman 29, 18.01.05.

baby. Unfortunately, the heat of the water burnt me, leaving me with some bruises. I still have the scars today. This was a nasty experience. She is my last one.²⁶⁴

3.2.3 Still birth

When going for delivery every woman has high expectations and looks forward to see the coming baby. It is a tragedy to every woman to lose a baby at birth. Stillbirth deliveries are common these days and it is a bad experience. In 2004, 64 still birth deliveries were recorded at St Luke's Hospital. Though seemingly small, 64 deaths is quite a large number.

St Luke's delivery cases for January to December 2004

Total deliveries = 1397 births		
Normal births (SVDs) ²⁶⁵	1298	88 %
C/S (Caesarean section)	92	6 %
Still births	64	4 %
V/X (Vertex extraction) ²⁶⁶	43	3 %

It is sad to bear the agony of a child dying. I can recall my own experience on 24th July 2002 when I lost my daughter I had looked forward to nurse. When I discovered I was pregnant, I shed tears of joy. I shed tears with labour pains. As I made my way to the theatre for a C/S, I shed tears of expectation. The final painful tear was shed when I heard I had lost the baby. Everything was just too much. It was the first and worst Caesarean experience, I will never forget.²⁶⁷

What causes many still-births today, most women do not know. Although many say it is normal, a few said it is a sign of bad omen associated with STDs and HIV/Aids and sometimes witchcraft.

It was in 2001 when I fell pregnant. I used to have high blood pressure. When I was nearing my days, I had convulsions right there in the ward. In the labour ward my blood pressure shot again. I had convulsion too. After gaining my senses, the baby had stopped breathing, dead. I strongly believe my people at home bewitched me.²⁶⁸

Many things, such as the following, cause stillbirths and other delivery problems to mothers during birthing experience.²⁶⁹

- *Kung'ambika chibrebero* (ruptured uterus). One service provider commented that most women who start visiting traditional birth attendant realise too late that they have some

²⁶⁴ Int. Woman 14, 10.01.05. In the past, this system of boiling hot water was common. But today it is being discouraged as being dangerous not only to the baby but the mother too.

²⁶⁵ SVD is an abbreviation for Spontaneous Vertex Deliveries.

²⁶⁶ This is also called forceps delivery using instruments.

²⁶⁷ I remember my own pregnancy. When I was still one month from the expected time of delivery, labour started spontaneously during the night of 23rd July. I was rushed to the hospital to see my doctor who knew beforehand that I was going for Caesar. Though I was already in labour, nurses did their job as usual, checking BP, cervical canal etc. This took time and by the time I was rushed to the theatre I was bleeding. The operation too took longer than expected - about 5 hrs. This I was told by my aunt who says she had already started crying outside the theatre room when the time was taking long. My daughter was alive but failed to gasp breath. She tried to inhale some oxygen but it failed. She died. What went wrong, only God knows. Maybe I was late; maybe I had infected her, maybe.

²⁶⁸ Int. Woman 21, 12.1.05

²⁶⁹ Int. F. Kachingwe, midwife, St Luke's hospital, 30.1.05

complications, which can only be sorted out by medical personnel. By the time they reach the hospital, their uterus is already ruptured and most lose a lot of blood as a result. Some women even die from that.

- Another problem is anemia because of lack of sufficient and appropriate food for pregnant women in their homes. This results in difficult delivery. Anemia is often associated with HIV/Aids.
- Failure to have normal deliveries due to early pregnancies.
- Those that are HIV positive and pregnant encounter many problems because of their low immune system. Most of these have Caesarean sections because they are already weak.

Another service provider added that some women meet challenges during delivery because of old age. They cheat on age and number of children they have.²⁷⁰ A few women believe stillbirths, miscarriages and other delivery problems are a result of negligence in regard of sexual taboos.²⁷¹ According to them, most pregnant mothers today do not adhere to the counsel of the old on how to care for the pregnancy.

Kale kunalibe mabvuto mukukumana nawo masiku anowa. Kunalibe kusanza, kudwaladwala ukakhala ndi mimba. Ngakhale pobereka sitimakumana ndi vuto lililonse. Ambiri amaberekera ku nyumba, pakhomu ndi a zamba. Osapeza vuto. Chifukwa chake, kusunga mwambo.²⁷²

3.2.4 Abortions

Abortions are not common in women in Malemia. Only two admitted they had an abortion.²⁷³ One woman said it was while at secondary school in 1989. She was afraid that that would have been the end of her education. She now believes it was the work of the devil in her life.

I took surf foam, mixed it with some herbs and drank the liquid. I got very sick afterwards, but the teachers never noticed it was an abortion. So I was safe. I was not yet a born again by then and the devil was working in me. But now I have received Jesus as my saviour. I am saved.²⁷⁴

The other woman said she had not expected the baby to come that soon as she was still breastfeeding another. At St Luke's Hospital, the service providers admitted receiving cases of abortions. That is why they encourage women to seek contraceptives so that a pregnancy should be by choice and not by chance.²⁷⁵

²⁷⁰ Int. Mrs Maloya, nurse, St Luke's hospital, 19.1.05. Maloya commented that one way to improve women's sexual reproductive health is to increase health talk at community level and at the same time encourage partners to follow their spouses to the antenatal clinic.

²⁷¹ Int Woman 10, 30.4.05. This lady refuted any association of witchcraft or evil spirits to one's miscarriage or stillbirth. For comparative analysis, see Alister Munthali, *Change and Continuity*, p. 134. Writing about the birth ritual among the Tumbuka, Munthali reports that breech births and twins are considered as abnormal births. Breech delivery is when the baby upon birth starts coming out with buttocks first.

²⁷² Int. Woman 3, 9.1.05. Translation: In our days, we never encountered any problems like these you are having today. There was no vomiting and ill health because of pregnancy. Even at delivery, we never faced problems. Most mothers were delivering at their homes with traditional attendants. The reason was because we adhered to the customs of the day.

²⁷³ This was one of the difficult questions posed. Despite enough probing, only these two admitted to have aborted.

²⁷⁴ Int. N.N.

²⁷⁵ Int. Matron, St Luke's hospital, 18.1.05

3.2.5 Miscarriages

This is a bad experience for most women. Having conceived, women feel joy and wait for the baby to come with so many expectations. A miscarriage is another terrible experience. Most women think miscarriage is normal and there is nothing wrong with you. From my sample, 20 women representing 44 % have had a miscarriage or two. Most of those who have miscarried did so after an illness of some sort like malaria. Miscarriage is spontaneous. Some women think that miscarriages are a result of pressure from work.²⁷⁶ Most miscarriages happen in the first four months of the pregnancy.

I had a miscarriage in 2002 when the pregnancy was four months old. I went to the garden to farm when suddenly I felt my underwear getting wet. I thought I wanted to urinate and went to a nearby bush to help myself. It was there that I realized I was menstruating. I was rushed to Domasi Rural Hospital where they also referred me to Zomba Central Hospital for treatment. I had lost the pregnancy.²⁷⁷

3.3. Risky sexual reproductive health behaviour

Challenges of singlehood coupled with economic pressure force many women to indulge in risky behaviour. All women from my sample who admitted to such behaviour are unmarried. While most unmarried women say they have abstained for long, waiting for a man who never seems coming, a few say they no longer value sexual intercourse and only do so for the sake of alleviating their poverty. Below are some of these risky behaviours that may, in the long run, affect the sexual health of a woman.

3.3.1 Polygamy and challenges of singlehood

Polygamy seems to answer some of the challenges of singlehood.²⁷⁸ The doctrine of the Islamic community allows polygamy. In the time of the Prophet Muhammad (peace be upon him) when many men had died in war, leaving widows and children, the prophet ordered that men could marry up to four wives to solve the problem of widowhood.

If ye fear that ye shall not be able to deal justly with the orphans, marry women of your choice.

Two, three, or four.²⁷⁹

In Malemia, polygamous marriages are not common. Extramarital affairs are again not frequent among married women from Malemia T/A.²⁸⁰ Even most of those that are unmarried prefer to have

²⁷⁶ It is normal for women to work long hours doing household chores regardless of their status, especially in rural areas. This is so because they do not have anyone to do the job. Thus, they do not have enough time to rest. In urban areas, the trend could be a bit different to some women who have a maidservant to help with the house chores.

²⁷⁷ Int. woman 4, 7.1.05. I also recall my own experience when my pregnancy was two months old. Just one afternoon, I realized I had started menstruating. I rushed to Zomba Central Hospital to see a gynaecologist. After scanning, the doctor told me it was a threatening abortion. But thank God he gave me some medication and prevented the miscarriage.

²⁷⁸ From appendix 9, only one person from the Muslim community is unmarried. A high percentage of unmarried women from the table are in the Christian community. Nevertheless, this is difficult to interpret. It does not necessarily mean it is a result of polygamy. Only 1% of the women fall within a polygamous umbrella. There were however, a few women from the Christian community who are married to Muslims.

²⁷⁹ Quran Sura 4:3. This was after the battle of Uhud, when the Muslim community was left with many orphans and widows. Their treatment was governed by principles of greatest humanity and equity.

one partner. Unfortunately, this only one is someone's husband. Most women say it is degrading for a woman to have more than one partner and she can easily lose her reputation.

Although polygamy is much associated with Muslims, most women believe there is polygamy in the church today. Those who are single say their partners are married men, not youths.

Kodi saizi yanga ino mnyamata oti angandifunsire ndi mupeza kuti? Inenso ndimamufuna mwamuna. (With my age, where can I get a man of my age who is single to propose to me? I also want a man.) Chili kunzako umati chigwire nyanga.²⁸¹

Most married women say they know that their husbands have extramarital affairs. There is a wide perception amongst married women that their husbands have girlfriends. Only four women from the sample professed that they trust their husbands and know that they are the only ones for them. Some women say it is difficult to tell but still they do not trust their husbands to have only them as their wives. Women believe that polygamy in the church is not there in theory, but in practice it is evident. Or perhaps the appropriate term to use is risky behaviour. During the Christianized Chinamwali, promiscuity of girls is strongly condemned as evidenced from the following song.

Song 3

Mtsikana woyendayenda, eeh!
Mwana wafera panjira.
Anafera panjira.
Mwana wachigololo.
Anafera panjira.

The moving girl, eeh!
The child has died on the way.
She died on the way.
The fornicious child
Died on the road.²⁸²

While widowhood affects both men and women, the heaviest burdens are born by women. In many societies, including Malemia, it is easier to spot a woman who is unmarried than a man. The coming of HIV/Aids has affected the sexual and reproductive health of most women. This pandemic has taken our men to the grave leaving us widows and children behind to look after.²⁸³ Widowhood is a big challenge to women from Malemia Traditional Authority. The causes of singlehood are widowhood and divorce, with widowhood in the lead. To be unmarried is common amongst women in Malemia. In my sample, the ratio of unmarried to married woman is 5:7, which is not a big difference.

Most unmarried women in Malemia go for risky behaviour not out of choice but for support. In line with situational theory, this type of behaviour is a way of survival. Only those that are fit can survive. Many women in the area are not educated enough to have good jobs. Very few are working as cleaners at Domasi College of Education. In my sample, the average educational level is primary. Most women depend solely on their fields. To most women, men are a source of economic support. Because of

²⁸⁰ This was again another difficult question. To ask a married woman if she had extramarital affairs was so challenging. None from the sample amongst married women admitted to have an extramarital affair. Even if some may have an affair besides their spouses, it was not possible to admit it for the sake of their own reputation. Still I trusted them as I do not have any evidence of any affairs. It is not that common according to our culture for married women to be moving around with boyfriends.

²⁸¹ Int. woman 14, 10.1.05. The translation of the proverb is "if it is at someone else's (place), then you say grab it by the horns". Its meaning is that it is easy to blame other people for their mistakes or shortcomings while remaining blind to your own. Both translation and meaning taken from J.C Chakanza, *Wisdom of the People: 2000 Chinyanja Proverbs*, Blantyre: CLAIM-Kachere, 2000, p. 55.

²⁸² See Rachel Nyagongwe Fiedler, *Coming of Age*, p. 73. Fiedler is referring to girls' initiation in a Baptist church.

²⁸³ Int. N.N.

poverty and lack of support, many unmarried women indulge in promiscuous behaviour. A 51 woman admits to engage in risky behaviour not for sexual desire but as a way of soliciting funds.

Ine ndine wamasiye, amuna anga anamwalira, anandisiyira ana ambiri. Onsewa ndi adyetsa chiyani? Pamwezi ndimayenera ndigule matumba achimanga atatu, ana akupulayimale akufuna ma K20. Ndalama ndizitenga kuti? Ndizoonadi, zibwenzizo zilipodi, nthawi zina ziwiri, zinthu zikavuta zitatu. Wina akakupatsa K150, wina K200, winanso K300. Basi thumba lachimanga lakwana.²⁸⁴

Some of these unmarried women say they have passed the stage of enjoying sex and all they want is money. To these women, Malawian men are stingy and just cannot offer financial support free of charge.

Nyere inatha kale kale. Sindimva chilichonse, amangwetu. Kumangodzumila chamkatikati, osawonetsera kuti ukunyansidwa kuti angasamuke. Iiii, ayi ndithu. Azibambo aku Malawi angakupatse ndalama yaulere osakugona, sizingatheke, amangwetu.²⁸⁵

HIV/Aids or not, these unmarried women say they do not have any choice. Most do not even care about it. Condoms are rarely used and if used, not consistently so.

Lero umuwuza bvala kondomu, abvala, mawa bvala kondomu, abvala. Tsiku lachitatu ayiwalira dala satenga kondomu koma mmalo mwake abweretsa jumbo. Ukalandira jumbo ukana kugona naye poti alibe kondomu? Ndiye abwerera nayotu jumbo yakeyo. Ndiye iwe ukaganiza kunyumba kulibe shuga, sopo, basi uvulatu wekha, osawumulizidwa.²⁸⁶

3.3.2 Remarriage

This is another challenge of being single. In this time of HIV/Aids, a divorcee and a widow is left in a dilemma of whether to marry again or to remain unmarried.²⁸⁷ From my study total abstinence seems to be a failure even to those that are HIV positive. Unplanned remarriages in this time of HIV/Aids certainly may affect the sexual and reproductive health of a woman. None of those who have

²⁸⁴ Int. N.N. The lady complains of her dire need for money. The translation is: "I am a widow with many children and in order to feed the family, I have to buy three bags of maize a month. Those children at primary school are required to be paying K20 a month for development work. Where will I get the money? Of course I have several partners, at times even three. When one gives me K200, another K150 and another K300, I find I have enough money to buy a bag of maize." On challenges of singlehood, see also Rachel Banda, *Women of Bible and Culture*, p. 188.

²⁸⁵ Int. N.N. The meaning of the phrase is that she does not enjoy sex and doesn't feel anything. However, she is bound not to show her dislike for fear that the man may walk out on her. So she pretends to be enjoying the game. "Amangwetu" is a Yao term which has no clear meaning. Usually, it is spoken after some sort of funny story while shaking hands, like "oh friend!" The unfortunate thing is these are not stable relationships. The so-called "boyfriends" are just temporary. Some relationships only last weeks before hunting for another man. Thus having more than one to these women is not a big deal as you are not so sure how long this one will last.

²⁸⁶ Int. N.N. The literal translation is: "Today I can tell my boyfriend to put on a condom. And he can comply. Tomorrow I do the same, he complies again. The third day he will forget the condom deliberately and instead brings a plastic bag full of things like sugar, bread and soap. Are you going to refuse him sex because of a condom when there is no soap at home? It is not easy to do that. Then he will go back together with the bag."

²⁸⁷ Rachel Banda comments that because it is difficult to find spouses that are free from HIV/Aids, most Baptist women who may desire to remarry opted to remain single. See *Women of Bible and Culture*, p. 189. Most of these unmarried women are in their young ages. In such cases, I certainly believe remarriage whether you are HIV positive or not is the best way out as long as both partners plan it beforehand and know their HIV status. On the other hand, I support fully the second observation of the Baptist women who are HIV positive and remaining single for fear of endangering their lives. They fear the risk of bearing children that may also be HIV positive. This is very true. Even if you choose to remarry, pressure from your husband would force you to bear a child regardless of your status.

remarried thought about an HIV test before moving into the new home. Most women say although it is a prerequisite to do so, knowing one's status is a difficult challenge. Fear of HIV/Aids goes on surrounding all women. There are few remarriages in Malemia T/A. Only four women in my case study have had remarried. Of these four, one was a widow whose husband died three years ago. She married again in 2003.²⁸⁸ The other three were divorcees.²⁸⁹

3.4 Contraception

Most women, both married and unmarried, go for contraceptives. Family planning is one of the health needs to most women. It is a key to greater health and prosperity.²⁹⁰ The main reason for contraceptives to most women is to space rather than limit births. They want to rest from their birth experiences for a while. Although many women see the need for a small family, most would be happy if they bear five children. Most women opt for modern types of birth control. A very small percentage goes for traditional or natural methods. To many women, natural birth control does not always work and is not reliable.

I go for modern type of method although my church objects to that. I tried the natural one and it failed. It was a complete blunder and many people thought I was careless when I had an emergency pregnancy when my baby was 10 months old. I can't do it again. I use pills.²⁹¹

Following the doctrines of the Catholic Church, a small percentage of women go for natural methods. They follow the calendar of their menstrual cycle and for some it works pretty well. One woman who respects her faith spoke as follows.

I go for what my Catholic church says. It encourages women to use natural birth control. Besides, I choose not to use modern ones because they have several side effects on one's health.²⁹²

Almost every woman is knowledgeable of contraceptives.²⁹³ The hospital personnel gives enough valuable knowledge to their clients. All women of reproductive age are welcome at St Luke's Hospital to seek contraceptives. There is no discrimination in regard to one's marital status, faith or age.²⁹⁴

²⁸⁸ Int. Woman 27, 13.1.05.

²⁸⁹ Int. Woman 24, 10.1.05; Woman 17, 11.1.05, Woman 5, 9.1.05. The first woman says she left the husband on her own because the man was asking for her consent to bring a second wife into the home. The second woman left the first home because of the man's violence especially to do with sex. The third who has two children from the first marriage, was divorced in 1995 and remarried in 1997. This marriage ended a year later when she was divorced again when the husband said he could not manage to feed her two children. She is now married again to a third man.

²⁹⁰ Gillian Paterson, *Love in a Time of Aids*, p 6.

²⁹¹ Int. Woman 18, 11.1.05

²⁹² Int. Woman 22, 17.1.05. Compare sporadic abstinence in et al., *Negotiating Reproductive Outcomes in Uganda*. This is a unique method of preventing pregnancy by avoiding sexual intercourse through various means such as pretending to be ill, spending nights away from home or facing the wall (p. 35). On being asked whether they can manage this, most women from Malemia said this is impossible and not true. For comparative analysis, see also, Garrett Hardin, *Birth Control*, 1970. Hardin talks about the need for birth control through abortion and contraception. The author introduces the book by stating the tense atmosphere on contraceptives in the late 19th century. Tension against contraceptives came not only from the religious circle. In 1909, Father Arthur Vermeersch from Belgium published a document against contraceptives in which he emphasized strongly that it is the duty of a religious wife to dissuade her husband from using a condom and even to prefer rape to contraception. See page 21. On the same, Dr John Taylor, President of the British Gynaecological Society stated that family planning is evil. In his words, a family with only 2 or 3 children would be the downfall of the British Empire (p. 21).

Most women consult their husbands when choosing a type of contraceptive. In most families, men play a big role helping their wives what method to choose. Most choose a method that is easy to use. At St Luke's, contraceptives include pills, injectables (also called depo), loop, norplant, condoms, vasectomy and tubal ligation.²⁹⁵ Most women go for an injection that they have once every three months. Only a minority uses the pill. Condoms are rarely sought, even in hospitals. It is surprising that though female condoms are readily available in some hospitals, most women do not take them.²⁹⁶ Most women say they cannot waste their money to buy a condom that can not be used.

Sindidzagulanso ine kondomu. Mchibwana zedi. Ndinagulapo ine chishango ku golosale kumasunga mnyumba kuti chibwenzi changa chidzagwiritse ntchito. Ndithu, ndinangowononga ndalama yanga padera. Atakana ali zimenezi zimamutangwanikitsa. Ndikanaililabe K25 yanga mpaka pano. Ndikanagula matemba ana ndi kudya.²⁹⁷

On what happens to condoms that people buy from shops, some women say they do not know how they are used. Those married believe perhaps their partners use them to sleep with other women. One woman commented that they just put them on display and throw them away after a time.

Ndinakatengapo makondomu kuchipatala tsiku lina ine mwamuna wanga ali moyo. Chemwali inali milandu. Ndithu anagwiritsa ntchito masiku awiri ali kataye. Ine kuyesera kuti mapilitsa wa amandidwalitsa, ali manga mkuzi. Kuchokera pomwepo sindinachitenso.²⁹⁸

But even unmarried women say that their partners do not use condoms. Sometimes they bring them and go away without using them. But most times they do not come with a condom and pretend to have forgotten it when asked for one by the partner.

Zinhuzi zinabwera mochedwa. Yangovuta edzi makondomuwa sitingawathe. Ine ndinagonapo ndi chibwenzi changa. Zonse zitatha ndipamene amazindikira kuti anali ndi kondomu muthumba

²⁹³ Emphasis was on types of contraceptives and side effects. For comparative analysis, see Thomas Bisika et al, "Banja la Mtsogolo - Family Planning and STI Client Satisfaction Study", 2001, (no publisher). In their research, the authors observed that family planning clients are not always given full information about the full range of family planning services in the BLM clinics including their side effects (p. 10). The cited authors commented that one of the myths or rumours about family planning was that BLM is on population control campaign and that some methods such as the pill lead to infertility.

²⁹⁴ Int. Mrs Maloya, antenatal service provider, St Luke's, 19.01.05. Every client is treated equally. Compare Hilda Saeed, "We Can't Stop Now: Pakistan and the Politics of Reproduction" in *Private Decisions, Public Debate: Women, Reproduction and Population*, 1994. Saeed disagrees with those who thought that family planning is not Islamic. The author comments that Islam today is not as significant an obstacle to family planning as was once feared. Saeed believes that it is not only religious conservatism or lack of education that generate opposition to family planning, but also culture and one's attitude. To some people, having many children, especially sons, is a matter of honour, a sign of virility (p. 145). Hardin describes this concept of Machismo. Machismo is a Spanish word that implies masculinity. In Latin America, one important way a man demonstrates his manhood is by fathering many children. See Hardin, *Birth Control*, p 25.

²⁹⁵ Int. Elizabeth Chowa, Matron, St Luke's, 18.1.05.

²⁹⁶ I found them at Domasi Rural Hospital. At St. Luke's Hospital, they only have male condoms, but I was told that they are planning to start distributing female condoms in a few months.

²⁹⁷ Int. Woman 43, 16.1.05. The translation is, "I will never buy a condom again. It is childish. I once bought chishango condoms from a grocery to keep in my home that when my boyfriend comes he should use it. I will never do it again I just wasted my money. He refused them saying that condoms give him tough time. I still cry for my K25. I could have bought *matemba* (small fish) for my children."

²⁹⁸ Int. Woman 45, 15.2.05. The translation: "I sought out condoms from the hospital one day when my husband was alive. Sister, it was a dispute. Frankly, he only used them for two days before saying, throw them away. I tried telling him I become sick with pills but he said wear waist string. From that time, I never did it again." The husband died in 2003.

lathalauza. Mpaka anabwerera nayo, kaya anakagwiritsira ntchito kwina kaya, kaya anataya, hedeeeliii!²⁹⁹

At St Luke's, when a woman delivers she is advised to start family planning and resume sexual intercourse with her partner after six weeks. From 5601 clients at St Luke's, only three clients sought al together 18 condoms. See Table below for St Luke's 2004 records.

Family planning clients and type of methods sought from January to December 2004.

Contraceptive	Number of clients	%
Injectables	5149	92
Pill	434	8
Condoms	3	0
Other	15	0
Total	5601	

All women of reproductive age use contraceptives except when they want to have a child.³⁰⁰ One woman says she does not use contraceptives because she has just married.³⁰¹ Another woman who does not use contraceptives says there is no need for her because what she wants is a child. She has this to say,

Amene amalera ndi amene ali ndi ana. Kwa ine palibe chifukwa cholelera poti mwana ndiliba. Chikwatiwileni 1999 mpakana pano mwana akundisowa. Ndayesa kuyenda mwa a sing'anga osathandiza. Ndimadziwa amene anandilodza—abale anga omwe aliku Mangochi.³⁰²

Few churches encourage their members to plan their families.³⁰³ However even these do not specify the number of children per couple. That is left in the hands of the couple themselves, especially the man. In line with sexual sub culture theory, he is the one who decides how many children to have, maybe not even considering economic factors. A few couples discuss the best family size. Even culture does not specify the number of children nor encourage parents to discuss it. In faith communities, the issue of family size and contraceptives is not discussed and considered openly. In

²⁹⁹ Int. Woman 36, 16.1.05. Translation: "These things came late. It is a pity there is HIV/Aids otherwise we cannot manage using condoms. I once slept with my boyfriend. After everything that's when he realized he had a condom in the pocket of his trousers. He returned with it. Whether he used it with someone else, I don't know, perhaps he threw it away."

³⁰⁰ From the sample, most women are in their reproductive age with 19 being the youngest. Very few have reached menopause stage. These are serials 3, 6, 7, 10, 11, 14 and 15. See appendix 9.

³⁰¹ Int. Woman 2, 8.1.05.

³⁰² Int. Woman 1, 8.1.05. Born 1970 and married in 1999, this woman cannot conceive. Translation: "Those that go for family planning are the ones that have children. To me there is no reason for that because I do not have a child. Since 1999 when I got married up to now, a child is missing. I tried walking to traditional healers, not helping me. I know who bewitched me – my own relatives in Mangochi." Compare Jean Garland, *Aids is Real and it's in our Church*, p. 148. Garland comments that one of the harmful traditions relating to sex is that the ancestors curse those women who do not conceive. The author believes that this false belief may cause Aids to spread in that childlessness may be used by a man? Or a woman? Or both? as an excuse for sexual intercourse outside marriage.

³⁰³ Such churches include Roman Catholic and Pentecostal churches. Int. woman 14. However those who reported this emphasized that what is discussed is not on the family size but the type of contraceptives to choose.

my sample, none of the women reported receiving any advice from their faith communities on the need for family planning. Most churches such as CCAP and SDA are quiet on family planning.³⁰⁴

3.4.1 Women and condom use

Based on situational theory, most women interviewed say they would be happy to use condoms, whether for contraception or HIV/Aids prevention. To them, for one to enjoy sexual intercourse is the skill of both the man and the woman and not because one is not wearing a condom. Those that have once used a condom say they do not find a difference in pleasure between sex with a condom and sex without.

Ine ndiye sindimawona kusiyana kwake. Ngakhale azibambowa amavuta kuti ati ndi kondomu sizikoma, bodza. Kumangokhala kusaidziwa ntchitoyo, osanamizira kondomu. Ingakhale suwiti yodyera mpepala, moti siikoma? Mwina ukangoponyamo kumene mkamwamo koma ukangokulumunya pang'ono umafikanso pena kuyiwala kuti ukudya ndichipepala chomwe. Kutsala pang'ono kumeza ndipepala lomwe kuli kukoma.³⁰⁵

Unfortunately, despite their wish, neither married nor unmarried women use condoms. All women interviewed say they don't because of pressure from their partners who seem not to like them either. It can be concluded that almost no one is using a condom. In Christian circles, those that are married have an advantage on condom use over the unmarried, in the sense that those churches that accept a condom do so only at the marriage level.³⁰⁶ When I interviewed those that are married, they believed a woman who is unmarried is better off at negotiating condom use from her partner than someone who is married. To them, unmarried women have greater power than married ones to refuse their partners sex without a condom and are at a greater advantage of avoiding HIV/Aids if at all a condom is reliable and can prevent HIV/Aids.

Chibwenzi chimanyengerera chingathe kukumvera ndi kuvala kondomu powopa kuti uli ndi ufulu onse kumusiya kukapeza china chibwenzi. Koma osati pabanja. Angokuuza kuti basi lathera pomwepa banja pitani kapezeni opanda edziwo. Ine ndipeza wina mkazi. Ndizovuta kwa mzimayi wa pabanja.³⁰⁷

The above remark was however contradicted when I interviewed the unmarried if at all this chance is there. To them it is the married who can encourage their husbands to use condoms, not the singles. They believed marriage is a stable relationship and such things can be discussed openly, but not in loose relationships.

³⁰⁴ Int. Woman 7, 10.1.05 and Woman 3, 9.1.05

³⁰⁵ Int. Woman 26, 15.1.05. Translation: "I do not see any difference. Although men say with a condom sex is not enjoyable, that is not true. It is that such people are not expert in bed. Do not blame a condom. Even eating sweets with a wrapper is still sweet. The moment you just put it in your mouth, you may not feel the sweetness. But once you start sucking it, you even reach a point that you forget that you are sucking together with a wrapper. Sometimes, swallowing the sweet together with the wrapper".

³⁰⁶ Married women have support from some churches over condom use, whether as a contraceptive or as a device for HIV/Aids prevention. Christian Churches do not encourage unmarried women to use condoms as that may lead to promiscuity. Refer to chapter 4.

³⁰⁷ Int. Woman 9, 10.1.05. Translation: "A boyfriend can entice you if you are his girlfriend. He can respect your desire and put on a condom for fear of losing you. A girlfriend has all the freedom to dump the man and find another. But not in a marriage. He can just tell you that that is the end of the marriage. Go and find the one who has no HIV virus. I will get another wife. It is difficult to a married wife".

Chibwenzi masiku ano timachita kunyengerera, mkonya patali patali kuti abwerenso mawa. Chibwenzi siungachiuze chochita, chikusiya chiyendera ina. Ngati akufuna kondomuyo, avala yekha, ngati sakufuna savala. Koma iwe ulibe mphamvu yomuuza zochita. Akakusiya upita kuti? Uzingokhalira yambakata yambakata mumseu kufuna amuna ngati *afisi aku Ntcheu*. Bola mbanja, mkazi amakupatsako ulemu. Banja silimangotha chisawawa. Kutha chifukwa chakondomu? Sizingachitike, alipo azimayi ena nawonso samasangalatsidwa ndi kondomu. Ati thupi ku thupi. Ine likungondisowa ndibanjalo, sindingalole kugona ndimwamuna wanga wambanja opanda kondomu nditamvera mbiri kuti ali ndi zibwenzi. Avala basi banjanso osatha, maseweratu, ndiye anali ndichifukwa ndikale³⁰⁸

Women have no power to use condoms. In most societies including Malemia, it is not acceptable for a married woman to ask her husband to use a condom. Most women say their men would call them "hule" (prostitute).³⁰⁹ A few from the unmarried group say they use it sometimes, but it is just occasional. These women again say they cannot put a condom on their partner because it is embarrassing for a woman to do that.³¹⁰ None of the women reported using condoms consistently. One woman commented that it depends on the mood that day and it is as if they just dream about it all of a sudden.

Tinagwiritsirako ntchito kawiri kokha basi titangoyamba kumene chibwenzi chimenechi. Kenako tinazolowerana timangopanga basi opanda. Nanga ine ndiye nditani? Nthawi yachiwiriyo ndinalimba mtima kuti ndizigwiritsa ntchito kondomu. Ndinapita kuchipatala kukawona mzanga akudwala, atawonda ngati mwana wangayu. Ndinakhudzidwa ndati basi ndizikhala ndi kondomu. Mwayi wakenso tsiku limeneli akuti anali atakangana ndi mkazi wake kunyumba kwake, nkhani zawo zambanja. Ndiye analibenso matukutuku koma kuvala basi kuopa kufa kuwiri.³¹¹

The theory of subculture is taking roots in most homes whereby a man seems to be in charge of condom use. There is also an attitude in this society that condoms are for those that are HIV

³⁰⁸ Int. Woman 8, 10.1.05. Translation: "A boyfriend today, we entice him in order that he should come again tomorrow. You cannot tell a boyfriend what to do. He will leave you and go to someone else. If he wants the condom he will use it. If he does not, he cannot. A girlfriend has no power over that. If he leaves you, where will you go? Do you just have to be moving around looking for men like hyenas from Ntcheu. It is better in marriage, a wife is given some respect. A marriage does not just end anyhow. Divorce because of a condom issue? It can't happen. Of course there are also some women who do not like a condom. They say skin to skin. It is a pity I am failing to find a marriage partner. I cannot allow sleeping with my husband without a condom when I know for sure that he is promiscuous. He would be putting on a condom and the marriage will continue. Unless he had another reason for divorcing me." *Afisi aku Ntcheu* was a popular song a few years ago. Sung by notable musician, Joseph Nsaku, the song had a message about unmarried women who go around aimlessly looking for men like hyenas. During this time, hyenas had given the people in Ntcheu a tough time to the people in Ntcheu. This was the reason for his reference to Ntcheu district.

³⁰⁹ This term depicts a bad message as well on condoms. It is as if everyone that uses them does so in an unacceptable way. Most women also commented that partners rebuke them at the mentioning of condoms, asking them whether they think they (the men) are HIV positive. Compare Suwanna Asavaroengchai, "Double Standard Double Threat: HIV and Reproductive Health in Thailand" in *Private Decisions, Public Debate: Women, Reproduction and Population*, London: Panos, 1994. The author agrees that condom is a sensitive issue for marital sex. Even if well informed about HIV and how it is spread, wives rarely discuss safer sex with husbands who have other partners. Usually the topic of condoms ends in blows. See p. 114.

³¹⁰ On how to use a condom, see Pakachere booklet, p. 5.

³¹¹ Int. Woman 26, 15.1.01. Translation: "We used it twice when we were just starting our relationship. After that we got used to each other and we have sexual intercourse without a condom. What else could I have done? During the second time I made up my mind to be using condoms. I went to the hospital to see a sick friend. She had grown thin like this child of mine. It touched my heart and I told myself to be keeping condoms. On this day, I was also lucky because my boyfriend had just quarrelled with his wife over family issues. So he had no choice but to put on a condom as I had wanted for fear of dying twice".

positive.³¹² Most women believe when you know you are HIV positive, it is very easy to negotiate condom use and even your partner can understand that.

3.5. Women and sexual intercourse

3.5.1 Women's attitude to sexual intercourse

While some say they do not like sex, others say they cannot do without it. To many women, sexual intercourse leads to pleasure and enrichment of the family life. Sexual life in most homes and to most women is a prerequisite. Many women expressed the same sentiments that it is strange that if the marriage is newly fresh, the love is also strong and sex is done frequently, but when a woman gives birth for the first time, the love starts dying slowly.³¹³ Most women, especially married, have sex even three times a day and get surprised when they hear their husbands have partners outside.

We do not know what men want when they go out for other women. I do not think it is sex because we give them sex anytime they want. Even when you are cooking, they can call you to leave your *nsima* on the fire. We comply and give them. But still they will walk away.³¹⁴

Fear of HIV/Aids has affected the attitude of women to sex. Most women say sexual intercourse today is not pleasant, not in the sense that women do not enjoy it but fear destroys the whole mood. However, despite this fear, sex is to many a priority. They cannot abandon sexual life because of HIV/Aids.

Kugonana masiku ano sikukukoma, kukayikilana, khawa basi kuti mwina ndilinako kapena mzanayau. Timangochitira poti ndi chilengedwe. (Sexual intercourse today is not pleasant due to mistrust and fear of HIV/Aids. We just do it because it is nature).³¹⁵

There is no specific time for sex in many homes. Each does when the desire comes. However in most homes, it is usually in the evening when children are asleep and when the woman is resting from her daily house chores or early in the morning. This is why at *Chinamwali*, initiates are told not to go to their parents' bedroom in the morning.

Mmawamawa kwa amayi udzapeza malikitiki mbolo ili ng'ang'ang'a Nyini. (In the morning, if you go to your mother's house, you will find the penis in the vagina).³¹⁶

Most women have sex in the dark when the lamp is off. To many, this is not only because of embarrassment to see each other's private parts but also to respect sex. A few reported not being ashamed at all with their body but simply to save paraffin.

Sometimes we have sex three times during the night. Can we manage to make love with the lamp on? Everything is expensive these days including paraffin. So, to have sex in the dark is not necessarily because we are ashamed to be seen by the husband but rather to save paraffin.

³¹² Perhaps it is due to the fact that condoms became widely known in Malawi with the arrival of HIV/Aids. Thus most women from this area believe that the advent of condoms is associated with the virus. In this way, if you are free from the virus, you are also free from condom use. The messages that are also depicted in Malawi on condom use to avoid HIV/Aids, have created a negative implication for condoms.

³¹³ Int. Woman 16, 11.1.05.

³¹⁴ Int. Woman 8, 10.1.05. Because almost all these women are housewives, it is easy to have sex in this way. They spend their times at home

³¹⁵ Int. Woman 7, 10.1.05.

³¹⁶ Patrick Makondes, "Initiation Rites in Southern Malawi and Related Territories", MA, Module 1, p. 5.

Sometimes we do not have the paraffin at all. Should we spend the little money we have for that?³¹⁷

On the same, non-sexual nakedness is also not common in the area. Although a few women say they can and do at times bathe with their husbands, most feel it is not appropriate. They feel embarrassed to do so. Some women say they even feel ashamed to dress in the presence of their husbands. One woman refuted this being associated with initiation teachings:

Palibe cholakwika kuwonetsa umaliseche wako munthu kwa mwamuna wako. Ku mpingo amatiwuza kuti banja ndi thupi limodzi sipafunika kuchitilana manyazi. Ku mpingo kwathu timakhalaso ndi maphunziro a banja kumene izi zimakambidwanso. (There is nothing wrong with exposing your nakedness to your husband. The church teaches us that marriage is one body and there is no need to be embarrassed with one another. In my church, we have marriage seminars where such issues are discussed).³¹⁸

In many homes, talking about sexual matters continues to be taboo. In Malemia Traditional Authority, though their culture is a bit flexible and not very strict in sexual matters, it is still not easy for a woman to introduce the subject to her partner. Women play a small role in sexual life. The theory of sexual subcultures seems to be dominating here, whereby men are the ones that engineer sex. Most women feel embarrassed to talk about sex with their husbands.

Uyambira pati. Siulemu mkazi kumachita zimenezo. Umamupatsa chithunzi thunzi choipa mwamuna. Nkhani zogonana ndi zosati ukhale panso uzifunsa mwamuna siulemu. Osakafunsa mkazi mzako bwanji? Zimene akufuna iyeyo akuwuza. Iwe kwako ndi kumvera. Ndiponso ndi nthawi yokambirana zimenezoyo uyitenga kuti? (Where can you start? It is not proper for a woman to do that. You give your husband a bad picture. Stories on lovemaking are not something you can ask your husband. Why don't you ask your fellow woman? What he wants he will let you know. You just have to obey. Besides, where will you find that spare time to talk about that?)³¹⁹

A few women are free to discuss sex with their husbands. This small percentage say they can ask their men to make love to them though this is not always easy. However, if words fail, they do it through actions by touching the man's genitals. When satisfied with sex, most women are happy and free to congratulate their partners. This is not the case when they are not. Most remain quiet and pretend all is well. Very few women are free to tell their partners how they feel about sex, if at all they enjoy it or not.

Ndingathe kumuuzwa kuti sizikukoma kapena ndi kukomedwa. Kaya sizinayende ayambirenso. Kutu bambo mwangokhetsa thukuta lopanda phindu, palibe ndiona ine heheee. Ndikachita manyazi kumuuzwa ndiye ndikauzanso ndani? Ndimwamuna wanga kaya ndimamukonda. Chikondi chilibe manyazi.³²⁰

Most women say if they initiate sex, their husbands accuse them of having an affair with another man and call her a prostitute. It is rarely women who initiate sex even if they feel the desire for that.

³¹⁷ Int. Woman 4, 7.1.05.

³¹⁸ Int. Woman 3, 1.6.05. This woman belongs to SDA. At such seminars, women that have been married before such as widows and divorcees are invited to attend, and sit together with unmarried women. Marriage seminars in SDA churches take place once a year.

³¹⁹ Int. Woman 24, 14.1.05.

³²⁰ Int. Woman 22, 13.1.05. Translation: "I can tell my partner how I am feeling about it, whether I have enjoyed it or not. I can tell him to start again when I feel dissatisfied. If I am ashamed to him, who else will I talk to? He is my husband and I love him. Love experiences no shame."

Culturally, a woman should wait for the man to start the game. From my study, some women too feel that men are solely responsible for initiating sex.

Mkazi alibe mphamvu, ndi hule, ali ndi nyere? Mwamuna ndi amene amakufuna kuti akugone, amene anakufunsira, kutatukura ku moyo.³²¹

During initiation of *Chiputu*, songs teach that women should not ask men for sex. The man should desire it by himself. One such song is the one below.³²²

Song 4

Mwana mnyamata usagone.
Utogona?
Ona dina.
Tandilike, tandilike.
Ndamwa mowa.

Young man, do not sleep.
Are you sleeping?
See my vagina.
Leave me, leave me alone.
I drank beer.

Because of this cultural perception that a man is responsible for sex, some married women feel that their husbands do not want sex from them and disappoint them whenever they engineer sexual intercourse. They added that sometimes their own husbands embarrass them in public once they dare do that. This is why they most times choose to remain quiet and wait for the man to start it.

Ndinayalukapo ine amuna anga akumawauza anthu kumowa kuti ine ndimakonda chigololo. Ati; musamangomuona mkazi amene uja, amazikondatu, nyere pafupi pafupi, kuchita kufunsa ngati hule' (My husband embarrassed me one day when he was telling his friends at a beer hall that I like sexual intercourse. Saying, do not just see that woman. She likes it. She is always sexy and continuously asking for sex like a prostitute).³²³

All women commented that knowledge of sexual life in a family is totally in the hands of the couples. When they come under one roof, they are solely responsible for that. However some churches aid the couple with "bedroom instructions". In Christian initiation rites, it is commonly known as *chilangizo*. They differ marginally from that done traditionally.³²⁴ Although this is not detailed to include sex styles, women that underwent these bedroom instructions appreciated them.³²⁵ The day before the wedding day, both the groom and the bride receive some *mwambo* (instructions) on how they are to go about sexual intercourse. Unfortunately in my study, not many women had their weddings in the church. Most women rely on their traditional initiation ceremonies. During *chinkhoswe*, there is not much instruction given on sexual life. Mainly what is said is to be committed and faithful to each other until the wedding day. One woman who underwent *chinkhoswe* spoke as follows

³²¹ Int. Woman 10, 10.1.05. Translation: "A woman has no power to do that. Is she a prostitute or is she sexy? It is a man that should ask for sex because he is the one who proposed to you."

³²² Taken from *Coming of Age*, p. 74. In the song, the wife shows her husband her vagina. The man refuses saying he has just taken beer and is tired. The meaning is to show that a woman must not ask for sexual intercourse.

³²³ This was a comment from a member from the Anglican Church during group discussions at Mpira prayer house on 30th January, 05. According to Steven Paas, *Chichewa-Chinyanja English Dictionary*, *chigololo* is translated adultery, fornication and coitus. In this context, it refers to sexual intercourse with the wife.

³²⁴ For details on initiation rites in the Church, refer to Rachel Nyagondwe Banda, *Women of Bible and Culture: Baptist Convention Women in Southern Malawi*, Zomba: Kachere, 2005. See also Molly Longwe, *From Chinamwali to Chilangizo: The Christianszation of Pre-Christian Chewa Initiation Rites in the Baptist Convention of Malawi*, MA, University of Natal, Pietermaritzburg, 2003.

³²⁵ On the real wedding day, emphasis is again placed on sexual life that none should refuse each other sex. Reference is mainly from the book of Genesis and 1st Corinthians 7. On types of marriages, check Rachel Banda, *Women of Bible and Culture*.

There was not much said on sexual life as such. What the instructors emphasized was faithfulness. They advised us that this was not a wedding per se but just an engagement. We were asked to break with any other relationships if we had any since we are now committed to each other. As a lady, I was advised to be committed to my prospective husband and never to be moved by some men who may come to me with money.³²⁶

One woman from the CCAP church that underwent *mwambo* on bedroom instructions during her wedding spoke as follows.

It was Thursday, two days before my wedding day. The clock ticked 10:30 pm. The *mwambo* still continued. I was now getting bored and tired but I had no choice. Three counselors, together with my aunt and a grandmother to my husband, were there. I had brought the items as requested. These were a plastic pail, a one-meter cloth, four small pieces of cloth plus a shaver. At around 8:00 p.m, the *mwambo* had started. One woman in her deep voice spoke vigorously on the use of the items. The four small pieces were to be used to clean our private parts after each sexual intercourse. The long cloth was to be spread on the bed during the game to avoid wetting the beddings. The pail was for washing the items. The shaver for shaving private parts. After her came a man. He emphasized on foreplay and how to arouse each other in bed. One woman actually took hold of my husband's finger demonstrating it as a penis. I was told to rouse my husband by playing with the tip of it. My darling was also told to do the same.³²⁷

In addition to this, women stated that in their faith communities, they are told to obey their husbands because he is the head of the family while men are to love their wives. During initiation, most women commented that in the past during *chinamwali*, some *anankungwi* could demonstrate a little bit how to have sex through songs and dance.³²⁸ Most women say that it is still difficult even if you, the lady, were told this, most men do not know much about sex.³²⁹ Besides, because of culture, most women, even if they know a little, cannot dare to tell their husbands.

Ine amuna anga amangokhala ngati nkondo. Koma ndizovuta makamaka munthu ukakwatiwa ndikukapeza kuti bambo sizenizeni. Chili chibwenzi uchisiya, koma banja utuluka bwanji? Siunganenenso chilichonse, ndi mwano. Ndiponso akufunsa kuti zokomazo unazidziwira kuti? Nanga masitayilowo unawawonera kuti? Umagona ndi amuna ena eti?³³⁰

All women say the support they get from their churches is encouragement to have only one sexual partner. Most women say that church doctrines are against adultery. This is regularly preached in the

³²⁶ Int. Woman 31, 24.1.05. Unfortunately, the instruction on faithfulness until marriage did not pay them at all. Before the wedding day, they had already impregnated each other. Still, they are living together and have blessed their marriage from the same church.

³²⁷ Int. Woman 6, 9.1.05. This church was CCAP in the Blantyre Synod. For comments on bedroom instructions, see Fulata Moyo, "How to be Sexually Sexy—the Church Way: The Case of the Bedroom Instructions", paper presentation. On instructions given at traditional weddings, see sub section 3.6.

³²⁸ Most songs are sung while the girls wriggle their waists. For details, see Rachel Nyagongwe Fiedler, *Coming of Age*, Zomba: Kachere, 2005.

³²⁹ It was however difficult to tell whether this lack of knowledge had directly to do with their initiation rites because boys too do get initiated or that some men do shun these rites. Isabel Phiri comments that boys are not told such things. See *Women and Presbyterianism*, p. 40. Patrick Makondesa too, in his module, never showed that boys are taught sexual techniques.

³³⁰ Int. Woman 30, 18.1.05. Translation: "My husband behaves as if it is a fight. It is unfortunate to go into marriage and realize that your partner is not that good at sex. You cannot say anything for this could not be appropriate. Besides, he would ask you where you learnt the sex styles thinking you have extra marital affairs".

church.³³¹ To many women, this is a necessary doctrine, but not easy to follow. Most women say it is unfortunate that most people commit adultery but only that it is difficult to catch them. A woman is at a disadvantage because if she is careless and does not use contraceptives, she will be caught easily once she is pregnant. The penalty is the same in most churches: discipline for a certain period, which varies according to church. In CCAP, one undergoes a six months discipline before being called to a church session. This is like a church court.³³² Most women say this punishment cannot stop many from becoming pregnant. Of course, as one woman commented, it is degrading to a woman to answer such charges amongst the clergy, however they say they do not have a choice.

Ine ndili ndi ana awiri amuchigololo. Anandinena kumilandu nthawi yachiwiri. Ali amayi inu ndinu osamva, ochititsa manyazi, mpaka kawiri. Koma nanga ndikanatani?³³³

It is not common for couples to talk about their sexual lives. To some women, this is probably due to lack of time. Most women spend their time looking after home and children. They spend no time chatting with their husbands. Some churches do at times conduct marriage seminars where couples can go and talk about sexual life. Those that have marital problems are encouraged to attend. In CCAP, this kind of seminar comes once a year. Only those married are to attend such seminars. Unmarried women such as widows and divorcees cannot attend because you have to go together with your spouse. One woman explained as follows the marriage seminar she attends in her church.

Tikafika aliyense amayenera akhale pafupi ndi mwamuna wake. Amatilangiza kuti banja ndi thupi limodzi choncho tisamawopane. Osamabisa kanthu kukhosi ngati china chalakwika kambiranani mwa chikondi monga banja. Amatilangizanso kuti pogona ali yense azivula zovala. Alipo amuna ena amagona ndi thalauza lomwe, ikayamba ntchitoyo kungotulutsira momwemo, mukatha nkubwezeretsanso muthalauza momwemo. Izi amati zisamachitike. Ngakhale azimayi amatiwuzanso kuti tisamagone ndi pitikoti kapena panti. Alipo azimayi ena ovuta olo mwamuna akung'ambire panti, kuvalanso wina. Izinszo zisamachitike mbanja. Alipodi mabanja ena amavuto. Mwamuna tsiku lililonse kumangoti ndatopa ku ntchito. Kodi ntchito ikhala ya ku ofesi yokha, mnyumba muno banja latha. Pamenepo iwe mkazi umayenera kukayika. Akutopa kuti, akumutopetsayo ndani. Umakayika kuti mwina ali ndi chibwenzi penapake ndi amene akumutopetsayo. Azilangizi amatifotokozera kuti mkazi ukafika poti wayamba umukayikira mwamuna wako, usachite phuma. Azimayi ena amafika pokana ndi kuchipinda komwe ati kukwiya. Mwamuna umunyengerere ndithu ngati mwana ndi kumufunsa mwa mtendere. Kuti amunanga kunja kuno kwayipa kuli matenda. Ukalankhula mwachikondi mwamuna amamva.³³⁴

³³¹ Not to commit adultery is one of the Ten Commandments given to Moses at Mount Sinai. In some churches this preaching from Exodus 20 happens regularly to remind the whole congregation of good moral conduct.

³³² Part of the discipline is not to partake in the Eucharist.

³³³ Int. Woman 42, 15.3.05. Translation: "I have two children out of wedlock. When I went again to the church session after my second child, the clergy shouted at me. Saying I am disrespectful, not even embarrassed to do it again for the second time. But what else could I have done?"

³³⁴ Int. Woman 29, 18.1.05. Translation: "When we arrive we sit next to our husbands. We are counselled that marriage is one body therefore we should not fear each other. Do not hide anything from your partner. If something is amiss, discuss with your partner amicably. We are also told to sleep naked. There are some men who sleep in their trousers. When they want to start the job, they just take the penis carefully and put it back in the trouser after the job is over. These things should not happen. Wives are also told not to sleep in their petticoat or their underwear. There are some women who are difficult so that even when their husbands tear the underwear, they will put on another pant. This should not happen in married life. There are some indeed with difficult marriages. Everyday the man saying I am tired with office work. What about family job? Is marriage over? Here a wife should indeed mistrust her husband. Where is he getting tired and who is making him tired?"

There is a relationship between sex and faith in most Malawian societies including Malemia. Malemia comprises two different faiths groups Christianity and Islam. Both communities give their members some support in one way or another. Although most women admitted that there is little support from their faith communities as regards their sexual reproductive health, belonging to a religion matters in a woman's life.

Religious groups play a significant role in a woman's life. Many women say it pays to be a religious woman. It is like a shield. To all women religion is beneficial. Faith teaches one to cast burdens on God, to love one another, to be faithful to each other and to fear God. To most women, religion teaches good moral conduct. Most women say another benefit of being religious is that you are tied up with church activities and have no time for immoral conduct.

Mzimayi amatangwanika ndi za mpingo. Nthawi yochitira miseche alibe. Nthawi yoyenda yenda kumagona ndi amuna a eni ake alibenso. Iye zake basi ndi kucheleza anthu odwala, kupemhera, basi masiku mkumapita hedeeeee ilij.³³⁵

3.6. Women and HIV/Aids

Most women seem to be knowledgeable about HIV/Aids, how it is transmitted and what preventative measures there are. Many women say the best way to prevent HIV is to abstain and be faithful to your partner and when this fails, then use a condom. HIV/Aids is not often mentioned in churches. Sometimes it is discussed when there is a conference

Sikwenikweni kutchula zamatendawa mtchalichi. Nthawi zina kumisonkhano yamisasa amatha kunena. Za edzi timazimvera kuchipatala kapena muwailesi. Ngakhalenso kusukulu ana amatiwuzwa kuti kunabwera odzanena za edzi, koma osati ku tchalichi ayi, ndi panthawi.³³⁶

A few women feel HIV/Aids is *Kanyera*.³³⁷ *Kanyera* is an illness that attacks both the child and the father. A newborn child could be born with *kanyera* and men are required to follow the cultural practice of sexual abstinence towards the wife during a certain period to avoid *kanyera*.

Perhaps he has a girl friend who is making him tired. Counselors advise that when you the woman reach this stage of mistrust, play it cool. There are some women who become so angry to the extent of refusing to sleep with the man. As a wife, sit with your husband, ask him in a gentle manner. Remind him that there is a new disease in our land called HIV/Aids." This church is CCAP. Other churches include Anglican and SDA. I wished I could attend a marriage seminar in February 2005. This was at my Church in Domasi-Jeanes CCAP. However as someone without a husband, I thought I should not dare go. I remembered how a friend in Lilongwe was actually pulled out of a certain church under the Synod of Nkhoma, when it was discovered that she was unmarried. I was however surprised that a friend who is unmarried attended this seminar at Jeanes. I don't know how she got there and what tricks she used. I think, Blantyre Synod is a bit flexible or perhaps noone realized that she is unmarried.

³³⁵ Int. Woman 7, 10.1.05. Translation: "A woman is kept busy with church work. She has no time to backbite. She has no time to move aimlessly sleeping with someone's husband. What she does is cheering the sick, and praying and days just pass by."

³³⁶ Int. Woman 3, 9.1.05. Translation: "Talking about HIV/Aids is not common in churches. At times it is mentioned during conferences. We hear messages on HIV/Aids from the hospital and from the radio. Even in schools, children tell us that some people came to talk about HIV/Aids, but not in the church, it is seldom." Some churches do have annual conferences. In SDA, they are commonly known as *misasa*.

³³⁷ For details on *Kanyera*, check subsection 3.6, on sexual taboos. See also Rachel Banda, *Women of Bible and Culture*. In her book, this is called *Chinyela*.

In most churches, it is the women that play the role of educating fellow members on HIV/Aids. This is done during their meetings. In many churches, women have their own organizations called *guilds*. However, not all women belong to these organizations as it is not compulsory. The general feeling of women is that belonging to a particular church or faith cannot save a woman from HIV/Aids. Although the church teaches against fornication and adultery, it is difficult to obey the law faithfully. Most women say it is your personal stand with God that can save you and not necessarily belonging to a particular faith.³³⁸

Palibe pothawira, mumpingo edziyo ilipo, chigololocho chikuchokera mumpingo momwemo. Ambiri tikalowa mchalichi timawoneka ngati achiyere. Tikangotuluka, zonse zathera momwemo. Timabvalanso zina zobvala. Chipembedzo chochita kuvala. Daily kulapa kwa a nsembe machimo ake amodzimodzi.³³⁹

A few women commented that HIV/Aids is a plague that was prophesied long time ago in the Old Testament. There is nothing that a woman can do as this is just fulfilling what God said.

Basi kungokhala. Kumangodikira kuti kaya iwe kakupeza liti kachilomboka. Nanga nkutani? Ndimuliri uwu. Mulungu ananena kuti kwa onse osamvera ndidzatumiza matenda owondetsa. Nanga si edziyi?³⁴⁰

To add to this comment, some women stress the fact that it is their church that teaches them that HIV/Aids is a punishment from God to those that commit adultery. To most women, it is circumstances that force them to commit such sins. If the church encourages fidelity and one sexual partner, most married women say they can obey this commandment, but can their spouses do the same as well? To many women, it is difficult to measure faithfulness. Thus, even if you, a woman, are truly saved, if you are under the roof of a promiscuous husband, you cannot escape HIV/Aids.

Many women believe that even pre-testing before marriage cannot save you from HIV/Aids. This is just a step ahead but there is no guarantee that you will remain faithful to each other. Many that are HIV positive got the virus right there in the family after spending some time together.³⁴¹ Despite fear of HIV/Aids, most women feel it is better to get married and get the HIV virus right there in the family.

³³⁸ Int. Woman 30, 18.1.05. Translation: "Messages on HIV/Aids are not commonly mentioned in the church. Sometimes during conferences (*misasa*), such messages are mentioned. We hear such messages from the hospital and the radio. Sometimes in schools, but not in the church, it's after a while."

³³⁹ Int. Woman 17, 11.1.05. Translation: "There is no escape; HIV/Aids is there too in the church. The adultery is coming from the very church. Most of us pretend to be holy when we are in the church but once we come out, we are different. A religion that is being put on like clothes. Everyday, confessing to the priest the same sin."

³⁴⁰ Int. Woman 3, 9.1.05. Translation: "You just have to stay. Waiting patiently for the day when the virus will find you. What else can you do? This is a plague. God said that He would send a wasting disease to those that are disobedient. Is this not HIV/Aids?" – The woman believes HIV/Aids is a "wasting disease" (*matenda owondetsa*) as recorded in the book of Leviticus 26:16 in which God was telling his people the Israelites the punishment that would befall them if they disobeyed Him. The Chichewa translation of Leviticus 26:16 reads: "...ndidzachitira inu icinso; ndidzakuikirani zoopsa, nthenda yondetsa ya m'chifuwa ndi malungo, zakulanda maso ndi mphamvu, ndi kuzunza moyo..." (Buku Lopatulika). The English translation is: "...then I will do this to you: I will bring upon you a sudden terror, wasting diseases and fever that will destroy your sight and drain away your life..." (NIV). This passage is used by many people including some members of the clergy to refer to HIV/Aids as a plague prophesied thousands of years ago. Certainly the signs of this disease could be related to those of HIV/Aids. But to conclude that HIV/Aids is a plague would be misleading.

³⁴¹ Int. Woman 7, 10.01.05

Mayi wapabanja amalandira ulemu. Kuli bwino kukwatiwa kachilomboko ukakapezere m'banja osati kunja kwa banja. Zimachititsa manyazi ukaitengera kunja ngati kuti siumayenda bwino.³⁴²

A few women counteract with the statement it is better today to remain unmarried. To them, a single woman has a greater chance of initiating safe sex than a married woman, and therefore is able to save herself from HIV/Aids. Some women again commented that HIV is transmitted in several ways and not only through sex. As such there is still a chance of getting it through other ways when you have been truly faithful to your commandments.

Chipembedzo sichingapulumutse munthu ku Edzi. Matendawa amabwera munjira zosiyana siyana. Kuphatikizapo jakisoni.³⁴³

Although it is not easy to escape HIV/Aids, faith is crucial to women in this context of HIV. A woman with faith has hope in Jesus. God teaches that he is the healer of all diseases; a woman who is religious is able to pray to God to heal her when she happens to be HIV positive.

Ine ndinamvapo kuti anthu ena amene anapezeka ndi kachilomboka, anachira atapemphereredwa. (I have heard that some people who were HIV positive became negative after being prayed for).³⁴⁴

Some women say that in this time of HIV/Aids, a prayerful woman has the duty to pray for the life of her husband as well, so that he is faithful to her alone, and also to be a true born again.³⁴⁵ A woman can be saved from the HIV/Aids epidemic if she is faithful and religious. The fear of hell and even church discipline saves many women from death.

Mpingo ungamupulumutse mzimayi ku edzi. Mantha amawombola. Mantha a tchalichi, kuopa abusa kumakupangitsa kuti usapezeke pamalo osayenera. Ngakhalenso mantha odulidwa mumpingo ukaphwanya chimo la chigololo. Izi zingamupangitse mzimayi kukhukupilira mwamuna mmodzi basi, osatenganso Edzi.³⁴⁶

The church, to most women, is an encouragement. One is able to have self-control if one fears God. A few women commented that prayer is an answer to everything. When sexual desire comes, through prayer, it can disappear easily and consequently, she can be saved from immoral conduct.

3.6.1 HIV/Aids and Witchcraft

The phenomenon of witchcraft is not so popular in this vicinity. There is no connection between witchcraft and HIV/Aids according to respondents from Malemia. From the sample, the majority of women denied that HIV infection is related to witchcraft. However, a few women commented that in

³⁴² Int. Woman 20, 12.1.05. Translation: "A married woman receives respect. It is better to marry and let the virus find you inside marriage and not outside. It is embarrassing to an unmarried woman to be HIV positive as if you were promiscuous."

³⁴³ Int. Woman 27, 13.1.05. Translation: "Religion cannot save a person from HIV. There are a number of ways how one contracts the virus including injections."

³⁴⁴ Int. Woman 22, 13.1.05. The woman however says she does not know who this person healed from HIV is because she just heard the story. However, she is certain that the story is true. The healed lady belongs to a Pentecostal church.

³⁴⁵ Int. Woman 21, 12.01.04. In the gospel of John, Jesus assured Nicodemus that no one would see the kingdom of God unless he is born again (John 3:3). There are so many people today who claim to be born again. But to find a "true" born again is another issue.

³⁴⁶ Int. Woman 29, 18.01.05. Translation: A church can save a woman from HIV/Aids. Fear saves. Fear of the church and the pastor makes one conscious not to be found in bad places. Again, fear of being disciplined by the church once you have broken the church doctrines of committing adultery, can make a woman faithful to husband, and avoid HIV.

some cases, some individuals who practice the said ideology take advantage of the fragile health status of someone who has developed Aids. None of the clients from ARV clinic claimed to have been bewitched.

3.6.2 HIV Test

Fear still prohibits most women from taking the initiative to know their HIV status. In my case study, only seven women attending the antenatal clinic had the test. Even those from the Anglican Church are still afraid of the HIV test,³⁴⁷ and those newly married never bothered about pre testing before marriage. Culture does not force one to go for VCT, neither does it support someone who does. Religion and church at times encourage members to go. But this, as most women admitted, is seldom done. Although these women do not know their status, most say they find it difficult to initiate safe sex because they are not HIV positive. Many women think those that are HIV positive are the ones to use condoms.

Wa edzi ndikwapafupi kugwiritsa ntchito kondomu. Nanga sakuopa kuti angapatsire mzake. Koma
oti siukudziwa ndizovuta. Ugwiritsa mpaka liti?³⁴⁸

Surprisingly, when asked if it happens that they go for VCT and are diagnosed positive, will they be able to tell their partners? Most women say they cannot dare. It is impossible to do that for fear of being seen as promiscuous.

Aziti wakaitengera kuti, ndipovuta kunena kungokhala basi, angodabwira kuwonda, uzingoti cha
m'mimba. Kungoyerekeza ndiye upakira wa kwanu, ukafere komweko.³⁴⁹

Even unmarried women say this is not an easy thing to do. Even when they may be found to be HIV positive, they say they cannot disclose it to their boyfriends for fear of losing the market. In order not to feel guilty, these women believe it is better not to go for an HIV test and continue their sexual life happily.

Ndani mwamuna angalolere kugona ndi mkazi wa edzi. Kungomuza ndiye sadzabweranso
wamuluza ameneyo. Ndiye kuopa zonsezi chifukwa iwenso zizikupweteka mumtima ukamaganiza
kuti ukupha munthu osalakwa dala dala, ndi bwino osakayezetsa.³⁵⁰

Most women believe a condom is a vital device for avoiding HIV/Aids. Many women say it is difficult to avoid HIV through abstinence and faithfulness, better use a condom although it has its own hazards too.³⁵¹ Some of the women said that they heard that condoms are not reliable because they have 15 holes. Others say men deliberately pierce a condom with a needle.³⁵²

³⁴⁷ See Chapter 4

³⁴⁸ Int. Woman 17, 11.1.05. Translation: It is easier for someone who is HIV positive to use condoms because she fears spreading the virus. But for someone who is not, it is difficult. For how long will you use it?

³⁴⁹ Int. Woman 31, 18.1.05. Translation: He will ask where you got the virus. The best thing is to keep quiet and let him continue being suspicious of your losing weight. You can just be lying you are sick from stomachache. If you dare disclose it, he can send you back to your home to die there.

³⁵⁰ Int. Woman 15, 10.1.05. Translation: What kind of a man would want to have sex with a woman who is HIV positive. If you disclose your status, you will lose him automatically. He will never come back. To avoid such incidences and guilt of murdering an innocent person, it is better not to go for VCT.

³⁵¹ Int. Woman 8, 10.1.05.

³⁵² I collected this information from Anglican women during focus group discussions at Mpira prayer house.

Another fear of the HIV test is lack of civic education on how to live sexually should you be diagnosed HIV positive. During a group discussion with women from Mpira prayer house on 30th January, women expressed fear of losing their marital relationships.

Tidamva kuti ukapezeka ndi kachilomboka ndiye kuti basi moyo wa m'banja wathera pomwepa. Akuti umafunika uzingokhala basi osagonananso ndi mwamuna. Ukhala bwanji munthu? Ngati wakufa hedee ilii. (We have heard that when you are HIV positive, that is the end of your sexual life. You are not supposed to sleep with any man but only abstain. How can you live like that as if you are dead?)

3.6.3 ARVs

Because no women from the case study know their HIV status, knowledge on ARVs is very low.³⁵³ Many think ARV is a drug that cures HIV/Aids. The small percentage of women that seem to know that ARV is a drug that boosts the immune system, say they heard this at antenatal clinics and sometimes on the radio. None heard it in church. I was surprised that most women do not know there are ARVs within reach at St Luke's Hospital.

Cells that determine one's immunity vary from CD 1 to CD 50 depending on their functions and duties. The ones that are important in HIV infection are called CD 4 and they build up the immunity, and once depleted, sicknesses result.³⁵⁴ In such cases, antiretroviral therapy boosts the immune system of the person.³⁵⁵ The common type of ARV in Malawi is called Triommune.³⁵⁶ Another type of ARV called AZT can substitute for immune when a patient is resistant to the drug, such as in cases of skin infection or jaundice.³⁵⁷ At St Luke's currently the ARV available is Triommune.

We only have one type and this is a big challenge to those that may not fully respond to Triommune.³⁵⁸

At St Luke's, a great number of women taking ARVs are unmarried.³⁵⁹ Most clients from ARV clinic interviewed blame their husbands for passing on the virus to them. Many of these husbands died from TB. One woman talks about her experience as follows,

³⁵³ Even those clients from antenatal clinic at St Luke's do not have much knowledge of the drug. Clients from the ARV clinic responded reasonably well.

³⁵⁴ Int. Gabriel Matteyo, Clinical officer, Queen Elizabeth Central Hospital, 3.8.04. According to Matteyo, the standard cells range from 400 to 1200 cells per cubic mm.

³⁵⁵ Antiretroviral drugs reduce, in many cases, the viral load to invisibility. See Klaus Fiedler "We are all Infected or Affected: the Moralities of Antiretroviral Treatment" in *Journal of Humanities*, no 18, 2004, p 29.

³⁵⁶ Triommune is Latin, and means "three in one". Triommune has 3 types of tablets in one called Lamivudine, Stavudine and Nevirapine.

³⁵⁷ Int. Gabriel Matteyo, Clinical officer, QECH, 3.8.04.

³⁵⁸ Int. Laurens Boven, Acting Administrator, St Luke's, 19.1.05. Dr Boven also cited follow up of patients and inadequate supply of the drug as challenges. Because of this, not everyone who is HIV positive has access to ARV (From my discussion with women that are HIV positive in the same traditional area Malemia). As a representative of PLWAs in Zomba, I am in a position to talk and share experiences with those living with the virus. Of course there are some not on ARV because of lack of knowledge, yet there are also others who are on the waiting list. Out of the 27 women from two groups, only two are on treatment. 17 are not on ARV due to lack of civic education and 8 have been told to wait. Triommune 30 is given to patients weighing less than 60 kg. Triommune 40 to those above 61 kg.

³⁵⁹ Int. Laurens Boven, Acting Administrator, St Luke's, 19.1.05. As to why most are unmarried, is difficult to tell. Some women from Malemia commented that fear of their husbands bars them from HIV test. Perhaps this could answer the question of why there are more unmarried on ARV than those married.

I got married in 1989. I am a widow with three children. Vincent, my first-born boy, was born in 1992. Bright was born in 1996 and Ian in 2003. Ian was born at Lilongwe Central Hospital. My late husband was then working with Lever Brothers. My husband got ill immediately after Ian was born. It started with a mere cough, then it was TB. He got worse and was wasting. He went for VCT in November 2003 at St Luke's Hospital where he was diagnosed HIV positive. I was advised to buy ARVs for my husband to survive but I could not afford. My husband died a month later. I am however grateful that his relatives did not grab the property after he died. I am still keeping all the *katundu* (property). Before he died, my husband gathered together his relatives and told them not to take any thing from the house. I do not work so the property will assist me greatly. When in need, I can sell some of it. Ian was born prematurely at seven months old. He went for incubation for three weeks. Ian who is HIV positive is frequently ill with open bowels. At St Luke's, I have been told that the child cannot start ARV as he is still young.³⁶⁰

My husband was also diagnosed with TB. Of course I do not blame him. I have forgiven him but I am glad he knew before his death what killed him and how he got the HIV virus. I recall our relationship as follows.

Dudley was the man I loved. From the very first day I saw him I knew he could keep me and care for me. Indeed throughout the days he promised me love and I never doubted it. Our marriage took 10 months but in those few months, my life was different. He was my best friend and I enjoyed being called a wife. At last I had changed my status—now Mrs Maulana. In November 2001, he married me. I was to be his second wife. The first wife had died five years earlier, two years after they divorced. I never bothered to ask more about his sexual history, let alone the first marriage. There was no use. What mattered was that I was now married and my husband loved me. By January 2002, I was pregnant. I remember how much I danced when the doctor gave me the good news. It was going to be my first pregnancy at the age of 27. How glad my mother would be to hold a grandchild on her lap. I looked forward to it. Five months later, in May, the whole drama started. One morning, Dudley went to do some office work in Liwonde. Late in the evening when he came back, he started complaining of a headache. He was working with the Water Board in Southern Region based in Zomba. I thought it was an ordinary headache and gave him some painkillers. In the morning he did not go to work. A week later, came flu with some itchy spots. Finally, it was a cough. I thought it was just another cough possibly due to cold as we were in the winter season. After three weeks, we discovered it was more than the weather. He went for an X-ray at Zomba Central Hospital and Malamulo Adventist. At both places the result was negative. The cough continued, worse now. We went back to the hospital on 1st July with sputum. Indeed he had TB. Immediately, he started treatment but he was already very weak. On 3rd September 2002, he closed his eyes before finishing his TB dose, dead.

A few women however commented that they got what they deserved because of their own reckless lives. One woman who believes she got the virus from a bar spoke in this way.

Ine ndiye ndinazitengera. Kokhala kunali ku bala. (I got it myself. I was mostly found in bars).³⁶¹

Another woman says up to now she does not know how she got the virus. Her husband died in 1992 from TB. In 1997 after being sick for a long time, this woman went for an HIV test where she was diagnosed negative. In 2004, she got sick again.

³⁶⁰ Int. Woman 45, 15.2.5. This 32 year old widow, together with her children, stays with her parents. She started her ARV at St Luke's in September 2004. Her major problem is food both for herself and the children. I saw Ian the time I was collecting my data. Despite his frequent illnesses, he looks charming and healthy.

³⁶¹ Int. Woman 48, 1.2.05.

It started with a simple cough. Later I was found with TB. I went for another HIV test at a VCT center in Balaka where I was diagnosed HIV positive. I could not believe it. From where did I get it? Even God in Heaven knows that the last man I slept with was my husband until today. Unless they made a mistake in 1997. Perhaps I got it from my job as a traditional birth attendant. But I still doubt it because I was always cautious.³⁶²

To most patients at St Luke's the drug is good in that it is easy to swallow and is not painful.³⁶³ Most that are on treatment have improved tremendously.³⁶⁴ On how they handle their sexual reproductive health, patients on ARV explained that they were advised by the service providers not to bear children for this is risky and also to abstain from casual sex. Emphasis however on the use of condoms is given only to those that are married. One lady noted lack of clarity to unmarried people that are HIV positive on the use of condoms.

Amatiwuzi kuti kuberekanso uli ndi kachilombo ndi koopsa. Ndiponso tizidziletsa. Okha amene ali pa banja angathe kugwiritsa kondomu. Kwa amene sali pabanja sakambapo chili chonse. Mwina amawona ngati tonse tili pabanja.³⁶⁵

Lack of highly nutritious food is the major challenge to those that are HIV positive in the area. Most of them are not only patients but also poor and uneducated and cannot afford to eat reasonably well. Apart from being uneducated, most of them are widows and with a number of children to look after. Even those that are on ARV treatment seem to struggle because of lack of nutritious food in their homes. At St Luke's Hospital, clients commented that sometimes they get Likuni flour to make porridge at their homes and BP5.³⁶⁶

3.7. Sexual taboos and initiation teachings

3.7.1 Advice from marriage counsellors (*anankungwi*) concerning sexual life in a family

During initiations and during traditional weddings, women are given some advice concerning life in the new home. A woman is told to respect her husband, cook for him, wash his clothes and cheer visitors. Sexual life is strongly emphasized. A woman is told that a big job in a family is sex. Even when she is sick or tired, a woman should not refuse her husband sex because once she does that, he would walk away to other women.³⁶⁷ The women are also told never to cook for the family immediately after sex. Both the wife and the man must have a bath first.³⁶⁸ Much emphasis is put on respecting the desires of their husbands. They are told to help the man during sex.

³⁶² Int. Woman 46, 27.1.05. The 45-year widow has three children. She admits that it has been a struggle to raise them single handedly. Two finished their secondary school last year. The last one is in form two. She started ARVs in December 2004. Currently, she is taking both ARV and the TB treatment.

³⁶³ Int. Woman 45, 5.3.05. The tablet is taken twice a day, morning and evening.

³⁶⁴ Despite some recurrent illnesses such as headache, loss of appetite and body pains, most show positive recovery.

³⁶⁵ Int. Woman 49, 10.3.05. Translation: "We are told not to become pregnant for this is risky. They also tell us to abstain. Those that are married can use condoms. To those that are unmarried, condoms are not emphasized. Perhaps they think we are all married". From my tour with PLWAs, I have noted some PLWAs live a careless sexual life. It seems there is no one who tells them much on how they can handle their sexuality now that they are HIV positive.

³⁶⁶ Int. Woman 46, 10.3.05. BP 5 is a type of nutrient food in form of biscuits. Because of inadequate supply from the donor, this is not always in stock and when it comes it is often in small quantities.

³⁶⁷ Int. Woman 21, 12.1.05

³⁶⁸ Int. Woman 20, 12.1.05

Kukoma sikusankha. Mumamva nonse. Ndiye kumagwilira limodzi ntchito osati kumangogona gada! heheeee.³⁶⁹

However, most women commented that during such time nothing on reproductive health is said. There is again no demonstration of how a woman should handle her man in bed.³⁷⁰ Most women say perhaps this is taken for granted as everyone knows how to do it while there may be those that do not know anything at all. Some women again said although they are sometimes taught the sexual dance during *chinamwali*, this is difficult to remember after years have gone by when you grow up. A small girl can easily shake her hips. This is not always simple and possible when you get older. A woman is also told not to be afraid to have sex with a man because age does not matter.³⁷¹ Below are some of the songs sung during *chinamwali* of *litiwo* and *liputu*.³⁷²

Song 5

One: Chinamwali chalero
All: Iyaiyaiyaiya
One: Chandipatsa mavuto.
All: Iyaiyaiyaiya
One: Mabvuto akuchipinda
All: Iyaiyaiyaiya
All: Dendekudendeku
dendekudendeku wa wa!

One: Today's initiation
All: Iyaiyaiyaiya
One: It has given me troubles.
All: Iyaiyaiyaiya
One: Troubles in the bedroom
All: Iyaiyaiyaiya
All: Dendekudendeku
dendekudendeku wa wa!³⁷³

Song 6

One: Kanthuko, kanthuko,
All: Kali mchiunomu.
One: Kanthuko, kanthuko
All: Kali mchiunomu.
One: Kayendayenda kayendayenda
All: Pachabe amangwetu, kali lendelendee

One: That thing, that thing,
All: It is around the waist.
One: That thing, that thing
All: It is around the waist.
One: It is moving about
All: In vain friends, it is just hanging.³⁷⁴

Song 7

One: Ndiuzeni,
All: Ndiuzeni nyini yankhuku
One: Ee eya eya eee.

One: Tell me
All: Tell me the vagina of the chicken
All: Ee eya eya eee.³⁷⁵

³⁶⁹ Int. Woman 10, 10.1.05. Translation: "It is not only a man that enjoys the pleasure of sex. Even you the lady feel the sweetness. Make sure you do the job together, not just lying backwards." This lady commented that sometimes men tend to leave their wives and seek assistance from some girlfriends because of the way their wives behave in bed. They just lie on their back without doing anything waiting for the man to do the job alone.

³⁷⁰ Int. Woman 2, 8.1.05

³⁷¹ Int. Woman 21, 12.1.05. The text they use to refer to this is *Seveni tani galimoto yolimba*. (Seven tons is a strong car). The seven-ton car symbolizes the vagina that can accommodate both small and big penis. It is regarded as strong.

³⁷² *Litiwo* takes place at home, while *liputu*, a girls initiation, takes place in the bush.

³⁷³ Meaning of the song is to get the woman ready for the man to make love to her. The song was sung with styles of shaking the hips. During my study, I was happy to see some women dancing to the tune beautifully.

³⁷⁴ The meaning of the song is the same as above. "Kali lende lende" is the penis that is just hanging waiting to go somewhere. *Amangwetu* is a Yao word like the Nyanja *Anzanga* (friends).

³⁷⁵ This song was sung during *Chinamwali* to emphasize *zokoka*. This was to tell the initiates that it is not only people who have a vagina, a chicken also has one. Rachel Fiedler comments that the chicken vagina is also used to teach the initiates "Kuthona-kukoka" - to lengthen the labia.

Song 8

One: Kadam'manja, Kadam'manja,
All: dedede
One: Dzulo, lero, wam'menya mayi wako,
All: dedede,
One: Wamuyesa Kadam'manja.
All: dedede.

One: Kadam'manja, Kadam'manja,
All: dedede
One: Yesterday, today, you beat your mother,
All: dedede,
One: As if she is Kadam'manja
All: dedede.³⁷⁶

3.7.2 Cultural Beliefs and Customs

Each culture has its own customs and beliefs unique to its people. Women from Malemia explain the following beliefs that are in their area. Some cultural practices that seem to promote HIV/Aids are not practised in this area. These include *fisi*, *kuchotsa fumbi* and no sex after menopause. All women said they just hear about this custom but it is not evident in their area. None of the widows reported having undergone the practice of *kuchotsa fumbi* after the deaths of their husbands.³⁷⁷

On the cultural practice of no sex after menopause, most women seemed surprised to hear of such a practice. Despite further probing to many people, they all reported that this tradition is not evident in their area. Those that have reached this stage, both married and unmarried, continue sexual intercourse as ever before.

Kulibe mwambo umenewo kuno. Ndiye mpaka banja litathatu. Ine ndinasiya kusamba ndili ndi zaka 45. Pano ndili 62, ndiye mukundiuza kuti zaka zonsezi, tachotserani ndi zingati, tizingosungana m'nyumbamu ngati mwana. Ndiye banjalo likhalapo. Mpaka litatha, mwamunayo angalole zopusazo. Ndiponso ngakhale ine mkazi, tisamangoti amuna okha, sindingakwanitse kumangomuyan'gana mwamuna wanga ngati ndi mtengo.³⁷⁸

³⁷⁶ The song depicts respect to the elder. During *chinamwali*, girls are also taught to respect their parents and other elder people. Kadam'manja has no meaning. It was like a name of a person who does not respect her mother and beats her daily. Compare the use of this name in Rachel Fiedler's book on initiation. See *Coming of Age*, p. 63. The literal meaning is someone with dirty hands. This song also encourages the girls to assist their mothers in domestic work and not to take them as slaves (with dirty hands).

³⁷⁷ Even myself did not undergo this tradition when my husband died. But I still recall seven months later, a neighbour in the location I was residing, someone I considered a *mother* (and indeed do so even today) told me of a certain *mwambo* that made me shed tears afterwards. She called me one day, sat me down and said she loved me. Because of such affection, she decided to clear her thoughts. I was confused but she kept on talking. "Pakufunika mupeze mwamuna wina achotse zoipazo. Ndichikonditu sichoncho amayi. Kupanda kuchotsa zimenezo simudzabelekanso. Inetu ndimakukondani ngati mwana wanga. Sindimafuna kuti mudzakhumate osabeleka. Mukanali mtsikana. Mwandimva...." (You need to find a man to clear the filth. What I am saying here is out of love. If that is not removed, you will never bear children again. I love you as my daughter and I would not be happy to see you one day gloomy and childless. You are still young, do you hear this...). This remark came as another nightmare in my life, indeed a dilemma. Should I remain childless forever because of something I could have avoided, how I wish I could nurse an infant of my own one day or should I just go out in the streets looking for a man to sleep with, and what killed my husband. What if I am HIV positive? This was a difficult moral issue to decide. I told my friends Jacqueline Chazema and Mirriam Kumwenda who reminded me to cast my burden unto God. They assured me that if God had planned that I have children, I would have them regardless of the tradition. Mirriam dedicated herself through prayers and indeed healed my mind. This is indeed how HIV is spread. If I had obliged the woman, I would have infected an innocent man who could have infected his wife or his sexual partner who could again take it to their sexual partners and so on and on. It is a chain (see appendix 12). Thank God for giving me the courage to resist that practice. I could have been feeling guilty now. But I don't blame her. In fact I love her very much and still regard her as a *mother*. It's a pity she would not know that I never carried out her desire. Neither do I wish to let her know.

³⁷⁸ Int. Woman 7, 7.5.05 Translation: We do not have that tradition here. I think one's marriage could break with that practice. I had my menopause at the age of 45, now I am 62. You mean all these years between, we could just been keeping each other as children. The man cannot allow that. Even I, as a woman, can not manage to look at my husband as if he is a tree.

Women believe if such practice is evident in some areas, it is useless and impossible. To these women, this kind of tradition means deliberately selling your husband to other women.

Mwamunayo azingokulera ngati mwana wake? Ndiye apita kuchibwenzi. Nanga iwe siwafa. Mwamuna sathelapo ngakhale atakalamba. Mkazi amasiyana ndi mwamuna, chilakolako chimatha msanga akabeleka.³⁷⁹

Most women in my sample say they adhere to the cultural beliefs practised in their area. To most women, it is their husbands that fail to follow most practices. Ignoring cultural taboos, to most women, is what has contributed to HIV/Aids. For instance, neglect of the sexual practice of abstinence (*mwambo wa kudikha*) has made HIV/Aids increase. In the past, people were afraid to break any law or belief for fear of *mdulo*. At times, a lawbreaker could be taken to the traditional court for punishment. The women commented that today *mdulo* taboos are no longer stressed. As a result, most people are not afraid to break them

In his article, DeGabriele describes *mdulo* as a disease based on the underlying belief that women are unclean during menstruation, after delivery or miscarriage.³⁸⁰ The word *mdulo* comes from the same root as the verb *kudula* (to cut).³⁸¹ Disregarding such a taboo causes death or some other disaster to a third person. *Mdulo* taboos are always related to sexual activity.

3.7.2.1 Pregnancy related taboos

In Malemia, women are required to observe some customs when pregnant. A pregnant mother is expected to take much care during pregnancy. Just like the Tumbuka, the Yao believe that the life of a child begins with pregnancy.³⁸² One such aspect of care is proper management of her sexual life. When a woman has conceived, couples continue with sexual intercourse until the pregnancy is seven months old. The foetus inside the mother's belly needs food to grow. Some of this food is taken from the father's semen. This is for the well-being and health of the baby. Like in the Tumbuka tradition, the man's sperm is believed to feed the baby as it develops.

Sexual intercourse during this time is necessary as it nourishes the child. Without this, the baby is born very weak and with very low birth weight. In some cases the woman may even have a stillbirth.³⁸³

³⁷⁹ Int. Woman 10, 30.4.05. Translation: Should a man be keeping you as if you are a child? For sure he would go out looking for a girlfriend because you are *dead*. A man does not grow old. A woman is different in such that she loses her sexual desire after giving birth.

³⁸⁰ Joseph De Gabriele, "When Pills don't Work - African Illnesses, Misfortune and *Mdulo*", in *Religion in Malawi*, no 9, 1999, p. 20. De Gabriele comments that *mdulo* affects individuals at their different stages of life. For instance, there is *mdulo* targeting children when they have not been protected for example from sexual heat of their parents. There is also *mdulo* for girls during their puberty stage. And there is *mdulo* that attacks parents. In order to protect such people from *mdulo*, adherence to customs is the answer. The author argues that *mdulo* was believed to be caused by the sudden contact with persons of a different ritual temperature i.e. hot and cold. Another name for *mdulo* is *tsempho* (to be missed). On *Mdulo* see also Felix Chingota, "Sacraments and Sexuality", in *Religion in Malawi*, no 8, 1998.

³⁸¹ For details on *mdulo*, see van Breugel, *Chewa Traditional Religion*, Blantyre: CLAIM-Kachere, 2001, pp. 169-209.

³⁸² See Alister Munthali, *Change and Continuity*, p. 125.

³⁸³ Ibid., p. 126. Sexual intercourse is compared to a maize plant that needs fertilizer at different stages in order to grow well.

In the last two months of the pregnancy, sexual intercourse is put on hold. The pregnant mother is not supposed to have sex, a practice of abstinence known as *mipingu*. This was not only to avoid *mdulo* or *tsempho*,³⁸⁴ but it is believed that a child born with sperms covering its body will be very weak and might eventually die.³⁸⁵ A few women from my sample commented that midwives shout at them if they see any semen during delivery, as they get disgusted.³⁸⁶ Birth attendants strongly advise mothers not to sleep with their partners a few days before their delivery. Sexual abstinence during this time is also important to prevent harm to the foetus. It is perceived that the man's penis may pierce the child's fontanel. Abstinence should therefore take place for fear of damaging *liwombo* (fontanel).

Mphamvu ya mwamuna ikakula chiwalo chake chingathe kugunda mutu wa mwana, kuwononga *liwombo*" (When the power of the man is so intense, his penis can knock the head of the baby, damaging the fontanel).³⁸⁷

In my study, 45 women had at least one pregnancy in their lifetime. Out of these, only three women abstained completely in their last months until they delivered. The rest say that at times they could have sex when the desire for it was too intense.³⁸⁸

In Malemia, pregnant mothers go through the ritual of "*litiwo*". During one's first pregnancy, she is supposed to be initiated. The tradition of *litiwo* is in form of a dance and takes place in the open ground right at the woman's home.³⁸⁹ This type of initiation teaches the mother what pregnancy is all about, how to care for it and gives some hints on delivery.³⁹⁰ The mother is advised by *anankungwi* on how the baby will come out, how the baby moves inside the womb, and the signs that it is about to be born. This is so to inform the mother beforehand and so as to be taken by surprise on the delivery day. Some of the *litiwo* songs that depict this message are as follows:³⁹¹

Song 9

Kuwotcha, akukanga,
Kutanda unya manyi mwana.

To feel hot, she is failing,
You produce stool before the child comes out.

³⁸⁴ This concept was believed to occur to those that breach cultural beliefs e.g. eating relish salted by a menstruating woman. During certain periods, women are considered cold. Therefore to have sex with a man who is hot could have dire consequences. Even newborn babies could be victims of *tsempho*. For a full treatment of the issue see De Gabriele "When Pills don't work".

³⁸⁵ Bennett and Brown (1996) argue that the creamy substance that covers the body of the baby is *Vermix Caseose* which protects the foetus from amniotic fluid and from friction against itself. See Alister Munthali, *Change and Continuity*, p. 129.

³⁸⁶ Int. Woman 8, 11.1.05.

³⁸⁷ Int. Woman 10, 10.1.05. This concept of *Kanyera* was given to both the wife and the husband. The signs of *Kanyera* were pain below the man's navel, skinny, always feeling cold and desire for fire all the time, the man also would have lean fingers. In the past, there was a medicine for *Kanyera* from traditional healers. But today such medicine is no longer there. This woman who strongly claims that there is no HIV/Aids but *Kanyera* says men have killed themselves today because of failure to keep "*mipingu*" (*mwambo*). Apart from *liwombo* and *kanyera*, another illness of a child is *likango*. *Likango* (Herpes) is a nasty illness that can be passed on to a child in childbirth. *Likanga*, the wounds can lead to easy transmission of HIV. On child illnesses, see Alister Munthali, "Change and Continuity: Perceptions about Childhood Diseases among Tumbuka of Northern Malawi".

³⁸⁸ During such periods, the woman is expected to sleep with the husband sideways and not lying on her back.

³⁸⁹ Int. Woman 10, 10.1.05.

³⁹⁰ See van Breugel, *Chewa Traditional Religion*, Blantyre: CLAIM-Kachere, 2001, p. 198. Whereas the author states that during such an initiation, the Chewa tradition does not allow any other women or men to come and attend, in Malemia, other women could be allowed to go near the place provided they too have been initiated before.

³⁹¹ See, Rachel Fiedler, *Coming of Age*, p. 61. Whereas the first song teaches about signs of delivery, the second tells the mother that one needs to be patient with delivery. Sometimes it takes a long period of time. These signs are medically correct and experienced by some women.

Mwana asanatuluke,
Uyamba kusanza
Mwana asanatuluke.

Song 10

Chitetete,
zuwali, zuwali, kukalowa.
Zuwa ndi kutuluka

Before the child comes out
You start vomiting
Before the child comes out.³⁹²

Nothing is done,
this sun, this sun, to go and set,
the sun comes out.³⁹³

The tradition of *litiwo* is not a must but it is helpful. Those who do not want to be initiated for their own reasons are not forced to do so. However from my sample, all women went through this during their first pregnancy. One woman who was initiated in 2001 spoke of her experience as follows.

Ine mayi anga anavinidwa *litiwo*. Ndiye ine ndili ndi mimba yanga yoyamba, anandiitanira anankungwi. Anati ndivinidwenso poti iwo anavinidwa. Amavinira pabwalo. Amene amawalola kuti adzawonere ndi okhaokhawo amene anavinidwa *litiwo*. Osavinidwa samamulola. Kunabwera anthu ambiri odzawonera. Anankungwi analipo folo. Zimasangalatsa. Amavina ndi kumakulangiza utavala siketi yokha. (My mother went through *litiwo*. During my first pregnancy, she called some counselors for me. She said I should be initiated too because she also went through the same. They do it on the open ground. Only those that had been initiated are allowed to attend the ceremony. Those who have not are not permitted. Many people came to watch it. There were four counselors (*anankungwi*). It is funny. They dance (see song below) and counsel you when you are wearing only a skirt).³⁹⁴

Song 11

One: Elo elo
All: Elo elo
One: Wanyole, wanyole
All: Wanyole, wanyole
One: Malezasi fayifi atchoka
All: Watoladyi akulukutile.

One: Elo elo
All: Elo elo
One: Shaving, shaving
All: Shaving, shaving
One: Five razor blades have broken
All: Take another one to finish.³⁹⁵

Sexual faithfulness is much stressed during *litiwo* initiation. The pouring of castor oil on the forehead of the pregnant mother is one of the whole process and is given the name of *chipendo*.³⁹⁶ The oil is supposed to run vertically straight across her navel towards her vagina if she was faithful at the conception of the pregnancy.³⁹⁷ It is also believed that if woman committed adultery with the husband of this woman, during the anointing time, the woman would lose her pregnancy at the same time.³⁹⁸ The ritual of *chipendo* is primarily done to ensure faithfulness in families.

3.7.2.2 Delivery taboos

Immediately after delivery, a woman is not supposed to cook for the family for some period. These periods vary but most say at least one month. A woman is also required to follow hygiene and bath at least three times.³⁹⁹ Sexual abstinence is again to be followed for a period of at least 8 months.⁴⁰⁰ If

³⁹² Ibid.

³⁹³ Ibid.

³⁹⁴ Int. Woman 22, 17.1.05.

³⁹⁵ The song (in Yao language) depicts the importance of frequent shaving of one's private parts.

³⁹⁶ Rachel Nyagongwe Fiedler, *Coming of Age*, p. 27.

³⁹⁷ Ibid.

³⁹⁸ Ibid.

³⁹⁹ Int. Woman 27, 13.1.05.

⁴⁰⁰ Int. Woman 11, 20.1.05.

however, it was a stillbirth, the parents should abstain for 4 months.⁴⁰¹ In the past elderly women say they followed this practice and no sex took place until the baby was 8 months old. The reason was to avoid *mdulo*. When a couple fails to adhere to sexual regulations during this time, it is believed that the newborn child may suffer from *tsempho* and may die. This kind of sexual abstinence was another way of family planning. A woman is strictly advised not to have sex with her husband for the sake of the baby.

Tradition requires the newborn baby to sleep between the mother and the father. When the abstinence period is over, and the couple can resume sexual intercourse, they are to lay a piece of cloth on the ground and have sex there. Afterwards, the cloth is taken, unwashed and with the spilt sperms and vaginal fluids, and used to straighten the joints of the baby.⁴⁰² This is known as *kutenga mwana*. The ritual is the first sexual intercourse in the presence of the baby. This rite is intended to strengthen the child who until then, is not yet fully born and a human being.⁴⁰³ Just like during pregnancy, the man is to give his strength to the child.

Today, very few seem to follow this and wait indeed for such a period. In my sample, most women say they may want to wait but it is their husbands who fail to wait such a long period. A few women, however, say, they wait at least four months. A few women also say it is the women themselves that invite their men to make love to them even though they know they have not finished the abstinence period. Although it was strictly emphasized that the man too should observe this abstinence, the husband could have other women to satisfy his desires with no fear of *mdulo*. For fear of losing a husband who may go out to other sexual partners, some women decide to break this rule and give their husbands sex for fear of getting HIV from other women.⁴⁰⁴

Most women, especially the elder and the *nankungwi*, said it is failure to abide by such abstinence rules that has lead to so many consequences including HIV/Aids. In the past, people were honoring the counsel of their lineage and men were obedient to the customs of the day.

Likambako

Immediately after the baby is born, it is bathed in water containing herbs made from *Likambako*. *Likambako* is a ritual to protect the newborn baby. A string is put around the waist and neck of the baby. Today's women refuse this saying *mzachikunja* (it is non Christian) and *zachimidzi* (traditional).⁴⁰⁵ This is a traditional medicine given to the baby to avoid *tsempho*. *Likambako* was not free. It was bought from a traditional healer. After 8 months, the baby was again given some *likambako*. After bathing it, the couple was now ready to go back to sexual life.⁴⁰⁶ Every culture has its own rituals for the survival of the child

⁴⁰¹ Int. Woman 4, 7.1.05.

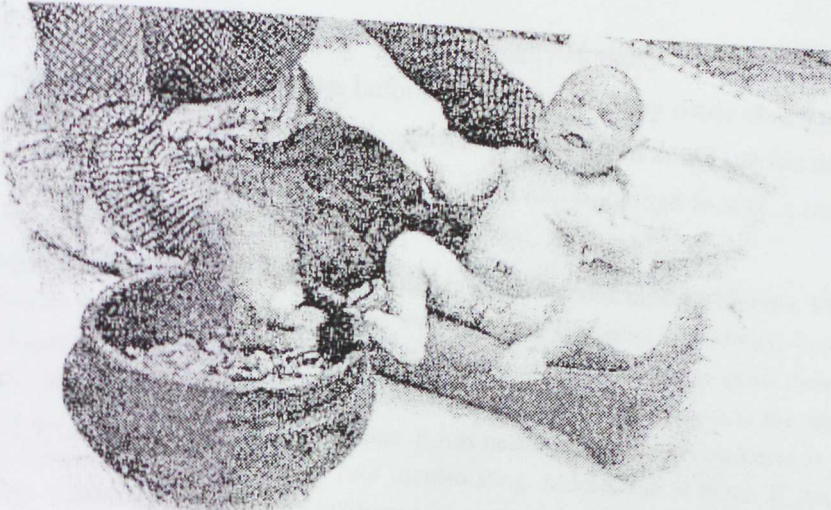
⁴⁰² Int. Woman 10, 10.1.05. For comparative analysis, see, J.W.M. van Breugel, *Chewa Traditional Religion*, Blantyre: CLAIM-Kachere, 2001. Van Breugel comments that during the sexual act, the woman must remain immobile and it is solely the man that does the whole job. The man is not even allowed to hold his wife with his hands or in any other way. Breugel comments that failure to achieve sexual intercourse under these conditions may not only be a great embarrassment to the man but may also result in *tsempho* (missing) of the child, p. 181.

⁴⁰³ For details on *kutenga mwana* see van Breugel, *Chewa Traditional Religion*, pp. 182-184.

⁴⁰⁴ Int. Woman 18, 11.1.05

⁴⁰⁵ Int Woman 3, 9.1.05.

⁴⁰⁶ Int. Woman 6, 9.1.05



era

was a very common disease in the past, associated with *mdulo*. To avoid it, most people adhered to traditional practices. The signs of *kanyera* include lean fingers, being skinny, pain below the man's feeling of coldness and continuous desire for fire.⁴⁰⁸ In those days, there was traditional medicine for such a disease and people could be cured. Today such medicine is no longer available. A woman in my sample strongly argue that there is no such disease as HIV/Aids but *kanyera*. It is difficult for people in rural areas to distinguish patients of *kanyera* from those of HIV/Aids because of similarities in symptoms.⁴⁰⁹ One woman commented that men are killing themselves for failure to practice *mwambo wa kudikha* (sexual abstinence).⁴¹⁰

Menstruation related taboos

This practice is also still in Malemia. All women in the sample say they abide by this tradition. They do this for hygienic reasons. Other beliefs like not adding salt while menstruating are not common in this area. In this area, it is also sometimes emphasized that during such periods a woman should not share drinking water with her husband. All this is to avoid *tsempho* or *mdulo*. Touching menstrual blood could lead to dire consequences such as *kanyera*. All women say, the moment they

Text from J.W.M van Breugel, *Chewa Traditional Religion*, p. 179.

Woman 10, 10.1.05

In some areas, *kanyera* is known as *chinyera*. Compare Rachel Fiedler, *Coming of Age*, p. 29. The author argues that *chinyera* is perceived to be curable through traditional herbs. Banda further argues that there is a need to educate women on the Christian perspective on menstrual blood and the realities of HIV/Aids in their communities. She believes that this would liberate women to have sexual relations during menstruation period if they desire. Fiedler observed that some women knew that having sexual intercourse during such a period is dangerous in such that it is the time when some women desire to have sex. Besides, it is a time when one is likely to conceive and therefore good for those using natural methods as a means of birth control.

Woman 10, 10.1.05.

finish menstruating, they are free to indulge in sex. When a woman is menstruating, she is perceived as unclean.⁴¹¹

Period days differ, though the average is 6. One *nankungwi* stressed that in the past women were making sure that seven full days would elapse before resuming sex. They made sure the very last dark blood is out before sex because it is this that is dangerous to a man, and could cut his nave.⁴¹² When it happened by mistake that the man had touched the menstrual blood, he had to seek a traditional healer immediately to avoid *kanyera*.

Mwamuna angathe kumwalira. Chimodzimodzi kugona ndi mwamuna utachita chitayo. Mwamuna amafa. Zimafunika kusamala. Umadziwa wekha kuti wamaliza *kusamba*. Mankhwala koma alipo. Ukafulumira kupita kwa a sing'anga amachira. Koma ena amabisa, osanena akuti manyazi ndi kumangodwala. Mmene azidzanena kwa anthu mochedwa. (A man can die. It is the same with sleeping with a man after a stillbirth. A man dies. It just needs proper care. You know it yourself as the woman when you are through with your menstruating. Medication is there. If you seek it quickly from the traditional healer, there is chance of survival. But most men hide it because of shame and continue sick. By the time they reveal it to people it is already too late).⁴¹³

One woman commented that once it happened to her by accident. She thought she had finished menstruating and had sexual intercourse with her husband. She realized too late that she had not finished menstruating. However the husband never got sick as was the case in the past.⁴¹⁴

Care of menstruation linen is also emphasized. *Nyanda* should be kept in secrecy to avoid *tsempho* and because evil people can steal and use it to harm the owner.⁴¹⁵ This is pure witchcraft. There is a belief in some places that the owner could experience pains during menstruation or even become barren.⁴¹⁶

3.7.3 Other initiation teaching

3.7.3.1 Lengthening of the minor labia (*zokoka*).

Apart from the sexual dance taught during *chinamwali*, another way of satisfying a man in bed is elongation of the labia. It was strongly emphasized in the past. In my study, those that have *zokoka*, are fewer than those without. Most of those women who have this sexual practice are those in their late 30s and above. This group of women believes *zokoka* is an important concept and strengthens

⁴¹¹ Compare Leviticus 15 about ritual uncleanness of menstruating women. Even during these biblical times, sexual intercourse with such women was forbidden.

⁴¹² Int. Woman 6, 9.1.05.

⁴¹³ Int. Woman 22, 3.6.05. *Kusamba* is a common Chichewa terminology for menstruation. Other words include *kumwezi* (to be on the moon).

⁴¹⁴ Int. Woman 32, 25.1.05

⁴¹⁵ In other places, *nyanda* is also called *nthethe*.

⁴¹⁶ I recall Charismatic gospel prayers I attended on 3rd June 05 in Matawale, Zomba. The preacher, before he started expounding the Bible, talked about the menstruation linen. Everybody was quiet after some praise and worship songs when this preacher took hold of the microphone and started talking. "All women that are putting on red wrappers stand up. The spirit of God is telling me that some of you standing experience problems and pain *nthawi yanu ikakwana monga mzimayi* (when your time is up as a woman). The spirit of God is telling me that some people took hold of your clothes, how do I say it, help me God, yes the clothes you use as a woman when it is your month. They did harm to it..." The whole place was noisy with deliverance prayer. I wanted to stand myself as I also experience menstrual pain. Unfortunately, I had put on a different colour not red and I was embarrassed to stand.

family life. The women feel it is not surprising that some men have extramarital affairs because of absence of *zokoka*.

Mkazi asamakhale ngati mwana ali mbee opanda makwelero.⁴¹⁷

Most women say *zokoka* is very important in sexual life although some young women today tend to ignore them and do not have them. The use of *zokoka* was mainly to arouse the man in bed.

Chiwallo cha mwamuna chimadzuka msanga mwamuna akamaseweretsa *zokoka*.⁴¹⁸

The lengthening of the labia minora is not only emphasized in traditional initiations but also by the church. Molly Longwe comments on the importance of *zokoka* in the church. During *chilangizo*, the girls were asked to open their legs and show the counsellors if they were pulling their labia minora.⁴¹⁹ *Zokoka* strengthens the sexual life of the couple and binds the marriage. A few women commented that absence of *zokoka* could lead to divorce.

Mabanja amatha. Azibambo aku Ntcheu, kaya uku ku Lilongwe akakwatiwa kuno ndi kupeza kuti mkazi alibe, limatha banja. (Marriages break down. Men from Ntcheu or Lilongwe when they marry here and find out that the wife does not have them, the marriage breaks down).⁴²⁰

Another women commented that women whose marriages are about to break down come to seek medicine from her on *zokoka*. Such women come from different areas in Zomba and some even from Mangochi and Blantyre.⁴²¹

3.8. Conclusion

This chapter has described the experiences of women in sexual and reproductive health. It can be concluded that sexual life to most women in Malemia, whether married or unmarried, is a prerequisite. Women play a small role in issues concerning reproductive life. In addition they have a limited role in decision-making concerning the couple's sexual lives. In line with the theory of sexual subculture, men seem to dominate in issues of sexual and reproductive health in the homes. They are in charge of sexual intercourse. Culture does not permit a woman to ask her partner for sex. It is a taboo. The study also finds out that nakedness seems not to be appreciated in most homes. Most couples are ashamed to dress and undress in front of each other.

The study has also revealed that a child is a valuable asset in most homes. Whether unmarried, or married, HIV positive or not, children play an important part for every woman. However, despite the fact that it is the woman who feels the pain of giving birth, she would not decide on family size.

⁴¹⁷ Int woman 11, 20.1.05. "Makwelero" is a ladder. *Zokoka* is more like decorations. Translation: "A woman should not be like a baby, plain (private parts) without ladders."

⁴¹⁸ Int. Woman 6, 9.1.05. Translation: The man's part (penis) wakes up quickly when he is playing with the labia. Accordingly, the woman has the freedom to be touching the man's genitals. In so doing, it is very easy for both of them to get aroused easily.

⁴¹⁹ See Molly Longwe, "From Chinamwali to Chilangizo: The Christianization of Pre-Christian Chewa Initiation Rites in the Baptist Convention of Malawi", MTh, University of Natal, Pietermaritzburg, 2003, pp. 85ff.

⁴²⁰ Int. Woman 11, 20.1.05. Compare J.C. Chakanza, "The Unfinished Agenda: Puberty Rites and the Response of the Roman Catholic Church in Southern Malawi", in *Religion in Malawi*, no. 5, 1995, p. 4. In his article, Chakanza shows that there is a perception that lack of elongation of labia minora encourages divorce.

⁴²¹ Int. Woman 10, 10.1.05. To lengthen the labia minora, one just needs to mix some traditional herbs with castor oil.

Although family size is not very important in this area, most women would want to have not less than five children. In my study, women tend to marry young.

Economic pressure forces a lot to indulge in risky behaviour that may consequently affect them in this time of HIV/AIDS. Careless sexual intercourse is a reality. Women's dependence on men has resulted in some selling their bodies like business. Singlehood is a big challenge to women in this area. Because of lack of financial support to care for their children and themselves, many widows and divorcees have no choice but to resort to a sexual life that is risky.

On condoms, the study has found out that none uses them nor seems interested. Most women do not get worried about having sexual intercourse without a condom. Condoms are not used, either at marriage level or by the unmarried. From my confidential discussion with PLWAs, I also concluded that even these seem not to be aware of how to handle their sexual and reproductive health.

Contraceptives are well known to most women, both unmarried and married. Each of them is responsible for her own type as her family demands. From the study, most women go for modern types. There is support from spouses on the choice of contraceptives.

On HIV/Aids, most women are aware of the pandemic, how it is spread and how it can be avoided. Still with this knowledge, most women do not worry much. HIV/Aids cannot stop women from sexual intercourse. Nevertheless, the study has shown that fear of contracting the virus and mistrust of their partners does not make sexual intercourse as enjoyable to most women today as it should be. On a sad note, an HIV test is still far away from most women. Finally, there is little understanding of ARV therapy.⁴²²

⁴²² Despite the effort by St Luke's on ARV awareness, most women from the sample do not know much about ARVs. Perhaps it could be because they do not know their HIV status and do not have much interest in the ARVs. St Luke's started this ARV campaign on 6th January to 3rd June 2005. This campaign was lodged against the rumour that ARVs do kill. It covered the communities within the catchment area of St Luke's, telling people the truth about the drug.

Below is a poem to summarize many of the experiences of women in sexual reproductive health.⁴²³

A Woman's Cry

Sister, If you happen to meet him
Tell him that in matrimony Hands are for caressing the
wife's body
And fondling her breasts
Not a sjambok
For whipping her body
or slapping her face.

Sister, sister
If you see the man
forget not to remind him
That a man's chest in bed
is the woman's pillow
where she can pour her tears
In times of sorrow as well as joy
Not hardboard for manifesting
his temper.

Sister, sister, please
If by chance you meet your brother-in-law
Whisper in his ears that in marriage
Lips are for kissing
And producing sweet nonsense
Thereby giving pleasure to each other
Not for kissing a calabash of beer
producing words fit for the bin thereafter.

Sister, sister, please, sister,
If you encounter the man I married
Remember to say to him that his eyes
Are there to admire his wife
The shape of her body
The beauty of her face
And the art of her hands
Not to lust after teenage girls.

Sister, sister, please, sister, Abiti Moya,
If you meet CHEJAFARI, my husband,
deliver to him this message:
Money in the home should be there
To maintain wife and young ones
Not to purchase risky pleasures
which he can have free and safe
from me, his wife, Abiti Daniel

Cecilia Hasha

⁴²³ Taken from Rachel Banda, *Women of Bible and Culture*, p. 213.

Chapter 4

The Theological Understanding of Sexual Morals in the Anglican Church

4.1 Introduction

Chapter three looked at the experiences of women in their sexual and reproductive health, and it has become obvious that life is a challenge for women, especially today in the context of HIV/Aids. Careless sexual and reproductive life can have dire consequences. Again with HIV/Aids, child birth is a challenge especially in making sure that every pregnancy is wanted and that the delivery itself and the coming baby are safe and free from the HIV virus. This chapter will look at how the Anglican Church has responded to such moral issues of women's sexuality.

The sample focused on three different groups, namely, Anglican women, Mothers' Union and the clergy. Three group discussions were conducted with Anglican women from Chinamwali parish, and Mpira and Domasi prayer houses. One group discussion was held with the MU members of St George's parish. Interviews were conducted with the clergy and the MU executive in the Upper Shire diocese. The MU executive comprised the coordinator of MU, the coordinator of St Agnes and the Archdeaconry leader. MU chairwomen from Likwenu and St George parishes were also interviewed, and in addition I had several more or less informal discussions. In some cases I got conflicting views and responses from the three groups and at times even within a single group. But in general, the information from each source complements the other.

4.2 The Anglican Church and Women's Sexuality

4.2.1 Biblical Principles and Teachings

4.2.1.1 On Women's Sexuality

For Christians, the Bible teaches fundamental truths about human behaviour.⁴²⁴ Christianity teaches that sex is a divine gift. Therefore, it demands responsibility, commitment and total love. Sex is the most beautiful expression of a deep loving and life-long relationship between two people. It is a great blessing. Thielicke believes that sexuality is a dimension of human existence itself, and thus a mystery just as man is.⁴²⁵ Marriage is an order of creation grounded in the primeval relationship of the sexes and a constituent part of the created things.⁴²⁶ It is a divine institution, willed and protected by God himself. This is the primary reason why this order of creation must be upheld.

Paul presents a very positive view of sexuality in 1 Corinthians 7:3-5.

"The husband should fulfil his marital duty to his wife, and likewise the wife to her husband. The wife's body does not belong to her alone but also to her husband. In the same way, the husband's body does

⁴²⁴ Joe Jenkins notes that the church finds itself in the situation where its teachings often seem old-fashioned and out of place in a world where sexual ethics are fast changing. See Joe Jenkins, *Contemporary Moral Issues*, Oxford: Heinemann, 1997, p. 52.

⁴²⁵ Helmut Thielicke, *The Ethics of Sex*, New York: Harper and Row, 1964, p. 64. The author comments that a mystery is always a sign that something vulnerable is to be protected.

⁴²⁶ *Ibid.*, p. 104.

not belong to him alone but also to his wife. Do not deprive each other except by mutual consent and for a time, so that you may devote yourselves to prayer. Then come together again so that Satan will not tempt you because of your lack of self-control."

Here he emphasizes sexual equality. Paul shows how to live a good married life and states that sex should be a regular act in marriage and demands mutual relationship.

One of the gifts God bestowed on human beings is their ability to be happy in their bodies, naked before each other and before God, in absolute confidence that they are lovable and loved.⁴²⁷ Sexual union was instituted from this point of view and the main emphasis was on love and fellowship.

For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh. The man and his wife were both naked, and they felt no shame.⁴²⁸

The above text shows equality between man and woman with no preference for one sex. Just as a woman leaves her home, relatives and parents, the husband must do likewise and equally leave his home and parents. Both the man and the woman were equal in terms of nakedness. According to scripture, marriage is a gift from God in creation, a means of his grace, a holy mystery in which man and woman become one flesh and are glued into one body. Man has the responsibility to sacrifice for his wife's well being.

Submit to one another out of reverence for Christ. Wives should submit to their husbands as to the Lord. Now as the Church submits to Christ, so also wives should submit to their husbands in everything. Husbands, love your wives, just as Christ loved the church and gave himself up for her. Husbands ought to love their wives as their own bodies. He who loves his wife loves himself. After all, no one ever hated his own body, but feeds and cares for it, just as Christ does the church.⁴²⁹

Another purpose of marriage is to re-produce. The great cosmic purpose of sex is the survival of our species.⁴³⁰ Children are a gift of God so that the human race can survive. However, Thieliicke considers the procreation of children as only a partial component of marriage subsumed under, and derived from its main purpose namely, the mutual interior formation of husband and wife.⁴³¹ The most important thing in a Christian marriage is love between partners.⁴³²

4.2.1.2 On Women's Role

In the beginning God created woman and man equal as stated in Genesis 1 and 2.⁴³³ God's original will is equality. Unlike Israelite history that deals solely with the story of Abraham and Sarah plus their

⁴²⁷ Gillian Paterson, *Love in Time of Aids*, p 104.

⁴²⁸ Genesis 2:24-25 NIV.

⁴²⁹ Ephesians 5:21-25, 29 NIV. Paul emphasizes that submission should be of reverence for Christ. A man has to sacrifice for his wife's life as Christ sacrificed for the Church. The text gives no permission to the man to mistreat his wife but speaks of mutual submission and the man's sacrifice.

⁴³⁰ Eric Berne, *Sex in Human Loving*, p. 49.

⁴³¹ Helmut Thieliicke, *The Ethics of Sex*, p. 204.

⁴³² Kristina Baker and Honor Ward, *Aids, Sex and Family Planning: A Christian View*, p. 22.

⁴³³ Genesis 1:27 says: "So God created man in his own image, in the image of God he created him; male and female he created them". (NIV) In Buku Loyera, man is translated *munthu* with no distinction as to whether the *munthu* is male or female.

families, the story of creation is a story with a message to the entire humanity.⁴³⁴ It is not history per se, neither is it an ordinary story. The story of creation is valid for all of us and for all times, written so that we understand how God wants us to live.⁴³⁵ It is a tool which helps us to understand God's will and to show us where we are wrong.⁴³⁶ The same equality was emphasized when Adam saw that the woman God had created was exactly like him. She was a help fit for him.

This is now bone of my bones and flesh of my flesh. She shall be called a woman, for she was taken out of man.⁴³⁷

It is interesting to note that when naming the woman, the man uses his own name unlike the way he was doing with the animals. After all the animals were created, one by one Adam gave each a name different from the other. This was not so with the woman, for this new being already had a name, "man", with only a small difference of prefix "wo". In Hebrew, the word for man is "ish" and for woman is "isha".

This Biblical message of equality is often misunderstood. The fact that the woman was created from the man's rib does not show inequality. Some people take this as an argument to view woman as being secondary and not equal to man. This, however is unsubstantiated. Another reference they use is Genesis 3:16b where the narrator is talking about man ruling over the woman. This contention too is not valid as it happened after sin had distorted God's intention of man ruling over animals.

God blessed them and said to them, "Be fruitful and increase in number, fill the earth and subdue it. Rule over the fish of the sea and the birds of the air and over every living creature that moves on the ground".⁴³⁸

The other misunderstanding comes from Paul's writings. For instance, in his letter to the Ephesians Paul talks of a woman's submission to her husband. Yet this kind of submission is out of reverence for Christ and nothing else.⁴³⁹ On the same, another misconception comes when interpreting 1 Corinthians 7 which talks about marriage as a way of avoiding immorality. Paul indeed argues that marriage is appropriate for morality. However to believe that this is the purpose of marriage is another misconception. Avoiding immorality is just a side effect and not a purpose of marriage.⁴⁴⁰

Problems also arise when translating one language into another, in this case interpreting the original Hebrew word for help, *etser*. In its original language, the word helper was translated *etser*

⁴³⁴ Janet Kholowa and Klaus Fiedler, *In the Beginning God Created them Equal*, Blantyre: CLAIM-Kachere, 2003, p. 10.

⁴³⁵ Ibid., p. 11.

⁴³⁶ Ibid., p. 12.

⁴³⁷ Genesis 2:23 NIV.

⁴³⁸ Genesis 1:28 NIV.

⁴³⁹ The English word submit is translated "obey" in Buku Lopatulika. "Komatu monga Eklesia amvera Kristu, koteronso akazi amvere amuna ao m'zinthu zonse" (Ephesians 5:24).

⁴⁴⁰ The Book of Common Prayer of 1559 depicts avoiding fornication as one argument for marriage. It reads: "Secondly, it was ordained for remedy agaynste sinne and to avoide fornication, that suche persones as have not the gifte of continencie might marry, and kepe temeselves undefiled members of Christes body." See *The Book of Common Prayer – 1559: The Fourme of Soleminizacoin of Matrimonye*, http://justus.anglican.org/resources/bcp/1559/Marriage_1559.htm, p. 1, 23.11.2005. This line of reasoning is not presented in The Alternative Service Book 1980, which is the English language prayer book Anglicans in the Upper Shire diocese use. See, *The Alternative Service Book 1980*, Cambridge: Cambridge University Press, 1980, p. 288.

meaning help.⁴⁴¹ Kholowa and Fiedler describe helper and help as two words different in meaning, with the former being a person who assists someone while the latter is the assistance rendered.⁴⁴²

The Lord God said, "It is not good for the man to be alone. I will make him a helper suitable for him."⁴⁴³

The *etser* referred to in this passage indicates that this help is from someone opposite, someone of equal standing. Thus a woman is a help (*thandizo*) to her husband, equal to him and neither superior nor inferior to him.⁴⁴⁴

Gender differentiation in the Bible is both created and recognized.⁴⁴⁵ It was part of the creation as seen in the creation stories. God created man female and male in his own image. The use of the two different genders is a way of introducing the gender disparities. Besides, even the use of the noun Adam (*ish*) in relation to the feminine *isha* is a clear indication that gender was created.⁴⁴⁶

God did not create another Adam, but *isha* who was different from Adam, hence the differences in nouns. Adam contributed to the creation of gender differentiation for in his exclamation of joy of finding someone like himself, Adam uses this being as *isha*, who was obviously different from Adam or *ish*.⁴⁴⁷

Apart from being created, biblically, gender differentiation was also recognized. God accepted in his plan that the two genders are different. In Genesis 3 after the fall of humanity, God uses gender terms of woman and man, wife and husband in his recognition of gender. Nevertheless, despite this distinction, there is absolutely no clue that dictates female marginalization.

This narrative story never implies that the serpent deceived the woman because she was female but rather after seeing that "the fruit of the tree was good for food and pleasing to the eye, and also desirable for gaining wisdom."⁴⁴⁸ The distortion of the division of roles according to gender between Adam and Eve resulted because of the punishment for their sin and not due to any marginalization of sex.

Eve's life revolves around pain in child birth, sexual passion for her husband and her humiliating subservience to her husband. Her partner becomes her master. Sexuality is now distorted to become the domination of one partner over the other.⁴⁴⁹

In the gospel of Mathew, one of the teachers of the law wanted to trick Jesus on the issue of divorce, whether it is lawful for a man to divorce his wife for each and every reason.⁴⁵⁰ In his answer, Jesus

⁴⁴¹ Janet Kholowa and Klaus Fiedler, *In the Beginning God Created them Equal*, p. 17.

⁴⁴² Ibid., p. 16.

⁴⁴³ Genesis 2:18 NIV.

⁴⁴⁴ Ibid., p. 17. For details, see pages 17 to 20.

⁴⁴⁵ Hilary B.P Mijoga, "Gender Differentiation in the Bible: Created and Recognized" in *Journal of Humanities*, no. 13, UNIMA, 1999.

⁴⁴⁶ Ibid., p. 87.

⁴⁴⁷ Ibid., p. 88. The author comments that from Genesis 1 and 2, gender differentiation does not depict any marginalization of the female gender. After the creation of the woman, man was no longer alone but in duality. Mijoga adds that it is in this dependence on the other that his creatureliness consists. See p. 89.

⁴⁴⁸ Ibid., p. 92. Quotation from Genesis 3:6 NIV.

⁴⁴⁹ Ibid., p. 94. The author comments that after this incident, Adam did not accuse his wife for the sin but that after realizing their nakedness, they sewed fig leaves together.

⁴⁵⁰ See Mathew 19:3. The teachers of the law differed on divorce. There was Shammai who taught that a man may divorce his wife for a serious reason, that is, marital infidelity. On the other hand Hillel believed that a man had the power to divorce his wife for any reason, even for him not liking her any more. Their teachings were both based on the law of Moses, in particular the book of Deuteronomy. "If a man marries a woman who

quoted neither Deuteronomy nor the Law of Moses but rather referred to Genesis and the story of creation.⁴⁵¹ Besides, he also jumped Genesis 3. By referring to Genesis, Jesus wanted to show that people should not look for an answer in the law of Moses but in what God said in the beginning.⁴⁵²

Genesis 3 is not God's intention for humanity but rather describes how sin destroyed the original will of God about the relationship between husband and wife. Genesis 3 could support male dominance, that man is permitted to rule over all animals including woman. By ignoring this chapter deliberately, Jesus wanted us to really follow God's original will.⁴⁵³

Pauline literature gives a clear picture of the position of women in the Church. Paul assumes that women just like men are necessary in the preaching of the gospel. He accepts that women take different roles in the church. Contrary to the theory of patriarchy, Paul encourages leadership positions of women and appreciates their ministry.⁴⁵⁴ In his time, Paul not only accommodated women but actually worked with them in the spreading of the gospel. Women were his work mates. He accepted them as missionaries, deacons, teachers and also as prophets.⁴⁵⁵

In summary, God created men and women equal and valued this gender distinction. Biblical and scholarly interpretation of marriage are fourfold. People marry to commit themselves to a person they love for life, to bring up children in a secure and loving home, to direct and control the sex instinct and for friendship and companionship through life.⁴⁵⁶

4.2.2 The theology of sexuality and marriage in the Anglican Church

4.2.2.1 Marriage in the Anglican Sense

The Church of England views marriage as "a gift of God, blessed by Christ and a symbol of Christ's relationship with the Church".⁴⁵⁷ The Anglican Church in the Diocese Upper Shire, like most Christian churches, views marriage as a permanent union. Besides, Anglicans believe in a marriage vow made at one's wedding.⁴⁵⁸ Marriage vows end with the words "till death do us part". This view of marriage is again understood in the western world.⁴⁵⁹ The commitment is until death, whether each will be bored

becomes displeasing to him because he finds something indecent about her, and he writes her a certificate of divorce, gives it to her and sends her from his house" (Deut 24:1 NIV). For details, see Janet Kholowa and Klaus Fiedler, *In the Beginning God Created them Equal*, p. 13.

⁴⁵¹ Ibid., p. 13.

⁴⁵² Ibid.

⁴⁵³ Janet Kholowa and Klaus Fiedler, *In the Beginning God Created them Equal*, p. 14. Genesis 3:16 reads as follows: "Your desire will be for your husband, and he will rule over you." The authors explain that when exegeting a text, emphasis should be placed on both culture and customs. Attention also should go to the fact that words change meaning as days pass. In some cases, the translator too makes a difference. For details, see pp 14-15.

⁴⁵⁴ See, Janet Kholowa and Klaus Fiedler, *Mtumwi Paulo ndi Udindo wa Amayi Mumpingo*, Blantyre: CLAIM-Kachere, 2001, p. 7. The aim of the book is to talk about issues concerning women, more especially from the Acts of Apostles and the Pauline epistles. Romans 16 presents several women as co-workers and deacons. Such women included Mary, Junias, Priscilla e.t.c.

⁴⁵⁵ Ibid., pp 8-14.

⁴⁵⁶ Joe Jenkins, *Contemporary Moral Issues*, p. 52.

⁴⁵⁷ Ibid.

⁴⁵⁸ A vow is a public confirmation made between two people when they are giving themselves to each other.

⁴⁵⁹ See Edward Stevens, *Making Moral Decisions*, New York: Paulist Press, 1969, p. 91.

The Anglican church is "via media" between Catholicism and Protestantism.⁴⁶⁶ The stand of the Anglican church is not much different from that of the Catholic Church.⁴⁶⁷ The High Church, of which Malawi is an example, believes that sexual intercourse should start in a family and not outside marriage. The low church, who are more Protestant, are more flexible in terms of divorce. Although they believe in a church wedding, a couple is free to divorce through the court on an important issue.⁴⁶⁸

Anglicans emphasize that marriage means understanding each other. Neither partner is a champion as both come from a different culture. Marriage in the Anglican sense goes in line with God's intention as shown in the creation of Eve. According to the Anglican Church, after creating Adam, God realised that he could not stay alone but needed a companion. God then created woman to fulfill Adam's sexual desires.⁴⁶⁹ Accordingly, marriage is given so that husband and wife may comfort and help each other, living faithfully together in need and in plenty, in sorrow and in joy.⁴⁷⁰ According to the clergy, as human beings, people cherish the company of another, a friend you can share problems with, sorrows, happiness, advice, and all aspects of life.⁴⁷¹ The clergy comment that in marriage, husband and wife belong to each other and begin a new life together in the community.⁴⁷² Members of the clergy agree that equality in a marriage relates to assistance. On the same note, it demands respect.

Becoming one body means doing things together. Let there be enjoyment for both. If satisfaction is one-sided, then there is a problem.⁴⁷³

According to the clergy, through the gift of sex, God brings another gift of children and desires that they be brought up in accordance with God's will, to his praise and glory.⁴⁷⁴ Although the objective of married life is not simply to bear children, children play a vital role in almost all families. They are the outcome of the union of the woman and man. One priest called this a continuation of God's work of creation.⁴⁷⁵

On the other hand, members of the clergy emphasized that it is against their doctrine to break up marriages because of lack of children. The priority of marriage is companionship and child bearing is secondary. Members of the clergy commented that sex and procreation could be viewed as inseparable as sexual intercourse works as the channel of conception. Nevertheless, the emphasis on sexual intercourse is to share with the partner, and children come as a fruit of the shared love.⁴⁷⁶ This implies the possibility of having sexual intercourse without conceiving.

⁴⁶⁶ Int. Charles Makwenda, Zomba Theological College, 16.8.05. "Via media" is Latin literally meaning "the way in between", i.e. in between Catholic and Evangelical. Refer to chapter 2 for details.

⁴⁶⁷ Ibid.

⁴⁶⁸ Ibid.

⁴⁶⁹ Int. Fr. Brightone Malasa, Malosa, 2.3.05.

⁴⁷⁰ Ibid.

⁴⁷¹ Ibid.

⁴⁷² Int. Fr. Martin Mgeni, Mangochi parish priest, Zomba, 19.7.05

⁴⁷³ Ibid.

⁴⁷⁴ Int. Fr. Francis Chipala, Likwenu parish priest, Liwonde, 28.1.05.

⁴⁷⁵ Ibid.

⁴⁷⁶ Int. Ken Phiri, deacon, Domasi prayer house, Domasi, 19.1.05.

4.2.2.2 Sexuality in the Anglican Church

Anglicans believe that man and woman are equal partners and helpers (*athandizi*).⁴⁷⁷ For any job to be done, there is need for someone on equal footing so that they move together.⁴⁷⁸ In the authority of the Church, to submit is not to be ruled but to do things together.⁴⁷⁹ As such, there is need for communication and understanding between couples in a family. At the same time, this equality gives security to the other. The clergy believes that even when it is commonly asserted that the man is the head of the family, [and that sexual subcultures do exist] in reality the family/couple cannot survive with the head alone.

Anglicans believe that sexuality is something a couple shares.⁴⁸⁰ As such it should not be one sided but there should be a flow of love between the two. Members of the clergy commented that sexual intercourse is only part of the process of encounter. The activity starts from a long way, for example with foreplay until the couples is together at the same level. According to the Anglican Church, culture has planted a stereotyped image of sexuality, thus damaging the picture of marriage and sexuality.⁴⁸¹ Members of the clergy noted with concern that in Christian life, what is missing is the flow of love from both ends.

In marriage seminars, what we advise is how they can maintain their marriage. The problem in most families is lack of satisfaction. How do you get the satisfaction? Through understanding one another. Learn from one another. If you do not understand or are not open with one another, for example, at how you do the budgeting in your home, things cannot work. You cannot do it wholesale.⁴⁸²

To members of the clergy, sexual intercourse acts as a catalyst of love between the two.⁴⁸³ It is like an entertainment in most homes. Members of the clergy believe marriage was constituted to ensure sexual union. One member spoke as follows.

A man cannot live alone otherwise life could be boring. A woman is there to fill up that loneliness. God teaches that love is the fulfillment of the law. One of Jesus Christ's teachings was to summarize that all the laws are bound in one golden law of love. In marriage, the church tries to put this in practice. The wedlock consists of two different people brought in from different

⁴⁷⁷ Int. Fr Martin Mgeni, Mangochi parish priest, Zomba, 19.7.05.

⁴⁷⁸ Ibid.

⁴⁷⁹ Ibid.

⁴⁸⁰ Compare Edward Stevens, *Making Moral Decisions*, New York: Paulist Press, 1969, p. 71. Stevens presented two views of sexuality common in the United States. One advocated by Bertand Russell states that sexual behaviour is solely the concern of the consenting adults involved and anything they decide is morally permissible provided that no one is harmed. This view rests on a philosophy that stresses man's individuality and freedom. Since a man is an adult not a child, he is free and responsible for his own freedom. Thus, no actions dictated by an outside force, be it church, society or conventional moral code, can elude this responsibility (see p. 86). Another view of sex, called the "whole-man view" advocates that sexual behaviour involves more than the two individuals. It has biological, social, psychological and individual aspects. Sex is personal and interpersonal. The social dimension looks at sexual activities as procreative so as to continue the human species, thus increasing the society at large. The individual dimension, just like Russell's view, believes in freedom and responsibility of an individual as a function of sexual behaviour (see pp. 88-89).

⁴⁸¹ Int. Fr. Brightone Malasa, Malosa, 2.3.05.

⁴⁸² Int. Fr. Martin Mgeni, Zomba, 19.7.05.

⁴⁸³ Whereas Christians believe that sex outside marriage is wrong mainly because Jesus said so, Joe Jenkins further points out that sexual intercourse between a couple who love one another and intend to create a life together is morally acceptable. Jenkins argues that sex outside marriage is permissible if it wants to create life. For instance, pregnancy outside marriage is ok. See Joe Jenkins, *Contemporary Moral Issues*, p. 35.

The few women who have had church weddings commented that though they had such counselling, the church does not expand on sexuality and is not detailed. Most women commented that they do not get any sexual instruction if they miss the church weddings.⁴⁹¹ Probably this was why most women responded that they receive no counselling from their church on sexual and reproductive health.⁴⁹²

On the other hand, the clergy and some executive members of the Mothers Union stated that they have given their members some advice concerning their sexuality. Women's sexual and reproductive health issues come especially when two people want to get married. The groom and the bride are given counselling either on the wedding day or the day before. Pre-marriage counselling covers both physical and spiritual aspects.⁴⁹³

Commenting on the same, the chair of Likwenu MU said although there is not much counselling on women's sexuality in the church, the woman has the right to accept or refuse sexual intercourse.⁴⁹⁴

On reproductive health, though nothing is said by from the church, Anglican women said that prayers are conducted for pregnant women and also for delivery. This is an encouragement to the mothers during such times.⁴⁹⁵

On whether the clergy plays any role asking the prospective couple their reason for wanting to be married, the response was negative because this is obvious. To the clergy, the first and foremost intention of marriage, both biblically and in human life, is sex.⁴⁹⁶ Members of the MU also acknowledged that it is natural for the bride and the groom what to expect in marriage. The two of them are assumed to know something about sexual life because it is natural.

Even dogs and chicken do it without being instructed. This is the same with people. It is automatic that when a naked man sees a naked woman, *amadzuka* ([his penis] wakes up).⁴⁹⁷

Also included in pre-marriage counseling is physical teaching on bedroom instructions, though it is often limited to ritual. On bedroom instructions, it is the duty of the officiating priest to counsel the newly wed couple on sexual life, when to make love and when to abstain sexually, for instance when the woman is menstruating.⁴⁹⁸ Mostly what is said is the passage from 1 Corinthians 7 that says that the couple should not deny each other sexual intercourse. One Anglican woman who underwent this bedroom instruction spoke as follows.

I had my wedding in 1996. On counselling, what I was told was, *mkazi sawuzidwa chochita ku chipinda*. (A woman is not told what to do in the bedroom). *Ukafika kuchipinda kumavula wekha osadikira mwamuna*. *Osamukanira mwamuna, osamagona ndi night-dress kapena pitikoti*. *Ndinawuzidwaso kuti mzimayi amayenera kumasunga ndi kandowa kamadzi ku chipinda, tinsalu topukutilana ndi kasopo*. (When you are in the bedroom, remove your clothes on your own, do not

⁴⁹¹ On bedroom instructions, see Fulata Moyo, "How to be Sexually Sexy—the Church way: The Case of the Bedroom Instructions", paper presentation.

⁴⁹² Int. Women congregation from Domasi Anglican prayer house, Domasi, 18.1.05; Mothers union members from St George parish, Zomba, 27.1.05; Women congregation from Mpira prayer house, Mpira, 20.2.05; Women members from Chinamwali parish, Chinamwali, 20.3.05.

⁴⁹³ Int. Fr. John Mchakama, St Mary's parish priest, Chinamwali, 15.3.05.

⁴⁹⁴ Int. Mrs Njinga, Likwenu parish MU chairman, Mang'anda village, 12.3.05. 1 Cor 7:4 shows that sexual intercourse must be based on mutual concern.

⁴⁹⁵ A comment from Domasi Prayer House Anglican women, 18.1.05.

⁴⁹⁶ Int. Fr. Francis Chipala, Liwonde, 28.1.05.

⁴⁹⁷ Int. Agnes Mkoko, MU coordinator, Malosa, 12.1.05.

⁴⁹⁸ Int. Fr. Thom Mpinga, Chingwenya parish priest, Chilema, 28.1.05.

wait for the man. Don't deny the man, don't sleep in a night-dress or a pettycoat. I was also told that a woman needs to keep a pail of water in the bedroom, pieces of cloth for wiping each other and a piece of soap).⁴⁹⁹

The prospective couple is told to appreciate sex as a gift from God and that they need to cherish and treasure it.. The clergy emphasized that not denying a man sex does not mean force but rather mutual agreement.⁵⁰⁰

It should not be like an office work or a job, daily. You may agree as a couple when to have sex, set a timetable, for example twice a week. Do not just do it anyhow without setting time.⁵⁰¹

Couples need to understand each other and to accept the other party's concern, for example when tired and sick.⁵⁰² Both the man and the woman are advised to initiate sexual intercourse. When a woman wants sex from her husband, she is very free to ask for it. This is the same with the man.⁵⁰³ Commenting on *mwambo* given to the bride only, the archdeaconry leader said that this is not right and shows that there is an anomaly somewhere. Both the groom and the bride need to be given *mwambo* together.

Pa 1 Akorinto 7 amati musakanizane kuopa Satana. Kumbali yathu tiyeni tikonze. Pomanga ukwati timalakwa, timalangiza mkwatibwi yekha wa St Agnes. Tikulakwitsa. Tikonze tiziwalangiza onse pamodzi. Tiyaambe. (1 Corinthians 7 says we should not refuse each other for fear of Satan. On our part, we need to change. When we are wedding couples, we fail, we counsel the bride only from St Agnes. We are failing. Let us correct this. We should counsel both the groom and the bride together. Let us start).⁵⁰⁴

The bride is also counselled among others, on maintenance of the new home. This includes taking care of the house, surroundings and other house hold chores. The care for their own bodies is also very important. The archdeaconry leader noted that some men today are divorcing their wives after losing interest in them.

Azimayi tizisamba, kumadzisamala that a man asamathe chidwi. Pali ena azimayi akangoti akwatiwa, basi kusamba kwathera pomwepo. Osadzisamaliranso ali basi nda mpata. Amayiwala kuti mwamuna amayenda, amakumana ndi azimayi tsiku lililonse osiyanasiyana ena osamba bwino. Tiyeni tisamale banja. Asatipulumuke mwamuna dala chifukwa cha uve. (Let us bathe, ladies, taking care of our bodies that a man should not lose interest. There are some women who just get married and that is also the end of bathing. Not bothering to take care of themselves saying I have found my man. They forget that a man moves around; meeting women everyday of different sorts, some ever so smart. Let us save our marriages. A man should not slip away from our hands deliberately because of filth).⁵⁰⁵

⁴⁹⁹ Int. NN.

⁵⁰⁰ Int. Fr. Mchakama, Chinamwali, 15.3.05.

⁵⁰¹ Ibid. Despite the above comment from the priest, not even a single woman admitted to have had a timetable or at least set days for sexual activities in her home. Sexual intercourse just happens abruptly and sometimes unplanned.

⁵⁰² Ibid.

⁵⁰³ Int. Agnes Mkoko, MU coordinator, Malosa, 12.1.05. Compare Rachel Banda, *Women of the Bible and Culture*. Banda found out from her study that such issues are not taught in traditional culture. My own findings in chapter three reflect the same idea, that sex is the responsibility of the man and the woman should not engineer it in any way.

⁵⁰⁴ Int. Mrs Yaidi, Archdeaconry leader, Matawale, 15.1.05.

⁵⁰⁵ Ibid.

The St Agnes girls about to wed are advised that size of family is in the hands of the parties involved. It is up to them to discuss how many children they would want to have. However they are not told that marriage is to bear children for fear of tomorrow if one or both are barren.⁵⁰⁶ The girls are strongly challenged not to bring in a *fisi* (hyena) should their husband appear to be infertile.⁵⁰⁷ Emphasis is made that marriage should not break down because of lack of children, as children are just a blessing, a gift from God.⁵⁰⁸ The newly wed family is advised that marriage is not primarily for procreation but to do what God's plan for marriage is, that is to be "helpers".⁵⁰⁹ The clergy commented that though they do not specify the number of children in a family, the couple is advised to have a reasonable and manageable family size.

The clergy and MU refuted that children are a burden today and that they disturb a couple's sexual life and the love they had during courtship. To the clergy, children bind the marriage and even when one wants to separate or divorce, the couple are forced not to do so for the sake of the children.⁵¹⁰ Accordingly it depends on what angle one is talking from to consider children a burden.

Partly yes, because you used to have free sexual relationship when they were only two of you in the house. When God has blessed you with children, you realize that it has become a bit problematic to have sex anyhow. You can't have it in the sitting room, or even during day, since the children may want to have your attention. That system of freedom goes away and you start thinking that the children are becoming a burden.⁵¹¹

4.2.3 *The Anglican church's interpretation of women's sexual reproductive health in its pastoral ministry*

The Anglican Church is involved in a number of teachings as far as the human being is concerned. They are involved in what they call holistic ministry, a ministry that targets the whole human being.⁵¹² The clergy observed that they depend upon their Women Desk to deal with issues of sexuality. Members of the clergy believe not only in the distribution of labour but also that women will always feel comfortable talking to fellow women on issues pertaining to sexuality. One drawback of this is that the responsible women are sometimes busy with their office work. As a result, the employed workers may visit a parish once in a year. The clergy admitted not having done much as a church in this area of women's sexual reproductive health. Much of what they do is to sensitise couples to be faithful to each other through preaching and marriage counselling.

We should not cheat. There is not much we have done in that area; otherwise there are problems in most homes. And because of marriage vows, couples are forced to stick to a partner they do not like and love. Unsafe sex is common in our society and a big problem is that women do not have power to ask a man to use a condom. This is why HIV/Aids has spread so fast and is still spreading. It is like a cycle.⁵¹³

⁵⁰⁶ Int. Ella Mhone, St Agnes coordinator, Malosa, 12.1.05.

⁵⁰⁷ Ibid.

⁵⁰⁸ Ibid.

⁵⁰⁹ Int. Fr. Thom Mpinga, Chingwenya parish priest, Chilema, 28.1.05.

⁵¹⁰ Ibid.

⁵¹¹ Int. Fr. Brightone Malasa, Malosa, 2.3.05.

⁵¹² Int. Fr. Brightone Malasa, Malosa, 2.3.05.

⁵¹³ Int. Fr. Francis Chipala, Liwonde, 28.1.05.

In the Anglican Church, there are counsellors (*alangizi*) primarily dealing with marriage issues. Most of these are from the MU. The priests believe that women feel free to discuss marital issues with their fellow women. In the presence of a priest, a woman cannot express herself fully about bedroom issues and in most cases she remains silent and prefers to visit an elderly woman.⁵¹⁴ However, even the clergy are welcome to do marital counseling when need arises and depending on their time.⁵¹⁵

The Anglican Church in the Diocese Upper Shire has recently introduced family life workshops as one way of interpreting sexual issues, especially during this time of HIV and Aids.⁵¹⁶

4.2.4. Family life education in the Anglican Church

Family life education is basically sex education. Following complaints from many families on marital issues, the Anglican Church in the Diocese Upper Shire thought of coming up with a way of teaching couples about sexuality, with the intention of trying to make married life more enjoyable. Besides, the church noted that couples in most homes are not knowledgeable enough on sexual intercourse.⁵¹⁷ At the diocesan level, this type of workshop takes place once a year. In 2004, it was held in Mangochi.

During family life education workshops, sexuality is discussed in depth and partners are free to express their feelings and discuss marital problems. Couples are advised to be open with each other on sexuality so that neither will sneak out of the home and seek alternatives. Both the clergy and some women commented that there has been a positive development in most homes because of such workshops.⁵¹⁸ These workshops are also a great aid to those who that did not have church weddings. Also called marriage seminars, they are held not only at the diocesan level but also at parish level, depending on the initiative of the parish priest himself. In Mangochi parish, these seminars are held every second Sunday, with the aim of bringing couples together.⁵¹⁹

We discuss issues like how do couples interact in the home. What about communication? How do couples make the budget in the home? Aids - how does a family handle it...?⁵²⁰

On the same, another priest talked as follows on one of the marriage seminars he had in his parish.

I did a workshop once last year in my parish following marital problems presented by many women. Such issues concerned money and other marital problems. As a priest, I called all couples and we had a wonderful time. The workshop also resulted in most families that were not blessed in the church to do so. It is my desire as a priest to be exemplary in my parish.⁵²¹

Family life education is primarily for those married. Although there are some components for youths, especially those about to get married, these are tackled during St Agnes and youth conferences.⁵²²

⁵¹⁴ Int. Fr. Martin Mgeni, Mangochi, 28.7.05.

⁵¹⁵ Ibid.

⁵¹⁶ Int. Fr. Brighton Malasa, Malosa, 2.3.05. These started in 2003.

⁵¹⁷ Ibid.

⁵¹⁸ At Mpira prayer house, women gave their sentiments that although these workshops are beneficial to most women and could definitely strengthen marital ties, there is however a low turn up of members. Besides, not everybody is included. Only executive members who are to teach fellow women in different parishes once they are back. This is however not timely done as some of these have not visited them to share what was discussed there.

⁵¹⁹ Int. Fr. Martin Mgeni, Mangochi, 28.7.05.

⁵²⁰ Ibid.

⁵²¹ Int. Fr. Thom Mpinga, Chingwenya parish priest, Chilema, 28.1.05.

⁵²² Int. Fr. Francis Chipala, Liwonde, 28.1.05.

Anglican women commented that they have heard of such workshops but expressed sentiments that only a few representatives are selected to attend. The clergy commented that because this is just a new phenomenon, only few families and mostly members of the clergy are represented. The priests further argued that this selection considers different parishes and prayer houses within the diocese. The aim is that after coming back, they will be able to teach their fellow members in their different parishes and prayer houses.⁵²³

Some Anglican women responded that in some prayer houses those that attended such workshops have not yet briefed them on the outcome of the conference.⁵²⁴ Commenting on the same, the MU executive expressed their sentiments that the church in most cases lags behind and comes in late. One of the members commented on the low turn out of people during such workshops. She gave an example of the high turn out of people for marriage counselling in Zimbabwe.

I have been in Zimbabwe, seen how marriage counselling is done. Aah, wonderful. People are very united. Men and women come in large numbers. But here in Malawi, though the effort is being done, there is a low turn up. Timachedwa tikamayamba zinthu. (We are always late when starting something).⁵²⁵

Most members of the clergy commented that there is an indication that most couples do not know much as far as sexual relations are concerned. They state that currently they are receiving convincing remarks from the participants, that now, after the workshop, they have a satisfactory sexual life and really appreciate how good sexual intercourse is.⁵²⁶ At such workshops, some of the issues raised by women include that they do not enjoy sexual intercourse because their partners are mostly too fast and seem not to know how to handle a woman in bed. One objective of this workshop is to impart sex knowledge in terms of different styles couples could use during sexual intercourse and how to arouse each other through foreplay in order to make the activity enjoyable to both partners.⁵²⁷ The clergy noted that this is one way of mending marriages that seem to be on the brink of breakdown.

They should try as much as possible to please each other. *Abambo apeze njira zawo, amayinso* (the men should find their methods, same with women) for example, changing styles when making sexual intercourse. A child should not sleep in the middle. The two are one body and the baby should not be a burden to sexual life.⁵²⁸

During such trainings, men and women realize that God created man and woman differently.⁵²⁹ And since they are different biologically, they also have different levels of sexual desire.⁵³⁰ The clergy

⁵²³ Int. Fr. Brightone Malasa, Malosa, 2.3.05.

⁵²⁴ A comment from Anglican women from Mpira prayer house.

⁵²⁵ Int. Mrs Yadidi, Archdeaconry leader, Matawale, 15.1.05.

⁵²⁶ Int Fr. Francis Chipala, Fr. Brightone Malasa, Fr. Thom Mpinga and Fr. Martin Mgeni. Findings from chapter 3 reveal an element of failure to enjoy sexual intercourse by some women who believe their partners are not experienced and do it as if it is a fight. The priests too added that some married couples do not know much about sexual intercourse and do not enjoy it much. Nevertheless, despite this mentality, there is still a positive evidence from my findings of enjoying sex even without marriage seminar.

⁵²⁷ See appendix 14 for an example of guideline to make sexual intercourse enjoyable. For details on foreplay, see Kristina Baker and Honor Ward, *Aids, Sex and Family Planning: A Christian View*, pgs 32-35.

⁵²⁸ Int. Agnes Mkoko, MU coordinator, Malosa, 12.1.05. In relation to the *kutenga mwana* ritual, couples abstain from sex for a period of at least six to seven months before the ritual is conducted. See chapter 3. Some couples place a child in the middle of the two to act as a block against sexual intercourse before the ritual is done. The Anglican Church does not promote such a tradition.

⁵²⁹ See Hilary Mijoga, "Gender Differentiation in the Bible: Created and Recognized", p. 87.

commented that it is their desire to reach many families with this type of workshop should funds permit.

Couples are also advised to be open and truthful with their children on sexuality. Parents ought to play a big role in educating their children about what is involved in sexuality.⁵³¹ Children need to be given the chance and the space to ask their parents questions on sexuality.⁵³² In addition, the clergy added that it is imperative for parents to be open to their children. Youths know more than one may think because of peer groups. As such, there is no point in hiding anything from them concerning their sexual life.⁵³³ Enough counselling should be given to children. The Anglican Church notes that gender insensitiveness in families could have dire consequences. Usually men look after the boy child while the girl is in the hands of the mother.⁵³⁴

4.2.3.1. *The wife is to guard the marriage*

Good behaviour is very vital to a woman in managing her home.⁵³⁵ Members of MU observed that it is the wife who guards the marriage. To them, sometimes men leave their wives because of their behaviour, as some women are always moody and bad tempered. It should be noted that this philosophy that the wife's behaviour is what counts is not the teaching of the Anglican church, which believes in sexual equality and that couples are to make their marriages good. Probably, this teaching is borrowed from cultural ideology.⁵³⁶

Timalakwitsa tokha azimayi, ma mood. Kulongolola, mukakwiya mpakana kuchipinda kumukanira mwamuna, umenewu siulemu. Gwirizanani, patsanani ma time-table. (We are also to blame, moody. Chattering, angry up to the bedroom depriving the man of sexual intercourse. This is not respect. Agree mutually and give yourselves timetables).⁵³⁷

The Archdeaconry leader commented that marriage is what women themselves make of it. Anglican women are to set an example on respecting their marriages.

Marriage, it is on you to keep it going. A married woman has the responsibility of taking care of the husband. If he wants sexual intercourse, *udzipereke* (give yourself to him). Sometimes, men leave us because of lack of happiness.⁵³⁸

⁵³⁰ Int. Brightone Malasa, Malosa, 2.3.05. It should be noted that this statement is from the teachers' side. It was unfortunate that I could not find any evidence from participants as very few women have participated in such training, most of them leaders.

⁵³¹ Int Agnes Mkoko, MU coordinator, Malosa, 12.1.05.

⁵³² Ibid.

⁵³³ Int. Fr. John Mchakama, Chinamwali, 15.3.05.

⁵³⁴ Ibid.

⁵³⁵ On characteristics of a real woman, see *Nkhanza: Listening to People's Voices*, Zomba: Kachere, 2005, p. 41. Four main categories of a real woman according to this book included, personality traits, relationship with her husband, household responsibilities, sexual attributes and fertility. On personality, the book cited, well mannered, God-fearing, trustworthy and not a gossip.

⁵³⁶ There is a danger in a woman guarding the marriage if the behaviour of one or both is unhealthy.

⁵³⁷ Int Mrs Ndarama, MU chairman St George parish, Zomba, 27.1.05. Compare, Ann K. Blanc et al, *Negotiating Reproductive Outcomes in Uganda*, p. 74. The author comments of a serious concern from married women who say their refusal to give their husbands sex when they demand, brings disappointment which aggravates to divorce or separation. These women commented that divorce or separation is a situation that most can ill afford due to the importance of marriage for defining women's position in society.

⁵³⁸ Int. Mrs Yadiidi, Archdeaconry leader, Matawale, 15.1.05.

One Anglican woman commented that when her husband has done something wrong to her, she has the right to refuse him sex and not just to sleep with him for appeasement.

Azimayife timapepera kwabasi. Masana onsewa ukhalire kumenyedwa, kukada azikugwiragwira iwe ndi kumalolera. Muli banja nkupilira, chimenechi sichikondi. Wa ine ndiye amadziwa. Sangati wandilakwira nkumaganiza kuti zikathera kuchipinda, sindingalole zopusazo. Mpaka agwada apepesa, kaya itha miyezi itatu, palibe kanthu, koma mpaka apepese ngati afuna agone nane. (We women are so weak. The whole afternoon being beaten, when it is dark he starts touching your body and you comply. Saying marriage is perseverance. This is not love. My husband cannot dare do that. He cannot wrong me thinking this will end in the bedroom. I cannot allow that stupidity until he kneels and confesses. Whether it will take three months, it does not matter but until he confesses, he cannot expect sex from me).⁵³⁹

The MU executive stated that happiness in marriage comes in three ways. The archdeaconry leader emphasized vividly that it is not money that can make a marriage work but common sense and prayer.

Think on your own ngati mzimayi, kuti banja ndilisunga bwanji. Chuma sichimanga banja, chimachita kubwera. Kulemekezana nkofunika. Khalidwe lako munthu limamanga banja. Azimayi ena alibe ulemu, kulongolola. Mwamuna kukhumata pakhomo pake pomwe, ali wo wowowowoooo, kuli kulongolola. Chinanso kuyendayenda. Mzimayi wapabanja azidzipatsa ulemu, osangokhalira kuyenda kapena kucheza kopanda phindu. Make sure you are together with your husband if possible, chat with your husband. I forgot one thing, kukwiya. Kalandilidwe ka mlendo pakhomo kamamanga banja. Alendo tisamasianitse kuti akabwera akuchimuna tizikwiya, akabwera akwathu kuwonetsa mano. Timkonde mwamuna wathu, tiakondenso anthu akwawo. Nthawi zina mwamuna amakhumudwa ndi khalidwe lotereri ndi kukusiya. Tiyeni tisamale.⁵⁴⁰

Most women commented that almost all the burden of keeping a bad marriage is put on the wife. When there is a dispute in the home calling for *ankhoswe*, it is usually the wife that loses because she is already weak in decision making and culture too expects her to be well mannered.

4.3 HIV/Aids and the Anglican Church

The Anglican Church has a policy on HIV/Aids as a way of breaking the silence in the church.⁵⁴¹ The clergy commented that this silence from the church has caused a number of deaths. Because it is not possible for the church to talk about issues of HIV/Aids in the church or the pulpit, the diocese established a department to deal with such issues.⁵⁴² The HIV/Aids committee is chaired by Mrs Chiutula.⁵⁴³

⁵³⁹ Int. NN.

⁵⁴⁰ Int. Mrs Yadidi, Archdeaconry leader, Matawale, 15.1.05. Translation: Think on your own as a woman how you can keep your marriage. Money does not build marriage, it just comes. Respect is important. Your own behaviour can build a marriage. Some women are disrespectful, chatterboxes, making the man feel gloomy in his own home, wo wo wowoooo, chatter boxes. Another thing, movements. A married woman should respect herself. Do not just move around or chat aimlessly. Make sure you're together with your husband if possible, chat with your husband. I forgot one thing, cheerless. How you receive visitors at your home can also shape a marriage. We must not differentiate between visitors, gloomy when the visitor is from the man's side and opening teeth i.e. smiling when the visitor is from our side. Let us love our husband, let us also love his people. Sometimes, a man becomes depressed with this type of behaviour and divorces you. Let us be careful.

⁵⁴¹ Int. Fr Brightone Malasa, Malosa, 2.3.05. See appendix 15 for the policy.

⁵⁴² Following a manual is something that bars the church from discussing HIV/Aids. In passing, especially during preaching, HIV/Aids could be mentioned. However this is seldom. I recall one of the Anglican church services I attended at Mpira prayer house on 30.1.05 that had a hint on HIV/Aids. The theme of the message as expounded by the officiating deacon was "Jesus is the healer". With reference to HIV/Aids, Mr Gowelo assured

The department of HIV/Aids is responsible for dissemination of information on the pandemic in the whole diocese. Besides, it encourages home based committees in different parishes to be responsible for patients.⁵⁴⁴ According to the clergy, HIV/Aids has reached the church and it is right to say that everyone has Aids.⁵⁴⁵ One member from the clergy spoke as follows,

Aids is real and the church has Aids. In August 2004 I was privileged to visit Lusaka, Zambia whose Cathedral was flagged with the big red ribbon and some words attached to it read, "The Church has Aids". That inscription overwhelmed me. I hoped if we had admitted it a long time ago we could have reduced the infection rate. All what the church needs today is action, we have heard and talked much about it. God forgive us.⁵⁴⁶

Workshops for MU are organized often where women are told about the dangers of HIV/Aids. They are also told how to avoid it, how it is contracted and how to live positively with it.⁵⁴⁷ The coordinator cited *uzamba* (traditional birth attendance) and bathing of a corpse as examples relating to women's jobs through which one could easily get infected with HIV/Aids.

A prayerful woman is merciful and ready to assist someone who is involved in an accident on the road and is bleeding. Even wearing of gloves is a controversial issue especially when our women mix with Muslims. They would say you are not respecting the dead body. You are not respecting the religion of others.⁵⁴⁸

To most members of the clergy, men are responsible for the spread of HIV/Aids and for infecting their spouses. Even so, the clergy believe that the only way a woman could avoid HIV/Aids is to be faithful to her husband. This is, however, an ideal statement. From my findings in chapter 3, the reality on the ground is that most women expect their husbands not to be faithful. Thus, a wife's faithfulness will not help at all if the husband is not faithful to her. Subsequently, to the unmarried woman, the weapon is abstinence. Following their doctrines, the Anglican Church believes any sex outside marriage is adultery and a sin before God. As such, women that are single for whatever reasons, they widowhood or divorce, are strictly called to abstain from sexual intercourse. To some this period may be indefinite until they are lucky and find another suitor to marry them again.

the gathering that God is able to heal us from all our diseases including HIV/Aids. Mr Gowelo reminded the congregation about its duty of worshiping God through prayer, abiding by his commandments and refraining from immorality. Referring to James 5:13-16 with emphasis on effective prayer, the officiating deacon spoke emphatically that as followers of Christ, Christians ought to follow his example and pray for the sick instead of wasting time backbiting.

⁵⁴³ I wanted to speak to the chairman but unfortunately failed to as she was very busy and could not be reached the time I was doing my study. Nevertheless, I managed to speak to committee members, whom most of which are priests.

⁵⁴⁴ Int. Fr. B.Malasa, Malosa, 23.8.05. Other functions of the department include, encouraging communities to accept the challenges of Aids, fundraising for orphans and also vocational training for the youths such as brick laying, welding and knitting. This year, this type of training took place from May to July, 2005.

⁵⁴⁵ Kristina Baker and Honor Ward comment that Christians share in the suffering of the whole world, when the world suffers, Christians suffer with it. In times of great trouble, the two authors believe it is especially important for the Christian church to stand out clearly with its image of hope. It should show God's love to all those who are suffering. See Baker and Ward, *Aids, Sex and Family Planning*, p. 85.

⁵⁴⁶ Int. Brightone Malasa, Malosa, 2.3.05. Compare Kenneth R. Ross, *Following Jesus and Fighting HIV/Aids*, Edinburgh: St Andrews Press, 2002, p. 40. Ross comments that in the context of the HIV/Aids epidemic, no member of the church can be un-affected as so many brothers and sisters are infected with the virus. In his words, "if one has Aids, we all have it". It is a crisis which involves the whole membership of the church.

Quoting Galatians 6:2, Ross comments that we have to bear one another's burdens and fulfill the law of Christ.

⁵⁴⁷ Int. Agnes Mkoko, MU coordinator, Malosa, 12.1.05.

⁵⁴⁸ Ibid.

Contrary to the thinking of the clergy, Anglican women said it is not possible for them to avoid HIV/Aids. Accordingly, the women said if you are unmarried and faithfully abstain, you could survive. To the married, however, this is not possible, because you cannot know if at all your partner is also faithful to you.⁵⁴⁹

On whether the Anglican Church could save women from HIV/Aids, the MU executive refuted that saying Christianity is what one makes of it as an individual. However, they commented that there is still a great advantage of belonging to a church today in this context of HIV/Aids. Members believe that if one is truly faithful and prayerful, one can survive.⁵⁵⁰

Mpingo siungapulmutse munthu ku edzi. Mkazi akakhala hule ndi hule. Amatha kukhala wa uzimu ndi wopemphera koma khalidwe lili loipa. Zibwenzi ndi mtchalitchi momwe. Chikhirisitu ndi mtima, ena amavala ngati malaya. (The church cannot save anyone from HIV/Aids. If you are a prostitute, you are a prostitute. You may appear spiritual and prayerful but at the same time with bad behaviour, sexual relationships even in the church. Christianity is the heart; some put it on just like clothes).⁵⁵¹

The clergy also observed that the church can not save anyone from HIV/Aids. Some priests commented that it is within the same church where there are problems, adultery and fornication.⁵⁵² In their words, the Anglican women claimed that to belong to their church in the context of HIV/Aids is beneficial. Your Christian life may change the bad behaviour of your husband through prayers. Both the clergy and MU executive believe prayers could be an answer to one's sexual desires. Besides, when one is a Christian woman, she never get moved by the pandemic and she lives by hope. When you die due to HIV/Aids, she dies in body only, but in spirit she lives. On the judgment day, she may attain paradise despite having died of Aids, if she were a faithful woman.⁵⁵³

Women from the Anglican Church are also advised not to stigmatize those infected but rather to support them. The Anglican church emphasizes greatly that it is against their doctrines to mistreat people with HIV/Aids. Besides taking care of orphans the Anglican Church, also takes a big role in caring for the chronically ill patients. Through GAIA, women provide home-based care to such patients.⁵⁵⁴ Commenting on how this is done, one of the members said that they first move around the surrounding villages to spot anyone who has been sick for a long time.⁵⁵⁵

We also check if the person has relatives to care for him or her. We pray for the sick. We also check the surroundings such as the condition of the home and acquirement of food stuff. We teach the relatives how to cook and care for the sick. These patients are not only those suffering from HIV/Aids but also TB and malnutrition. We also give them some drugs and counsel some on

⁵⁴⁹ For details, see *Negotiating Reproductive Outcomes in Uganda*, p. 88.

⁵⁵⁰ Int. Mrs Yadidi, Archdeaconry leader, Matawale, 15.1.05. This too is just on an ideal world. In reality, you can not survive a promiscuous husband for long despite prayers and fasting.

⁵⁵¹ Ibid.

⁵⁵² Int. N.N.

⁵⁵³ Comment from Mpira prayer house, 20.2.05.

⁵⁵⁴ GAIA (Global Aids Interfaith Alliance) under the umbrella of CARD (Churches Action in Relief and Development). Its objective was to address issues of HIV/Aids mainly in terms of care and support. GAIA started working with the Anglican Church in the Upper Shire Diocese in 2002. According to one of the board members, an Anglican priest, Fr Brightone Malasa, GAIA is doing a commendable work in the diocese. Among others, they look after orphans and provide them with materials such as clothes, cooking oil and groceries for their upkeep. They also pay school fees for them and other needy students in the diocese.

⁵⁵⁵ Int. Mrs Njinga, Mang'anda village, 12.3.05

ARVs. Orphans have guardians who take care of them. We give them soap, Vaseline, blankets and ballpoints.⁵⁵⁶

3.1 How church leaders make sure members uphold their marriages in this time of HIV/Aids

The Anglican Church admitted not to have done much in this area. Apart from family life workshops, they counsel the newly wed couples to be faithful to one another. The MU commented that it is in their mandate to promote the well being of family life. Women are the most vulnerable when it comes to Sexually Transmitted Infections including HIV/Aids. Those women with unhappy marriages and promiscuous marriages are advised not to leave the man and break up the marriage. MU is not there to break up a marriage but rather to mend it.⁵⁵⁷

Using teachings from the New Testament, women in churches are often forced to suffer silently as a result of interpretations that are meant to serve the appetites of men, such as harsh rulings on divorce and remarriage within the church.⁵⁵⁸ As such, most women are pathetically tied to husbands they know are going to cost their lives, husbands they could easily get rid of and save their lives if the rules in the church were a bit flexible. On the other hand, this remark could be far too general. From the findings, I never came across a single woman who refused divorce because of Anglican teaching. Despite this doctrine, a few women sought divorce and humbly walked out on their husbands. Besides, most women from my findings would not easily divorce their promiscuous husbands. The men may be bad in terms of behaviour, but they are still a source of income to the family.

In the New Testament, Jesus allows marital unfaithfulness as a reason for divorce.⁵⁵⁹ Contrary to this teaching, The Anglo-Catholic church has a different stand. The Greek word for marital unfaithfulness is *porneia*, from which the word pornography derives. In its original meaning, *porneia* means fornication, unchastity and prostitution.⁵⁶⁰ In Greek 1 Cor 7:2 reads, *δια τας πορνειας* (because of too much immorality). The plural Greek form points out the various factors that may bring about sexual immorality.⁵⁶¹ In this passage, *porneia* is an attitude and not an occasional occurrence. By implication, taking into account the Greek language, marital unfaithfulness cannot occur in a day but it is something that is part of you, a manner of life.

Anglican women are advised to be especially concerned with preserving marriage in order to live a Christian life. Women with marriage problems are encouraged to continue praying for their husbands until they change their behaviour.⁵⁶²

⁵⁵⁶ Ibid.

⁵⁵⁷ Int. Ella Mhone, St Agnes coordinator, Malosa, 12.1.05. Indeed the MU is not there to break up people's marriages. However today in this age of HIV/Aids forcing someone to keep hanging on to her promiscuous marriage could lead to nothing but death.

⁵⁵⁸ See Rachel Nyagondwe Fiedler, "Teaching the NT in the Era of HIV/Aids". The paper seeks to discuss ways how one could teach the NT in the age of HIV/Aids, a disease that was not there when the NT was being written two thousand years ago. According to Fiedler, advice to seek a divorce may be appropriate to save a faithful woman's life.

⁵⁵⁹ Mathew 19:9 says: "I tell you that anyone who divorces his wife, except for marital unfaithfulness, and marries another woman commits adultery." NIV.

⁵⁶⁰ William F. Arndt and F. Wilbur Gingrich (eds), *A Greek-English Lexicon of the New Testament and other Early Christian Literature*, Chicago: University of Chicago Press, 1958, p. 693.

⁵⁶¹ Ibid.

⁵⁶² See Rachel Nyagongwe Fiedler, "Teaching the NT in the Era of HIV/Aids". Rachel Fiedler comments that in the context of HIV/Aids, the key question would be- "does the command not to divorce in the HIV/Aids free context remain the same in a society suffering from the Aids pandemic?"

We pray with these women and counsel them that the most important thing is prayer. It is only when things get worse that they may seek their *ankhoswe* (family counselors).⁵⁶³

Anglican women are told to respect the desires of their husbands. Refusing the husband sexual intercourse could lead him to promiscuity. In the long run, even the wife could be in danger of soliciting some venereal diseases including HIV/Aids.⁵⁶⁴ Members of the MU are also civic educated on issues of human rights. To MU, violence against women is totally unacceptable. Women are taught to be able to tell that this is violence.⁵⁶⁵

Violence against women is for example, sleeping with your wife *kowilikiza* (continuously), six times a day.⁵⁶⁶

4.3.2 The Anglican church and HIV testing

Members of the clergy admitted not having done much on sensitizing their members on HIV testing. The clergy commented that this is left in the hands of the hospital personnel at St Luke's. The concerned priests stated that though they have at times mentioned it in passing, still they have not emphasized it much. The church admits that there is great need to tell women of the need for VCT before pregnancy.

I personally have made such appeal in the church. It is essential talking of VCT today, more especially when there is hope that after being found positive, a pregnant mother may get Nevirapine. Many women, especially in the rural areas, only possess basic education. It is therefore not easy for such women to understand such issues unless someone whom they trust, like a Priest, comes to them and civic educates them.⁵⁶⁷

The Church feels it is its responsibility to make sure people go for VCT and have their blood tested. The MU members commented that today there is no fear of death because even if one is positive, the virus can still be controlled with ARVs. To most women, the HIV test is important because once they know their status, it is imperative to stop giving birth for their own sake. A few however commented that every woman cherishes a child, and as such, the best thing is to consult a doctor on how she can have a child if she is HIV positive.

Talking about HIV testing is still a big challenge in the church and people still fear the outcome. Although most women believe that an HIV test is very important, only one person from the sampled Anglican women has had an HIV test.⁵⁶⁸ While some women appreciate the coming of VCT centres, others feel it is threatening and unwelcome in our society. Accordingly, they believe it is better to sideline themselves with the test, and keep their peace of mind.

⁵⁶³ Int. Agnes Mkoko, MU coordinator, Malosa, 12.1.05.

⁵⁶⁴ Ibid.

⁵⁶⁵ For details on violence, see Maria Saur, Linda Semu and Stella Hauya Ndau, *Nkhanza: Listening to People's Voices, A Study of Gender-Based Violence (Nkhanza) in three Districts of Malawi*, Zomba: Kachere, 2005, pp. 41-44. On examples of violence against women, the three authors cited among others, forced sex, men refusing to have sex with the wife and men having sex with their wives too frequently. From the group discussion, women commented that men do not give them a break except when they are menstruating. Besides, even in the late pregnancy some men demand sex until the day the woman goes to deliver. To the women this was seen as violence. See p. 43. Refer also to my findings in chapter 3.

⁵⁶⁶ Int. Agnes Mkoko, Malosa, 12.1.05.

⁵⁶⁷ Int. Fr. Brightone Malasa, Malosa, 2.3.05.

⁵⁶⁸ This excludes executive members of MU.

4.3.3. The Anglican Church and Antiretroviral Drugs (ARVs)

The Anglican Church in the Diocese of Upper Shire commends itself for the efforts made on ARVs at their hospital. St. Luke's is one of the hospitals in the country currently distributing free ARVs. The Anglican Church intends to reach out to many people so that they can benefit from the ARV scheme.

The church commends the government and appeals to it to continue supplying the ARVs in CHAM and government hospitals. Anglican members seem to be knowledgeable of ARVs. The clergy, according to the women, do not mention ARVs in the church. Women members from Mpira described ARVs as a drug that prolongs one's life and weakens the HIV virus.

On the spiritual side, the Anglican Church as of now is not doing enough. The clergy acknowledged that they have not done much on the issue of ARVs. On whether pastors play any role in getting people to access ARV treatment, the response was negative. Members noted that, as this is just a recent development, they are still working out how best they could do it as a church.⁵⁶⁹

4.4 Contraception and the Anglican Church

The teaching of the church on contraception is moderate. The Anglican Church does not have any written document on the use of contraceptives. In the policy on HIV and Aids, the use of contraception is partly addressed. The church is flexible on the use of contraceptives, as it feels there is nothing wrong with using them. It would appear on the other hand that most women do complain on the side effects of some contraceptives.⁵⁷⁰

The MU executive says that during their meetings, they discuss issues of contraception. To them, child spacing improves the health of a woman. The mother not only has time to recover but also, with fewer children, she has enough food to eat and feed the family. Information on contraceptives, as noted by the MU, is general. The MU executive emphasizes that only those in marriage can seek contraceptives. For those that are unmarried, abstinence is advocated.⁵⁷¹ Even condom use as a contraceptive is prohibited to the unmarried women because that is regarded as adultery.

Adultery is adultery, whether with or without a condom.⁵⁷²

The sampled Anglican women denied having heard anything on contraception, either from the church or the MU. However all women are knowledgeable of contraception from friends, the radio, and more especially, hospital personnel. Unlike MU members from St George, who stated that following a book denies them the chance to talk about contraception, MU members from Mpira said at times during their meetings, they do discuss issues of contraception, including condoms, on their own initiative. Some members from Mpira prayer house seemed to be in a dilemma on the issue of contraceptives. Some of those who go for modern contraceptives do have serious side effects and fail to continue with them. Besides, those who go for traditional contraceptives such as *mkuzi* (herbal string) and natural ones said these do not always work.

Much as the Anglican Church encourages their members to use contraceptives, they do not emphasize a specific method as a Church. People are free to use any type of contraceptive as the

⁵⁶⁹ Int. Fr. Brightone Malasa, Malosa, 23.8.05.

⁵⁷⁰ Ibid.

⁵⁷¹ Ibid.

⁵⁷² Int Ella Mhone, St Agnes coordinator, Malosa, 12.1.05.

demands.⁵⁷³ The MU says that women are also encouraged to go for tubal ligation.⁵⁷⁴ The narrator of the MU notes that these days, most women face more complications during pregnancy delivery more than in the past. The MU executive advises their fellow women to have a smaller family. Women are also enlightened on the dangers of bearing many children and no child spacing.⁵⁷⁵ These days, it is necessary to have small families, for the sake of death.

For example, if the husband dies, the woman is left to suffer to fend for the children. It's unlike in the past because children were born to help farming.⁵⁷⁶

Some women however said that childbirth was in God's plan. As such they cannot stop bearing children. To them, what is necessary is counselling on child spacing.⁵⁷⁷

Is birth control a mortal sin?

The Anglican Church believes that artificial birth control is not a mortal sin.⁵⁷⁸ One priest commented that birth control could be regarded as a mortal sin depending on your intentions. For instance, in the Anglican Church, abortions as a way of controlling birth, are indeed a sin.⁵⁷⁹ A contraceptive that aims at destroying life is indeed unacceptable.⁵⁸⁰ Commenting on Genesis 38:8-10, the clergy stated that coitus outside the vagina is not a sin. *Chokolo* (wife inheritance) was part of the Levite tradition. However, from this passage, Onan son of Judah sinned because he disobeyed God to produce offspring for his brother, not because of ejaculating outside the vagina.

Then Judah said to Onan, "Lie with your brother's wife and fulfill your duty to her as a brother-in-law to produce offspring for your brother." But Onan knew that the offspring would not be his; so whenever he lay with his brother's wife, he spilled his semen on the ground to keep from producing offspring for his brother. What he did was wicked in the Lord's sight; so he put him to death also.⁵⁸¹

For a few members of the clergy, birth control due to poor standards of living is a sin before God. To them, this is a sign of lack of trust in God because if there is any problem, God himself will take care

For details on contraceptives, see Kristina Baker and Honor Ward, *Aids, Sex and Family Planning: A Christian View*, pp. 35-69.

Tubal ligation is done through an operation that involves tying the fallopian tubes of the female reproductive organ. The drawback of this type of contraceptive is that it is irreversible. It is a permanent method of stopping pregnancy. Baker and Ward comment that if a woman is sterilized, she is still a normal healthy woman. She still has her womb and her monthly periods and can still enjoy sex as before. But she can't get pregnant because her eggs can't be fertilized by sperms or if fertilized can not settle into the walls of the womb. See Baker and Ward, p. 69.

⁵⁷⁵ Int. Agnes Mkoko, MU coordinator, Malosa, 12.1.05.

⁵⁷⁶ Int. Ella Mhone, St Agnes coordinator, Malosa, 12.1.05.

⁵⁷⁷ A comment from members of Domasi prayer house, 18.1.05. Baker and Ward in their book, *Aids, Sex and Family Planning: A Christian View*, observe that a good space between one baby and the next, and a good space after marriage before the first baby is born, is part of the preparation to help give each baby the best possible start and for a healthy family. The authors believe, that using scientific methods which God has provided for his people for family planning, just as one uses medicine of other kinds, is a different way of trusting God, p. 27.

⁵⁷⁸ In Catholic teachings, artificial birth control including condoms is a mortal sin as stated in *Humana Vitae* of 1968, an encyclical letter about the position of the RC on contraceptives.

⁵⁷⁹ Int. Fr. Thom Mpinga, Chilema, 28.1.05. Helmut Thielicke comments that birth control is ethically acceptable if carried out under the claim and under the judgement of the order of creation and as one bows in responsibility to the order of creation, to the moral responsibility. See Thielicke, *The Ethics of Sex*, p. 204. In common medical language, abortion is not considered a birth control method.

⁵⁸⁰ Int. Fr. Thom Mpinga, Chilema, 28.1.05.

⁵⁸¹ Genesis 38:10 (NIV).

of it and the children.⁵⁸² However, to most members of the church, birth control is very important but it depends on the context.⁵⁸³

There is nothing wrong with contraceptives. However it depends on the context. When God said go and multiply, he meant inside marriage. Child spacing is very important as it gives women time to rest and gather strength. They need to be given time to rest to enhance their reproductive health.⁵⁸⁴

According to the church, child spacing and stopping giving birth completely are two different things altogether. Birth control does not mean that marriage has lost its value. Children are fruits of the love between the two lovers. Whether children or no children should continue. The Anglican Church outlined the following as important reasons for birth control.

- Life is becoming expensive nowadays and it is very hard to provide basic needs to a big family such as food and education.
- HIV/Aids has resulted in deaths of parents leaving many children as orphans. It is a burden to those who take care of them, since they are added to the already big family they have.
- There are many complications during delivery these days. This has led to many deaths.
- Lack of employment.
- Lack of enough land for farming.

The Anglican Church admitted not having done much to counsel or help widows and divorcees on contraceptives. The clergy further admitted not having done much counselling on the use of contraceptives to women that are HIV positive. The clergy argued that the problem is that it is difficult to tell who is HIV positive.

You will agree with me that no woman would dare share her HIV status to someone in this world of discrimination and stigma. Had it been we are in a free world and that we all accept that Aids is like any other disease, I think we, as a church, would like to help positive women to live positively. We are yet to cope up with the situation and be free to share our problems.⁵⁸⁵

The clergy said there is need to encourage women to go and seek advice at the nearby health centres or hospital and make a choice of their own on the method they would like to follow. There is need to encourage them by highlighting the importance of birth control. In these days of HIV and Aids it becomes cumbersome looking after the orphans.

4.5 Women's sexuality and decision making

In the Anglican sense, what makes a woman unable to make decisions about her sexuality is culture. Traditional teachings give less power to women on sexual and reproductive health. Because of culture, most women think that decision-making is the man's job. A member from Mpira prayer house commented on an incident where her own husband castigated her in public that she likes to ask for

⁵⁸² Int. Fr. Francis Chipala, Liwonde, 28.1.05.

⁵⁸³ Thielicke presents premarital and extramarital sexual intercourse as one of the factors making the question of birth control an issue of conflicting judgment. He states that sexuality loses its essential nature when practiced outside marriage, as it is a denial of one of the essential qualities of sexuality, namely a personal relationship designed to be permanent and the willingness to accept the office of parenthood. See Helmut Thielicke, *The Ethics of Sex*, p. 200.

⁵⁸⁴ Int. Fr. John Mchakama, Chinamwali, 15.3.05.

⁵⁸⁵ Int. Brighton Malasa, Bishop's chaplain, Malosa, 2.3.05.

sexual intercourse.⁵⁸⁶ The MU executive added that fear makes women always passive in sexual matters. Members gave an example of a cultural practice of advising a woman not to initiate sexual intercourse for fear of being seen as a prostitute (*hule*).

Timaopa kunena kuti aziti mayi mwayamba uhule ndiye mwaona zina zatsopano. (We fear to say anything as he might say, woman, you have started prostitution and have seen new things).⁵⁸⁷

The MU executive commented that culturally women are advised that a man is the head of the family and because of this, even when she gets sick, she is forced to cook for him.⁵⁸⁸ To the MU, this mindset of looking at the man as the head gives the woman a low status in the family. The MU executive commented that such a practice should be discouraged. It is the woman who keeps customs not the man.⁵⁸⁹ Some of the clergy also commented that some passages in the Bible have been interpreted in a way that gives women a low place in sexual decision making in families.

When people are entering marriage, the bride is instructed to be submissive to the husband. Remember also that women are regarded as a weaker community.⁵⁹⁰

The clergy added that gender insensitivity in most families is attributed to culture. The priests commented that gender balance has some consequences to children when they grow up.

Because of our culture, we differentiate the way we bring up a girl child and a boy child. The girl is the one to cook while the boy goes out for a walk. When the girl has done something bad it is the mother that counsels her. Children need to be brought up in the same way. The same spirit you instill to boys when they are still youth, that they are bosses, will carry it to their families when they grow up.⁵⁹¹

Anglican women commented that it is now time that women become assertive and be able to discuss sexual and reproductive health with their partners. Commenting on whether Anglican women are given the chance to take part in decision making in the church, the MU executive disclosed that very few women are invited, and that this is only occasional. In line with patriarchy theory, in most cases, the clergy (all male) make the decisions.

Sometimes women are invited to take part in decision-making concerning issues pertaining to the church. In most cases, it is the co-worker (MU coordinator) or the President of the MU. Even myself, the archdeaconry leader, am not invited to attend such meetings. It is important to involve a lot of women to balance up the discussion. There are some issues that men on their own cannot see the need of bringing them into discussion because they are ignorant about them. Such issues like contraceptives or sexuality in general. Women should be given the room to voice it out on their own and give comments.⁵⁹²

⁵⁸⁶ See chapter 3. The husband also belongs to the same church.

⁵⁸⁷ Domasi Anglican woman's congregation, 18.1.05.

⁵⁸⁸ Int. Mrs Yadidi, Archdeaconry leader, Matawale, 15.1.05.

⁵⁸⁹ Int. Agnes Mkoko, Malosa, 12.1.05.

⁵⁹⁰ Int. Brightone Malasa, Malosa, 2.3.05. Fr. Malasa quoted Ephesians 5: 21 "Submit to one another out of reverence for Christ" and 1 Peter 3:7 "Husbands, in the same way be considerate as you live with your wives, and treat them with respect as the weaker partner and as heirs with you of the gracious gift of life, so that nothing will hinder your prayers".

⁵⁹¹ Int. Fr. John Mchakama, Chinamwali, 15.3.05.

⁵⁹² Ibid.

Some Anglican women commented that at times, once issues have been discussed by the top representatives, the women are asked to give comments if they agree to a particular issue.⁵⁹³ On the other hand, the clergy blamed the women themselves for not being assertive enough and standing up for their rights. The clergy commented that it is discouraging to see that women themselves do not support one another.⁵⁹⁴

The problem is with you yourselves, women. We call items from the Church to be discussed at the parish level, for example. Unfortunately issues of sexuality do not come. Noone seems to be interested in the matter or perhaps they do not see any need of discussing them. Yet there are problems in families, a lot. But women prefer to keep quiet and suffer silently. Mostly, it is the initiative of the priest for such issue to be discussed. Violence can not end in families when women are just quiet.⁵⁹⁵

4.6 Cultural practices and the stand of the Anglican Church

In the context of HIV/Aids, the Anglican Church sees some cultural practices as dangerous. The church strongly condemns the sexual abstinence taboos and *fisi* among others as ways of spreading HIV/Aids.⁵⁹⁶ Accordingly, such practices, including the ritual of *kutenga mwana*, need to be discouraged forthwith.⁵⁹⁷ According to the Anglican Church, the *kutenga mwana* ritual in itself is not a bad thing but the abstinence period of about six to seven months is what brings the condemnation. Perhaps the best that can be done is to recommend that the ritual be performed after six weeks.

Commenting on sexual abstinence taboos, the clergy said that these are not appropriate today, as such practices may lead to more sexual partners on the side of the man, consequently increasing the vulnerability to HIV/Aids.

While we appreciate the big role women play in giving birth and certainly believe they need to rest and get more strength, the six to seven months of sexual abstinence after delivery is just too much. What will their husbands be doing at this time? Still waiting? For sure, they will walk out and find their own ways. It is very easy for them to go into extramarital affairs that may lead to high chances of contracting the HIV virus that causes Aids.⁵⁹⁸

Commenting on the sexual taboo of no sex after menopause, the priests commented that this is useless and does not make sense. Sexual desire comes with one's body. One priest spoke as follows.

Menopause does not mean the end of sexual desire and it is punishing the man.⁵⁹⁹

The MU executive added that such practices deliberately expose the man to HIV/Aids.⁶⁰⁰ The MU executive advise their fellow women to immediately seek family planning methods six weeks after delivery and resume sexual intercourse.⁶⁰¹

⁵⁹³ Anglican women from Domasi prayer house, 18.1.05.

⁵⁹⁴ Int. Fr. Brightone Malasa, Malosa, 2.3.05.

⁵⁹⁵ Int. Fr. John Mchakama, Chinamwali, 15.3.05.

⁵⁹⁶ See chapter 3 on sexual taboos.

⁵⁹⁷ On *kutenga mwana* ritual, see chapter 3.

⁵⁹⁸ Int. Brightone Malasa, Bishop's chaplain, Malosa, 2.3.05.

⁵⁹⁹ Int. Fr. Ernest Mphaya, Matawale, 1.5.05. Here the priests seem to assume that such taboos exist, but most women in my sample do not know anything of this taboo. Besides, the few that are aware of it do not put it into practice.

⁶⁰⁰ Int. Mrs Yadidi, Archdeaconry leader, Matawale, 15.1.05.

⁶⁰¹ Int. Agnes Mkoko, MU coordinator, Malosa, 12.1.05.

On another note, although some practices are not welcome in the church, there are others that need to be encouraged. One member of the MU executive commented that in this time of HIV/Aids, there are some cultural practices that may help keep a man in the home such as the elongation of the labia minora.

Pali fundo yoti malinga ndi edziyi, tiyenera tikonze. Kaya miyambo ina tinasiya, awo ali ndi miyambo yawo apitilire bola asunge mwamuna m'nyumba. *Kukoka*, mwachitsanzo kunasiyika akuti abusing. Tiyenera tiwunike bwino bwino. *Zokoka* ziyenera zipitilire. Tisataye zonse anatiuza makolo, chachikulu tizigwirizana. (There is a rule that because of HIV/Aids, we need to correct. If we stopped some practices, others should continue as long as you keep the man in your home. For example, elongation, we stopped, saying that is abuse of human rights. We need to check properly. The practice of lengthening the labias should be encouraged. We do not have to throw away everything that our parents left us. The best thing is to agree with each other).⁶⁰²

The Anglican church follows prescribed texts for teaching and usually marital issues, including sexual taboos, are not discussed in the pulpit. Since they cannot visit villages, preaching against cultural practices, members of the clergy say they wait for the people themselves to approach them.⁶⁰³ Usually, sexual taboos are tackled during counselling on marital problems.⁶⁰⁴

Amakupeza anthu monga Mpingo, kaya ndi amayi, kaya ndi abambo. Ndiye timawaitana onse pamodzi monga banja. Timawalangiza. Uphungu umapelekedwera pamenepa. Zimakhala povuta monga Mpingo kupita kumudzi kukanena nkhani zimenezo. Ndiye nchifukwa chake timadikira kuti nkhanizo zichite kutipeza.⁶⁰⁵

4.7 The Anglican Church and condom use

The clergy commented that women with family problems such as promiscuous husbands should be strongly advised to use condoms when they are not sure of the whereabouts of their husbands.⁶⁰⁶ Condom use should be encouraged for both the husband and the wife. The church admitted that women are more vulnerable to HIV/Aids. Because of poverty, most women find it hard to say they want safe sex. In order to safeguard the life of the innocent wife, it is important to use a condom.

Now we have strong teams known as HIV/Aids Committee at Diocesan and Parish levels. These committees are responsible for sensitizing the general public on the importance of safe sex. I am glad to report here that of course it is hard to measure how far we have gone but we are proud that we are doing something towards curbing the epidemic by highlighting safe sex as a weapon in fighting it.⁶⁰⁷

The stand of the Anglican Church is that condoms should be used in the marriage context when one spouse is diagnosed HIV positive and the other is not infected. Especially when both are positive, they

⁶⁰² Int. Mrs Yadidi, Archdeaconry leader, Matawale, 15.1.05.

⁶⁰³ Int. Fr Ernest Mphaya, Matawale, 1.5.05.

⁶⁰⁴ Ibid.

⁶⁰⁵ Ibid. Translation: People find you as a church, whether a woman or a man. Then we call them both as a family. We counsel them. This is where we give counselling services. It is difficult as a church to go to a village and talk about such issues. That is why we wait for the stories to reach us.

⁶⁰⁶ Compare Jean Garland, *Aids is Real and it's in our Church*, Bukuru: African Christian Textbooks, 2003. Garland in echo with the sentiments from the Anglican church, argues that condoms in marriage could be used when one or both of the partners are infected with HIV or one is worried that the other may be infected due to unfaithfulness outside marriage.

⁶⁰⁷ Ibid

encouraged to use condoms. It is not yet resolved to allow any other persons apart from those in block to use condoms. The church strictly emphasizes that condom use is only for the married. According to MU representatives, a condom is not a solution to HIV/AIDS.⁶⁰⁸

Sitilimbikitsa kondomu. Chofunika ndi kudziletsa. Kondomu timaiika kumapeto. (We do not emphasise condoms. The best thing is to abstain. A condom is put at the end).⁶⁰⁹

From the sampled women, only four have once used a male condom as a contraceptive and none to prevent infection. Their reason was emergency after they had forgotten to seek contraceptives from the hospital. One woman commented that she once sought condoms from Domasi Rural Hospital when the contraceptive she was looking for was not available on that day.⁶¹⁰ Women from Domasi prayer house commented that they can influence their husbands to use condoms if need be. By contrast those from Mpira said this is not possible.⁶¹¹

Though female condoms are available at Domasi Rural Hospital, none of the women from Domasi and Mpira prayer houses ever used them. Those from Mpira said they heard from some who used one that they have sores once they use them. This has created fear so most women do not dare to try them.⁶¹² However, some members of the clergy commented that HIV and Aids is like a war, which must be fought with any available weapon.

Pankhondo sitimasankha chida chotola. Timatola chili chonse bola upulumuke. Kaya ndi mwala, kaya mtengo, chikwanje. Kondomu ili ngati chida chodzitezera. (On a battlefield, you do not choose what weapon to use. You pick anything as long as you survive. Whether it is a stone, a stick, or a *panga* knife. A condom is like a defensive weapon).⁶¹³

The condom issue remains very controversial. A member of MU executive commented that people do still have negative attitudes about condoms.⁶¹⁴ The archdeaconry leader cited her own example of this negativity when she was conducting research at St Mary's location in Zomba in 2004. The research that dealt with the distribution of condoms to households proved a failure because of the low response she got from her fellow women.

Ndinayenda St Mary's yonse, aliyense kukana. Mzimayi mmodzi yekha ndi amene analandira. Onse kumangoti azibambo amakana. Ena ati ndikuphunzitsa azimayi uhule. Vuto si azibambo ayi.

⁶⁰⁸ For comparative analysis, see Jean Garland, p. 177. Garland believes promoting condoms can encourage to disobey God's law. She backs up her argument by quoting the declaration of the All Africa Church and Aids Consultation in Kampala, Uganda that said, "We believe that the prevention of Aids is best promoted in God's ideal of fidelity and faithfulness in monogamous marriage and sexual abstinence before marriage... When physical life can be preserved in the midst of consequences, we recognise that condoms may reduce risk, but we believe that promotion of condoms as the primary prevention of Aids falls short of God's ideal for the sanctity and joy of sexual fulfillment in marriage."

⁶⁰⁹ Int. Mrs Njinga, Likwenu parish MU chairman, Mang'anda village, 12.3.05.

⁶¹⁰ This is common especially in health centres where they have specific days to seek particular contraceptives.

⁶¹¹ Refer to Chapter 3.

⁶¹² A friend of mine who once used it says she did not get such problems. The only thing she disliked about the female condom was that it makes too much noise.

⁶¹³ Int. Fr. Martin Mgeni, Malosa, 20.6.04.

⁶¹⁴ Compare Jean Garland, p. 179. Garland explains that people who campaign against condoms and argue that the very small HIV virus can pass through the pores (invisible holes) of the condom argument. Though it is true that the pores in a condom are bigger than the virus itself, HIV is very unlikely to pass through these holes as it is always attached to cells in the semen, vaginal fluid or blood. It is not floating free in the fluid and therefore is not able to pass through the condom on its own. The author further comments that the cells to which the HIV virus attaches itself are bigger than the condom pores so cannot pass through.

Tisawanamizire, vuto ndi ife amayi. Timayesetsa kuwaphunzitsa azimayi ubwino wogwiritsa ntchito kondomu, even at annual meetings, timafotokoza nkhani zimenezi. Koma aliynse amawoneka kuti sizimamukhudza, kumangoti azibambo amakana.⁶¹⁵

The Mothers Union of the Anglican Church comprises not only those married but also divorcees and widows if they wish to join. Though condoms are strictly for those married according to the Anglican church doctrine, nevertheless, talks on condoms are non-discriminatory, having no respect for one's status.

Tikamakamba za kondomu sitisiyanitsa kuti kaya uyu ndi wamasiye kaya osiyidwa, ndiye achoke kaye asamve nawo, ayi. Aliynse ayenera kudziwa. That is why we have incorporated the unmarried in the Mothers Union. Banja ndi mpingo.⁶¹⁶

4.8 Anglican Church and women's sexual reproductive health activities

The Anglican Church calendar contains a day once a year set aside to talk of creation, including reproductive health. According to some priests, the challenge they have is that they don't have specific time and specialized people to focus on reproductive health as a subject. Most of the priests are lay people in the field. Thus, they depend much on their clinically trained personnel in their hospitals and health centres. In the church, this will depend on the initiative and judgment of the presiding priest,⁶¹⁷ and, with little knowledge on the issue, in most cases the day is not utilized.⁶¹⁸

The clergy commented that women need a lot of training in a number of fields including reproductive health in the context of HIV/Aids. Women and girls need to attain high education to achieve this goal.⁶¹⁹ The priests believe that education has a pivotal role in combating HIV/Aids in our society. It is a key to empowerment. No effective approach towards HIV/Aids prevention can be taken without taking into account issues of gender and education. For example, it needs education for a woman to persuade her partner to abstain from sex. Members of the clergy maintain that unless women are educated, they cannot appreciate or negotiate condom use.⁶²⁰ The clergy argues that it is its duty to ensure that gender mainstreaming is being accomplished in most homes.

Girls need to be educated in the same way as boys. We do not have to differentiate the two even in allocation of jobs—that a girl should be the one to cook while the boy goes to play football. Starting with the father, he should be able to support his wife with the house chores. If you have boys in the home, they will be able to clean pots and cook because their father does it too. You come to my home one day. You will be surprised to find me mopping the floor. When people find

⁶¹⁵ Int. Mrs Yadidi, Archdeaconry leader, Matawale, 15.1.05. Translation: I walked the whole of St Mary's, everyone refused. Only one woman accepted them. All were saying men refuse. Some say I am teaching women prostitution. The problem is not with men, let us not be deceived, the problem is us women. We try teaching women the benefit of using a condom, even at annual meetings, we explain all these stories. But everyone seems not to care, just saying men refuse.

⁶¹⁶ Ibid. Translation: When we are talking about the condom issue, we do not differentiate that this one is a widow or a divorcee, then she must leave the place that she should not listen to the talk. Everyone has to know. That is why we have incorporated the unmarried in the MU. Marriage is church.

⁶¹⁷ Int. Charles Makwenda, Zomba, 16.8.05.

⁶¹⁸ Int. Brightone Malasa, Malosa, 2.3.05.

⁶¹⁹ This is of course true. But there is no indication how these can attain high education.

⁶²⁰ Studies in Zambia, for example, have found out lower levels of HIV infection among better educated people while in Kenya, research has linked higher education rates to higher rates of condom use and greater communication on HIV prevention among partners. For details, see UNAIDS, 2003 quoted in *Aids Epidemic Update*, UNAIDS, 2004.

me, they get surprised, saying pastor, what are you doing? Where is your wife? I know they cannot understand seeing their pastor helping his wife with the house chores, but that is a good example to my children especially the boys.⁶²¹

Providing alternative ways how our women can sustain their lives could be another way of improving their sexual life as they will not be fully relying on men for support. Women should support their husbands finding ways of getting money to use at their home. They should not just wait for the man to do everything.⁶²² This will involve providing small-scale loans to them.⁶²³

The MU executive believe that women's sexuality could be improved if they themselves are empowered both spiritually and physically. Anglican women believe that prayer is a weapon at improving one's sexual and reproductive health. Prayer can change one's marital life. Women from Mpira prayer house noted that if women were empowered, they would be able to convince their partners to use condoms. Some members of the clergy commented as well that women should be considered for positions of leadership to encourage assertiveness.

Even mipando yaikulu mtchalitchi (big positions in the church). In most cases it is men who dominate and possess the leading positions. For the first time in my parish, we have chosen a woman to be the chairman. But that was because of my initiative, otherwise even her fellow women were ready to choose a man as the chairman.⁶²⁴

Some members of the clergy commented that there is need for enculturation and to revisit the Bible. Bearing in mind that we are living in a totally different culture, the scriptures need to be exegeted to apply to a particular context and time. According to some members of the clergy, it is the responsibility of the church to check its doctrines and teach appropriate messages relevant to a particular context.⁶²⁵

The Bible is a guide in our everyday life. It was written from a different environment, understanding and purpose. We can go back to the Bible and accommodate some issues to suit a particular situation. Of course not running away from the scripture. But an umbrella is not necessary in summer.⁶²⁶

On support given to unmarried women, the MU executive commented that singles are encouraged to be self reliant and engage in small businesses such as farming to support themselves and not relying on men. Nevertheless, some of the representatives commented that this is not always easy due to lack of capital to start the businesses.⁶²⁷ The clergy admitted not having given any support to the unmarried women. To this, they added that it is necessary that something should be done to the unmarried on their sexual health for example those that are sexually active.

This is a big job for the church. Most unmarried are widows with children. This is why some women resort to promiscuity because they have nothing to support the children. At times, I ask myself, what are we doing as a church towards such women. All we do is backbiting, calling them prostitutes without really understanding their problem and trying to find a solution. Perhaps our support as a church is insufficient. We need to sit down as a church and reflect on the teachings of

⁶²¹ Int. Fr. John Mchakama, Chinamwali, 15.3.05.

⁶²² Int. Agnes Mkoko, MU coordinator, Malosa, 12.1.05.

⁶²³ Although this seems to be a good idea, it was not indicated as to who should be providing the loans.

⁶²⁴ Ibid.

⁶²⁵ Int. Fr. John Mchakama, Chinamwali, 15.3.05.

⁶²⁶ Int. Fr. Francis Chipala, Liwonde, 28.1.05.

⁶²⁷ Int. Mrs Njinga, Likwenu parish MU chairman, Mang'anda village, 12.3.05.

the church. Yes, our doctrines support only monogamous marriages, but how can we support the singles that are sexually active. We are now living in the time, when, quoting Bishop Aipa, "the impossible has met the possible".⁶²⁸

The clergy cited an example of economic empowerment to singles through loans as a way of supporting those that have sexual intercourse for trade. The concerned priests explained that even when the church is unable to provide the loans, it has the responsibility to save its people by influencing other lending institutions to aid.⁶²⁹ Commenting on the same the Bishop of the diocese spoke of a project the diocese has embarked upon recently on empowering clergy wives through small scale businesses.⁶³⁰ The intention is that once these wives are economically empowered they could reach out to other needy people such as widows and divorcees.

There has been a positive response. Some have been helped. For example, at Malindi parish, the priest's wife has bought a sewing machine. We also receive donations and assistance in monetary form, money, old clothes (*kaunjika*). Our next step is to look after the singles.⁶³¹

While some members of the clergy talked of revisiting the Bible to accommodate unmarried women, a few believe women can quench their sexual desire on their own. For instance, just as men do masturbate, unmarried women could do likewise for example using vibrating machines or a banana.⁶³² Polygamy to most members of the clergy is a channel for HIV/Aids. The Bishop however suggested an idea of supporting the sexuality of the unmarried by making sure that they get married.

That is a very difficult question. No, no, no, we cannot allow promiscuity in the church. Neither can we allow polygamy. It was there in the O.T but condemned in the N.T. One man cannot share love. It's true, yes, sometimes we take it for granted. In Ireland, widows and widowers march on Valentine day. It is a day for the unmarried to meet. You are giving me homework. I will ask my chaplain to give me a list of unmarried women and men. For example, we can be going to our schools checking any unmarried men or widowers. Then we can arrange for a seminar for both parties to meet. It's true; we have a big challenge to look after the singles in terms of their sexual desire.⁶³³

A few women commented that improving one's sexual and reproductive health is personal. It is up to the one who has received the word to keep it. Women need to be continuously receiving the word of God. We are different individuals and even understanding of things differs. Some grab it faster than others.⁶³⁴

A few members also commented on the need to make it a policy to have pre marriage HIV tests. The prospective bride and groom should be required to show a certificate before the officiation of the wedding.⁶³⁵ On what could the implication be if one or both happen to be HIV positive, the clergy said that they cannot cancel the wedding. The priests commented that when such a scenario happens, the clergy have the mandate to prescribe condom use. This is also accepted in the Province of Central

⁶²⁸ Int. Fr. John Mchakama, Chinamwali, 15.3.05.

⁶²⁹ Int. Fr. Francis Chipala, Liwonde, 28.1.05.

⁶³⁰ Int. His Grace Bernard Malango, Bishop of Upper Shire Diocese, Malosa, 30.3.05.

⁶³¹ Ibid.

⁶³² Int. NN

⁶³³ Int. His Grace Bernard Malango, Bishop of Upper Shire Diocese, Malosa, 30.3.05.

⁶³⁴ Int. Mrs Yadidi, Archdeaconry leader, Matawale, 15.1.05.

⁶³⁵ Ibid.

Africa.⁶³⁶ On the other hand, this could just be another untested far fetched idea to have an HIV test before a church wedding as this usually comes after years of marriage.

The clergy observed that frequent family life talks or sessions in the church could be a very good way of improving women's sexuality. The priests observed that the Church has a big role to play at making sure that relationships in families are up to standard. Dialogue with families could have an impact that there is a possibility to empower women in their sexual and reproductive health.

Let us start from somewhere, even with a small group of people. Do not expect that things can change at once. But by and by, slowly and slowly, it can work.⁶³⁷

4.9 Conclusion

This chapter has described how the Anglican church interprets morals in its theology. It seems there is no clear policy on issues concerning sexuality. There is no standard policy or guide on issues of sexuality. As with culture, even in the church, issues of sexuality are taken as taboo. In most cases, pressure from outside such as unhappy marriages forces the church to bring in these issues of sexuality. The introduction of family life education is one way of responding to the pressure of marital problems in most families. Focusing on marital problems, these workshops are meant to enlighten members on sexual life and how sexual intercourse could be pleasant and enjoyable.

In the Anglican Church, the unmarried women seem to be neglected or perhaps forgotten. There is not much support given to the unmarried women in terms of their sexuality.. Family life education is for those that are married.

Although there is no clear policy on contraceptives, the Anglican Church is flexible and leaves it to the family to decide on its own what contraceptives to use. But contraceptives are acceptable only for those that are married. Those that are unmarried have no mandate to use condoms. All this is based on their doctrines, in particular the ten commandments. Accordingly, sex outside marriage - with or without a condom - is a sin. Nevertheless, from my study, none uses a condom, whether married or single.

On HIV/Aids, the church is taking a big role in educating its members on the pandemic. The establishment of a department of HIV/Aids in the diocese is a positive response to the issue. According to the church, avoiding HIV/Aids is through faithfulness in marriage and abstinence for the unmarried. Unfortunately, no note is taken of the fact that there are many marriages where only one spouse is faithful. In principle, this teaching is ideal but a faithful marriage today is not common. Use of condom in such marriages does not conquer the pandemic, but could save the health of many faithful wives.

⁶³⁶ Int. Fr. Brightone Malasa, Malosa, 15.10.05.

⁶³⁷ Int. Fr. Francis Chipala, Liwonde, 28.1.05.

Chapter 5

Faith versus Reality: A Diet that is not Balanced

5.1 Introduction

There seems to be a gap between what the church demands and what is the reality on the ground. Messages and teachings of the church seem to be in the abstract, without achieving much on the ground. Where faith and reality are in controversy, and the diet is unbalanced, the end result is not appetizing to both sides. Culture seems to procure a big role in the society, if not outliving and bypassing the demands of the church. Culture has invaded society with its norms, beliefs and ideas and though some are not delicate, cannot easily be erased. Thus, it is very crucial to consider culture when one exegetes the Biblical message. Rachel Fiedler comments that in the age of HIV/Aids, culture plays an important part in the way women read the New Testament. Referring to the Baptist Convention women, Fiedler notes that such women inherit messages as regards sex and marriage from their cultural point of view.⁶³⁸

Women's experience in sexual and reproductive health is a big challenge.⁶³⁹ Problems facing women, most of whom are uneducated, are quite desperate. The theory of sexual subcultures has dominated in the research findings. Cultural and moral attitudes to sexuality give women of Malemia a minimal place in decision making. In sexual decisions, it is a man who plays the role while the woman sits and waits to be touched. Women are expected to be less likely to initiate sexual encounters.⁶⁴⁰ It is as if female and male sexuality were in different worlds. Even things that involve them directly like childbearing are left in the hands of the man to decide number of children and type of contraceptive.

The study has also used situational theory. Findings show that in some cases it is the situation that determines an action as to whether an individual is helped and not necessarily the teaching of the church. For instance, fornication, contrary to the teaching of the Church, seems to be an answer to economic misery of some women. Un married women do seek contraceptives to meet their needs. Despite the great effort by the church, everyone is minding their own business regardless of what the church teaches. Knowing that there is lack of communication in most homes, the church has taken the initiative to change things to the better with its family life education and marriage seminars. The church encourages women to be assertive and take a big role in issues of sexual and reproductive health in their homes. In these seminars and family life workshops, the church tries as much as possible to break the culture of silence and that of taking sex as a taboo. It calls for example for openness, communication, and nakedness. Besides, it calls on women to initiate sexual intercourse when they want it.

Surprisingly from the study, most women seem to value their culture most. To them, issues of sexuality are determined by the male factor. And their job is simply to obey, be submissive and suffer.

⁶³⁸ Rachel Nyagongwe Fiedler, "Teaching the NT in the Era of HIV/Aids", p. 3.

⁶³⁹ See Gillian Paterson, *Love in Time of Aids*, p. 112. Paterson adds that when HIV/Aids is approached from the stand point of women's health, it has so many challenges. For example a challenge to live in love which is the basis of true morality; to live in life and not to be seduced by the rules; to live in truth which unlocks the prison of respectability. Besides, there is also a challenge to live in hope.

⁶⁴⁰ See *Negotiating Reproductive Outcomes in Uganda*, p. 89.

Whereas the Church is promoting enough communication through its marriage seminars and family life education, reality on the ground is that there is lack of communication in most homes. Nakedness and communication are inappropriate to most couples in most homes. Mutual agreement and setting timetables for sexual intercourse in homes is another idealism in the church. Reality shows that sex is abruptly done and at times even without giving much thought to it.

Using a condom in the Anglican Church whether for contraception or HIV prevention is not a taboo, provided it is taken in the context of marriage. To my dismay, despite this preaching and concern by the church, most women seem to be careless in their sexual life, in most cases trying to blame their partners. Even women with promiscuous husbands are afraid to ask for a condom for fear of being labelled a prostitute. Perhaps none seems to believe that a condom can reduce the risk.⁶⁴¹ There is a strong cultural resistance to the use of condoms. The study has also shown that women who do not use condoms do not do it because of influence from their faith communities, but of their own disregard. There is such a low and negative view of condoms that even those who are married fail to use them to prolong or save their lives.

As such, to conclude that HIV/Aids is spreading because people do not use condoms due to religious influence, is a misrepresentation of the whole scenario. Even if the church were today to legalize all condom use, it would not carry any weight as nobody wants them and uses them. Thus, whether the church is silent, condones or disapproves condom use, it does not make a difference at all. On the same, to accuse condoms as being a channel of immorality in the society and a loophole for HIV/Aids is another misrepresentation. Noone is using a condom. None of the women sampled who are HIV positive got the virus because they used a condom.⁶⁴²

Cultural practices could indeed play a role in spreading HIV/Aids. However, from the case study, not all sexual taboos that were there in the past are being followed today in this context of HIV/Aids. Though they seem to be there in theory, most women do not practice them. Those that want to uphold their cultural practices do so. Those who don't are also not forced to follow them. Each woman seems

⁶⁴¹ Garland, p. 169 comments that condoms can make sex safer within marriage, though the risk is still there. Garland compared condom use in marriage with two men John and Simon. John who being thirsty took water from a bucket and drank. After which he got sick from diarrhea because the water he took, though it was his, was not boiled. His own water had harmed him, though it was legal and moral for him to drink his own water. On the other hand Simon, thirsty and seeing there is no water in his home went to John's home and stole some water. However he boiled it first before drinking it and saved himself from the diarrhoea, p. 171. Though it was illegal and immoral for Simon to steal, he survived because of his own wisdom. Garland comments that in the same way, though it is legal and moral to have sex with your wife or husband, the same perception could lead to harm and infect you with HIV. And with the precaution of using a condom, you could be less likely to get sick. I certainly believe, widespread condom promotion is not the answer to the Aids problem. Garland puts it, young people lack knowledge and discipline to use condoms consistently, p. 176. Garland speaks of the danger of having an "anti-condom" campaign instead of an anti-Aids campaign. In her words, the author expressed sentiments that though condoms do not guarantee absolute protection against HIV, there is a danger that some well-meaning Christians become so "anti-condom" that they discourage all condoms, condemning even condom use by people who are going to be promiscuous anyway, or by those who need to protect their spouse or themselves. To Garland, Christians are becoming so divided on condoms that there is a danger of losing focus. The condoms become the "evil thing" rather than the sexual acts taking place outside the bonds of marriage. In her words, "we should not waste energy or time arguing over condoms", p. 179.

⁶⁴² I for one did not dare to have such rubbers in my home, but I am infected. My husband was a devout Catholic who could not dare use a condom. Even myself could not bother negotiate condom use. After all I was there newly married, why should I use a rubber? For what? All I wanted was to bear my own blood the sooner the better. Now I am infected because of adultery.

to be responsible for her own life. Thus, to say that following cultural practices has greatly contributed to HIV/Aids could also be a misrepresentation of the whole issue. As most women commented, it is in fact negligence of most cultural sexual practices that has contributed to HIV/Aids. The sexual practice of *kutaya mwambo wa kudikha* (abstinence practice) is what to most women has contributed to HIV/Aids.⁶⁴³ Denial of some of the women's sexual practices such as elongation of the labia minora has led some men to seek satisfaction from other women where such things are present.

The influx of unmarried has also greatly contributed to HIV/Aids. Women's own lack of controlling their own sexuality has affected their lives. Dependence on men up to the extent of selling their bodies is a shocking scenario. Despite the preaching of abstinence by the church, unmarried women seem not to care much or perhaps are in a dilemma. Singles, most of whom are widows and divorcees seem to be forgotten or neglected by the community at large. Because of economic support many are resorting to sexual behaviours that are risky.⁶⁴⁴ Some do not even indulge in risky behaviour to seek financial support but as a way of quenching their sexual desires. The unmarried women, who for some reasons beyond their control are single, feel it is not easy to abstain till their deaths. Women believe that in the past it was easy to do so, continue praying until God gives you another man in life. Today this chance seems to be little, and most women feel that it is not realistic to wait for another man when for sure men of their age that are single are not there on the ground.

This is a big challenge to the church. Possibly, this could lead to those most faithful women becoming affected by HIV right there in their own bedroom. There seems to be a competition of women out there and only those that are unmarried could see why they go on fighting for a man.⁶⁴⁵ Unfortunately, the study has found out that men who go out with these many singles are not youths but married men. This is a sign of infidelity within the church as most of these men are members of the Christian community. It is also a sign that the preaching of faithfulness in marriage by the church is not being taken seriously by most men. It will not benefit a wife who is faithful anything if her husband is not faithful.

Christian religion strictly emphasizes monogamous marriage. And once found to possess a second wife, the penalty is the same, excommunication from the church. It is not easy for women to avoid HIV/Aids if their sexuality rests in the hands of men. Current HIV/Aids prevention strategies are irrelevant to most women in Malemia. The ABC strategy (Abstinence, Being faithful to one partner and Condom use), seems not to have worked. There is a notable category of unmarried that has failed to abstain and goes out with married men. There is again a high marital infidelity in most homes.⁶⁴⁶ Unfortunately too, none is interested in condoms. Not using a condom consistently is the same as not

⁶⁴³ But there is no evidence for this, as this belief has a tendency to encourage husbands' promiscuity.

⁶⁴⁴ In the Anglican Church, the MU incorporates in their organization unmarried women provided they live an exemplary moral life. See chapter 2. The Anglican Church tries to provide some economic support to such women through some income generating activities. But it seems most women do not have this chance at their disposal. Of course the church admitted that there is not much support given to such women. See chapter 4.

⁶⁴⁵ See findings in chapter 3.

⁶⁴⁶ See also Klaus Fiedler, "We are all Infected or Affected: the Moralities of Antiretroviral Treatment" in *Journal of Humanities*, no 18, 2004, p. 24. Fiedler commented that many people disregard the teaching of faithfulness in marriage, often including people who otherwise are considered faithful Christians. He further argues that there is a danger with this right morality not only of being infected but also infecting other sexual partners including the faithful wife. Fiedler states that it is better to be unfaithful and neither get infected nor infect anyone than to be unfaithful and infect others.

using it at all and indeed a waste of resources. Condom use at the moment can not prevent HIV/Aids. It is a big concern to note that even prevention behaviours are also stigmatized and women seem reluctant to introduce a condom as that would associate them with the virus. Behaviour change may be something one cannot do on one's own. Behaviour is dictated by many things such as tradition, habits, expectations, lifestyles and values of the community at large. Cultures do not change unless they are forced to, either by events from outside or by threat of self destruction from within, and before you can change, you have to face the truth.⁶⁴⁷

Klaus Fiedler believes that one option to encourage people to go for an HIV test is that the church should develop an organized approach concentrating on overcoming stigma, giving the spiritual means to break the conspiracy of silence and orienting those that are already on treatment.⁶⁴⁸ Whereas the church is trying all it can to get people for the HIV test, concerned members seem not to worry much. The effort by the church is far fetched. New Testament theology is very crucial in the fight against HIV/Aids. It is a theology that not only encourages forgiveness by the church towards those dying of Aids as a result of sexual infidelity but at the same time discourages stigmatization by bringing healing to the affected community.⁶⁴⁹

Though the church could be in a position to pray for the sick, in particular those living with the HIV virus and those that are sick from Aids, the dilemma is that people living with Aids are not open and free to approach the church for any spiritual guidance.⁶⁵⁰ HIV/Aids has resulted in stigma and fear on those who live with and die from the pandemic. There is also fear to those who love and care for such people—fear of in any way contracting the virus and fear of stigma from the whole community. Where there is still not much effort by the church to fight stigma, HIV/Aids will continue haunting us. Stigma prevents people from speaking and acknowledging HIV as a major illness. At the same time, it blocks those infected from seeking medical and spiritual care and from seeking preventative measures to avoid reinfection.

5.1.1. Recommendations

Looking at the above scenario where faith and reality seem to clash, there is great need for enough counselling at all levels. Allow me therefore to present the following recommendations to the church that may perhaps help solve the problem. And subsequently, try to improve the sexual and reproductive life of women in this age of HIV/Aids.

- The Church needs to continue with the marriage seminars, especially at the parish level. Even where there is a low turn up, the few that are present are most important and could carry the message to their friends. Women need to be assertive enough to speak out on their own sexual reproductive health.

⁶⁴⁷ Gillian Paterson, *Love in Time of Aids*, p. 29.

⁶⁴⁸ Klaus Fiedler, "We are all Infected or Affected", p. 29. Fiedler cites some of the methods to use at embarking with a job. These include pastoral letters, sermons, seminars, women groups' meeting and pastors' conferences but especially direct pastoral contact.

⁶⁴⁹ See Rachel Nyagongwe Fiedler, "Teaching NT in the Era of HIV/Aids", p. 2.

⁶⁵⁰ In their comment, the clergy said it is not easy to offer spiritual support like prayers or getting ARVs for PLWAs as such people are not open enough to come over. This is why they depend on their hospital- St Luke's for such services. See chapter 4.

- Prayer for healing and daily strength should be part of our ministry to those with Aids.⁶⁵¹ Jesus Christ died for our sins, no matter what we have done.⁶⁵² Pastoral counselling for any problem as a way of restoring those that have moved away from Christian truth and moral standards, back to what God has designed for them.⁶⁵³ Praying for people living with HIV/Aids can break the silence and set a good example to the community at large for them to follow.⁶⁵⁴ The Christian Church is always called to be a shining light in dark places, and the darker the surroundings, the brighter must the light shine.⁶⁵⁵ Let there be a conducive environment in the church for every member including those living with HIV/Aids to have a voice and speak out their mind. It is very important that we continuously pray for love in our homes, churches, communities and in our nation. This is *agape* love.
- If at all condoms could prevent HIV/Aids, there is indeed a need for the church to intervene in the condom issue. Even if condoms are not 100% effective, even if there is no such thing as safe sex, however half a loaf of bread is better than none. May the church know that sexual intercourse in our society is real, with or without a condom. Besides, let the church also consider those that are HIV positive on how they can manage their sexual life. HIV/Aids should not be a punishment to one's sexuality. They too have sexual feelings but have the sole responsibility of not spreading the virus to their sexual partners.⁶⁵⁶ This is a big challenge to the church. It is necessary to re-examine the condoms and find out their effectiveness. Prevention is always a better and cheaper recipe than seeking a cure.
- There is need for consultative meetings or seminars with men on the use of condoms. Men ought to be convinced to be using condoms. As for women, the study has found out that

⁶⁵¹ Jean Garland, *Aids is Real and it's in our Church*, p. 162. Refer also, *The God of Love and Compassion: A Christian Meditation on Aids*. The book highlights healing of the sick and addressing the gospel message to the lost sheep to be Jesus' prime activities. Jesus wanted human beings to be healed and to be in good physical shape. Whenever we experience full health, we thankfully acknowledge God's nearness, p. 6.

⁶⁵² Baker comments that God can move in and make us new. He might even do the miracle of healing and save you from HIV/Aids, see p. 80.

⁶⁵³ Jean Garland, p. 183. The author goes on to say that a pastor who wants to shame or condemn a person, driving him away from God rather than toward God, is acting from his own sinful desire and not in a godly way. God's way of dealing with problems is to encourage us to take responsibility for our actions and situations and if necessary come to repentance and forgiveness, before moving on to healing or acceptance in that situation, p. 185.

⁶⁵⁴ Kenneth R. Ross, *Following Jesus and Fighting HIV/Aids*, Edinburgh: St Andrew's Press, 2002, pp 9,10,21. The author reminds its readers that PLWA's desire spiritual care amidst all. Ross uses the term "Bringing words of hope under the shadow of death" (p. 21).

⁶⁵⁵ See Baker and Ward, *Aids, Sex and Family Planning: A Christian View*, p. 87. The authors comment that when a man or a woman is dying of Aids, we must not point a finger and say, "this is a judgment from God" but rather remind them of God's cleansing power. Baker and Ward believe that although Aids is a fatal disease, nevertheless the duration when an infected person can stay alive and healthy with the HIV virus in his blood depends on her or his personality. This could happen with enough courage and determination to live a good life, helping one's body instead of hindering it, p. 75.

⁶⁵⁶ On 3.7.05 I was listening to a programme on TransWorld Radio entitled "*The Church and Hot Potatoes*" where controversial issues of the society are discussed in relation to the church. The discussion of the day was focused on HIV/Aids and Condoms. One of the pastors on the panel, condemning condom use actually posed the following question to his colleagues: "If they bring you a woman who is HIV positive and say put on a condom and sleep with her, would you do that?" I was embarrassed and felt completely betrayed. I felt ashamed in front of my family to listen to such a story. I thought it was a pathetic remark from a pastor, the same pastor who could be bridging the "gap" for me and preach a message of hope and love.

pressure from men and their lack of assertiveness force them not to negotiate condom use. Perhaps as the church, there is need to direct the attention to the male perspective.

- Since abstinence seems to be a failure to most unmarried women, it is very important to make sure that women are under the marriage roof where they can comfortably live their sexual lives. This is another big challenge to the church of bringing together unmarried women and men. Economic support for the unmarried through small scale businesses is also quite commendable and could at the same time pave way for self-dependence. HIV/Aids has changed the scenario of marriage, leaving widows both young and old.⁶⁵⁷ It has also created a number of marriage break-ups.
- As the church goes on with marriage seminars, faithfulness in marriage ought to be emphasized again and again. From the study, much immorality is on the side of the men.⁶⁵⁸ As such talks on the same should be conducted frequently with male members of the church.
- The study also shows that both men and women do not have much instruction on sexuality. One reason being that not many families have had church weddings where bedroom instructions, for example, are taught. Thus those that did not have such weddings (which are the majority) are denied the relevant knowledge and instructions. It could be a good idea if the church were to disentangle sex teaching from the (usually late) church wedding so that each person should have the chance, for example by having pre-marriage seminars.
- Lack of highly nutritious food for people living with HIV/Aids has led to quite a number of deaths. Despite the government's big effort of distributing free ARVs, these however go hand in hand with enough and right food. And for their survival, where food is scarce, even the ARVs prove a failure. This is yet another challenge to the church to making sure these patients have enough to eat.
- Finally, life-skills education for youths in the dioceses ought to be a priority. "Why Wait" material is very useful for such training.⁶⁵⁹ Young people need to be provided not only with knowledge but skills and values that will shape their attitudes. They need to be empowered in order to make responsible decisions about their health and life style.⁶⁶⁰ Life-skills education will inculcate in youths plus women attitude that will bring behavioural change. Decision-making, planning, negotiating, critical thinking among others are fundamental skills in HIV prevention.

⁶⁵⁷ In his letter to Timothy, Paul gave him among others, instructions on widows, that young widows ought to get married in order not to be tempted by Satan. Ref 1 Timothy 5. The challenge is however when the men to marry such widows seem not to be available.

⁶⁵⁸ This does not rule out the fact that there are also some women that are promiscuous. However from my study, a very small percentage of women is promiscuous so to say for reasons that could be genuine.

⁶⁵⁹ The course writer, Moira Chimombo says is more than willing and ready to come to any institution or Church organization to conduct such a training with youths but only upon invitation by the particular Church.

⁶⁶⁰ Perhaps we are not progressing much in HIV prevention because the interventions we have are not practical but rather based on assumptions and theories. For example, providing youths with accurate information does not necessarily mean they will change their behaviour since there are other factors influencing that. It is therefore important to promote interpersonal skills.

5.2. Conclusion

The thesis has made use of both patriarchy, situational and sexual subcultures theories. As long as women are not part and parcel of decision making in the Church, issues of sexual and reproductive health will not be of prior concern to male members. Not only is women's status low in economic, culture and social aspects but also in their sexual and reproductive lives. Issues of sexuality are determined by cultural ideology to be the job of a man. Reproduction also seems to be in the hands of a man. The study reveals disparities between the morality of the church with that on the ground. This is a big challenge to the Church. It takes one's culture, religion and attitude for one to value the ABC strategy.

HIV/Aids continues to be a disease that is using gender inequalities as a strategy for attacking individuals, families and communities. It is an epidemic that is spreading in the context of poverty, ignorance and subordination of women.

Lack of voice in sexual affairs has created a loophole for the HIV virus to pass. It is pathetic to hear from the women that there is absolutely nothing they can do to avoid HIV/Aids. Presumably, they sit at home, waiting for the day the virus will knock on their door or come in through the window.

On issues of a woman's sexual and reproductive health, the Anglican Church is playing some role towards improving a woman's life.⁶⁶¹ Marriage seminars and family life education in the diocese is very complimentary. Where most couples seem to have marital problems, this type of civic education gives at least some support. Provision of contraceptives at St Luke's Hospital is also another way how the Church is assisting people in the community in terms of their reproductive lives.

Provision of ARVs for people living with HIV/Aids is also commendable. Besides, it is a challenge to the church to make sure that people are being directed to the hospital for assistance. This is by first breaking the silence and by giving room for those found HIV positive to come out and be able to approach the church as some answer to their situation. Lack of highly nutritious food for people living with Aids is another big challenge to the Church. There is also a big issue at how those now infected with HIV/Aids should handle their sexual and reproductive health. The value of children in every home is of much concern to all women. Even those that are HIV positive still feel bearing children is something that they cannot avoid despite their situation.

The phenomenon of quite a good number of unmarried women seems to be an issue neglected, perhaps not intentionally, by the church. Findings from the study show that such women resort to behaviour that is risky in this age of HIV/Aids solely for financial assistance. Because use of contraceptives according to the doctrine of the Church favours those women that are married, unmarried women seem to be in a dilemma.⁶⁶²

There is inadequate support for the unmarried in terms of their sexual and reproductive health. Despite the teaching of the church on abstinence, these singles feel they have passed that stage. For a long time the teaching of the church has taken it for granted that unmarried women can abstain or rather they were simply combined with the group of the youths. Reality has shown that these singles

⁶⁶¹ St Luke's Hospital and the Health Centres dependent on it provide many services women need for their sexual and reproductive health.

⁶⁶² This maybe true in the church but does not apply at St Luke's hospital.

have failed to abstain in accordance with the church doctrines. To them those that are youth are the ones to abstain. Widowhood and divorce are the only causes for unmarried state in my study.

The teachings of the Church are not being upheld by many. The Anglican Church doctrines demand abstinence and faithfulness as the best ever strategy to avoid HIV/Aids. Only with exception does it look at a condom as another potential tool-in the context of marriage. From the study, all of these instruments are not being taken seriously in reality. None seems to be interested in a condom, neither is abstinence and faithfulness being taken seriously, and all doors and windows are open for HIV/Aids.

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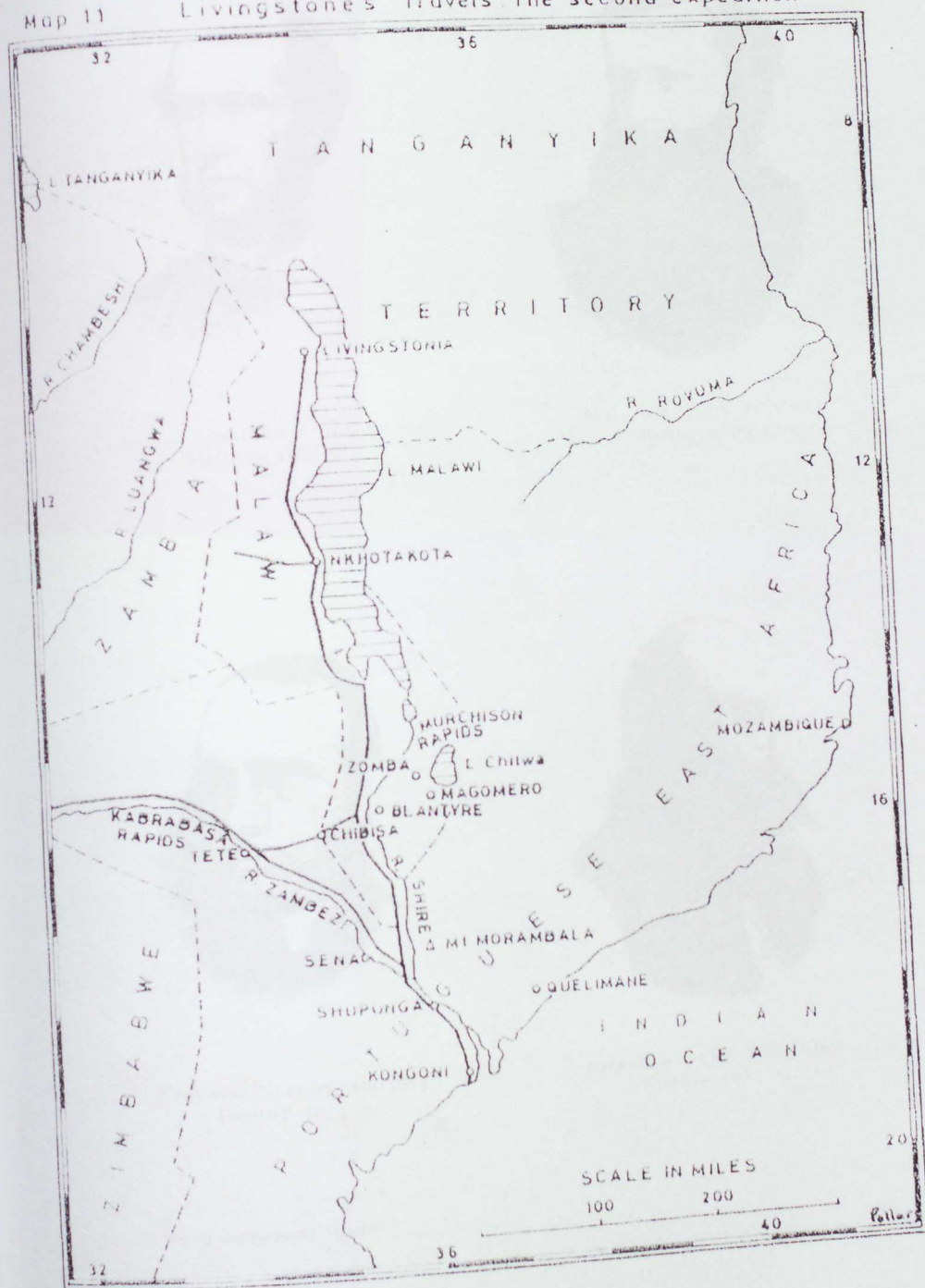
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Appendices

Appendix 1. Map of Magomero

Map 11 Livingstone's Travels: The second expedition



The Second Expedition

SOURCE Macnair, James I. (ed). *Livingstone's Travels* (J.M. Dent, London 1954)

Appendix 2: The Pioneer Bishops of the UMCA Mission



CHARLES FREDERICK MACKENZIE
BISHOP 1861-2



WILLIAM GEORGE TOZER
BISHOP 1863-73



EDWARD STEERE 1863-82*
BISHOP 1874-82



CHARLES ALAN SMYTHIES
BISHOP 1883-91

**Years of service in the Mission*

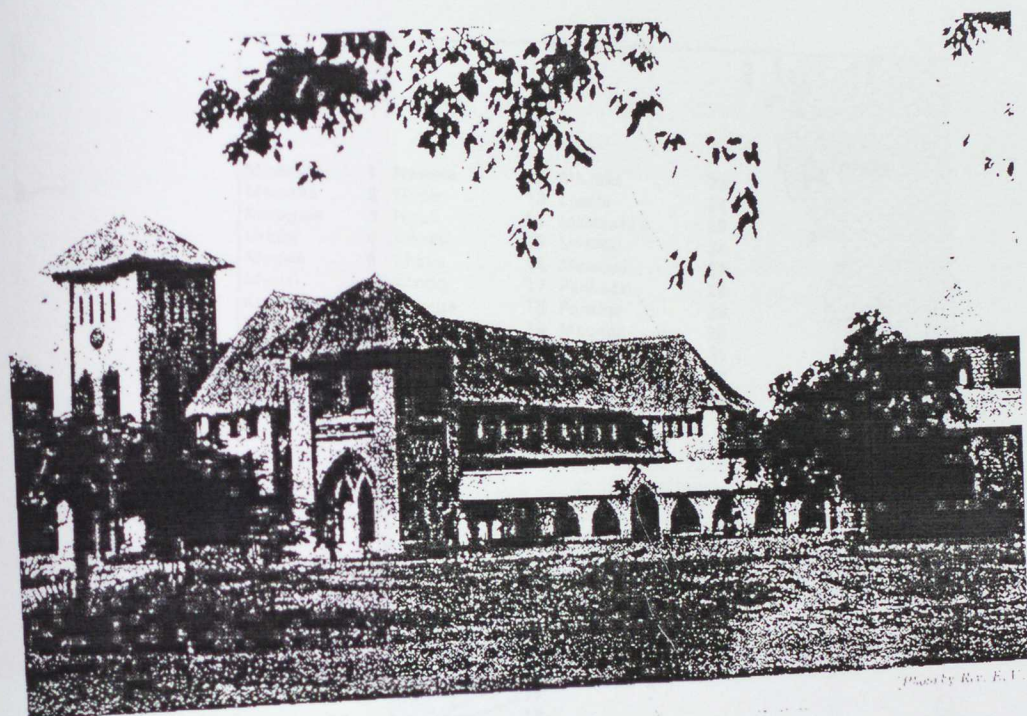
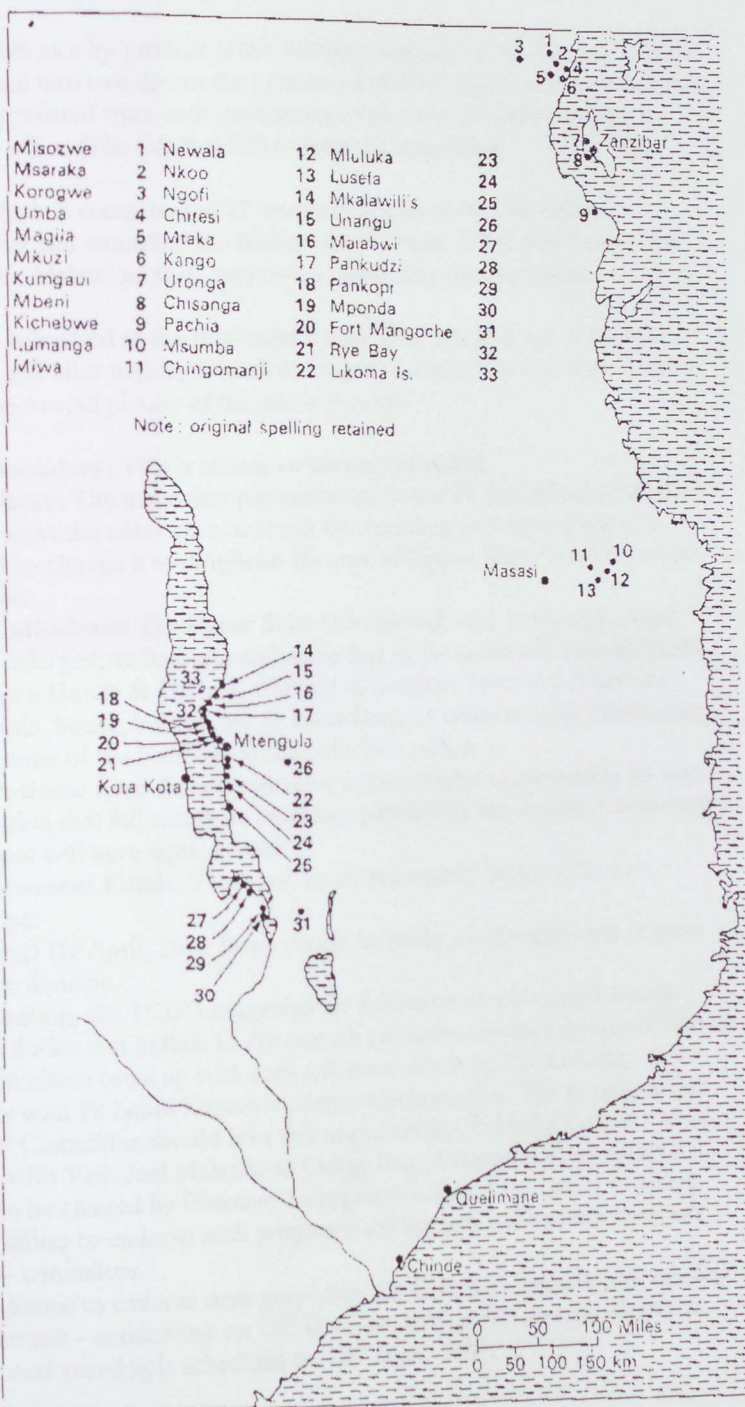


Photo by Rev. E. V.



20.2 U.M.C.A. stations in 1899

REPORT OF THE TECHNICAL COMMITTEE ON THE DIVISION OF THE DIOCESE

This committee came as a by-product of the Bishop's proposal to the Diocesan Synod to divide the Diocese into two due to the vastness of the Diocese. It was resolved that two members be appointed from each Archdeaconry plus two ex-officio members from the Diocesan office (The DS & ATC) to form the committee.

The committee, which is comprised of 12 members is chaired by Ven. John Chilombe. It has met and consulted the Bishop several times. It has also learnt from the Diocese of Lake Malawi on their experience concerning the same issue.

The proposal was submitted to the Provincial Synod (PS), where it was accepted without question, and after looking into all the logistics concerning the issue at hand, the following is the overall picture of the whole process:

1. **The Boundary:** This is shown on the map provided.
2. **The Name:** The name that was submitted at the PS was **Malosa** but after discussions the committee, through the Archdeaconry representatives, agreed to change it to **Anglican Diocese of Upper Shire** for the northern Diocese.
3. **The Cathedrals:** The Upper Shire Diocese will have St Georges, after being enlarged, as its Cathedral while that of the south will have St Pauls.
4. **Bishop's House & Offices:** Diocese of Southern Malawi will have to build this house, but can use St Pauls Deanery while waiting. Offices can be in some of the buildings at the old CSC's offices.
5. **Institutions:** Each diocese will have administrative responsibility for any institution that fall within its boundary jurisdiction but members from both dioceses will have equal access.
6. **Endowment Funds:** These will be shared equally between the two Bishops.
7. **Timing:** By April, 2002 funds should be ready, all strategies put in place for the division.

During its last meeting, the TCDD suggested the formation of sub-committees to carry out certain duties that pertain to the smooth processes towards the actual time of division. The committee came up with such sub-committees as; Fund raising - to be based in Blantyre with Fr James Mnjeru as clergy representative. The suggested that the Consecration Committee should take this responsibility; Publicity Comm. - to be based in Zomba with Ven. Joel Malanda as Clergy Rep.; Communication comm.; Prayer comm. - to be chaired by Diocesan Evangelism comm. The Comm. is asking this honourable house to endorse such proposals and suggest some people who can help in each sub- committee.

If it pleases this house to endorse such proposals, the Comm. is preparing for briefing session for all the sub - committees on 20th October, 2001 at St Georges Church in Zomba and our next meeting is scheduled for 10th Nov., 2001.

Thank you very much for your attention.

Ven. John Chilombe - Chairman

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MINUTES OF THE MEETING OF THE TECHNICAL COMMITTEE
ON DIVISION OF THE DIOCESE HELD ON 13TH APRIL 2002
AT CHILEMA ECUMENICAL TRAINING AND
CONFERENCE CENTER AT 9.30 AM

PRESENT

Ven J. Chilombe	Chairman	Mangochi East Archdeacon Box 50 Malindi
Ven P. Mapundula	Vicar General	DSM and Shire Archdeacon P. O. Box 112 Mwanza
Ven J. Malanda	Member	Upper Shire Box 309, Ntcheu
Mr C. Msosa	Ex-Official	Diocesan Headquarters P/Bag 1 Chilema
Ven E. Kawinga	Member	Mangochi West, Box 152 Monkey bay
Rev. Fr. A. Kalemba	Ex-official	Diocesan Headquarters P/Bag 1 Chilema
Ven A. A. Kalimbe	Member	Blantyre Archdeacon P.O. Box 60050, Blantyre 6
Mr G. C. Banda	Ex-official	Diocesan Headquarters P/Bag 1 Chilema
Mr G. R. Msakwiza	Recording Secretary	Shire Archdeaconry, Box 505 Zomba
Mrs G. Khofi	Member	Blantyre Archdeacon P.O. Box 326, Blantyre
Mrs M.V Makwenda	Member	Mangochi East Archdeacon

APOLOGIES

J. Tizifa	Secretary	Upper Shire, St George Church
Fr Chisale	Member	DSM
Mr Chilambo	Member	St George Church

1. *Opening prayer*
The meeting opened with a prayer from Ven Kawinga
2. *Welcome Speech by Chairman*
He requested the members to work very hard for the remaining task since the diocese has been divided now. He said time has now approached when more funds are required hence more effort is needed for the TCDD and the Fund Raising Committee to raise more funds.
3. *Previous minutes*
Were not available for the meeting
4. *Matters arising*
It was reported that ACM will donate K100, 000 towards the process of the division of the Diocese (K50,000 for Division + K50,000 for Conservation)

5. **Outcome from DSC meeting**
 - (a) Bishop J. Tengaanga announced to head Diocese of Southern Malawi. It followed that the new diocese of Upper Shire had to
 - (i) Elect a Bishop
 - (ii) Arrange for the consecration of the Bishop
 - (iii) Arrange for the enthronement of the Bishop
 - (b) Archbishop Bernard Malango announced the appointment of Ven P. Mapundula, Vicar General of Diocese of Upper Shire.
6. **Synod on 4th May**

PCCs are requested to call for urgent meetings to:

 - (a) Elect 2 delegates for Synod. Delegates to be elected must be able to voice out people's feelings with authority must be able to make proper decisions
 - (b) All parishes within Upper Shire Diocese must, at the PCC, come out with at least 3 names of candidates for proposed Bishop.
7. **Division of DSM Assets**

The board of finance shall look into the technical aspects on the sharing of the assets.
8. **Fund Raising Committee Report**

All members of the committee were not present to give the present position of their activities.
9. **TCDD and its Sub Committees**

Shall continue with their objectives until the whole process has been finalized.
10. **AOB**

Members took time to share their condolence messages to Ven A. A. Kalimbe who had lost his wife
11. **Closing Remarks**

The chairman thanked members for their contribution. He reminded the committee that the TCDD and the Sub Committees should continue to work in order to fulfill its objectives
12. **Date of the next meeting 18th May 2002**
13. **Closing prayer**

It was closed by a prayer from Mrs G. Khofi



ANGLICAN DIOCESE OF SOUTHERN MALAWI

Private Bag 1, Chilema, Zomba, Malawi. Telegrams: Anglican Chilema. E-mail: angsoma@malawi.net

Bishop's Office: Tel/fax: (265) 539 203
Bishop's House: Tel: (265) 539 207
Diocesan Secretary: Tel: (265) 539 209

Bishop: Rt. Revd James Tengatenga

30th January 2002

TO: The Very Rev. C. Kaswaya
The Diocesan Chancellor
The Diocesan Registrar

Dear Sirs,

LOCAL COSTS FOR TRANSFER/CHANGE OF TITLE DEEDS

The Technical Committee working on the Division of this diocese seeks your enquiry and advise on how much it will cost the Diocese to change Title deeds from Diocese of Southern Malawi to Diocese of Uppershire. This include the whole process of changing the name itself for the northern part of this diocese which include the following Parishes and Institutions:-

PARISHES

1. Part of Chiradzulu
2. Mwanza
3. Matope
4. Lisungwi
5. Chilipa
6. Chinseu
7. Balaka
8. Ntcheu
9. Liwonde
10. Zomba
11. Likwenu
12. Namalomba
13. Mpinganjira
14. Mpondas
15. Katema
16. Monkey Bay
17. Nkope
18. Mchenga
19. Malindi

20. Lungwena
21. Namwera and
22. Masuku

INSTITUTIONS

1. St. Luke's Hospital
2. St. Martin's Hospital
3. Nkope Health Centre
4. Mpondas Health Centre
5. Lungwena Health Centre
6. Matope Health Centre
7. Chilipa Health Centre
8. Gawanani Health Centre
9. Malosa Filling Station
10. Malosa Secondary School
11. St. Michael's Girls Secondary School
12. Malindi Workshops and Potteries

The Technical Committee will hold its next meeting on Saturday, 16th February, 2002 at Chilema where your Report will be of importance because the Bishop reported that there is a possibility of Soliciting funding, this purpose. *for*

Thank you.

Yours faithfully,

C.R. Msosa

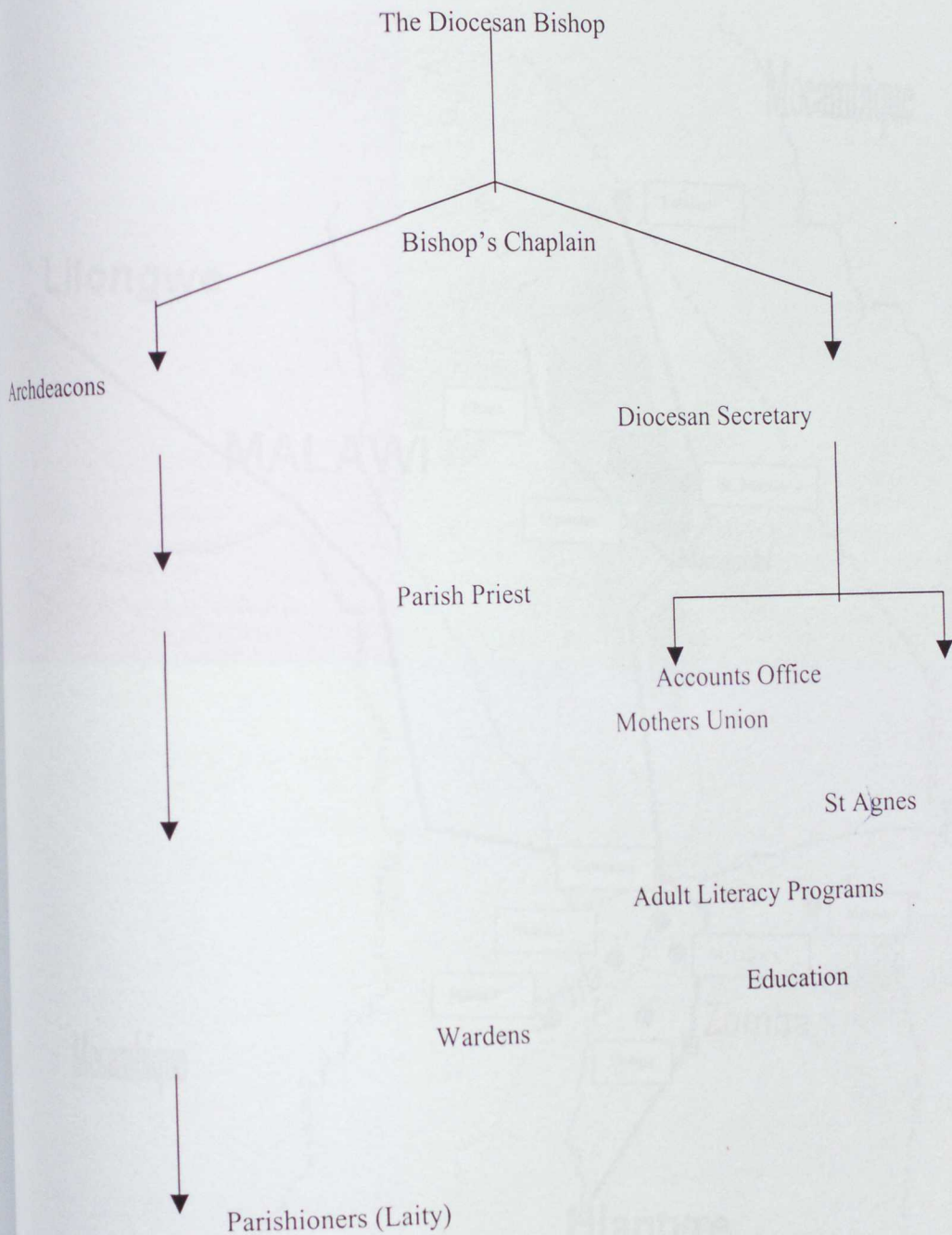
C.R. Msosa

DIOCESAN SECRETARY



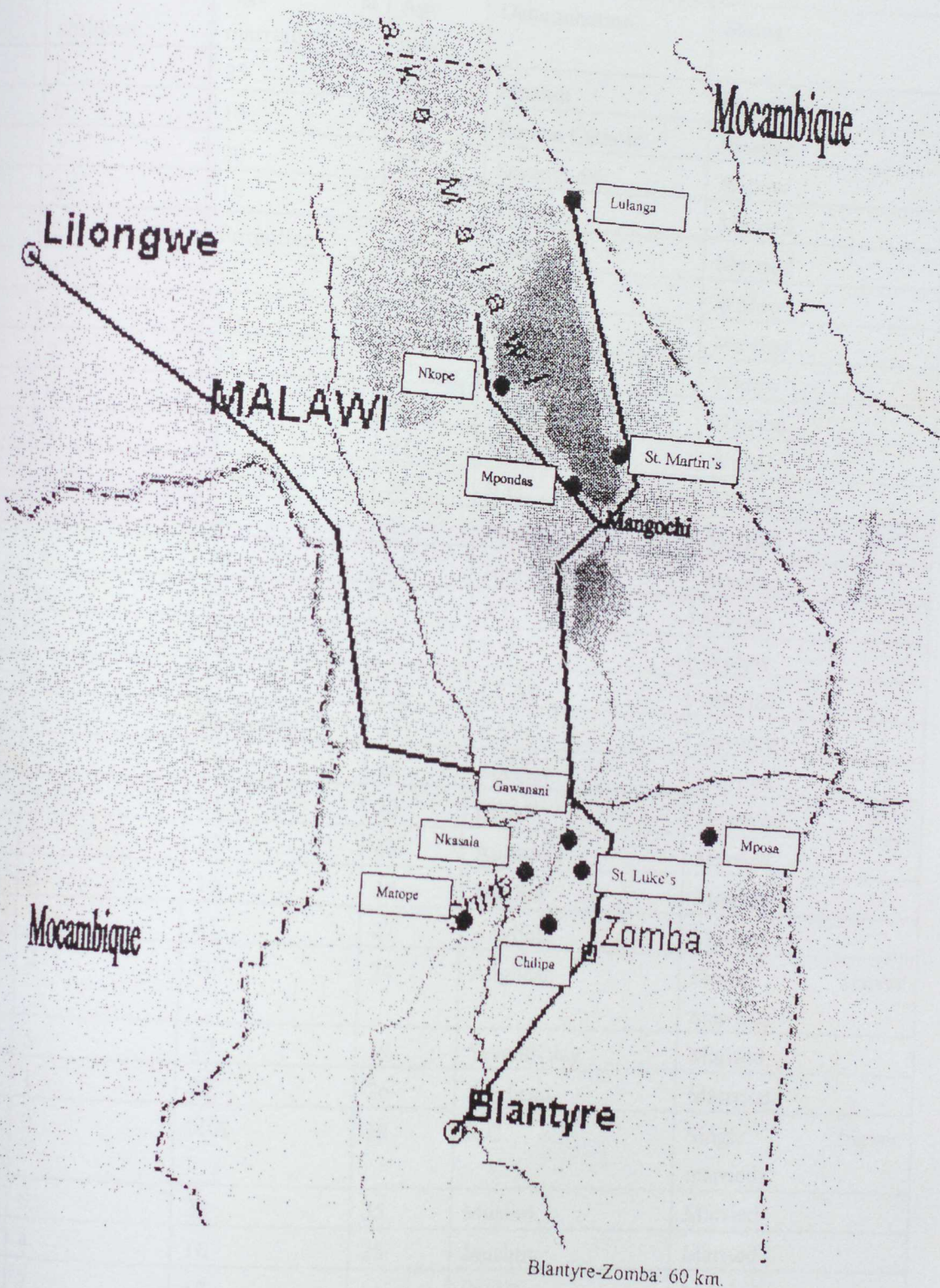
Created by Sam Chilombe Source of Map information is Land Resources Depart. September 2005

Appendix 7: Administrative Structure of the Diocese of Upper Shire⁶⁶³



⁶⁶³ The arrows show the chain of communication. Note, however, that the accounts office, education, Mothers Union, St Agnes and Adult Literacy Programmes are not hierarchical. All these offices report to the Diocesan Secretary.

Appendix 8: Medical Department of the Diocese of Upper Shire



Appendix 9: A Case of Study of Malemia T/A

Serial	No of children	Age at marriage	Age now	Denomination	Status
1	0	25	32	Muslim	Married
2	0	19	19	Roman Catholic	Married
3	2	20	67	Seventh day	Widow
4	6	19	38	CCAP	Married
5	2	Forgotten	35	Muslim	Married
6	4	15	67	CCAP	Widow
7	4	16	62	CCAP	Married
8	7	21	40	CCAP	Widow
9	0	16	43	Anglican	Married
10	4	17	82	Muslim	Widow
11	2	Forgotten	58	R.C	Widow
12	1	20	23	Muslim	Married
13	4	16	23	Apostolic	Married
14	8	17	51	R.C	Widow
15	4	19	47	R.C	Widow
16	6	17	33	CCAP	Married
17	4	Forgotten	36	R.C	Divorced
18	5	19	29	Muslim	Married
19	3	21	30	CCAP	Divorced
20	6	22	40	Apostolic	Married
21	5	19	38	Muslim	Married
22	2	21	27	Anglican	Married
23	2	N/A	24	Anglican	Single (never married)
24	5	19	39	Seventh day	Married
25	1	23	26	Anglican	Married
26	0	N/A	29	R.C	Single (never married)
27	6	22	35	Muslim	Married
28	4	16	25	Muslim	Married
29	7	17	31	CCAP	Married
30	4	20	28	Seventh day	Married
31	4	19	24	CCAP	Married
32	3	17	24	Anglican	Married
33	5	16	31	Muslim	Married
34	4	21	31	CCAP	Married

35	1	Forgotten	18	CCAP	Single
36	2	Forgotten	22	CCAP	Single
37	4	19	27	Muslim	Married
38	2	17	20	Muslim	Married
39	4	18	25	Muslim	Married
40	5	Forgotten	27	U.P.C	Married
41	3	16	23	Muslim	Married
42	2	Forgotten	27	CCAP	Single
43	3	Forgotten	28	Muslim	Divorced
44	1	Forgotten	19	CCAP	Single
45	3	Forgotten	32	SDA	Widow
46	3	Forgotten	45	R.C	Widow
47	1	Forgotten	24	Anglican	Widow
48	0	N/A	33	CCAP	Single (never married)
49	0	25	30	R.C	Widow

Appendix 10: Kusikelo songs

- 1 Anakubala muzibala bwino
Chaka chino mwana, chamawa mwana
Kulera sati choncho
Masiku ano zinthu zadula x2

Parents bear [children] considerably
This year a child, next year a child
Family planning is not thus
These days things are expensive

- 2 Lulu mwana
Lulu mwana kuchipatala

Lulu child
Lulu child at the hospital

Chorus

- One: Ine nkumbira anzanga
All: Eyae
One: Ine nkumbira azanga
All: Eyayee
One: Ine nkumbira azanga
All: Eyayee kuchipatala

I envy friends
E yae
I envy friends
Eyae
I envy friends
Eyae at the hospital

- 3 One: Mwana akulira
All: Akulira cha
One: Mumve nthenda yake
All: Nsima

A child is crying.
Crying what?
Hear the illness.
Nsima.

Chorus

- One: Dziwani
All: Dziwani mfolo mayi
kuwononga chimanga muleke.

Know

Know woman, stop misuse of maize.

- 4 Watangwanika wekha
Pamutu pali dengi
Kumimba kuli mwana
Kumbuyo kuli mwana
Watangwanika wekha

You have made yourself busy
On the head, there is a basket
On the stomach, there is a child
On the back, there is a child
You have made yourself busy.

- 5 Tilere Tilere Tilere
Tilele ana athuwa tilere
Ndichuma cha mtsogolo, tilere x2

Let us plan, plan, plan
Plan, our children, plan
They are riches of the future, plan

- Yambani kulera yambani x2
Tsogolo la mwana wanu, yambani.
Lagona pakulera yambani.

Start family planning, start
The future of your child, start.
It lies on planning, start.

NATIONAL 3

The Nation
19 April, 2005

Manet presents home-based kit

Albinos need lotion



Musa: Use the kits for the intended purpose

by Our Reporter

Malawi Network of People Living with HIV/AIDS (Manet) yesterday presented home-based care kits worth about K1 million to nine post-test clubs from Blantyre and Mwanza.

Speaking at the function, Manet board chair Anastasia Msosa called on the clubs to use the materials for the intended purpose.

Msosa observed that HIV/AIDS was one of the big challenges the country was facing and urged the clubs to do everything to contain the further spread of the pandemic.

"We have to make Malawi a model nation in managing HIV and AIDS," she said.

The kits contain drugs (pain killers), material for wound dressing, vaseline jelly, soap, antiseptics, gloves, plasters and others.

The clubs, according to Manet executive director Anock Kapura, provide psychosocial support to youth who go for voluntary counselling and testing.

"Among other things, the clubs are involved in VCT sensitisation, peer education on HIV/AIDS, condom use promotion, home based care and they

follow up and counsel youths who have gone for VCT.

"The support we get from UNFPA has helped Manet to build capacity of post-test club members in different ways," said Kapura.

Manet VCT programme officer Mwandira Mvuma said the clubs identify and provide support to the sick.

"In fact, post-test club is one of the best ways of involving youths in meaningful and productive activities," said Mvuma.

The programme, she said, is tailored to encourage young people to provide home-based care and support to fellow

youth. With the kit, Chilomoni post-test club secretary Francis Mvusa said the group will now be able to provide quality services to the sick.

The kits have been presented to five clubs from Blantyre (Chilomoni, Limbe, Pasha, Copiwa and Youth Ambassadors) and five from Mwanza (Youth to Youth, Nkhoshe, Tsonga and Titha).

Apart from VCT, Manet runs greater involvement of people living with HIV/AIDS, capacity building and advocacy programmes in Blantyre, Mwanza, Kasungu and Mzimba.

by Chimwenemba Tsitsi

Federation of Disability Organisations in Malawi (Fedoma) has called on well-wishers to help albino children with sun screen lotion.

Fedoma director Musa Chisaula said the organisation is currently in Blantyre where the organisation presented 30 bottles of sun screen lotion to albino children whose parents belong to Parents of Disabled Children Association of Malawi (Podcam).

"I want to ask government through the Ministry of Health to start distribution of sun screen lotion in hospitals," he said.

The lotion, according to Fedoma youth coordinator Pamela Junia, protects their skin from being destroyed by the sun.

"The lotion protects skin from direct exposure to sun which may cause skin to age, develop wounds or cancer. It also protects from scalding when one is swimming or has stayed long in water," said Junia, an albino herself.

She said the donation is a gift from a Dutch lady Henke Stomveld who was posted to Mangochi District Hospital where she had an afternoon work.

6 suspects arrested

by Henry Chibwe

Police in Zomba have arrested six people in connection with the murder of a watchman, Robert Wiski, who was guarding a maize mill at Old Nsira in the municipality on March 4, 2005.

The suspects, according to police public relations officer (Zomba) Thomeck Nyanke, crushed the head of the guard and later broke into the maize mill where they stole a motor.

Nyanke said Wiski died on the spot but was taken to the hospital where postmortem tests showed that he died of severe bleeding, broken skull and brain compression.

"The suspects tied him with chains on both legs and arms and tied another chain around his neck, and used two big stones to crush his head," he said.

The suspects are Ebas Mambi, 26, Mula Ali, 35, Charles Lunda, 36, Michael Chimbiya, Jonathan Mkwatila, 48, and Khumaze Van, 32.

Malango civic educate nurses

by Prince Jamali

The Anglican Church says negligence in some medical practitioners has greatly contributed to maternal and infant deaths in the country's hospitals.

Bishop of the Anglican Central African Province, Richard Malango, was speaking at the 31st College of Nursing in Zomba where he presented certificates to 39 nursing technicians and midwives who completed their training at the college.

Malango, who is also Bishop of the Upper Shire Diocese, said it is disturbing to note that some nurses leave mothers unattended to while giving birth.

"This attitude should change as it has led to loss of lives of many mothers and their unborn babies. Why should an innocent baby be denied a right to life because of the negligence of a nurse or doctor? Life is precious and must be safeguarded," he said.

He said the tendency has painted a bad picture of health service delivery in the country and expressed the need to change the trend.

"Much as we appreciate your workload, you need to be dedicated if this picture is to be erased in people's minds," he said.

Man in for theft

Mwanza First Grade Magistrate's Court has sentenced Charles Gwendu to one and a half years imprisonment with hard labour for stealing a chicken belonging to Julius Namankusimba. Gwendu was charged with an offence of breaking into a building and committing a felony contrary to Section 311.

sub-section 1 of the penal code. Meanwhile, the court has also slapped Peterson Gwagwa, chair of Namankusimba community policing with two years imprisonment with hard labour for stealing a pie, belonging to Malawi Police. Service. Gwagwa was from Neno. Olivia Kunwanda

EU commits K5bn to small projects

by Jacob Jima

The European Union (EU) has committed over K5.1 billion (35 million Euros) to fund community driven small-scale projects in the country in the next five to six years.

EU head of delegation to Malawi, Wierke van der Goot told journalists in Mangochi last week that the money will fund projects in areas of food security and forestry, among others.

"Previously we were concentrating on social infrastructures like schools but we are now going beyond social infrastructures by also promoting economic activities that correspond to the needs of the people," Van der Goot said.

Their contribution aside, he said communities will be required to meet 25 percent of the total costs for the projects.

He said the arrangement will enhance a sense of ownership of the projects in people.

Van der Goot stressed the need to use donor funds in a prudent manner, saying donors are not here to stay but develop capacity in beneficiaries.

"Since Finance Minister (Goodall Gwondwe) put the house in order, I see enormous potential of Malawi developing. People have taken the future in their own hands and this is very encouraging," he said.

Van der Goot was visiting EU funded projects run by Movimondo, an Italian non-governmental organisation involved in food security and land care projects, in Mangochi.



Flashback: Van der Goot (R) witnesses the official opening of Thyolo District Hospital, another project funded by EU.

MARY POP-INS MONTESSORI NURSERY

Ages 2 — 4

Sited at Portuguese Club (Chichiri roundabout)
Mount Pleasant (off Leslie Road)
Contact Mary: 09 960 123

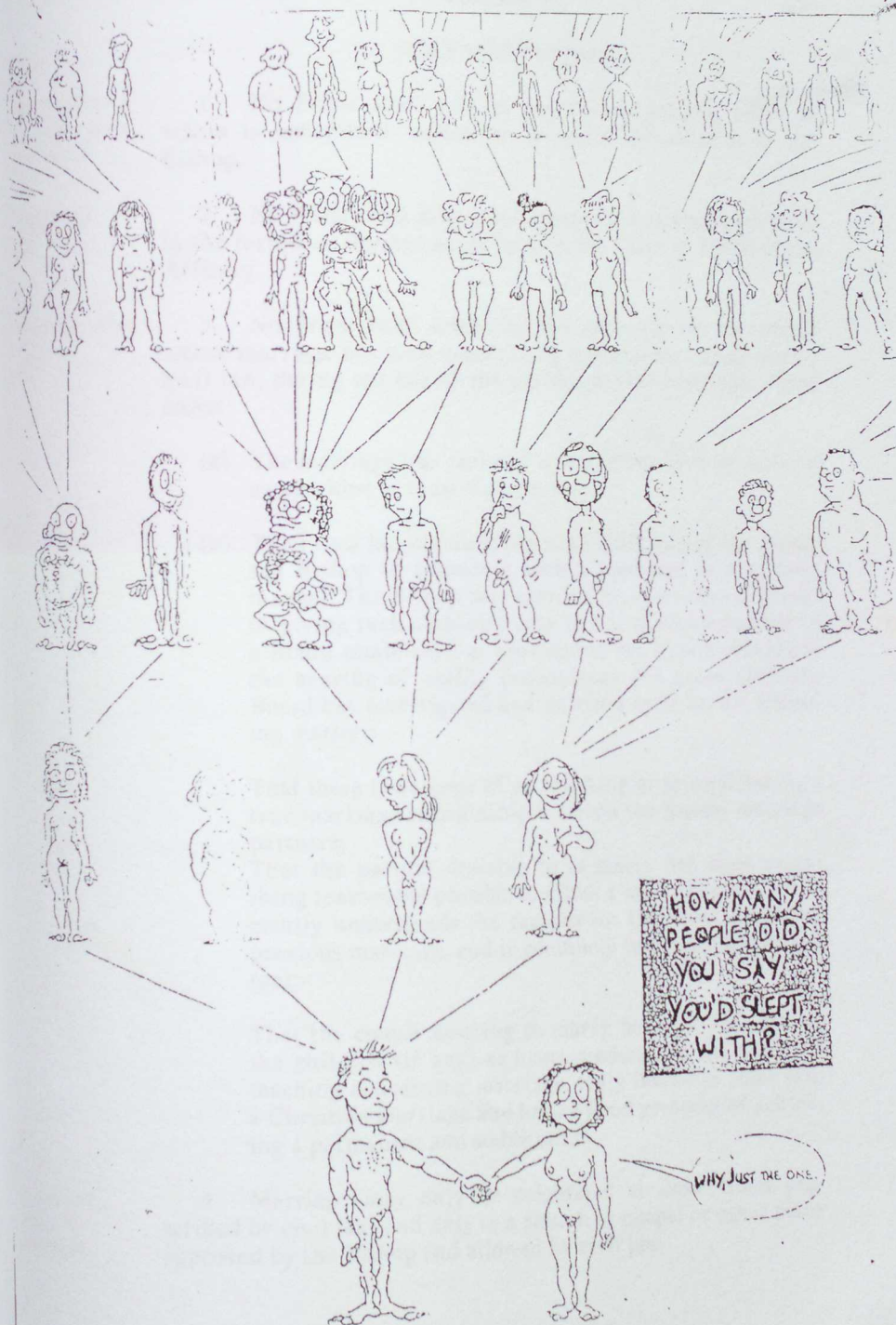
Because we want the best for your child.

HOUSE FOR RENT

in Mpingwe, Limbe

Three bedrooms, two of them ensuite. Boys quarters and garage and brick fence.

Rent — K25,000 per month.
If interested please phone: 01 621 221, 01 620 753.



⁶⁶⁴ Collected from Zomba VCT Centre.

CANON 22

1983

HOLY MATRIMONY

Marriage with
Non-Christian
Forbidden

1. No Priest shall join in matrimony persons either of whom is unbaptised, unless by the prior dispensation of the Bishop.

Prohibited
Marriages

2. No Priest shall join in matrimony persons who are within the forbidden degrees as set forth in the Table of Kindred and Affinity.

Marriage after
Divorce

3. No Priest shall solemnise the marriage of any person whose marriage has been dissolved by due process recognised by civil law, during the life of the partner to that marriage, unless either:

- (a) The marriage was null and void and has been so declared as provided in these Canons, or:
- (b) The Priest has obtained the prior authority of the Diocesan Bishop to solemnise such a marriage in a suitable manner. The Bishop may exercise his discretion in favour of giving such authority only if it is so recommended by a Board established as provided in the Canon relating to the hearing of nullity proceedings and given after the Board has investigated and satisfied itself on the following matters:

That there is no hope of establishing or re-establishing a true marriage relationship between the former marriage partners;

That the partner desiring to re-marry has done everything reasonable possible to effect a reconciliation, sufficiently understands the reasons for the break-up of the previous marriage, and is genuinely forgiving and repentant;

That the couple desiring to marry have the interests of the children (if any) at heart, understand the Church's teaching concerning marriage, truly intend to enter into a Christian marriage and have a good prospect of achieving a permanent and stable union.

Hours and
Place of
Marriage

4. Marriage may only be celebrated at those times prescribed by civil law, and only in a church or chapel or other place approved by the Bishop and allowed by civil law.

English Translation

The Roots of Love

What do you do when having sex with your wife?

1. The man should caress the breasts and pull the vagina of his wife for her to get aroused. This should be the first time for both to caress each other. It is also time to kiss each other. Once this is done, the woman offers her vagina.
2. The woman should play with and caress the penis of her husband to experience full arousal. Pull the penis of your husband slowly by slowly and you will see that semen comes out of the tip of the penis.
3. It is the job of the woman to put the penis in her vagina. The man must wait until the woman tells him she is ready for penetration. Do not climb the woman as if she is a bicycle. You need to be patient until is the right time and it is the woman who knows the time.
4. When the penis is in deep penetration the woman should stroke the scrotum to ensure complete ejaculation.
5. It is not good for the man to ejaculate prematurely before the woman is satisfied. He must wait till the woman tells him to ejaculate.
6. The man must know that the woman enjoys sex most when the man is ejaculating.
7. When the man is ejaculating, the woman must reduce the rhythmic movement and they must hold each other tight so that all the semen should go. If the woman continues the rhythmic movement, then perhaps the penis comes out and the semen may be spilt on the ground.
8. After ejaculation, the woman should be wriggling as if sucking the penis of her husband, likewise the man, so that the remaining semen should completely go.
9. It is the duty of the husband to wipe and dry the vagina of his wife and of the wife to wipe the penis of the husband.
10. The wife must always make sure that her husband's penis is left between her thighs when sleeping [with each other]. Should she decide to offer her husband her back for sex, he should penetrate her vagina from behind. The penis must always be inside the vagina all the time when sleeping with each other. The man must make sure to clasp his wife's vagina.
11. If the woman is in her menses, you can touch the vagina with the penis. If the husband can wait till his wife finishes her menses, the wife should be playing with her husband's penis. And she can also kiss the penis as if sucking. This does not bring any illness. Even if semen should enter the mouth and be swallowed, there is no problem.
12. When you want to make love, preparation should start well in advance. The couple should take a bath together and kiss as well as caress each other in preparation for the sex that would take place in the evening.
13. When bathing, the husband must wash his wife's vagina while the wife must wash her husband's penis.
14. When the pubic hair is grown, the wife should shave her husband and the husband his wife's. No one should do this on his or her own. It is not good.

Appendix 15: Policy Statement on HIV/Aids for the Diocese of Upper Shire

Recognizing with great concern the effect of HIV/Aids on our people, where approximately one third of the vulnerable population are infected with the virus; where the number of infections is rising rapidly, especially among young people; where the Aids pandemic is affecting all sectors of society, including the Church, and threatening progress in development, education and health care,

We, the Anglican diocese of Upper Shire commit ourselves to seriously take part in the fight against Aids. We confess that in the past, we have failed to speak out openly, we have sometimes been judgmental and unloving towards those living with Aids, and we have failed to promote vigorously the Christian values in regard to sexuality and marriage needed to protect the vulnerable against Aids.

We therefore commit ourselves:

1. To break the silence and remove the stigma of HIV/AIDS, recognizing that Aids is a disease and not a sin, which affects ordinary people living ordinary lives. We need to motivate our Christian congregations to speak the truth and be open about aids, and to have positive attitudes towards those living with this disease.
2. To promote the values of faithfulness in marriage, a healthy Christian approach to sexuality as a gift from God, and to promote behaviour change in young people, especially abstinence before marriage.
3. To provide care and support to those living with Aids through support groups, hoe-based care and pastoral counseling, and encouraging those living with Aids to participate fully in the life of the Church and in Aids education and care programmes.
4. To provide care and support to orphans, through home-based programmes, supporting guardians, and to assist widows and widowers with pastoral care and other support, and through income generating activities.
5. To give pre-marriage preparation and counseling, promoting pre-marriage testing, where appropriate, and relevant advice.
6. To provide support and help to the vulnerable, especially women and young girls, empowering them to refuse unwanted sex, through education and support groups and economic empowerment.
7. To influence cultural practices which contribute to the spread of aids and ST is (Sexually transmitted infections) by enlisting the helps of community leaders and traditional practitioners, and those involved in initiation of the young.
8. We do not think it is the role of the Church to promote the use of condoms, especially where it undermines the message of faithfulness in marriage and pre-marital abstinence. However, we recognize that there is a role for condoms to protect the spread of this disease, and information on condom use should be made available within the context of pastoral counseling, especially within marriage where one or both partners are HIV positive. While we do not condone risk behaviour which leads to the spread of Aids, we recognize the government's responsibility in promoting condom use for those at risk in the affirmation that God loves even and especially the sinners, and anything that reduces death and suffering must conform to God's will.
9. Finally, we will teach and preach the love of Christ for all people and be bearers of hope and comfort to those in pain or despair, recognizing that god's love is stronger than death and nothing, not even death, can separate us from his love in Christ Jesus our Lord (Romans 8 38-39)
10. To carry out the above policy the diocese has established an Aids Advisory Committee and appointed a diocesan Aids co-ordinate to support parishes, Church schools and other institutions in their fight against Aids. A budget for this has been provided by USPG.

LETTER TO THE ADMINISTRATOR-ST LUKE'S HOSPITAL

From: Chimwemwe Kalalo
C/o Theology & Religious Studies
Chancellor College
Box 280
Zomba

To: The Administrator
St Luke's hospital
P/B 3
Chilema

Date: 30th April 2004

Though: The Director, postgraduate studies
Department of Theology and Religious Studies
Chancellor College
Box 280
Zomba

Dear Sir,

RE: PERMISSION TO CARRY OUT AN ACADEMIC STUDY

I write to ask for your permission to carry out a study at your hospital. The study aims at investigating the involvement of the Anglican Church in the shire diocese towards sexual reproductive health in the context of HIV/AIDS. As such the involvement of a few nurses and doctors as service providers will be of great importance in the study. Again clients in the said issue will be part of the study.

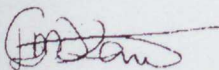
I am a lady aged 29 and undergoing a Master's programme in Theology and Religious Studies at Chancellor College. You may wish to be informed that the hospital has been chosen on the basis of its connection with the Anglican Church. The research will run from late May to June 2004.

You may also wish to be informed that this study is purely academic. Data relevant for the study will be collected only from those respondents sampled for the study and within the hospital.

Enclosed is a letter of introduction from the Head, postgraduate studies. For any inquiries, please contact him.

Looking forward to your response,

Yours faithfully,



Chimwemwe Kalalo (Ms)

CC: The Director, postgraduate studies.



ANGLICAN DIOCESE OF UPPER SHIRE - (ADUS)

MEDICAL DEPARTMENT

P.O. BOX 21, CHILEMA
ZOMBA, MALAWI

Bishop: The Most Rev. Bernard Malango

E-mail : stlukes@sdnp.org.mw
Tel : (265) 01 539247/264
Fax : (265) 01 539251

Malosa, 07-05-2004

Dear Ms. C. Kalalo,

In response to your letter of th 30th of April 2004 and after discussions in my office I would like to welcome you to carry out your research on The Involvement of the Anglican Church in Sexual Reproductive Health Issues in our hospital. Please feel free to use our facilities and data. Don't hesitate to contact me if you need assistance,

Yours Sincerely,

Dr. Laurens C. van Boven
Senior Medical Officer

Cc: The Chief Matron
The Medical Administrator



THE ANGLICAN DIOCESE OF UPPER SHIRE
The Church of the Province of Central Africa

The Most Rev. Bernard A. Malango, M. Phil., D.D.
Archbishop and Primate,
Bishop of Upper Shire

13th May 2004

Chimwemwe Kalalo
C/O Theology & Religious Department
Chancellor College
P O Box 280
ZOMBA

Dear Madam

RE: PERMISSION TO CARRY OUT AN ACADEMIC STUDY

His Grace, Dr Bernard Malango who is the Archbishop of the Province of Central Africa and Bishop of the Diocese of Upper Shire have directed me to reply to your letter addressed to him dated 30th April, 2004, in which you were seeking permission to carry out a research on reproductive health. His Grace is pleased to grant you permission to conduct an academic study in the Diocese as per your request.

He is however, looking forward to hearing more from you on your detailed day to day programme during the time of research be sent to this office so that we can contact the priests in whose area you are to do your study that they can give you any support required.

We are looking forward to hearing from you and wishing you all the best during the time you will be with us.

You are welcome!

Yours in His service

Bm - 21-52

Rev. Fr Brighton Malasa

BISHOP'S AND TRAINING CHAPLAIN

CC: The Director Postgraduate studies, P O Box 280, Zomba
Archbishop and Diocesan Bishop, P/Bag 1, Chilema

Interview guide- for the Clergy

Title: Improving women's sexual and reproductive health in the context of HIV/Aids:
The Involvement of the Anglican Church in the upper shire diocese.

1. What does your church say on women's sexual reproductive health?
2. What are the biblical principles and teachings on women's sexuality?
3. How does your church interpret them in its pastoral ministry?
4. When you are officiating weddings, what reasons for marriage do you give to the newly wed couples? What reasons do the couples give for marrying?
5. What according to your Church should constitute marriage?
6. How do you make sure as church leaders that your members do uphold their marriages especially in this time of HIV/Aids?
7. What kind of family life education do you give to your members?
8. "Be fruitful and multiply..." (Genesis 1:28 // Genesis 38:8-10).
 - a. Is birth control a mortal sin?
 - b. Does birth control mean that marriage has lost its value?
 - c. Is sex and procreation inseparable?
 - d. Is it true that children are a burden today and that they disturb a couple's sexual life and the love they had during courtship?
9. Do you have any written document in your church on the use of contraceptives?
10. What are your views towards contraceptives?
11. What type of contraceptives do you recommend as a Church? Why?
12. Do you have any counseling services for couples on the need for birth control?
13. How important is birth control today?
14. What type of women do you think should be seeking contraceptives?
15.
 - a. What help do you give to widows and divorcees on the use of contraceptives?
 - b. What help do you give to HIV positive women on the use of contraceptives?
16. Do you have any counseling services where couples are taught how to handle sexuality in their families?
17. What do you think makes a woman unable to make decisions about her sexuality?
18. When you are coming up with church statements and policies, do you involve women in your discussions? If not, why? If yes, why do you think it is important to incorporate women.
19. What is your position on some of the cultural practices that take place after a woman has just given birth e.g. kutenga mwana (i.e. not having sex until the baby is about six months old).
20. What do you think is the effect of such a tradition on the sexual life of couples?
21. As a church, what is your position on such traditions and practices?
22. How would sexuality change to meet the needs of people today?
23. What is the importance of good health according to your faith?
24. What advice would you give to women with family problems such as promiscuous husbands?
25. Do you advise your members and women in particular on the need for safe sex?
26. On condoms, what is the stand of your church?
27. On HIV testing, what role does your church take?
24. On Antiretroviral drugs (ARV's), what role does your church play?

25. As a church, do you feel there is need to tell women on the need for VCT before pregnancy?
26. How do you integrate sexual reproductive health activities in your church programmes?
27. What support could you offer as a clergy to women on birth control measures?
28. What support could you offer as a clergy to women on STI treatment and prevention?
28. As a church, how do you think you can improve the women's sexual reproductive health in this context of HIV/Aids?

Focus Group Discussion Guide: Women Guild Executive

**Title: Improving women's sexual and reproductive health in the context of HIV/Aids:
The Involvement of the Anglican Church in the upper shire diocese.**

1. What are some of the common health needs in your community?
2. As executive members of the Mothers' Union, do you give advice to your fellow women concerning their sexuality? If yes, what type of advice do you give?
3. Do you discuss about birth control during your meetings? Explain.
4. Do you have counseling services for women with family problems such as promiscuous husbands?
5. What issues do you discuss?
6. Do you see a need for birth control at present? Explain.
7. What do you tell your fellow women on the importance of good health?
8. Do you discuss issues of STI prevention and safe sex during meetings?
9. Do you discuss issues of HIV/Aids prevention?
10. What areas about marriage do you usually tackle in your meetings?
11. Do you get any support from the church on issues of sexual reproductive health in particular birth control and STI/ HIV prevention? If yes, what support do you get? Is this support adequate? If no, what support would you want the church to be offering on the said issues?
12. What do you do for girls' preparation for marriage?
13. What have been your experiences with Chinamwali and Chilangizo?
14. In Ulangizi, how do you deal with the cultural requirement that the parents do not have sex with each other for about 6 months after mother's delivery?
15. As women executive members, do you feel there is need to tell women on the need for VCT before pregnancy?
16. How do you integrate sexual reproductive health activities in your programmes?
17. What support could you offer to your fellow women on birth control measures?
18. What support could you offer on STI treatment and prevention?
19. As executive members of the Mothers Union, how do you think you can improve the women's sexual reproductive health in this context of HIV/Aids?
20. When coming up with church statements and policies, does your church involve you women in the discussions? If not, why? If yes, why do you think it is important to incorporate women?
21. What do you think makes a woman unable to make decisions about her sexuality?
22. Can a woman be saved from HIV/Aids because of her faith? Explain.
23. What is the benefit of being religious today in this time of HIV/Aids?
24. What do you think can be done to improve women's sexual reproductive health in this context of HIV/Aids?

Focus Group Discussion Guide: Ordinary Anglican women

**Title: Improving women's sexual and reproductive health in the context of HIV/Aids:
The Involvement of the Anglican Church in the upper shire diocese.**

1. What are some of the common health needs in your community?
2. What advice do you get from your church concerning your sexuality?
3. Do you see a need for birth control at present? Explain.
4. In your family, what kind of contraceptive do you use?
5. What contraceptives do your church recommend?
6. Have you ever used condoms in your family? Who engineers it? How often do you use them?
7. In your church activities, are issues of sexual reproductive health included? how?
8. Are issues of STI prevention and safe sex discussed?
9. Are issues of HIV/Aids prevention included?
10. Do you get any support from the church on issues of sexual reproductive health in particular birth control and STI/ HIV prevention? If yes, what support do you get? Is this support adequate? If no, what support would you want the church to be offering on the said issues?
11. When you were preparing for your marriage, what advice did you get from the church on sexual and reproductive health?
12. What have been your experiences with Chinamwali and Chilangizo?
13. What do you think makes a woman unable to make decisions about her sexuality?
14. Can a woman be saved from HIV/Aids because of her faith? Explain.
15. What is the benefit of being religious today in this time of HIV/Aids?
16. What do you think can be done to improve women's sexual reproductive health in this context of HIV/Aids?

Interview guide: Service providers/ Administrators (St Luke's Hospital)

**Title: Improving women's sexual and reproductive health in the context of HIV/Aids:
The Involvement of the Anglican Church in the upper shire diocese.**

1. What services do you provide at this hospital?
2. What clinics are there in the maternal and child Health care department?
3. What can you say about St Luke's contribution to family planning and reproductive health services in Malawi?
4. What family planning methods do you provide? What methods are commonly sought?
5. How many family planning and STI clients on average are seen per month?
6. Do you give preferences to widows, married and unmarried women when offering sexual and reproductive health services?
7. Do you consider one's faith when handling sexual and reproductive health services?
8. Do you think women are given adequate information about family planning at this hospital?
9. Do you have any CBDA's (Community Based Development Agencies)?
10. What can you say about their performance?
11. In general, do you think women are satisfied with your family planning services? Explain.

12. What kind of advice do you give women about the relation ship between HIV/Aids and pregnancy?
13. What advice do you offer to women on safe sex?
14. What counseling services do you offer your clients on the need for VCT (Voluntary and Counseling and Testing)?
15. What can you say about the relationship between family planning, STI and HIV/Aids?
16. What advice do you give to women who are HIV positive concerning their reproductive health?
17. What support do you give to those who are HIV positive and pregnant?
18. Is there any coordination between your hospital and the Anglican Church in general?
19. What challenges does your hospital face? How can they be solved?
20. How can women's sexual and reproductive health services be improved at this Hospital especially in this context of HIV/Aids?

Interview guide: family planning client (St Luke's Hospital)

**Title: Improving women's sexual and reproductive health in the context of HIV/Aids:
The Involvement of the Anglican Church in the upper shire diocese.**

Date _____

Village _____ T/A _____

Marital status

1		Married
2		Divorced
3		Separated
4		Widowed
5		Single never married

Year of birth _____

Education of respondent (record actual class)

Education of spouse _____

Occupation of respondent _____

Occupation of spouse _____

Religion of respondent

1		Roman Catholic
2		Anglican
3		CCAP
4		Islam
5		Traditional
6		Others (specify)

Religion of spouse _____

No of children: _____ males _____ females _____

Year of 1st child _____

Year of last child _____

1. Did the provider ask you about your health and your family?
2. Why did you decide to come for family planning?
3. Do you receive any advice and support from your religion concerning family planning?
4. Does your religion recommend you seeking family planning?
5. What kind of methods does your religion recommend?
6. What methods did the provider say were available?
7. Did she/he explain how each method works, its benefits, side effects and complications?
8. What method did you pick?
9. Who recommended that method for you?

10. Did the provider tell you anything about the relationship between family planning, STI and HIV/Aids?
11. What did they say about STI and having sex?
12. What does your church say on how to avoid sexual transmitted infections?
13. Overall, what would you say about family planning services at St Luke's Hospital? How can family planning services be improved?

Interview guide with Antenatal client (St Luke's Hospital)

**Title: Improving women's sexual and reproductive health in the context of HIV/Aids:
The Involvement of the Anglican Church in the upper shire diocese**

Date _____ T/A _____

Village _____

Marital status

1	Married
2	Divorced
3	Separated
4	Widowed
5	Single never married

Year of birth _____ of respondent _____

Education of respondent (record actual class) _____ of spouse _____

Occupation of respondent _____ of spouse _____

Religion of respondent

1	Roman Catholic
2	Anglican
3	CCAP
4	Islam
5	Traditional
6	Others (specify)

Religion of spouse _____

No of children: _____ males _____ females _____

Year of 1st child _____

Year of last child _____

1. Why did you come for antenatal clinic?
2. Did the provider tell you anything concerning pregnancy and knowing your HIV status? Did she say anything about VCT?
3. Have you ever had an HIV test?
4. If yes, who influenced you to take that test?
5. If no, do you have any plans of seeking an HIV test before your delivery?
6. Does your religion advise that you know your status before you fall pregnant?
7. Suppose you were found HIV positive, what would you do now that you are pregnant?
8. Would you fall pregnant again?
9. What are the dangers of being HIV positive and pregnant at the same time?
10. Did the provider examine you whether you have STIs?
11. Did she discuss with you on how to avoid contracting STIs?
12. How does your culture help you avoid contracting STIs, HIV/Aids?
13. Do you receive any support and advice from your religion concerning your pregnancy?
14. How do you protect your pregnancy traditionally?
15. What measures are put in place traditionally regarding sexual intercourse when you are pregnant?

16. Overall, how can antenatal services be improved at St Luke's Hospital?

Interview guide: Women from Malemia Traditional Authority

Title: Improving women's sexual and reproductive health in the context of HIV/Aids:
The Involvement of the Anglican Church in the upper shire diocese

1. What are some of the health needs in your community?
2. Where do people get family planning and reproductive health services in your community?
3. What family planning methods does St Luke's Hospital provide?
4. What advice do you get from marriage counselors (anankungwi) concerning sexual life in a family?
5. Are there customs and beliefs concerning sexual life women observe during pregnancy and after delivery?
6. What kind of family life education do you get during initiation ceremonies?
7. Can you remember any song you learnt during your initiation? What is the meaning of the song?
8. What cultural practices on sexual and reproductive health do you have in your area?
9. In your family, who makes decisions concerning your sexual and reproductive life between yourself and your husband?
10. Are you free to discuss issues of sexuality with your husband?
11. Can you be free to tell your husband how you feel about sex? Explain.
12. How many husbands do you have? Is this your first marriage? If no, what happened to the previous husband?
13. Does your religion permit polygamy?
14. When going for family planning clinics, do you consult your husbands?
15. Do your husbands play a role on what method to choose?
16. Are you able to influence your husband to use an appropriate method of contraceptive as a way of safeguarding HIV/Aids?
17. Can you initiate sex that would protect you from contracting HIV/Aids in your family? If no, why? If yes, how?
18. Have you ever contracted an STD before? When? What disease? Explain clearly what happened?
19. How many children do you have?
20. How many does your culture require you have?
21. What was your age at marriage?
22. Does your culture insist that you go for an HIV test?
23. What is the position of your church or religion on HIV test?
24. On family planning, what does your religion say?
25. Does your religion say anything on your sexual and reproductive health?
26. On STDs including HIV/Aids, what is the position of your religion?
27. Have you ever heard of Antiretroviral drugs (ARVs)? What is it? From who?
28. When you are expectant, where do you go for delivery?
29. What problems do you face when you are pregnant or during delivery?
30. What support and advice does your religion give you when you are pregnant?
31. What is your experience in the way you are treated when you go for delivery either in hospitals or with traditional birth attendants?
32. Have you ever had a miscarriage? When? What happened?
33. Have you ever had abortion? When? What happened?
34. Have you ever had still- birth delivery? When? What happened?
35. What support do you get from your religion on your sexual reproductive health?
36. What do you think is the benefit of being religious woman today in this time of HIV/Aids?
37. Can a woman safe from HIV/Aids because of her faith?
38. What do you think could be done to improve women's sexual and reproductive health in this context of HIV/Aids?

Ndondomeko ya mafunso okambirana ndi anseme

Mutu: Kutukula moyo wa amayi ogonana ndi uchembere wabwino mu nyengo ya muliri wa matenda a HIV/Edzi: Gawo la mpingo wa Anglican mu Upper Shire diocese.

1. Pomanga maukwati, kodi akwati ndi akwatibwi mumawauza kuti cholinga kapena zolinga za ukwati ndi chiyani? Nanga mkwati ndi mkwatibwi amapeleka zifukwa zotani za ukwati kapena banja?
2. Nanga malamulo a mpingo wanu atinji pa za ukwati?
3. Tsono inuyo ngati akulu a mpingo, kodi mumawonetsetsa bwanji kuti m mabanja muli chimvano kapena kuti anthu a mbanja sakuyendayenda makamaka munyengo ino ya muliri wa matenda opanda mankhwala a Edzi?
4. Kodi anthu mumpingo wanu mumawapatsa maphunziro wotani a moyo wa banja?
5. "Berekanani ndipo chulukanani ngati mchenga..." (Genesis 1:28 // Genesis 38:8-10)
- a. Kodi kulera ndi tchimo lakuimfa?
- b. Kodi kulera kutanthauza kuti banja kapena ukwati ulibe tanthauzo monga kale?
- c. Nanga kugonana ndi keberekana tingakusiyanitse?
- d. Kodi ndi zowona kuti masiku ano ana akukhala chinthu cholemetsa m'banja ndipo amasokoneza moyo wa anthu okhalira pamodzi ngati banja ndinso chikondi chomwe chidalipo pakati pa bambo ndi mayi pachiyambi?
6. Kodi mumpingo wanu muli ndi ndondomeko yolembedwa pa za kagwiritsidwe ntchito ka njira zolerera?
7. Kodi inuyo maganizo anu ndi otani pa nkhani kapena njira zolerera?
8. Ndi njira ziti zolerera zomwe mpingo wanu umavomereza? Chifukwa ninji?
9. Kodi mumakhala ndi mwambo ngati mpingo owawuza anthu zakufunika kwa kulera? Ngati inde, mumapanga bwanji kapena amapangitsa ndani?
10. Kodi kulera nkofunika bwanji makono?
11. Ngati mpingo mukuganiza kuti ndi azimayi ati omwe ayenera kutsata njira zakulera?
12. a. Nanga azimayi a masiye ndi awo amene mabanja awo anatha, mumawathandiza bwanji pa nkhani yogwiritsa ntchito njira zolelera?
- b. Kodi nanga azimayi amene ali ndi kachilombo koyambitsa matenda a Edzi, mumawathandiza bwanji pa nkhani ya kagwiritsidwe ntchito ka njira zakulera?
13. Kodi muli ndi alangizi a za m'banja olangiza mmene mwamuna ndi mkazi wake angamakhalire ku chipinda?
14. Kodi mukuganiza kuti nchifukwa ninji mayi alibe mwayi wolongosolera mwamuna wake pa momwe amamverera pa nkhani yokhalira malo amodzi ndi mwamuna wake?
15. Kodi mukamakambirana zinthu zofunika mu mpingo mwanu mwachitsanzo malamulo, kodi azimayi amakhala nanu limodzi muzokambirana zanzu? Ngati sichoncho, nchifukwa chiyani? Ngati ndi choncho, mukuganiza kuti nchifukwa chiyani mumawona kuti nkoyenera kuti amayi azikhala nawo pa zokambiranazo?
16. Nanga gawo lanu ndi lotani pa miyambo ina ya chikhalidwe chathu monga:
 - a. mwambo wa kutenga mwana
 - b. mkazi akakhaka oyembekezera kapena akamasamba (kumwezi) sayenera kugona ndi mwamuna wake
 - c. mkazi akafika pa msinkhu wosiya kusamba (menopause) sayeneranso kugona ndi mwamuna.
17. Mukuganiza kuti miyambo ngati imeneyi ingadzitse zotani kwa anthu a m'banja makamaka pa moyo wawo wokhalira pamodzi?
18. Kodi inu monga mpingo, mumachitapo zotani pa miyambo ngati imeneyi munyengo ino ya muliri wa Edzi?
19. Kodi anthu angatani kuti kugonana m'banja kugwirizane ndi umoyo wa lero?
20. Malingana ndi chikhulupiliro chanu, kufunika kwa moyo wa thanzi nkotani?

21. Kodi nanga mumawalangiza zotani azimayi amene ali ndi mavuto a m'banja monga kusakhulupilika kapena kuyendayenda kwa amuna awo?
22. Nanga mumakambapo ndi akhirisitu anu makamaka azimayi zaubwino wa kugonana kotetezedwa?
23. Nanga pa nkhani ya kondomu mpingo wanu utinji?
24. Nanga za nkhani yoyezetsa magari kuti munthu adziwe ngati ali ndi kachilombo koyambitsa Edzi kapena ayi, mpingo wanu utinji? Mumatengapo mbali yanji?
25. Ngati mpingo, mukuwona kuti ndi kofunika kuwauza azimayi zakufunika kwa uphungu ndi kuyezatsa magari wao asanakhale ndi pakati?
26. Nanga pa nkhani ya mankhwala a ARV omwe amachulukitsa chitetezo chanthupi makamaka yemwe ali ndi HIV kapena odwala Edzi, mpingo wanu umatengapo mbali yanji?
27. Muzochitika zanu za mumpingo kapena misonkhana, kodi mumaikamo nkhani za moyo wa thanzi woberekera kapena nkhani zokhalira limodzi abambo ndi amayi?
28. Ngati ansembe, mumawathandiza bwani azimayi pa nkhani ya kasamalidwe ka thupi lawo ndi kapewedwe ka matenda opatsirana pogonana (STDs) kuphatikizapo Edzi?
29. Monga mpingo, mumakambapo nkhani zotani zokhudzana ndi HIV/Aids?
30. Nanga tingatukule bwani moyo wa kugonana wa amayi ndi uchembere wabwino mumasiku ano a muliri wa Edzi?

NDONDOMEKO YA MAFUNSO KWA AMAYI AM'MUDZI WA A MALEMIA

Mutu: Kutukula moyo wa amayi ogonana ndi uchembere wabwino mu nyengo ya muliri wa matenda a HIV/Edzi.

1. Kodi mwa zina zosowa pa nkhani ya zaumoyo ndi ziti mdela lanu?
2. Nanga mdela lanu lino anthu amachepeza kuti chithandinzo pa nkhani ya njira ya zakulera ndi uchembere wabwino?
3. Ndi njira ziti zolerera zomwe chipatala cha St Luke chimapereka?
4. Kodi anankungwi amakupatsani uphungu kapena malangizo otani makamaka pa nkhani yokhalira pamodzi bambo ndi mayi monga banja kapena kugonana?
5. Ndi miyambo iti kapena zikhulupiliro zansi zokhudzana ndi woyi wa m'banja zomwe mayi ayenera kuzitsata akakhala oyembekezera ndiponso pamene wangochira kumene?
6. Kodi nanga miyambo ya kuchinamwali imakupatsani ziphunzitso zotani zokhudzana ndi moyo wa m'banja?
7. Munngakumbukileko nyimbo imodzi ya kuchinamwali chani? Tayimbani. Kodi nyimboyi imatanthauzansi?
8. Ndi miyambo yansi yokhudza kugonana imene muli nayo m'dela lanu lino?
9. Pa nkhani yogonana ndi uchembere, amayambitsa ndani m'banja mwanu pakati pa inu ndi amuna anu?
10. Kodi mumamasuka ndi amuna anu ndikumakambirana nkhani zogonana?
11. Kodi muli ndi ufulu owawuza amuna anu za mmene mumanvera mukamagonana m'banja mwanu? Talongosolani.
12. Kodi muli ndi amuna angati?/ mwakwatiwapo kangati? Ngati asali mwamuna oyamba chidachitika nchiyani ndi oyambayo? Muli ndi chibwenzi cha mtseri? chifukwa ninji?
13. Kodi chipembedzo chani chimaloleza mitala?
14. Kodi mumalera?
15. Posankha njira zakulera mumakambirana ndi amuna anu?

16. Kodi amuna anu amakuthandizani kusankha njira yolelera?
17. Kodi mungathe kuwawuza amuna anu kuti muzitsata njira yozitetezera pogonana pofuna kupewa kachilombo koyambitsa Edzi? Ngati simungathe chikukwa ninji? Ngati mungathe mungapange bwanji?
18. Munayamba mwadwalako matenda opatsirana pogonana? Liti? Matenda yanji? chidachitika ndi chiyani.
19. Kodi inu muli ndi ana angati?
20. Kodi miyambo yanu imakulolezani kukhala ndi ana angati?
21. Nanga mpingo wanu umakulolezani ana angati?
22. Pamene mumakwatiwa munali ndi zaka zingati?
23. Kodi miyambo yanu imakulimbikitsani kupita kukayezetsa magazi anu kuti mudziwe ngati muli ndi kachilombo koyambitsa Edzi?
24. Nanga chipembedzo chanu kapena mpingo utinji pa nkhani yomweyi?
25. Nanga pankhani ya kulera mpingo wanu umati chiyani?
26. Kodi mpingo wanu kapena chipembedzo chanu chimakambopo zotani pa nkhani yogonana?
27. Nanga za matenda opatsirana pogonana kuphatikiza Edzi, mpingo utinji?
28. Kodi mudanvapo za mankhwala a ARV? Ndimankhwala anji? Mudamva ndani? Talongosolani bwino.
29. Mukankhala oyembekezera mumakachilira kuti?
30. Ndi mavuto ati omwe mumakumana nawo panthawi yomwe muli ndi pakati kapena pobeleva?
31. Kodi mpingo kapena chipembedzo chanu chimakupatsani uphungu kapena chithandizo chanji pa nthawi yomwe muli oyembekezera?
32. Kodi ku chipatala kapena kwa a zamba pokachira amakulandirani bwanji? Talongosolani bwino bwino za zomwe inu munazionapo.
33. Munayamba mwapitapo padera (miscarriage)? Liti? Talongosolani chinachitika ndi chiyani.
34. Kodi munayamba mwachotsapo mimba (abortion)? Chifukwa chiyani? Talongosolani chinachitika ndi chiyani.
35. Munayamba mwachitapo mtayo (still-birth delivery)? Liti? Chinachitika ndi chiyani talongosolani.
36. Kodi chipembedzo kapena mpingo wanu umakuthandindizani bwanji inu amayi pa moyo wanu wa m'banja?
37. Nanga ubwino wokhala mumpingo kapena mzimayi okhulupilira ndi uti masiku ano a muliri wa Edzi?
38. Kodi kukhala mzimayi wachipembedzo kungakutetezeni ku Edzi? Talongosolani bwino.
39. Nanga tingatani kuti titukule miyoyo ya amayi m'banja pa nkhani zogonana ndi uchembere wabwino pa nthawi ino ya muliri wa Edzi?

NDONDOMEKO YA MAFUNSO KWA GULU LA AMAYI

Mutu: Kutukula moyo wa amayi ogonana ndi uchembere wabwino mu nyengo ya muliri wa matenda a HIV/Edzi: Gawo la mpingo wa Anglican mu Upper Shire diocese.

1. Kumbali ya uzaumoyo, ndi ziti zimene dera lanu limasowa?
2. Inuyo ngati atsogoleri mu bungwe la amayi (mothers union), mumapereka uphungu kwa azimayi anzanu pa nkhani yakukhalira pamodzi pakati pa amayi ndi abambo kapena kuti kugonana? Ngati ndi choncho, ndi uphungu wanji mumapereka?

3. Nanga muzokambirana zanu mumakambiranamo za nkhani ya kulera? Talongosolani mumati chiyani.
4. Kodi ndi ulangizi wanji umene mumapereka kwa amayi amene ali ndi mavuto m'mabanja mwawo monga amuna oyendayenda?
5. Inu monga amayi, kodi mukuona kufunika kwina kulikonse kwa kulera masiku ano? Talongosolani.
6. Nanga azimayi anzanu, kodi mumawawuza chiyani pa zaubwino wa moyo wa thanzi?
7. Kodi muzokambirana zanu, mumakambiranako za matenda opatsirana pogonana ndinso kugonana kotetezedwa?
8. Mumakambiranapo zotani za matenda a Edzi? Talongosolani bwinobwino.
9. Ndi nkhani ziti za m'banja zimene mumakonda kukambirana?
10. Kodi nanga mpingo wanu umachitapo china chilichonse pa nkhani ya uchembere wabwino makamaka kulera ndi kapewedwe ka matenda opatsirana pogonana kuphatikizapo Edzi? Ngati ndi choncho, umachitapo chiyani? Kodi thandizoli limakwanira? Ngati ayi, ndi chithandizo chotani chomwe mungayembekezere ku mpingo wanu pa nkhani ngati imeneyi?
11. Kodi mumawauza chiyani atsikana okonzekera kumanga ukwati?
12. Mwakhala mukukumana ndi zotani pa nthawi ya chinamwali ndi chilangizo?
13. Kodi mumakambapo chinachilichonse pa nkhani ya miyambo ina ya chikhalidwe cha m'banja yomwe ili mdziko muno mwachitsanzo "fisi", "kutenga mwana" (i.e mkazi akabereke sayenera kugonana ndi mwamuna wake mpakana mwana atakwanitsa zaka zisanu ndi chimodzi)?
14. Inu monga bungwe, kodi kufunika kapena kuyipira kwa miyambo ngati imeneyi ndi kotani maka masiku ano amliri wa Edzi?
15. Inu monga bungwe, ndikofunika bwanji kuwafotokonzera amayi anzanu za kuyezetsa magari asanatenge pathupi kuti adziwe ngati ali ndi kachilombo koyambitsa matenda a Edzi.
16. Muzochitika zanu za m'bugwe, kodi mumaikamo nkhani za moyo wa thanzi woberekera kapena nkhani zokhalira limodzi abambo ndi amayi?
17. Mumawathandiza bwanji amayi pankhani ya zakulera?
18. Nanga pankhani yakasamalidwe kathupi lawo ndi kapewedwe ka matenda opatsirana pogonana (STD's) kuphatikizapo Edzi, mumawathandiza bwanji amayi?
19. Pokambirana zofunika mumpingo mwanu monga malamulo, kodi azimayi mumakhala nawo? Ngati sichoncho, nchifukwa chiyani? Ngati ndi choncho, mukunganiza kuti nkoyenera bwanji kuti amayi azikhala nawo pa zokambiranazo?
20. Kodi mukuganiza kuti nchifukwa ninji amayi alibe mwayi wolongosolera amuna awo pa momwe amanvera pa nkhani yokhalira malo amodzi ndi amuna awo?
21. Kodi mzimayi angaipewe Edzi chifukwa choti ali mu mpingo?
22. Nanga ubwino wokhala mumpimno kapena mzimayi okhulupilira ndi uti masiku ano a muliri wa Edzi?
23. Monga bungwe, mukuganiza kuti tingatukule bwanji moyo wa kugonana wa amayi ndi uchembere wabwino mumasiku ano a muliri wa Edzi?

NDONDOMEKO YA MAFUNSO KWA AMAYI A MUMPINGO WA ANGILIKANI

Mutu: Kutukula moyo wa amayi ogonana ndi uchembere wabwino mu nyengo ya muliri wa matenda a HIV/Edzi: **Gawo la mpingo wa Anglican mu Upper Shire diocese.**

1. Kumbali ya zaumoyo, ndi ziti zimene dera lanu limasowa?

2. Kodi mumalandira uphungu wanji kuchokera kumpingo pa nkhani yokhalira pamodzi pakati pa amayi ndi abambo kapena kuti kugonana?
3. Kodi inu muli ndi ana angati?
4. Nanga mpingo wanu umakulolezani ana angati?
5. Pamene mumakwatiwa munali ndi zaka zingati?
6. Inu monga amayi, kodi mukuona kufunika kwina kulikonse kwa kulera masiku ano? Talosongosolani.
7. Nanga pankhani ya kulera mpingo wanu umati chiyani?
8. Kodi inuyo mumalera?
9. Posankha njira zakulera mumakambirana ndi amuna anu?
10. Kodi mungathe kuwawuza amuna anu kuti muzitsata njira yozitetezera pogonana pofuna kupewa kachilombo koyambitsa Edzi? Ngati simungathe chikukwa ninji? Ngati mungathe mungapange bwanji?
11. Kodi m'banja mwanu, mumagwiritsa njira yanji yolelera?
12. Ndi njira zANJI zolelera zomwe mpingo wanu umatsata?
13. Munayamba mwagwiritsapo ntchito makondomu m'banja mwanu? Anapangitsa ndani? Mumagwiritsa ntchito kwa nthawi ziti?
14. Munayamba mwadwalako matenda opatsirana pogonana? Liti? Matenda yanji? chidachitika ndi chiyani?
15. Muzochitika zamumpingo, kodi nkhani ya moyo wa thanzi woberekera kapena nkhani zokhalira limodzi abambo ndi amayi zimakhalapo?
16. Nanga za nkhani za matenda opatsirana pogonana ndinso kugonana kotetezedwa zimatchulidwalipo?
17. Mpingo umakambapo zotani za matenda a Edzi? Talongosolani bwinobwino.
18. Kodi mpingo wanu umakulimbikitsani kupita kukayezetsa magazi anu kuti mudziwe ngati muli ndi kachilombo koyambitsa Edzi?
19. Kodi mudanvapo za mankhwala a ARV? Ndimankhwala anji? Mudamva ndani? Talongosolani bwino.
20. Mukankhala oyembekezera mumakachilira kuti?
21. Ndi mavuto ati omwe mumakumana nawo panthawi yomwe muli ndi pakati kapena pobeleva?
22. Kodi mpingo wanu umakupatsani uphungu kapena chithandizo chanji pa nthawi yomwe muli oyembekezera
23. Kodi nanga mpingo wanu umachitapo china chilichonse pa nkhani ya uchembere wabwino makamaka kulera ndi kapewedwe ka matenda opatsirana pogonana kuphatikizapo Edzi? Ngati ndi choncho, umachita chiyani? Kodi thandizoli limakwanira? Ngati ayi, ndi chithandizo chotani chomwe mungayembekezere ku mpingo wanu pa nkhani ngati imeneyi?
24. Pomwe mumachita chikwati chanu, ndi uphungu wanji omwe munalandira kuchokera ku mpingo wokhudzana ndi moyo wogonana ndi uchembere wabwino?
25. Mwakhala mukukumana ndi zotani pa nthawi ya chinamwali ndi chilangizo chanu?
26. Kodi muli ndi amuna angati?/ mwakwatiwapo kangati? Ngati asali mwamuna oyamba chidachitika nchiyani ndi oyambayo? Muli ndi chibwenzi cha mtseri? chifukwa ninji?
27. Kodi chipembedzo chanu chimaloleza mitala?
28. Kodi mukuganiza kuti nchifukwa ninji amayi alibe mwayi wolongosolera amuna awo pa momwe amanvera pa nkhani yokhalira malo amodzi ndi amuna awo?
29. Kodi mzimayi angaipewe Edzi chifukwa choti ali mu mpingo?
30. Nanga ubwino wokhala mumpingo kapena mzimayi okhulupilira ndi uti masiku ano a muliri wa Edzi?

31. Kodi mukuganiza kuti tingatukule bwanji moyo wa kugonana wa amayi ndi uchembere wabwino mumasiku ano a muliri wa Edzi?

NDONDOMEKO YA MAFUNSO KWA OGWIRA NTCHITO KU ZIPATALA/
ATSOGOLERI (ST LUKE'S HOSPITAL)

Mutu: Kutukula moyo wa amayi ogonana ndi uchembere wabwino mu nyengo ya muliri wa matenda a HIV/Edzi: Gawo la mpingo wa Anglican mu Upper Shire diocese.

1. Kodi mumapereka chithandizo chotani pa chipatala chanu chino?
2. Nanga kugawo losamalira moyo wa azimayi ndi ana, muli ndi makiliniki angati?
3. Mungakambape zotani pa za chipatala cha St Luke's mmene chimathandizira pankhani za maleredwe, uchembere wabwino, ndi za kugonana?
4. Nanga chithandizo cha uchembere chingapite bwanji patsogolo?
5. Ndi njira ziti za kaleredwe zomwe zimaperkedwa pano? Ndi njira ziti zomwe zimafunidwa kawirikawiri?
6. Ndi anthu angati amene amabwera pamwezi kufuna chithandizo pankhani ya kulera ndi pankhani ya matenda opatsirana pogonana?
7. Mukamapereka chithandizo cha njira yakulera, mumasiyanitsa pakati pa azimai apabanja ndi osakwatiwa?
8. Kodi mumaona chipembedzo chamunthu mukamapereka chithandizo?
9. Mukuganiza kuti azimai amalandira chithandizo chokwanira pa khani ya kulera pachipatala chino?
10. Kodi muli ndi ma CBDA's?
11. Kodi nchito zawo ndi zotani?
12. Kodi mukuganiza kuti azimai amakhutitsidwa ndi chithandizo chimene iwowa amapereka pa zakulera? Talongosolani.
13. Kodi azimai mumawauza zotani pa ubale wa kulera, matenda opatsirana pogonana (STI) kuphatikizapo HIV/ Edzi?
14. Mumapereka uphungu wotani kwa amai omwe ali ndi kachilombo koyambitsa Edzi pankhani yobereka?
15. Ndi uphungu wotani omwe mumapereka kwa amai pankhani yogonana motetezedwa?
16. Mumapereka uphungu otani kwa amai pazakufunika koyezetsa magari (VCT)?
17. Mumawalangiza bwanji amai apathupi omwe ali ndi HIV?
18. Pali mgwirizano wanjani pakati pachipatala chanuchi ndi mpingo wa Anglican?
19. Ndi mavuto anji omwe mumakumana nawo pachipatala chanuchi pankhani ya uchembere wabwino ndi za kulera? Mavutowa angathetsedwe bwanji?
20. Nanga tingatukule bwanji moyo wa amai ogonana ndi uchembere wabwino pa chipatala chino makamaka panthawi ino ya muliri wa Edzi?

NDONDOMEKO YA MAFUNSO KWA AMAYI OSANKHA NJIRA YOLELERA (ST
LUKE'S HOSPITAL)

Mutu: Kutukula moyo wa amayi ogonana ndi uchembere wabwino mu nyengo ya muliri wa matenda a HIV/Edzi: Gawo la mpingo wa Anglican mu Upper Shire diocese.

Tsiku _____ Mfumu yaikulu _____
Mudzi _____

Kodi ndinu?

1		Wokwatiwa
2		Wosiyidwa banja
3		Omwe sakhalira limodzi ndi amuna awo (on separation)
4		Amasiye
5		Osakwatiwa

Chaka chobadwa _____

Sukulu mudalekeza kalasi yanji? _____

Amuna anu adalekeza kalasi yanji? _____

Mumagwira ntchito yanji? _____

Amuna anu amagwira ntchito yanji? _____

Chipembedzo kapena Mpingo wanu:

1		Katolika
2		Angilikani
3		CCAP
4		Chisilamu
5		Chamakolo
6		Chipembedzo china (chitchuleni)

Chipembedzo kapena mpingo wa amuna anu _____

Nambala ya ana: _____ amuna: _____ akazi: _____

Chaka chomwe mwana woyamba anabadwa: _____

Chaka cha mwana wotsiliza: _____

1. Nchifukwa ninji munaganiza kuti mubwere kuchipatala kuno pa nkhani ya kulera? Nchifukwa ninji mudaganiza zolera?
2. Kodi amene amakuthandizani kapena a nurse anakufunsani za moyo wanu ndi banja lanu?
3. Kodi ndinu a chipembedzo kapena mpingo wanji?
4. Kodi mumalandira malangizo ndi thandizo lanji kuchokera ku chipembedzo chanu pa nkhani ya kulera?
5. Kodi chipembedzo chanu chimakuvomerazani kuti muzitsata njira za kulera?
6. Ndi njira ziti zakulera zomwe chipembedzo chanu chimavomereza?
7. Kodi a nurse anati pali njira zingati zolelera?
8. Kodi analongosola momwe njira iliyonse imagwiritsidwira ntchito, ubwino wake ndi kuipa/kuopsa kwake?
9. Kodi mwasankha njira iti yolelera?
10. Ndani amene ananena kuti njira imeneyi ndi yoyenera kwa inuyo? Chifukwa ninji?
11. Kodi a nurse anakambapo chilichonse chokhudzana ndi ubale omwe ulipo pakati pamaleledwe, matenda opatsirana pogonana kuphatikizapo Edzi? Ngati ndi choncho, anati chiyani?
12. Kodi mpingo wanu umakambapo chiyani pa za kugonana ndi kapewedwe ka matenda opatsirana pogonana.

13. Munganenepo zotani pa za chithandizo cha maleledwe pa chipatala chino cha St Luke?
14. Kodi chithandizo chimenechi chingapite bwanji patsogolo?
15. Nanga tingatukule bwanji moyo wa amayi ogonana ndi uchembere wabwino mu nyengo ino ya muliri wa matenda a Edzi?

NDONDOMEKO YA MAFUNSO KWA AMAYI OYEMBEKEZERA ODZAKWERA
SIKELO (ST LUKE'S HOSPITAL)

Mutu: Kutukula moyo wa amayi ogonana ndi uchembere wabwino mu nyengo ya muliri wa matenda a HIV/Edzi: Gawo la mpingo wa Anglican mu

Upper

Shire diocese.

Tsiku _____
Mudzi _____ Mfumu yaikulu _____

Kodi ndinu?

1		Wokwatiwa
2		Wosiyidwa banja
3		Omwe sakhalira limodzi ndi amuna awo (on separation)
4		Amasiye
5		Osakwatiwa

Chaka chobadwa _____
Sukulu mudalekeza kalasi yanji? _____
Amuna anu adalekeza kalasi yanji? _____
Mumagwira ntchito yanji? _____
Amuna anu amagwira ntchito yanji? _____

Chipembedzo kapena Mpingo wanu:

1		Katolika
2		Angilikani
3		CCAP
4		Chisilamu
5		Chamakolo
6		Chipembedzo china (chitchuleni)

Chipembedzo kapena mpingo wa amuna anu _____
Nambala ya ana: _____ amuna: _____ akazi: _____
Chaka chomwe mwana woyamba anabadwa: _____
Chaka cha mwana wotsiliza: _____

1. Nchifukwa ninji munaganiza kuti mubwere kuchipatala kuno lero?
2. Nanga mwalandira chithandizo chanji ?
3. Kodi a nurse anakambapo chilichonse chokhudzana ndi pakati, kudziwa za momwe magazi anu aliri pa za Edzi, ndinso za uphungu ndi kuyezetsa magazi (VCT) ?
4. Kodi munayamba mwatezetsapo magazi anu kuti mudziwe ngati muli ndi kachilombo koyambitsa matenda a Edzi ?
5. Ndani amene anakupangitsani kuti mutero ?
6. Ngati simunayezetsepo, muli ndi maganizo okayezetsa musanabereke ?
7. Kodi chipembedzo kapena mpingo wanu umakulolani kudziwa ngati muli ndi kachilombo musanatenge pakati ? Umenewo ndi mpingo wanji?
8. Titangoyerekeza kuti pa nthawi ino muli ndi pakati mwapezeka nako kachilomboka, mungatani?
9. Kodi mungadzaberekenso? Chifukwa?
10. Kodi kuopsa kokhala ndi pakati usakudziwa za magazi ako nkotani?
11. Nanga kuopsa kokhala ndi pakati uli ndi kachilombo ka HIV nkotani?
12. Kodi a nurse anakuyezani ngati muli ndi matenda opatsirana pogonana?
13. Anafotokozapo za momwe mungapewere matenda amenewa kuphatikizapo Edzi? Ngati ndi choncho anati chiyani?
14. Kodi miyambo ya makolo imakuthandizani bwanji kupewa matenda amenewa?
15. Kodi chipembedzo kapena mpingo wanu umakupatsani chithandizo kapena malangizo otani pamene muli oyembekezera?
16. Potsata miyambo ya makolo, kodi pakati panupa mumapateteza bwanji?
17. Kodi miyambo miyambo yamakolo itinji pankhani yogonana pamene muli ndi pakati?
18. Muzonse, kodi muganiza kuti chithandizo chimene chimapelekadwa pa chipatala pano kwa amayi apakati chingapite bwanji patsogolo?
19. Nanga tingatukule bwanji miyoyo ya amayi pa nkhani yogonana ndi uchembere wabwino mu nyengo ino ya muliri wa matenda a Edzi?