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**Malawian Transitioning Elites: Identity Construction and Critical HIV/AIDS
Discussions**

by

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To Doreen, Taras, and Lana Myroniuk,

*Thank you for supporting my academic pursuits and providing much needed telephone
conversations during fieldwork for this thesis.*

Abstract

This study analyses the characteristics and life trajectories of highly educated 18 to 35 year old Malawians, how they negotiate their identities in the face of HIV/AIDS, and their opinions regarding the effectiveness of current HIV/AIDS treatment and prevention efforts. These Malawians are among the privileged few who get an opportunity to complete their secondary education and potentially attend post-secondary classes. However, their livelihoods are inevitably tied to HIV/AIDS and public health employment opportunities and discourses due to the high HIV/AIDS prevalence in Malawi. These Malawians routinely presented their identities in the context of their understanding of HIV/AIDS. They also critically discussed the merits of current HIV/AIDS policies and potential alternative methods to decrease the spread of HIV in Malawi. By considering who highly educated Malawians are and why they discuss HIV/AIDS in such a manner, more culturally appropriate and innovative solutions in ridding Malawi of this epidemic may be understood.

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¹ A version of this chapter has been submitted for publication . Myroniuk 2011. Journal of the International AIDS Society.

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Chapter 1

Introduction

This thesis is the product of interviews and survey data collected in Malawi between May and August 2010. While the research surrounds topics related to the HIV/AIDS epidemic that has hit Malawi in the past thirty years, this is not a biomedical piece. Instead, this thesis centres on highly educated Malawians between 18 and 35 years old (inclusive)—who they are, how they use HIV/AIDS to present their identities, and their analysis of government and international health policies and interventions in Malawi.

The Malawians who I define as highly educated—those who hold at least their Malawi Schools Certificate of Education (MSCE—which indicates completion of secondary school), if not some additional tertiary (post-secondary) education credentials, occupy unique social strata within Malawi. These Malawians are among the privileged few whose families have the funds to send them secondary school and beyond, and they are an elite group who have successfully demonstrated their academic abilities in formal settings. While their academic credentials are impressive, many of these elites must negotiate a crowded formal labour market upon finishing their schooling. Consequently, these elites' career aspirations are compromised as they often must transition between formal employment, informal employment, and unemployment and move throughout the country as they try to make ends meet. Thus, they are Transitioning Elites. I develop a social typology of three types of Transitioning Elites based on their educational history, varying goals, and realistic career opportunities: Hopeful Elites, Quasi-Elites, and the Next Elites. These elites all have substantially greater opportunities for employment than the

majority of Malawians as a result of their secondary school completion. Most of the respondents in this study also have some work experience in the public health sector and with international and national research organisations and are thus knowledgeable about HIV/AIDS in varying degrees. By knowing the language of AIDS and acquiring technical and research skills that pertain to public health, these Transitioning Elites have an even greater chance of upward social mobility due to the numerous international and domestic health projects that employ individuals with proficiency in this area. Having such abilities makes these individuals part of an elite group of Malawians, but due to widespread unemployment and an unavailability of formal jobs, the Transitioning Elites are constantly trying to move up the social ladder and into the next strata while avoiding moving downward.

As members of an elite stratum of Malawian society, respondents provided identity performances to affirm their social status in the interview process. Respondents presented themselves as highly educated and modern individuals who are unlike rural and uneducated Malawians. Discussions about HIV/AIDS unexpectedly set the stage for these identity performances. The Transitioning Elites were quick to point out that their educational attainment provided them the knowledge to live healthy, AIDS-free lives. They emphasised the importance of education and that it is a crucial institution for producing a healthy, upcoming generation. Respondents also engaged in a type of cultural disassociation. As highly educated, modern subjects who understand the implications of an HIV/AIDS epidemic, respondents believed that their rural and uneducated counterparts were thwarting the nation's public health efforts. Traditional practices and customs were deemed by the Transitioning Elites as inappropriate in modern Malawi as they are perceived to spread HIV. All rural and uneducated Malawians were described as a homogenous group. Since their descriptions of Malawi were not necessarily

accurate and often value-laden, I gained insight into an imaginary social space which these elites used in order to understand and rationalise their life choices and social statuses as highly educated, modern Malawians.

Lastly, I note these Malawians' opinions on HIV/AIDS policies and public health interventions in their country. The Transitioning Elites felt that many of the widespread governmental, scientific, and academic suggestions (such reducing the number of concurrent sexual partners and promoting ABC—Abstain, Be faithful, use a Condom) to decrease HIV transmission in Africa were crucial to improving public health in Malawi. However, they also provided alternative perspectives towards public health—divergent views from the hegemonic HIV/AIDS discourse. Some respondents suggested that condoms and circumcision may actually promote the transmission of HIV, contrary to evidence found in clinical trials. As well, they suggested the need for more authoritarian and therefore less democratic governance in such desperate times in order to quell HIV/AIDS. The Transitioning Elites showed their knowledge of the HIV/AIDS discourse and rationalised numerous unconventional policy suggestions.

This segment of Malawian society—secondary and tertiary school graduates have rarely been asked how they understand the epidemiology of HIV/AIDS, what they think of the effectiveness of Malawi's policies and programs to stem the epidemic, or the consequences of high mortality due to AIDS for the future of their nation. Since less than one-quarter of Malawians reach secondary school, those that have completed secondary or tertiary school have upward social mobility and are few in number.

This approach to researching the impacts, criticisms, and future of public health and HIV/AIDS policy and behaviours, from the eyes of Malawians who have completed secondary school and possibly started or completed their tertiary education, heeds to Bourdieu's theory of

cultural and educational capital. Educational capital—which is measured by educational qualifications (such as an MSCE, an Accounting Diploma, a Bachelor’s Degree, or a Master’s degree—among many other possibilities), is closely linked to one’s ability to influence culture, politics, and economics (Bourdieu 1984). The notion that the more education one has, the more likely he or she can influence their culture and daily life around them or even their nation, is evident. Thus, in a nation where public health systems are heavily dependent on foreign donors who channel their funds through government, businesses, and NGOs—sectors of the economy that are no doubt filled with highly educated people, it is logical to ask their opinions regarding a public health epidemic such as HIV/AIDS of those with high levels of educational capital. Maybe the highly educated agree with current policies and strategies to minimise the negative effects of HIV/AIDS. But maybe the highly educated disagree or diverge from these policies and strategies. If so, what can we make of their views? Perhaps more effective, culturally sensitive policies can be implemented. HIV/AIDS is not eradicated, so there is always space for continued evaluation and re-evaluation of research, policy, funding, and program implementation.

The Transitioning Elites are important to the future of Malawi and public health. They are Malawians who understand life on the ground and the difficulties that HIV/AIDS presents in villages, rural districts, and in cities, but they are also connected to international non-governmental organisations (INGOs), their government, and international bodies, and are aware of their policy making. This places these Malawians in a unique position at the crossroads between the grassroots and the politically powerful decision makers. These highly educated Malawians have fairly complete images of life and HIV/AIDS on the ground and how it is affected at the top by foreign and domestic policy. As well, since these Malawians are

precariously situated between the top and the bottom yet have some chance of upward social mobility and the ability to “turn the tide” in the HIV/AIDS epidemic based on their educational capital in a country where educational capital is in demand², they need to be further understood by researchers, given voice, and be listened to by policy makers. Their perspectives may lead to efficient policy making and increasing rates of return on improved public health per dollar spent. Angus, a 24 year old university student put it best, saying that international NGOs,

“cannot implement their own policies if they cannot tie with our culture. So I feel like some of the policies could be fitting to our culture. They came here to portray their own ideas but they have not worked because of lack of communication with the cultures.”

Although few of these highly educated Malawians will ever reach an elite position where they can directly influence public health policy and stem the spread of HIV/AIDS on a national scale, each Malawian has a clear vision for a healthier, better Malawi. Since they are the middlemen between the grassroots communities and are in many ways linked to powerful INGOs, NGOs, businesses, and branches of government, their views and livelihoods must be examined. Because interacting with a variety of aspects of HIV/AIDS is an integral component in these Transitioning Elites’ lives, comprehending who they are and how they present themselves in relation to the virus is crucial in clarifying how they conceptualise HIV/AIDS-

² The current Malawian President, Bingu wa Mutharika, is highly revered in public life because he has PhD in economics from the United States. However, this PhD is from an unaccredited institution. His brother—likely the next President of Malawi is considered to be of the most highly educated in the country with a law degree from the United States. For many countries, these credentials would not be favoured as heavily as they are by the Malawian public. Any form of higher level education, greatly increases a Malawian’s chances of upward social mobility.

related issues. Once their identities are understood, their claims about HIV/AIDS can be appreciated.

Malawi and HIV/AIDS

Malawi is a small, landlocked nation in southeast Africa with diverse tribal roots, a history of peaceful relations since independence, vibrant and welcoming people, vast plains and expansive plateaus, and an abundance of clean water and fertile land. Malawi is the self-proclaimed “Warm Heart of Africa” where citizens and foreigners are embraced with open arms. The remnants of colonialism—the grandiose architecture in Zomba, the British education system, the presence of English language, and the love of football, are uniquely integrated with traditional Malawian medicine, agricultural methods, and culture. Malawi is amongst the most politically progressive African nations as well. Malawi is governed by a multi-party democracy and has successfully practiced free, open, and fair elections. The press openly criticises and praises the government. However, below the surface, like any country, Malawi faces its share of problems concerning unemployment, poverty, corruption, and public health outbreaks. One of the most highly publicised issues (both domestically and internationally) that Malawi faces is the HIV/AIDS epidemic that has swept across Africa in the past thirty years.

Approximately 22 million people are living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in Africa (WHO/UNAIDS 2010)³ and are subjected to its devastating effects on the immune system and its incurability. To add to the extensive reach of HIV/AIDS in Africa, the virus mutates and each new line of drugs to

³ This figure is based on the estimations that 33.3 million people in the world are living with HIV/AIDS and that 68% of people living with HIV/AIDS are located in Africa.

combat these mutations becomes increasingly expensive and out of reach for the majority of African people. In Malawi, HIV/AIDS prevalence among adults aged 15 to 49 (inclusive) is approximately 12% and in a nation of 15 million people, this means that about 1.8 million adults are infected (UNAIDS 2009). Children are not immune to HIV/AIDS either. HIV/AIDS disassembles families, arouses suspicion of marital infidelity, creates heated debates in communities and nations, and ravages local and national economies. Needless to say, a nation like Malawi (as well as virtually every other African nation) has requested the help of the international community to combat this virus. The international community—consisting of governments, international non-governmental organizations (INGOs), private philanthropists, academics, scientists, and research organizations have heavily invested in understanding HIV/AIDS, how to stem its effects, and how to prevent it from spreading between individuals and populations. In 2008, \$913 million USD in official development aid was distributed to Malawi from foreign donors (OECD 2010). This figure does not include private, philanthropic, and non-governmental aid. While it is difficult to track the exact amount of foreign aid directed towards HIV/AIDS preventative efforts in Malawi (due to a lack of publicly available data and an inaccessible Malawian government website), the total amount of foreign aid is presumably substantive.

HIV/AIDS is not only a Malawian or African issue, but a global issue as well. It is no longer a localised “gay disease” nor is it God’s wrath. In Malawi, HIV/AIDS is spread through sexual intercourse, unsterile medical tools, cuts, lesions, and from mothers to unborn children in their wombs. HIV/AIDS is reproduced through individual interactions, but many of the true causes stem from macro-level issues such as disadvantaged economies, trade, poverty, underdeveloped infrastructure, gender inequalities, migrant labour, and private enterprise

(especially in the case of drug manufacturers). The result is a web of factors that contribute to the spread of HIV/AIDS (Yeboah 2007)—a stochastic model where initial causes and definitive solutions are extremely difficult to discern. One can even argue that the lingering effects of colonialism are still contributing to the viruses' outstretched arms. Regardless of the determinants, HIV/AIDS has continued to operate like Hydra, the beast in Greek mythology. HIV/AIDS is inherently poisonous to the human body and whenever one issue is resolved—such as increased availability of Prevention of Mother-to-Child Treatment (PMTCT), two or more problems such as overcrowded health clinics and decreased funding in other health sectors, arise. The poison continues to multiply and the beast is difficult to tame, let alone defeat.

In Malawi, HIV/AIDS is frequently discussed in government speeches and press releases, newspapers, youth clubs, NGOs, communities, and in private. As you enter into virtually any Malawian town, you will come across advertisements encouraging safe sex, promoting the end of gender-based violence, and other issues that contribute directly or indirectly to the spread of HIV. As well, as you drive down the main road of a town (while dodging people, cars, animals, ditches, and potholes), there will likely be at least one community-based organization (CBO) whose goal is to “civic educate” its catchment area on the ways HIV spreads, its effects, and how to prevent it through a variety of methods ranging from dramas, to football, netball, and volleyball tournaments, public speeches, and door-to-door HIV/AIDS counselling. While hospitals and health clinics are not present in every small town, Malawi has an extensive health promotion network and a National HIV/AIDS Testing Week once a year whereby the government claims to access even the most remote areas in the nation. Everybody seems to know about HIV/AIDS and the dangers and problems it presents to their communities. Even children are introduced to the consequences of HIV/AIDS as early as Standard 1 (Grade 1) while

college students are now required to take courses on HIV/AIDS and health management. While it is not perfect, the Malawian government, NGOs, and CBOs have developed a far-reaching system to spread the message about how to reduce the chance of new HIV infections and have a substantial number of central and district hospitals and community health clinics that are accessible for the public (albeit with some or a lot of effort needed). Malawi is certainly active in its stance against HIV/AIDS. However, with a progressive mindset to combat the epidemic (where the virus is constantly mutating), there are increased costs to keep up with the standards of the World Health Organization (WHO) and the Western world.

As recently as June 20, the Principal Secretary for Nutrition and HIV and AIDS in the Office of the President and Cabinet, Dr. Mary Shawa, announced that the cost of antiretroviral drugs (ARVs)—the drugs that actively slow the multiplication of HIV in the immune system (which allows the immune system’s CD4 cells to replenish themselves, thereby strengthening the immune system), would triple in price from MWK 5000 to MWK 15000 for monthly ARV packages⁴ in addition to offsetting the “management of the treatment and acquisition of CD4 count machines” (Weekend Nation, June 19, 2010). The Malawian government subsidises some, but not all of the cost of ARVs for the public. ARVs are freely available at hospitals and health clinics, but with a threefold rise in cost of new ARVs to combat the newly mutated HIV, cuts to the health system and fewer available ARV packages are predictable consequences. This new reality compounds the opportunity costs lost by citizens who must take a full day or more to travel and wait to receive medication, instead of being able to work, maintain the crops, or sell goods during that time. This is only a brief description of what Malawi has recently faced in the

⁴ MWK is an abbreviation for Malawi Kwacha—the national currency. As of August 2010, \$1 CDN=MWK 130.

wake of the HIV/AIDS epidemic and the daily, weekly, monthly, and yearly challenges of maintaining and creating a healthier population.

So why is Malawi important? Also, if the causes and solutions to reducing the impacts of HIV/AIDS are so ambiguous and frustrating and the fact that the virus is ever-present in Malawi despite the enormous amount of foreign aid sent to combat it, why is it worth the rest of the world's time and resources for re-investing and analyzing and implementing new policies? Unlike South Africa—with its key ports and diamond and gold industries, or Angola and Nigeria—with their oil industries, or the Democratic Republic of the Congo—with its vast cobalt mines (an element used in nearly all electronic devices), or Kenya—with its large coffee bean supply, Malawi is of little significance to big players in the global economy. While Malawi produces tobacco, its other staples of maize and sugar cane are not the most popular or highly valued exports. So, is it out of altruism that governments, NGOs, philanthropists, and individual donors continue to contribute with the hope of improving the lives of Malawians? This is very likely and seemingly a morally-good thing. However, the imposition of foreign values and policy decisions that are inevitably attached to donor dollars do not necessarily help change the outcome. Some of the scientific discoveries that clinically reduce the spread of HIV and thus must be implemented in foreign policy may actually be counterproductive if they do not take cultural values into context. Such policies that have proven successful in the United States, Britain, or South Africa may not be compatible in Malawi. So then what can the international community actually do? Listen to Malawians. Listen to Africans. Take their viewpoints seriously whether they agree with or oppose the well-intentioned policies of governments and NGOs and the public health implementations suggested by geneticists, microbiologists, and other scientists.

Here are the Transitioning Elite Malawians' views and discussions on this topic. Prior to understanding how they came to various HIV/AIDS public health policy suggestions, it is crucial that I explain how I met these Malawians, who they are, and how they identify themselves in relation to the viruses' impact in their nation.

Chapter 2

The Malawian Research Expedition

From May 21st to August 23rd in 2010, I travelled to Malawi to conduct sociological and demographic research. The experience was not as simple as it sounds. I had never travelled outside of North America, never met a Malawian, nor did I have many contacts prior to landing in the capital, Lilongwe. To introduce me to Malawi and also to provide some initial structure while I accustomed myself to a new culture, members of the Malawi Longitudinal Study of Families and Health (MLSFH) and members of Invest in Knowledge Initiative (IKI)—a joint American and Malawian NGO, took me under their wing as a research assistant for their own fieldwork. The MLSFH team is based out of the University of Pennsylvania but employs IKI permanent and temporary staff (who were all Malawians) to help facilitate research in three rural districts throughout the country: Mchinji in the Central Region (May), Rumphi in the Northern Region (June), and Balaka in the Southern Region (July). Upon arriving, I had to nervously wait for my ride to Mchinji. I had no idea who was picking me up or what they looked like. After waiting for thirty minutes outside the Kamuzu International Airport, one of the MLSFH managers and a post-doctoral fellow at the University of Pennsylvania, one of the project drivers, and an undergraduate research assistant rolled up in a white 1995 Toyota Land Cruiser. I soon learned that travel on Malawian roads would be much more time consuming than I initially imagined. Our Land Cruiser broke down three times on the 115 km journey from Lilongwe to Mchinji and that Land Cruiser was one of the best vehicles that I would come across during my

fieldwork. I realised that I was quite naive. I was a highly visible foreigner in one of the poorest countries in Africa. Fieldwork began.

In Malawi, I balanced independent research with my MLSFH responsibilities quite effectively. Often I would go to “the field” in packed mini-buses full of supervisors and interviewers two to three times per week (for 12 to 14 hours per day), enter, clean, and analyse project data most nights of the week, and take public transport to conduct my own research and meet new contacts on the other days. (Occasionally I took a day off to stock up on supplies at the market or wash my clothes). Three types of data were collected during my time in Malawi: semi-structured interviews, quantitative questionnaires, and policy documents from the Malawi National Archives in Zomba and a Youth Organisation in the Southern region. My initial goal was to interview 30 individuals who were between the ages of 18 and 35 years (inclusive) and had completed their secondary education if not higher forms of education. I ended up interviewing 38 Malawians who were more than willing to divulge their life stories and opinions about the HIV/AIDS epidemic and hypothesise about the future of Malawi. As a research assistant with the MLSFH, I had access to the current and previous waves of data which consisted of roughly 4000 questionnaires every two years since 1998 with families in rural Malawi. The questionnaires sought out information on family structure, family planning, economic shocks, agricultural production, transfers of wealth, HIV/AIDS, sexual behaviours, and monthly and yearly spending habits. However, I did not use much of this original data on MLSFH respondents in this thesis. Rather, I ended up carrying out the collection of data surrounding the MLSFH’s interviewers—the true hard workers of the project.

At each site, 60 locals between 18 and 40 years old with at least their MSCE (and inherently those who completed their secondary education) were recruited to interview and

record the information of the rural families taking part in MLSFH fieldwork. At the end of each fieldwork at each site, these MLSFH interviewers were asked to fill out a basic demographic survey that also asked questions about the effectiveness of HIV/AIDS policy, sexual attitudes, previous work experience, educational paths, and future aspirations. As the only one willing to undertake this task (and seemingly the only one interested in who these interviewers are and their backgrounds), I saw this as an opportunity to learn more about highly educated Malawians and supplement my research. In the end, I obtained 177 questionnaires from highly educated Malawians. I did not initially plan on collecting this data, but it certainly became an integral part of my research. Since I travelled with the MLSFH project throughout Malawi, I was able to access sources of data that I had not originally counted on either. While in the Southern Region, I gained access to the small, but very useful library of a Youth Organisation—a small CBO whose goal is to promote HIV/AIDS awareness and prevention and simply “keep the youth busy” and out of trouble. The library contained several important National AIDS Commission, Malawi Government, and Malawi Human Rights Commission reports from the past several years (that are unavailable on the internet). Since I was living about an hour of uninterrupted travel away from Zomba⁵—the former colonial capital, I was able to travel there (sometimes easily, sometimes with great difficulty) to access the Malawi National Archives, which housed similar documents to those found at the Youth Organisation.

With the exception of travelling to and from “the field” in a packed, albeit direct and reliable mini-bus with project drivers, I was on my own for transportation for my own research.

⁵ I say this somewhat sarcastically as rides to Zomba using the mini-bus system usually took two hours—or double that time, depending on whether drivers would argue with one another as to whose turn it was to carry passengers, how many laws the drivers broke on the road and thus how many times police checkpoints took more than ten minutes (ten too many people in the bus, no fire extinguisher, speeding, and the like), or if they did not bother to stock up on petrol or diesel before the journey.

In Zomba, I had to walk nearly an hour each way, up and down a steep mountainside to meet with respondents. In Balaka and Machinga districts, I hopped on the back of the bicycles operated by strong, young men who hired their services, and often road 10 km while narrowly dodging oncoming and passing traffic (and death) on the narrow Malawian tarmac and dirt roads. I often had to hop into crowded mini-buses and sit patiently between more people than legally allowable, chickens, and sacks of maize in order to meet with potential respondents in nearby villages or towns. While these were not the most comfortable travel methods in the world, I nonetheless thoroughly enjoyed each experience as they provided me with a grassroots view of Malawian culture and everyday life. While I was clearly visible as a foreigner or *azungu* (in chiChewa) and had much more disposable income than most Malawians that I came across, I did my best to simply fit in. By taking public transportation and walking—rather than rolling around in a white Toyota Hilux or silver Mitsubishi Range Rover (neither of which I had access to but luxurious transportation nonetheless), I appeared to be a regular man trying to get by in life in Malawi. I wore second hand clothes from the market as often as possible and always had a smile and warm greeting for those I came across. After all, I was in the Warm Heart of Africa. I made sure I abided by the unspoken Malawian code which their first President, Hastings Kamuzu Banda stressed: treat strangers as if they were your family and help those in need and do it all with a sense of humility.

The Qualitative Data

Qualitative research pushed me to travel to Malawi and insist upon interviewing people and getting to know them and understand their perspectives on the HIV/AIDS epidemic.

Through an early grounded theory methodology whereby new ideas and theories are generated through research data as opposed to formulating and testing theories prior to collecting data, new ideas, insightful commentary, and in-depth language analysis could take place (Glaser and Strauss 1967). Semi-structured interviews were conducted in order to help define social space and analyse “linguistic phenomena” that is often non-existent in quantitative survey data (Silverman 1993). Since there are very few studies that inquire who the highly educated people in sub-Saharan Africa are, let alone their views on HIV/AIDS and policy in their countries, this topic is quite original and new. Also, considering I had never met a Malawian prior to entering Malawi, I had no theories or hypotheses in which I could test out. Thus, all the data “emerged” from the ground and grounded theory was the appropriate method for this qualitative analysis. Due to time constraints, I could not establish formal theory through comparative grounded research. Glaser and Strauss (1967) note that since this type of research is grounded in only one substantive area—highly educated Malawians in this case, therefore I can only generate substantive theories and not formal theories based on studies across substantive areas.

I prepared a semi-structured interview guide and asked respondents questions regarding the strengths and weaknesses of public and private health care, access to antiretroviral drugs (ARVs), the perceived drivers of the HIV/AIDS epidemic, general government health policies, and the future of HIV/AIDS in Malawi⁶. Interviews took between thirty and forty-five minutes and were open to changes based on the interests and willingness of respondents. Overall, responses appeared genuine and the use of English rarely hindered respondents’ abilities to express their feelings on these issues. These interviews were audio-recorded (upon each

⁶ See the Appendix to read the Interview Guide.

respondent's consent) and then transcribed verbatim soon afterward. Upon transcription, NVivo 8 was used to help code the interviews into themes and sub-themes. Respondents' identities were kept confidential and pseudonyms are used in this thesis.

Research was conducted in six districts throughout rural and urban Malawi: Rumphi in the Northern Region, Mchinji in the Central Region, and Balaka, Machinga, Zomba, and Blantyre in the Southern Region⁷. The locations of interviews were based on the respondents' preferences and took place in a variety of settings: the sides of dirt roads, meeting rooms, hallways, motel rooms, and courtyards. Since I had no Malawian contacts prior to landing in the country, I used a combination of snowball and convenience sampling for the interviews. Supervisors and interviewers with the MLSFH introduced me to their friends and acquaintances and some even offered to sit down and assist me in my research. Sometimes I would meet potential respondents while we were "in the field"—on the roadside or at a local market during breaks or while tracking down respondents for the MLSFH project. Other times, respondents would give me the cell phone number of one or two other potential respondents and I would often send text messages⁸ to those people and see if they were interested. My gatekeepers often physically introduced me to potential respondents and set up introductory meetings. In Zomba, one lecturer at Chancellor College printed off several posters to inform residents of my study and how to get a hold of me (via cell phone or e-mail). In Blantyre, although rather unexpectedly, I

⁷ While I was based out of Mchinji, Rumphi, and Balaka districts with the MLSFH, I conducted interviews in Machinga, Zomba, and Blantyre districts (all in the Southern Region). One gatekeeper—an HIV Testing and Counselling manager, gave me access to highly educated respondents (including hospital workers) in Machinga district. Zomba and Blantyre are both home to University of Malawi campuses, and as two of the most established cities in Malawi, are naturally house citizens with high levels of education.

⁸ Text messaging is a much more common way of communicating via cell phones in Malawi than calling because of its inexpensiveness. One text message costs about MWK 13 compared to a minute long phone call which can cost up to MWK 150 depending on whether you call within your service provider or call a phone on another provider.

was touring the College of Medicine and after my guides became curious as to what I was doing in life and school, they offered to participate in my study and recruited a few friends.

Compensation for the interviews was never discussed prior to the interview. This leads me to believe that respondents were altruistic and genuinely interested in my research and helping me out. However, due to cultural norms of reciprocal assistance, I am certain respondents knew that they would be receiving some compensation or assistance at the end of the interview.

Respondents were commonly given MWK 500 or roughly \$3.75 CDN—enough to buy two meals at a local restaurant. In some instances I gave respondents music files or cell phone airtime units, while others declined any sort of compensation.

Limitations of the Qualitative Sample

The data is not representative of all secondary and tertiary graduate Malawians or all Africans. The results cannot be generalised due to the small sample and snowball methodology whereby social networks influence the characteristics of the data (Seale et al. 2004). The primary social network that influenced this data set was based on the MLSFH project.

Individuals whom I developed a rapport with introduced me to their friends and acquaintances. I also came into contact with previous MLSFH employees who were willing to assist me in my search for more respondents. I needed this type of approach as I was stationed in small, rural towns throughout my time whereby it was difficult to discern the random individuals who were educated or not. Also, as a foreigner who did not interview by using a regional, vernacular language and simply being a visibly different outsider compared to the Malawian populace, my presence as a researcher impacted responses to an unknown degree. Respondents knew that I was affiliated with a North American university and knew researchers in several others. It is

possible that I was viewed as a gateway to their future employment in NGOs or as research assistants. Therefore, validity of the study is hindered (Silverman 1993). However, I did not aim to achieve representativeness nor did I try to remove myself from the interview process. The aim of this study was to learn different perspectives of the HIV/AIDS epidemic in Malawi and sub-Saharan Africa through the words and opinions of respondents. In the analysis of qualitative data, Fielding and Fielding (1986) warn that validity can be reduced by selecting data to “fit an ideal conception of the phenomenon” and selecting data that is “exotic, at the expense of the less dramatic”. In this study, I provide both mundane and exciting responses to my questions and include some of the “exotic” as well. At the same time, many intriguing and controversial responses to questions came up over and over again and therefore qualified as legitimate themes in my research. Inevitably some of the controversial ideas, like the call for mandatory HIV/AIDS testing for all Malawian citizens, may seem exotic and are likely not representative of all highly educated Malawians. It is important that the reader is aware of this reality.

Silverman (1993) describes four steps to achieve reliability in the interview process: thorough pre-testing of interview schedules, thorough training of interviewers, as much use as possible of fixed-choice answers, and inter-rater reliability checks on the coding of answers to open-ended questions. Based on these steps, the reliability of my interviews was compromised as I was unable to pre-test the interview guides, did not use many fixed-choice response questions, and did not have the funds or access to a team of analysts or “raters” to assist in reliable analysis. The “pre-testing” of the interviews took place on-the-fly but somewhere between the third and fourth interview I established a fairly fixed order of questions and flow of the interviews. Towards the 30th interview though, I felt that I had achieved “theoretical saturation” as no additional data were being found and I could “develop properties” of the

sample group (Glaser and Strauss 1967). For the remaining interviews, I modified the questions in efforts to find different perspectives on HIV/AIDS, the viruses' effects, and public health policy. During this entire process, I employed questions that truly left the interpretation and ensuing responses to the Malawians.

Other Difficulties with the Qualitative Research

Pryor and Ampiah (in Mutua and Swadener 2004) describe the difficulties of performing qualitative research methods in cross-cultural contexts—in their case, Western researchers in Ghana. The main causes of tension stem from the dynamic research process which “involves a constant shifting”. Pryor and Ampiah envision the structure of their methodology as being continuously pulled and pushed by three intersecting sets of methodological issues: ethical, practical, and epistemological and ontological. All of these issues are constantly changing and shaping the research process. I faced the ethical dilemma of endlessly trying to maintain objectivity, distancing myself from my respondents, and trying to assert that I likely will not be able to change the outcome of HIV/AIDS and public health policy issues in Malawi based solely on this research. Practically, my methods were always being tested as it was difficult in organizing my interview schedule or creating some sort of routine. Fitting in with Malawians and adjusting to the rhythms of daily life challenged my preconceived notions about the logistics of conducting research in Africa and tracking down respondents. Epistemologically, my knowledge on HIV/AIDS and Africa was mainly acquired from extensive undergraduate and graduate schooling at a university in Canada. Ontologically, the base of this knowledge came from predominantly Western public health and clinical science origins. I had no understanding

of domestic, African perceptions of the HIV/AIDS epidemic. So while I tried to develop a solid methodology for my qualitative research, these factors constantly shaped and re-shaped my interpretation of data, research needs, and research goals. Like Pryor and Ampiah, simply being a foreigner created much “methodological uneasiness in Africa” for me. Being a foreigner was a daily balancing exercise.

As an *azungu*, the dilemma of being an outsider yet trying to fit in with the general Malawian populace constantly was on my mind. It was obvious that my skin and accent pinpointed me as a North American—probably an American, but possibly Canadian. As soon as I walked down the road to go to the market wherever I was, children ran and yelled at me (pointing out that I was foreigner), food and clothing vendors would go to any length to get me to examine their finest goods, and bicycle taxi and mini-bus drivers assumed that as a foreigner I wanted to ride the most comfortable bicycle taxi or take the roomy front seat on the mini-bus. While in the rural areas, groups of children could spot me from the next village over, would surround me, and practice their English skills (maybe to impress me) with me adjudicating them. I can pass as ethnically French, Italian, German, Polish, Russian, Ukrainian, or Jewish based on my phenotypic traits (and genetic roots) but it was assumed that I spoke English. Trying to negotiate prices in the market was another reminder that I was an outsider. I was frequently quoted *azungu* prices and had to convince vendors that I knew the market value of the goods in efforts not to get ripped off. At the barber shop in Rumphu though, I had no choice: my long and “European” hair, was much more difficult to buzz than African hair. Thus, my hair damaged the razors and I had to pay a price five times more than Malawians would⁹. The price itself is not

⁹ The price of a haircut for a foreigner was MWK 150, while it was about MWK 30 to MWK 40 for a Malawian. The price was extremely affordable for me nonetheless.

the point, but rather that this pricing system—based on my genetic traits, constantly reminded me that I was an outsider.

When it came time to interviewing respondents, it was obvious that I was not a Chancellor College Master's student. I told the truth about who I was, where I was from, and generally what I was doing in Malawi. Most importantly, I tried to be me—a humble, down-to-earth human. Respondents accepted me even though I am sure they all knew that I was only going to be in Malawi for a short while and begin forging my own career based upon the experiences of people on a continent other than my own. After the first few weeks in Malawi, I became more comfortable with just being me. This was my secret in avoiding getting into a mental trap that I was different and that I needed to act as someone different. By acting as myself, I reduced the inner tensions of whether I was being objective or not. This is not to say that I was a Westerner who lived and breathed Western practices and values without fail. My personality could not allow me to not engage with Malawian culture. It is simply polite to respect and learn the customs of others.

I attempted to be more of an “insider” in my daily routines and in interacting with respondents. While my chiTumbuka (spoken in the North) and chiChewa (a national language) were far from fluent, I always tried to greet people and tell a joke in their native tongue. I ate Malawian dishes at local restaurants. I even coached a volleyball team in Rumphi. Activities like these allowed me to have some credibility as a foreigner who was invested or at least was interested in Malawian culture. I was conscious of this process to “fit in” during my time. About three weeks into my journey, I wrote in my field notes:

Essentially, I am infiltrating a group of young Malawians and trying to earn their respect, friendship, and trust. It has not been easy. Instead of staying in my room, perhaps I have to go to dinner with everyone. Maybe I have to show that I am not afraid of trying different types of food or joking about marrying a young Malawian woman. Doing little things like these are very necessary for me to move on with my study... In Canada we have few bugs and even fewer big bugs. In Canada we have very clean accommodations even in the slimiest of hotels. But here, everything is not quite so. I need to show that life is continuing as normal and that this is not well out of my typical comfort zone. Additionally, I need to begin trusting the lifestyle more-so. I think I am, and it will help me appreciate the day to day realities of Malawians and their knowledge of HIV/AIDS policies.

This approach paid off in the end on both personal and professional levels and allowed me to further develop rapport with those around me—friends, strangers, and potential respondents. Nonetheless, I could spend a lifetime trying to fit in but truly never understand what it means to be a Malawian. At the same time, I was in many ways similar to my respondents. At 24 years old, I was about the same age as respondents and like many of them, I was trying to increase my education and learn more about the world in efforts to give myself a better life in the future.

It was also difficult to assert myself as someone more than just a white HIV/AIDS researcher. Stephen Brown (in Sriram et al. 2009) describes the complexity of differentiating one's "professional conduct" and "off-duty behaviour" from one another while researching in another country (Kenya and Malawi in his case). Even after conducting his interviews for the day or collecting other data, he found that he was still perceived as the American researcher with ties to the United States government and the United States Agency for International

Development (USAID). Brown believes that “this identification with American government circles probably compromised people’s perceptions of [his] objectivity” (Brown in Sriram et al. 2009). He also notes how in Malawi, details about his personal life became public knowledge such as where he lived, his name, his vehicle, and where he was the previous night. His professional life and “off-duty” life were uncontrollably merged into one. I experienced a similar feeling that I was never off-duty from my role as a Master’s student researching the HIV/AIDS epidemic in Malawi. I also had a difficult time distinguishing myself from the MLSFH team.

Everyone in each town knew where our MLSFH team was staying and who was on the team. The MLSFH always garners a great deal of attention due to its advertising and generous temporary contracts for interviewers—enough to last some families more than a few months. The project is colloquially known as “Let’s Chat” (about family, HIV/AIDS, and anything else). Local workers, shop owners, and bus-drivers knew (or cleverly assumed) that I was with “Let’s Chat” and knew that I was staying at Kayesa Inn (in Mchinji), Pokani Motel (in Rumphi), and Mpaweni Motel (in Balaka). One night, I was at a bar with one our project supervisors in Rumphi. We were not wearing any clothing indicating that we were with MLSFH yet one man made it known to everyone in the small bar that we worked for “Let’s Chat”. He was the Police Chief in Zomba—a city roughly 600 km south of Rumphi. I did not realise that my research affiliation mattered at 11pm on a Saturday night, in a small bar, in a small northern Malawian town, to a police chief from a distant district. I just wanted to be another bar patron but that was not the case. Restaurants in all three regions were aware of the MLSFH’s presence and they seemed to treat us differently and more quickly than regular patrons. I also attended two concerts during the three months. One concert featured the Malawian reggae band, the Black

Missionaries. At the reggae concert at the Zomba Gymkhana Club, I ran into several people that I had interviewed earlier that week. They were happy to see me, but very surprised that a white, Master's student would be attending such an event. Why would I not attend though? I enjoy music as much as the next person. While I cannot definitively determine the extent to how people perceived me had changed, I got the sense that I should keep quiet about my partying on the ensuing days. In a nation with many Muslims and fundamental Christians, drinking and enjoying this type of music may not have been highly regarded.

Despite any perceived wrongdoing on my behalf, my efforts to be an objective researcher were inevitably compromised. However, trying to defend my identity is problematic as well. Social identity—in my case, a humble, hard-working Canadian Master's student researching HIV/AIDS, can be influential and powerful. This identity presumes that I have more disposable income than most Malawians as Malawi is ranked 153rd on the Human Development Index while Canada is ranked 8th out of 169 countries (UNDP HDI 2010). I am also presumed to have quite a high level of education, a longer life expectancy at birth, and a better understanding of global issues than most in the country due to my education and internet accessibility. The truth in these two statements is subjective, but likely taken in this way by Malawians. Such an identity increases my chances of “influence attempts” (Tedeschi in Forgas and Williams 2001). Tedeschi indicates that individuals are protective of their self-presentations and that individuals are “motivated to maintain honour and not to allow others to act disrespectfully or disdainfully” towards their identities (Tedeschi in Forgas and Williams 2001). Thus, my self-defence (whether explicit or implicit) of identity in efforts not to be labelled as a foreigner, someone different, someone working on a large US grant, may be counter-productive. In the process of self identity defence, I am reinforcing my identity and potential for social influence. Perhaps as

an *azungu* in Malawi, Africa, or any nation other than your own, it is not possible to remove yourself from the research and be an objective researcher.

The Quantitative Data

Of the 177 Interviewer Exit Questionnaires that were filled out by “Let’s Chat” interviewers at the end of their fieldwork experience, 169 are used in this study. Like in the qualitative portion of the project, I wanted to study only 18 to 35 year old Malawians and discover who they are, their future plans, their beliefs and concerns about HIV/AIDS, and opinions on HIV/AIDS policy. Since the qualitative and quantitative samples consist of Malawians in the same age category along with those who hold at least an MSCE, there is room for some comparative analysis. However, the quantitative sample size is small and not representative of all highly educated Malawians. Due to the small sample size, virtually all relationships between demographic variables were not statistically significant and thus, ambiguous at best.

Like my interviews, the Interview Exit Questionnaires were completely in English—a language that only 29 respondents grew up speaking and thus considered their first language. Respondents were certainly not incompetent in English though (considering they must pass high school exams in English) as 57 people considered English to be their best “other” language that they could speak fluently, and 81 considered English to be their second best “other” language than the one they grew up with. The English questionnaires understandably posed some immeasurable difficulty for respondents. In some of the open-ended written response questions, it became clear that these highly educated Malawians were not completely fluent in writing in English, but nonetheless, their answers were clearly conveyed. Without any questions asking

respondents if the English survey brought up any confusion or if a survey in chiChewa, chiTumbuka, or chiYao would have been more effective, I cannot pinpoint the inefficiencies of this survey.

The quantitative data analysis is mostly descriptive in nature. However, this descriptive approach is limited by not only the size (as mentioned earlier) but also because this cohort of 2010 “Let’s Chat” interviewers is not being compared to younger versions of themselves in a longitudinal study. The data on these interviewers is a demographic snapshot of a small group of 18 to 35 year old Malawians in 2010. Any conclusions about all 18 to 35 year-old Malawians will be hampered by this reality.

Archival Data

This section of my research is not nearly as extensive as the others, but fundamentally supplementary nonetheless. I did not plan on conducting much archival research prior to entering Malawi, but two excellent opportunities arose. One of my gatekeepers introduced me to Alex and Thokozani, the directors of the Youth Organisation in Southern Region. After spending time with them and learning about their funding structure and activities to promote awareness of HIV/AIDS, they allowed me to examine their library. While this library consisted of two small book racks, they housed National AIDS Commission and Government of Malawi documents that are normally, quite difficult to track down. The Malawian government has a marginally functional website with extremely dated and minimal data and policy documents. Thus, in order to learn about recent developments in HIV Testing and Counselling procedures, the National AIDS Commission’s budget, or the government’s perspectives on certain cultural

practices, I had to physically find the documents and be allowed to examine them. Since I did not even know that this Youth Organisation existed prior to being introduced to Alex and Thokozani by a gatekeeper that I had met only the previous day, I considered myself fortunate to have the opportunity to take home documents from their library and make notes. As well, Alex had conducted his own informal research on the flaws and successes of the Malawian government's HIV/AIDS policies, and copied his own notes for me by hand. Like what was expected of all Warm-Hearted Malawians, Alex and Thokozani fully embraced me and gave me access to documents that virtually none of the researchers with the MLSFH had seen.

Towards the end of July, I spent a week in Zomba and in addition to conducting interviews, I ventured to the National Archives to see if I could find similar documents to those at the Youth Organisation. I had heard that the staff members at the National Archives were hesitant to help foreigners in finding data for their research, so I was prepared for failure. Instead, I was greeted openly and allowed to search through their archives with two conditions: I could only examine three documents at a time and the staff members were the only ones allowed to sift through the Archives' stacks. They asked me to write my requests on a piece of paper after I perused through their hand-written catalogue. In the end, I found more Government of Malawi and National AIDS Commission documents, but also the only document produced by the Malawi Human Rights Commission. While my time was limited at the Archives, I nonetheless found the most up-to-date documents on HIV/AIDS in Malawi. Since there was no photocopier or scanner in the building—two rare and highly priced items in Malawi, I had to take photos of the pages that I would use for later use. Nonetheless, these documents provided valuable insight that I would have not otherwise discovered.

Ethical Issues

The main concern that the University of Alberta's Research Ethics Board had with my investigation's design was that I would be able to unfairly assert my authority over potential respondents who were working on the MLSFH project. I am not sure if the Research Ethics Board fully understood my role with the MLSFH as I was basically at the bottom-rung of both the payroll and employment ladder. I essentially volunteered my time to work with the project and I was in no position of authority since I was new to Malawi and needed all the help and guidance I could get. However, as the project developed and I became more familiar with local customs and the logistics of conducting research in Malawi, I inherited the unofficial position of "Transportation Manager". All of a sudden, I was in a position of power. I had to coordinate our six drivers, make sure their vehicles always had diesel or petrol, and collect receipts for repairs. I was entrusted by the project managers to handle up to \$1000 USD worth of fuel money at a time. I constantly insisted to the drivers, supervisors, and interviewers that I was not a *bwana* (boss), but rather a man just trying to keep the project moving. Sometime between the middle of June and the end of July, my status as the "Transportation Manager" became known to drivers on other projects, researchers on other projects, and gas station attendants. Apparently, I was *the bwana* who could solve all fuel problems. I had developed a respected reputation around Rumphu and later, Balaka.

Malawians are highly deferent to authority. A chain of command is created and rarely broken. Fortunately, I had already conducted most of my interviews with project workers prior to my "promotion" to "Transportation Manager". Prior to being in a position of authority, all of the project workers that I interviewed understood that really *they* were the *bwanas* and that I was under their authority. Therefore, I could not assert any sort of dominance over potential

respondents by coercing them into participating. I conducted two interviews after my “promotion” and was worried that this might hinder the interviewees’ abilities to decline. However, they were senior project workers and had conducted and participated for several years in HIV/AIDS research and dealt with both quantitative and qualitative methods. They understood that their participation was completely voluntary and their decision to participate or not would not affect our personal or professional relationships. I conducted all my interviews ethically. When the project disbanded though, most supervisors and certainly the drivers still associated me primarily with my role as “Transportation Manager”. They told me I did a great job. I successfully managed my roles as a researcher and project authoritative figure. And of course, respondents’ identities were kept confidential and anonymous. I made sure that if a respondent was going to recommend someone for me to interview, that they communicated this to the potential respondent. Then with that person’s permission they allowed me to get in touch via cell phone or at a meeting point. The Warm Hearts and helpfulness of Malawians made my life as a researcher much easier.

This is Only the Beginning

Despite only living for three months in Malawi, by virtue of traveling throughout the country and meeting many new challenges, I began understanding Malawian people, their cultures, and the realities of the HIV/AIDS epidemic much better than before I entered Malawi. Thus my analysis of the interview and survey data on 18 to 35 year old, highly educated Malawians is only an initial understanding of these elites’ roles, livelihoods, identities, and beliefs about the present situation and future in Malawi. As an academic, I need to acquire more knowledge in this area and this will undoubtedly take place in the coming years. This study is

essentially a baseline and a springboard for the future in what I hope becomes a long, adventurous, and fulfilling lifetime of work. Here are my findings.

Chapter 3

The Secondary and Tertiary Graduate Malawians

The “Average” Malawian

Before explaining who the secondary and tertiary graduate Malawians are and where they fit in Malawian society it is crucial to know some characteristics of the “average” Malawian. Nearly 83% of Malawians live in rural areas while the remaining 17% live in urban areas (WHO 2006). Only 2.2 % of rural households and 30.2% of urban households have electricity (DHS 2004). As of 2008, men and women were expected to live 52 and 54 years at birth, respectively. Compared to global averages, Malawian men and women are expected to live 14 to 16 years less than most people (WHO 2008). Based on the 2004 Demographic and Health Surveys in Malawi, a nationally representative survey of nearly 15000 men and women age 15 to 54, some other realities of “average” Malawian life come to light. Three-quarters of households are headed by men and they have a mean of 4.4 “usual members” at any given point. 30% of Malawian females and 20% of Malawian males never get the chance to go to school. For those fortunate enough to have any schooling only 8.3% of women and 15.3% of men ever reach secondary school or higher education¹⁰. Those that have secondary educational credentials and the funds to apply to institutions of higher education such as the various University of Malawi colleges have

¹⁰ These statistics are based on respondents’ highest level of education *attended* and not necessarily completed. Due to the difficult logistics of conducting research in Malawi, the 2004 DHS data is the most recent nationally representative data available at the time of writing. Other high quality data such as that of the MLSFH only takes rural areas into account and cannot paint a portrait of the entire nation. Data was gathered for the 2008 Malawi Census but due to the slow pace of work at the National Statistics Office, this data is not yet available to the public nearly three years later. The most recent Census data is from 1998.

slim chances of gaining admission. Out of the 10 000 hopefuls that apply each year, only 21% are accepted (Malawi Government).

Like the chance of accessing household electricity, urban dwellers have much higher chances of reaching secondary school or higher. 37.9% of urban men achieve this feat compared to only 10.4% of rural men. 26.7% of urban women reach secondary school or beyond compared to only 5.0% of rural women. It is obvious that there is a large disparity in educational attainment between men and women and urban and rural citizens. Even among those in the highest quintile of wealth, only 39.5% of men and 27.8% of women reach secondary school or higher. Men and women's chances of reaching secondary school or higher severely drop even in the fourth wealthiest quintile as a mere 14.3% of men and 7.3% of women get such educational opportunities.

Where one lives in Malawi also greatly influences the chance of receiving education. Attendance for Standards 5 to 8 (the latter half of primary school) and secondary and beyond is the highest by large margins for men and women in the Northern Region. The Central and Southern regions have much lower attendance rates than the Northern region after Standard 4. These differentials in educational attainment are likely related to children in the Northern region being more likely than their Central and Southern region counterparts to survive beyond five years old and beyond childhood¹¹. Under-five mortality is 120 per 1000 in the North compared to 162 and 164 per 1000 in the Central and South, respectively. Similarly, child mortality (0 to

¹¹ The Tumbuka people, who live in the Northern Region take this reality as a point of pride. Many Tumbukas that I met speculated that this regional distinction was due to early British settlements and missions in the Northern Region and their heavy emphasis on education. Also, when spending time in Central and Southern villages, it was blatantly obvious that more children were not in school, less healthy, and much more likely to be working in the informal economy at a young age. Southerners, mainly the Yao, believe that the different cultural values in the South are a result of Portuguese, middle-eastern, and Indian traders who came to southern Malawi after their time as overseas traders between their home nation and Mozambique.

14 years) is 41 per 1000 in the North whereas 80 and 73 per 1000 children are likely to die in the Central and Southern regions (DHS 2004).

Lastly, Malawians on the whole are quite a young population—likely due to high fertility rates and among 15 to 49 year old women and high mortality rates among 25 to 49 year old women and 30 to 49 year old men (DHS 2004)¹². Two-thirds of Malawians are 24 years old or younger. Only 5.5% of Malawians live 60 years or more. The “average” Malawian’s life is likely to be short, in a rural area, and with little chance of receiving secondary or higher education. The Malawians in my research study might not all have long life spans or live in big cities, but they certainly are privileged to have all completed their secondary education. This trait instantly places them in an elite category within their nation.

The “Let’s Chat” Interviewers

The data collected from the 169 (109 male, 60 female) interviewers gives excellent insight into the characteristics, life stories, and futures of Malawians who hold at least their MSCE. Attaining the MSCE indicates that an individual has not only persevered reaching their last year of secondary school, but also that he or she successfully demonstrated their knowledge on a national exam and thus graduated. In 1998, only 3.5% of Malawians 15 years or older held an MSCE (5.3% male, 1.7% female) (NSO 1998). Thus all of these respondents are relatively, highly educated compared to the rest of the Malawian population where according to the 2004

¹² Urban women 15 to 49 average giving birth to 4.2 children while rural women 15 to 49 average 6.4 children. This number is actually lower than expected due to the inclusion of 40 to 49 year olds who are less likely to produce children than their younger counterparts. 20 to 24 and 25 to 29 year old women have the highest fertility rates as well. When these realities are combined with high mortality rates among adult women between 25 and 49 and among adult men 30 to 49, these cohorts are likely to have children when their chances of dying increase dramatically. Thus a large, young population continues to be reproduced through high fertility and early mortality.

wave of the Demographic and Health Surveys, only 15.5% of women and 26.3% of men *reach* secondary school, let alone complete secondary school or advance into a tertiary program. Of these interviewers, 111 received their MSCE while 57 had some form of higher education ranging from Diplomas in Rural and Community Development, to Diplomas in Financial Accounting, Certificates in Business Studies, and Bachelor of Science Degrees. Male and female interviews both had similar proportional levels of education as well. About 63% of the women (n=38) and 67% of the men (n=73) received only their MSCE. The remaining 37% of female interviewers (n=22) and 33% of male interviewers (n=35) had tertiary educational training.

Over 95% of these interviewers began the primary schooling, in Standard 1, at a public facility. Each year, this number slowly declined and by the time this cohort finished Standard 8 (and therefore finished primary school), 88.5% were enrolled in public schools. Only 30% of the interviewers began their schooling in one of Malawi's larger centres (Mzuzu, Lilongwe, Zomba, and Blantyre/Limbe) while the remaining 70% started in small, rural, and at times, remote locations. For most young students in Malawi, public schooling is less than an ideal start. The classrooms are so overcrowded that it is difficult for teachers to effectively convey their messages or even keep track of students attending school or not; Children who should be in school are often playing outside due to a lack of seating. While Malawi's public school teachers are technically civil servants and work for the government, they are severely underpaid and at times undertrained to teach subjects in English—the eventual language of education. While these are minor examples of the deficiencies of Malawi's public schools, they are real nonetheless and lead me to believe that private schooling—with considerably smaller classrooms and more qualified teachers, is of higher quality.

After completing primary school, many interviewees gradually switched over from public schooling to private schooling. Roughly 30% of interviewees attended a private school in Form 1 (the start of their secondary educations) and 41.5% attended a private school in Form 4 (their last year of secondary schooling). These individuals were often financially assisted by multiple members within their extended families. Often parents would pay for school fees for as long as possible, but if the students moved to another town or attended private school, they commonly reported that either an older brother or uncle came to their financial aid with the expectation that this favour would be repaid with increased chances of upward social mobility and employment due to their achievement of a higher level of education than most.

The mean age of a “Let’s Chat” interviewer was 25 with a standard deviation of 4.2. Therefore 68% of interviewees were between 21 and 29 years old. Also, 30% (n=52) of the interviewees were married at the time, 60% (n=103) had never been married, while only 6 individuals were separated or divorced, and only 8 people were living with, but not married to their partner.

Malawians often refer to their country as a “God fearing nation” and it is not a question of *if* you are religious, but *which* denomination you belong to. On the questionnaire, when asked “What is your religion?” “None” was not a possible response. 32% (n=54) of interviewees were members of the Church of Central African Presbyterians (CCAP), 27% (n=45) were Catholic, 11% (n=19) were Pentecostal, 10% (n=17) were Muslim, and 9% (n=15) were Seventh Day Adventists. The remaining portion of respondents was comprised of Jehovah’s Witnesses, Anglicans, members of the Church of Christ, Baptists, and indigenous Christians.

My Interviewees

The 38 respondents (27 men and 11 women) in the qualitative portion of this project were not asked to dispel much demographic information (rather we talked mainly about Malawi and HIV/AIDS), but respondents offered their age and schooling history quite openly. This group's average age was 23.6 years—about a year and a half younger than the “Let’s Chat” interviewers. Unlike many of the interviewers, who often hoped or planned on starting a diploma or degree program, 32 of the respondents in the qualitative sample had completed a diploma or degree, or were currently in a diploma or degree program. Thus, only 6 individuals had only attained their MSCE. Of these respondents, 4 men and 2 women had completed their degrees while 12 men and 6 women were completing their degrees. Approximately 63% of these respondents were attending or had attended university in Malawi. Additionally, 5 men and 1 woman held a diploma while 2 men's diplomas were in progress. Lastly, 3 individuals (2 men and 1 woman) who had completed their degrees were entering either a Master's in Public Health (MPH) or Master's in Business Administration (MBA) degree program.

Many of these respondents had tertiary education credentials similar to those with tertiary education in the “Let’s Chat” sample (such as diplomas in Community and Rural Development and diplomas in Accounting) but many also had different credentials that were unseen amongst interviewers: Nursing degrees, Liberal Arts degrees in progress, Medical degrees in progress, and Architecture and Engineering degrees in progress. Overall this group had much higher levels of education than their “Let’s Chat” interviewer counterparts though. The paths of these individuals were and will continue to be much different than many of their counterparts. Like I mentioned earlier, this sample was not random and respondents with higher levels of education

likely associate with those similar to them. In a snowball sample, this process contributes to a much more skewed distribution of education levels than in a random sample.

In this sample (and the quantitative sample) there are considerably fewer women than men—roughly two men to every woman. These proportions of male and female respondents that qualified for my project (MSCE or higher educational credentials) are similar to the data (see above) indicating that roughly two men to every woman finish their secondary education or go beyond. While contacting potential interviewees through informal networks, on college campuses, or on the streets, it was simply less likely that I would come across a highly educated woman than a highly educated man. This reality inevitably hinders the number of women who could have upward social mobility based upon their educational credentials.

Regardless of gender, the men and women in this study are very much a part of Malawian civil society—or the “zone of contact between the ‘up there’ state and the ‘on the ground’ people, snug in their communities” (Ferguson 2006). Thus as members of the contact zone between government and the grassroots, they are a sort of intermediate means of communication and information gathering in Malawian culture. However there is great diversity in life paths, education credentials, potential careers, and future goals among these 18 to 35 year old Malawians. While it is clear that based on the limited availability of education and acceptance rates of educational institutions these Malawians are within an exclusive and privileged group, not all have equal or even realistic chances of upward social mobility.

Elites

By virtue of their high educational attainment—an important element in achieving upward social mobility in Malawi and a rare feat, the Malawians in this study comprise an elite group. While they are not necessarily politically, economically, or socially extremely powerful elites, their higher education and potential for superior incomes compared to less educated Malawians allows them some political, economic, and social leverage. Higher education allows these Malawians to attain cultural capital. Thus they are more than simply privileged individuals. They are elites.

Social and political researchers have attempted to create a typology of educated elites in sub-Saharan African countries. Many sociologists, anthropologists, political scientists, and philosophers have engaged in a cycle of “Endless Re-discovering” (Daloz 2007) of elite distinctions in grand theory. This Re-discovering occurs when theorists continue to look past one another in applying elitist typological grand theories. In Portuguese and Belgian colonial Africa, classifications of elites were grounded in an Africans’ abilities to engage in European and civilised practices. In Portuguese East Africa (now Mozambique), such individuals were identified as *asimilados* (Serapiao 1979). In the Belgian Congo (now the Democratic Republic of the Congo) similarly modern, Western individuals were legally classified as *évolués* (Ndaywel è Nziem 1998). Thus the degree to which Africans assimilated to European values or evolved as Europeans was a key identifier of elitism prior to the 1970s. This terminology has changed since colonialism but similar distinctions remain. Included in this process is the “continuous re-discovery of the ‘trickle effect’” where new styles, goods, and philosophies are consumed by elites, popularised, and then passed down through a societal hierarchy (Daloz 2007). Daloz is also highly critical of elite-seeking typologies in Africa as they typically take a neo-Marxist

approach where elites are depicted antagonistically against international forces and their common, domestic citizens. Ferguson (2006) describes “new” elite Zambians—highly educated and technocratic individuals who were being styled as newly ‘responsible’ African elites attempting to conform to the economic and political conditions of the new times and create an African renaissance in Zambia. These elites used an internet magazine as their platform to create change from within Zambia. Inevitably, Ferguson’s “new” elites were pitted against the uneducated, rural Zambian population in this vague typology. In Namibia, Fumanti’s educated elites played a precarious role as local and national leaders, but also strongly resisted governance and apartheid discourses. Educated elites in Namibia routinely promoted post- and anti-colonial discourses aimed at diminishing the effects of a colonial past, while at the same time, differentiating themselves from the rest of society as elites (Fumanti 2006).

The theory of “Big Men”—powerful, politically motivated, likely corrupt African men though, acknowledges “close relationships between communities or factions and elites representing them and...the weak differentiation of elites” (Daloz 2002). So this age-old term for African elites does not necessarily pit elites antagonistically against “lower class” citizens. Daloz criticises this typology (of “Big Men” in relation to everyone else) for being too vague in the larger hierarchical structure of Nigerian society, in this case. Some researchers have described African elites only as political elites and classify them based on their ability to use legal loopholes to advance their political careers (Seidman 1979). While it is possible to define different levels of elitism, elites may inherently be opposed to forces above and below them.

Since my data is comprised of a small sample of Malawians, I have no intentions of creating another universal typology of the educated elite. Instead, I want to contextualise the lifestyles, paths, and general characteristics of these highly educated Malawians in relation to

one another. In the future, the sturdiness of this typology will be tested. However, the respondents in this study are similar to Dagnaud and Mehl's (1983) French, technocratic, professional sub-elites of the early 1980s who hold "cultural power" and have the ability to disseminate ideas norms and values. Dagnaud and Mehl indicate that the sub-elites (who are in between the working class and the ruling elite on a hierarchical scale) are a "central group...auxiliary to groups who hold power and an agent which challenges such power" (Dagnaud and Mehl 1983). These sub-elites chose a path of higher education in order to achieve influential abilities, rather than particular skills. Dagnaud and Mehl believe that those who choose to pursue this path use educational training as a "form of capital rather than a body of knowledge". Much like Bourdieu's theory on cultural capital, they feel that cultural capital is acquired and re-acquired through increased education. This leaves the sub-elite in a precarious position on the verge of heavily influencing society but unable to fully assert and use their educational capital to shape their culture:

The educated sub-elite is, primarily a holder of cultural power—the power to produce and disseminate ideas, norms, and values which feed into society. It does not, however, run the bodies which draw up cultural policies, which decide what values are legitimate, which control information, which regulate the significant means of communication.

[Dagnaud and Mehl 1983]

While sub-elites in France during the 1980s and the highly educated whom I interviewed in Malawi in 2010 are obviously on different epistemological and ontological terrains, they share the same problematic: they are unable to fully harness their cultural capital to change not only their surroundings, but their nation. How educated Malawians (or Africans of other nations) are

situated in comparison to one another has hardly been researched or discussed in social theory. In the wake of the HIV/AIDS epidemic, more and more secondary and tertiary graduate Malawians receive varying levels of employment from foreign donors and domestic public health and research agencies. These Africans are extremely close to decision-making bodies and their roles need to be further understood and made explicit. In general, the typology of African elites needs to be refined though since only a handful of researchers have undertaken this task. The current typologies of elites in Africa are clear, but need to be more precise.

Swidler and Watkins' landmark piece, "Teach a Man to Fish": The Sustainability Doctrine and its Social Consequences" (2009) was the first to examine villagers', aspiring or "interstitial" elites', and national elites' lifestyles with respect to how they may improve their lives (and potentially acquire upward social mobility) through the influx of international aid and development initiatives in Malawi. Swidler and Watkins make it clear that the ability to speak English and discuss the jargon of the international aid community are two skills that instantly set these interstitial and national elites apart from the rest of Malawians. The interstitial elites are individuals who have received more education than most Malawians—an MSCE, and act as the eyes, hands, ears, and feet of donors as they implement (allegedly) sustainable programs on the ground. The national elites become the "middlemen" and "brokers placed strategically at the intersection of international and national networks" (Swidler and Watkins 2009). While their intention is to describe the deceiving nature of sustainable international and national social welfare projects in Malawi, Swidler and Watkins' dichotomy of elitism in Malawi within the realm of public health information dissemination and within the operating structure of NGOs leaves many questions unanswered. Is there only one type of interstitial elite—people in the gap between largely uneducated villagers and the most elite and educated? Can the interstitial elites

move up the social ladder? Are some closer to being classified as national elites, such as those running smaller NGOs or attending graduate school? Are some interstitial elites not too different from their less educated counterparts?

Swidler and Watkins are currently developing a new “Typology of Brokers” in Malawi which builds on their typology of elitism (2010 working book chapter). Their classification of elites rests on the geographic location of individuals and their educational credentials. Swidler and Watkins expand upon their original typology by adding “Internationally-Validated Elites” above national elites (now “Nationally-Validated Elites”) and “District-level local elites” or “Town Fathers” below the national elites. Below the “Town Fathers” are the Interstitial Elites. In their description of the characteristics of the elites, it is clear that they see these individuals as rather stationary in their career pursuits once they have reached a certain level of elitism. The Internationally-Validated elites have foreign Master’s degrees or PhDs and have fairly secure employment as their nation’s representatives for INGOs. They have the ability to directly affect funding strategies and health policies as they frequently work with similar people in Western donor nations. The Nationally-Validated Elites have university bachelor degrees or higher and hold high ranking positions within domestic NGOs, colleges, or the government—again, all fairly secure posts. The District-Elites are well-established individuals who essentially run their District or small town such as a District Commissioner, Police Chief, or National AIDS Coordinator (Swidler and Watkins 2010 working book chapter). After these three levels of elitism remains the Interstitial Elites who have only their MSCE and with respect to INGOs, NGOs, and government are analogous to postmen delivering letters to more remote areas of Malawi. While Swidler and Watkins break down elitism quite lucidly from the top downward in Malawi (which I am not trying to do—nor have I sat down with the elite of the elite as they

have), there is still some interstitial space and categories of individuals unaccounted for. What about those transitioning into elitism? Who are the people that are in the process of establishing themselves to become the next District, National, and International elites in Malawi? The typology of elites in Malawi is incomplete.

The Transitioning Elites

Within my quantitative and qualitative samples, there is diversity between respondents' educational paths, employment, and potential careers. Between the data collected from "Let's Chat" interviewers and the interview respondents, and my observations of the lifestyles of educated Malawians and the obstacles that they face, I have constructed a composite typology of the Transitioning Elites. These elites are in continuous transition due to a scarcity of paid employment and the temporary nature of many jobs and they are constantly looking towards the future and any way to increase their income, their education, and overall well-being. Since they are constantly in motion, it is difficult to secure footing for a long time on one of the rungs of the social ladder.

Some of the Transitioning Elites simply aspire to move beyond the confines of subsistence farming and rural life while others strive to become the next business leaders or INGO country representatives. Based on the varying goals, realistic opportunities, and educational levels of these individuals, I have identified three types of Transitioning Elites in my sample: Hopeful Elites, Quasi-Elites, and the Next Elites. However the dividing lines between each group can be ambiguous at times. Some elites have the ability to rapidly climb the social ladder, while others who appear to have such abilities inexplicably cannot transition upward. This typology attempts to further define and explain the interstitial space between permanent

village life and pseudo-Western style elitism that many educated Malawians between 18 and 35 years old occupy. By virtue of their education, English language skills, and employment, all of these individuals are elites within broader Malawian society. However, not all elites are equal and there are certainly levels of an elite typology above the transitioning elites—the Nationally-Validated and Internationally-Validated elites as Swidler and Watkins describe. By understanding the essence of these elites’ livelihoods, the roots of their knowledge, and chances and possibilities for upward social mobility, one can then appreciate their opinions towards HIV/AIDS, public health governance, and the future of Malawi.

Table 1.1 Qualitative Sample Transitioning Elites Summary			
	Male	Female	Total
Hopeful Elites	7	2	9
Quasi-Elites	14	7	21
Next Elites	6	2	8

Table 1.2 Quantitative Sample Transitioning Elites Summary			
	Male	Female	Total
Hopeful Elites	97	52	149
Quasi-Elites	12	8	20
Next Elites	0	0	0

Hopeful Elites

The Hopeful Elites sit at the bottom rung of the social ladder of transitioning elitism. Hopeful Elites are nonetheless, formally educated and have opportunities to move up the ladder. These individuals have their MSCE—which places them as a select group within Malawi as only 15.5% of Malawian women and 26.3% of men ever *reach* secondary school, let alone complete it and earn their certificate (DHS 2004). As a product of their schooling, the Hopeful Elites can communicate in English in addition to their native tongue(s). While they are probably not fluent in English by Western standards, they can get by. Many of these individuals are truly hoping that they catch a break in life and come across enough money to increase their education and find more employment. Some of these hopefuls will apply to “private” colleges (or at times, “fly-by-night” colleges) with the hope of obtaining credentials such as a Financial Accounting Certificate or a Diploma in Rural and Community Development. In the meantime, Hopeful Elites in Malawi are found everywhere. They volunteer at local CBOs, work in restaurants, drive mini-buses, are street vendors, help with agricultural work at their family compounds in the village, or even work from time to time as NSO enumerators and NGO interviewers. They are constantly moving where there is work. Some of their employment opportunities do not require any form of education though, but due to their education credentials, the possibility of finding employment because of their diligence in school, remains.

While in Southern Malawi I met a man, Timve who had recently been hired part-time as an NGO research assistant. He had an MSCE and had worked in the past as a research assistant for various domestic and international projects. However, because of a bad string of luck, he had no choice but to make money by any means necessary. Timve became a tangerine salesman in a local market. To compound upon his bad luck, Timve was assigned one of the least visible or

accessible locations as a new tenant in the marketplace. His business of purchasing tangerines from a friend for a generously, friendly, and low price, and selling them at a slightly higher price in a poor location in a market where fruit was in abundance, only generated low or non-existent profit margins. Timve was hoping for a better life than this. His luck changed when two North American researchers met him, realised that he was quite highly educated and articulate in English, and decided that he had worked too hard earlier in his life to achieve his MSCE to be stuck selling tangerines. They offered him that part-time job. I said to Timve “This is a pretty big promotion in life for you, eh?” He replied, “That would be an understatement.”

Timve is an exceptional Hopeful Elite because he successfully moved up the social ladder. He had knowledge of HIV/AIDS based on his previous researching experiences and had worked hard on his English. The majority of Hopeful Elites remain resilient and determined to give themselves more figuratively fruitful opportunities. Like Timve, the Hopeful Elites’ chances of upward social mobility rest largely on lucky timing—being in the right place at the right time. INGOs and foreign research projects offer the best path up the social ladder for Hopefuls, but a more secure livelihood rests precariously in the hands of others. When asked to describe their future aspirations in the Interviewer Exit Questionnaires, most of the Hopeful Elites (who are defined by a combination of educational attainment, education plans, and previous employment) expressed their plans wishfully but with realistic expectations: “I wish to be a wholesaler”, “I want to go back to school”, “Wanted to be a mechanic”, “To become an accountant”, “To have a job, be independent”. These elites recognise that they cannot jump several or many rungs of the social ladder all at once—or even at all. Instead, they are aiming for futures that are slightly better than their current livelihoods. They are hopeful but this is not

false hope. The Hopeful Elites' goals are attainable. With some luck, they may surpass these goals.

Quasi-Elites

While the name for this group may be unclear, some characteristics of this group, simply, are unclear. These individuals are Quasi-Elites because in many ways, they resemble elites who are above and below them on the ladder. They still may live in rural or semi-rural areas (on the outskirts of bigger towns and cities, ie. Zomba Rural as opposed to in Zomba *boma* [town]), may only hold their MSCE, and likely go through cycles of temporary employment, then unemployment much like their Hopeful Elite counterparts. At the same time, some of these individuals have received credible tertiary education, speak English quite fluently, have access to internet and international news, and are articulate in public health issues including HIV/AIDS, like elites above them on the ladder. These individuals are truly at a crossroads, or at a transitional stage in their lives. Based on their educational opportunities and success in formal employment, they will go up or down—rarely will they stay on a rung for an extended period of time.

The Quasi-Elites have a range of education from MSCEs, to Certificates, to Diplomas, to in-progress or completed Bachelor's Degrees (liberal arts, religious studies). Many of these elites find employment with CBOs, NGOs, INGOs, the Malawian government, and Western university professors' research projects. Some of the Quasi-Elites are former Hopeful Elites. On the MLSFH project, several supervisors were previously hopeful in their employment prospects, but due to excellent, competent work in previous research experiences, increased knowledge of the global development rhetoric, and some computer skills, they were able to secure their jobs as

project supervisors. Often, supervisory roles on research projects—whether they are funded by the NSO, Centre for Social Research, or grants from abroad, are filled by those with tertiary education credentials. The individuals who achieve this *bwana* status on a project without anything more than an MSCE understand that without more training, this will likely be the top rung of their social ladder. For the Quasi-Elites with a Diploma (or two), Certificate, or a Degree, this is an entry-level point to their upward climb. Their tertiary education credentials are attractive to prospective employers and they have the ability to re-invest their earnings into further educational pursuits. One man who I interviewed, Love, obtained an Accounting Diploma and as a result, was a decently attractive hire year-in and year-out for several NGOs and American and British university projects. He was somewhat elite in the sense that he had some tertiary education (from a “private” college), but he also lived on the outskirts of Rumph— the small Northern Region town. He spoke fluent English and French (the latter being a significant indicator that he received an excellent secondary education in Malawi) yet was still unsteadily employed at different points of the year. Love resembled different types of Transitioning Elites. With his earnings from frequent (and mostly temporary) employment, Love invested in chickens and started up a chicken-breeding scheme. This money, which was generated from recurrent NGO and university project work, which he received due to his higher education credentials, allowed Love to apply and ultimately get accepted by the University of South Africa, in Pretoria to begin a degree by correspondence. When Love completes his South African university Degree he will likely move upward on the social ladder. His résumé will then display plenty of formal work experience (with more than a few letters of recommendation to prove so), a Diploma, a Degree, and multilingualism. He will become one of the Next Elites in Malawi.

These first two groups of Transitioning Elites generally have some social mobility but not a high upward potential. As well, it is self-evident that with cycles of employment and unemployment, individuals in both groups are not financially secure. Hopeful or Quasi-Elites are unlikely to ever become the country director for USAID in Lilongwe, hold a managerial or executive position at Nedbank in downtown Blantyre, become a lecturer at Chancellor College in Zomba, or attain a position in Parliament. Few of these elites have the domestic and foreign social and political connections to access the inner circles of national and international elites. But, this typology of elites and description of upward social mobility in Malawi is flexible and exceptions certainly take place. While I was in Balaka, I often visited the neighbouring Machinga district hospital about 10km away. I met many remarkable professional and volunteer men and women who deal with a severely overcrowded, strained hospital, and make it function smoothly every day. During the month of July, one man, Stowel, a volunteer supervisor/manager/counsellor in the HIV/AIDS Ward showed us all how high he could jump on the ladder. Stowel was essentially homeless less than a decade earlier, but could speak English and was extremely intelligent. He landed a few temporary positions with NGOs and Western university research projects and eventually started volunteering in the HIV/AIDS ward of Machinga District Hospital. At this point, he was elite because of his education, but hopeful and uncertain about his future prospects. With hard work, increased opportunities to work with NGOs and research projects, and a clear mind, Stowel became the supervisor/manager/counsellor of the HIV/AIDS ward full-time. The hospital found a few methods to pay him even though he was a volunteer. They routinely sent him to workshops, seminars, and professional training courses where they provided per diems in which he saved up over time. I first met Stowel at this stage in his life. He had moved up from a Hopeful to Quasi-

Elite. Then, at the Machiavellian conjuncture of *Lady Fortuna* and luck (Althusser 1999), Stowel's hard work met an open position as the country director for a large, powerful, American NGO. He interviewed for the job and got it. He jumped a few rungs on the social ladder immediately, but his jump over the previous decade was extremely impressive. He became a national elite.

The Next Elites

The Next Malawian Elites are those who are in positions to obtain well-paid employment in the near future. They have the financial resources, support, and social connections to facilitate their transition up the social ladder. Most of these individuals are a generation removed from a rural, subsistence farming lifestyle and are tied to larger towns and cities. They often have permanent housing on the outskirts of these towns and cities or live in middle-class neighbourhoods within the town or city limits. These Next Elites have at least a Bachelor's Degree from the University of Malawi's Chancellor College, Polytechnic, Bunda College of Agriculture, or the Kamuzu College of Nursing. Next Elites also have the resources, support, and connections to achieve even higher levels education such as Master's Degrees or PhDs domestically or abroad. They have jobs ranging from mid-level cadres in hospitals and businesses, to paid-managerial or director roles in CBOs, NGOs, and INGOs. The Next Elites are among the top graduating students in their degree programs and are expected to have a "bright future" (Frye 2010). They are still in a transition stage in their lives. Because they are moving up the social ladder at this point, they are most likely obligated to financially support their extended families—acting as the rich uncle who can send a niece or nephew to school, paying for a corrugated tin roof on a family house, or investing in a new plot of more fertile land

to sustain the extended family. At the same time, they are expected to take on full-time jobs in big towns or cities, or they are expected to be working on the road and travelling throughout Malawi. While all elites face the strain of being expected to provide what they can to their extended families, the Next Elites face an unavoidable dual identity. Like the Malawian folk story about the Chameleon, the Next Elites have to have one eye looking down the branch keeping a lookout for any problems, while constantly eyeing up the branch and examining the impending route ahead with the other eye. One man in his early thirties, Simon, exemplified this type of Malawian elite. He had already received a Nursing Degree and had been employed for numerous years as either a nurse or INGO researcher. Simon was also about to begin a Master's in Public Health program. His career path certainly placed him as a Next Elite within Malawi. He had solid educational credentials, diverse and extensive work experience, and incredible knowledge of health issues. Simon's employment routinely kept him away from his fiancé and daughter and extended family for months at a time. Due to his fairly steady income, he was also expected to routinely send money to all of the mentioned parties who were much less fortunate. Thus Simon faced difficulties with this dual identity—the career-driven public health specialist and the family provider. By pursuing more education and likely continuing to increase his responsibilities in the public health sector, Simon will spend less and less time near his family, but will definitely move upward on the ladder. At the same time, the strains of trying to maintain these relationships over vast distances will keep him grounded and possibly hinder his career aspirations. Only time will tell how high he ascends among Malawian elites.

While the Next Elites continue to climb up the social ladder, the one eye that is looking forward at least sees the top of the ladder. These elites who are gaining multiple forms of higher, tertiary education are few in number and will undoubtedly take over high ranking roles in

hospitals, businesses, universities, NGOs, INGOs, and branches of government at the district, regional, or national level. Upward social mobility is looming. The Next Elites are in line, they simply have to wait to move up.

Within the Next Elites, there are some elites whose futures are even brighter than the others. The Imminent Next Elites in Malawi are on the verge of becoming national and potentially international elites. This sub-group is among the most highly educated, wealthy, and connected groups in Malawi. Imminent Next Elites include medical students, Master's students and graduates, and PhD candidates and graduates. These elites are few in number considering only 50 to 75 students are admitted each year into the College of Medicine out of a pool of 20000 post-secondary applicants and with even less being admitted into Master's programs. Since the University of Malawi does not offer any PhD programs, the expenses of travelling abroad to South Africa, Europe, or North America to obtain a PhD self-regulate the number of potential Malawian PhD students around the world at any given time. Upon completion of their degrees, the Imminent Next Elites will have the credentials and knowledge to jump up the ladder and into the upper ranks of businesses, NGOs, INGOs, and government branches, or start their own businesses. Considering most faculty members and senior administration in the University of Malawi system do not have PhDs, but rather Master's Degrees, such credentials will place these elites on the edge of national and international elitism. At this section of the social ladder, the path branches two directions. Two more ladders diverge.

Malawians will either return home to accept prestigious positions or "take flight" with their educational capital to another country. I met several Imminent Next Elites who faced this dilemma. Medical students whom I interviewed expressed to me privately that the lure of taking a job abroad and making more money than in Malawi would be difficult to turn down compared

to the likelihood of working as a relatively underpaid physician at a central, district, or rural hospital in Malawi. Some individuals who are finishing their MBAs or PhDs were still contemplating whether or not to return and become national elites or stay abroad and hopefully retain ties to their family back home. Regardless of their choices, the Imminent Next Elites are financially secure and at this point their future is quite bright. Since I only interviewed five of these highly privileged Next Elites and met only a few others, I am not yet certain of the extent to which Imminent Next Elites are certainly different than the other Next Elites. They have achieved extremely high levels of education compared to their countrymen and face certain upward social mobility. Both groups have the potential to live outside of Malawi and are quite likely connected to organisations and individuals in South Africa, Europe, or North America. The Next Elites' prospects for a more comfortable, stable lifestyle are excellent. I will need to meet more Imminent Next Elites to become convinced that they are dramatically further up the ladder than other Next Elites.

Throughout the research expedition I interviewed, met, and collected survey data from all three types of Transitioning Elites. By virtue of their disposition, all of the "Let's Chat" interviewees were either Hopeful or Quasi-Elites. Working on the MLSFH project likely increased their chances of upward social mobility. They all received letters of recommendation with University of Pennsylvania and IKI letterheads indicating their competency in social research, good nature, excellent work ethic, and ability to work within a team setting. For the Hopeful Elites, this experience and the letters of recommendation are gateways to future research opportunities with the NSO, Centre for Social research, and other domestic and international research teams. With enough fieldwork experience and saved up salaries, the Hopeful Elites can then apply to tertiary institutions in Mzuzu, Lilongwe, Zomba, or Blantyre to upgrade their

education or simply invest in a small business, assist their extended families, and keep healthy until the next job opportunity comes up. For the Quasi-Elites, their work on the MLSFH provided the extra cash needed to attend another semester of tertiary school, offered future connections with foreign researchers, and was another item to add to their résumés. Many of the Quasi-Elites within the group of interviewees will become supervisors on future NGO and research projects and with some luck, jump up the social ladder.

I interviewed all different types of Transitioning Elites from groundskeepers at motels and CBO volunteers, to NGO supervisors and university students, to Master's students, to one wealthy businessman. The majority of qualitative respondents fit as Quasi-Elites or the Next Elites of Malawi. Throughout the journey I came across more elite individuals who helped shape these archetypal categories of the Transitioning Elites in Malawi. In the process of discussing HIV/AIDS, public health policy, and the future of Malawi, virtually all of these Transitioning Elites asserted their identities as elites. They displayed their wealth of knowledge and articulated their concerns about HIV/AIDS in Malawi in a highly educated manner. As elites in an extremely poor and predominantly rurally populated country, these individuals affirmed their identities as something much different than the “average” Malawian.

Chapter 4

Identity Construction

“Whenever someone has a higher education, they feel on top of the world.”

—Walije

The semi-structured qualitative interview process allowed me to delve deep into my respondents’ underlying personal philosophies and views towards HIV/AIDS issues. By engaging in face-to-face discussion with Malawians, I was enabled to see how they present themselves to a foreigner in an interview setting. After transcribing the interviews and coding them thematically, I realised that these 18 to 35 year old Malawians routinely presented themselves as highly educated and modern individuals. Their identity performances were not necessarily explicit though. These Malawians identified themselves as highly educated and modern individuals in several direct and indirect ways. Respondents explicitly emphasised the unquestionable importance of receiving education in Malawi and showcased their education and personalities by divulging their awareness of global issues, giving insight into medical, public health, and HIV/AIDS knowledge, and simply acting as worldly citizens who are concerned about the future of their nation and continent. Respondents also implicitly affirmed their identities by defining and describing what they are not: uneducated and/or rural Malawians. In the process of this implicit identity performance, many respondents distanced themselves from traditional practices, beliefs, and behaviours and engaged in a type of cultural disassociation. Respondents made it clear over the course of the interviews that they were different from most Malawians—the rural and uneducated populace. Through these various identity performances,

respondents explicitly and implicitly constructed the identities which they wished to present to me. As a result, they each developed a unique method of positioning themselves, through these key elements, within the broader Malawian society and as formally educated, modern elites who are always trying to move up the crowded social ladder. By identifying themselves as such through the interview process, they undoubtedly wanted to present and justify themselves as credible sources of information about HIV/AIDS in Malawi. These elites were the experts and I was their student.

My analysis is inevitably rooted in Goffman's dramaturgical analysis of individuals and how they present themselves in everyday life. Goffman compares how individuals present themselves to the way in which actors perform on stage and how actors portray an "impression of reality that he [or she] attempts to engender" (Goffman 1959). However, Goffman notes that these actors may be completely convinced of their own acting and actually live and breathe as the character they are presenting, may not truly believe in their character but are acting the part nonetheless, or that the social actors' behaviours fall somewhere in between these two extremes. To accurately determine the extent of the differences between a social actor's performance and genuine behaviour, Goffman stresses the need to observe the actor's behaviour in the presence of a second person, then to see that second person and how they react to a third person while in the presence of the actor under examination. The objective examiner can then note the actor's behaviour in multiple contexts to determine the variability or consistency of that actor's performances. As a researcher who did not have the chance to spend much time with respondents outside of the interview and as someone who does not speak any vernacular languages in Malawi, I was unable to verify the quality of respondents' performances or whether or not these performances were in line with the genuine behaviours of respondents. However, on

the whole, I was treated differently (as a foreigner) than a normal Malawian would be. The preciseness of the English language with its ability to define new and modern social things (such as the terms “HIV/AIDS policy”, “CD4 count”, and “HIV Testing and Counselling”, among many others) compared to the less precise languages of chiTumbuka, chiChewa, and chiYao (which have no equivalents for these new social terms), creates immeasurably different social exchanges even though two people may be talking about the same issue. In order to discuss topics of governance, HIV/AIDS, the effectiveness of health policies, and the future of Malawi, Malawians have to use some English. In my presence, English was the only language used by respondents. But with other Malawians, I am certain that they would use a combination of the vernacular and English to have a similar chat. (I saw this occur every day with our MLSFH project interviewers, supervisors, drivers, and data team). I was able to observe the interactions of a few of my respondents (with whom I spent time with on a daily basis) with both Malawians and foreigners. They acted consistently with foreigners and in their frequent discussions of fieldwork or HIV/AIDS topics. But I cannot be sure of any comparisons of these respondents to their interactions with other Malawians because I did not (and still do not) know how to speak any of the vernacular languages fluently. Thus, in Goffman’s terms, I was likely only privy to the front stage performance of these respondents and cannot be certain if I actually was talking to the actors backstage “where the suppressed facts make an appearance” (Goffman 1959). Therefore, the possibility also exists that as a researcher and an obvious “audience” for these respondents, I was duped by respondents who had some ulterior motives to “misrepresent the facts” (Goffman 1959).

In addition to the manner in which respondents portrayed themselves as highly educated and modern Malawians, there are several cases where the actor may have been an impostor and

someone who did not actually attain their MSCE. I did not require participants in the study to show me proof of their MSCE and a piece of government identification for cross-checking purposes. Three respondents—Matthew, Wezzie, and Winne all claimed to have their MSCE, but their ability to communicate English was quite weak compared to the rest of the respondents. Their English language skills were consistent with individuals who had obtained their Junior Certificate of Education (JCE) and thus, only a Form 2 (Grade 10) level of education. Due to my relaxed respondent identification methods, I can never know for sure if I was duped by both the performance and the registered identity of the actor¹³. Regardless of the authenticity of each performance, all of the respondents attempted to show me more than only what I could see on the exterior.

African Identities in Social Theory

Most of the social research that examines identity construction in various African states has focused on post-colonial and national distinctiveness, traditionalism and resistance to Western idealism, and even the re-enforcement of ethnic and tribal divisions. In South Africa, social theorists have examined black and white consciousness during and after apartheid (see Gerhart 1978; Mangena 1989; Davies 2009; Magaziner 2010). Throughout post-colonial Africa, an extensive amount of research has looked at the tensions between traditional African practices,

¹³ I became aware of this possibility because of the large number of respondent impostors that the MLSFH project had to identify on a daily basis. The most impostors were located in Balaka district (in the Southern Region) where nearly 25% of respondents' identities were misrepresented. In the MLSFH project's case, respondents and impostors knew that some form of compensation was guaranteed for participation. For the 2010 round of fieldwork, each respondent was given two bars of Lifebuoy soap. A commodity like soap could be re-sold at a much higher value depending on the remoteness of the village. Thus, impostors had some financial incentive to become involved in our fieldwork. For my own research though, there was no guarantee of compensation, or a set amount of kwacha. However, it is possible that these few respondents knew that as someone who took time out of their day, I would likely offer some form of compensation for their time as a sign of goodwill. There may have been a perceived economic advantage to perform as someone else. Nonetheless, this judgement of my respondents is speculation.

modernity, and urban identities (see Tessler 1973; Njoku 1989; Willey 2002). As well, endless divisions between tribes and religious groups have been continuously scrutinised¹⁴. Inevitably, these studies are tied to some form of social conflict theory (see Wallerstein 1975) where there are clashes among differing factions within states, the conceptualization of race, and questions of ethnic identity.

Respondents in my study rarely (if ever) discussed conflict between tribes and ethnic groups in the context of HIV/AIDS or the ideal of nationhood and the post-colonial successes of Malawi. This research on identity is therefore much different than the majority of literature on identity construction among Africans. Instead, their presentations of identity as educated and modern elites indicated the strains between tradition, cultural practices, and Malawi's modernity. Respondents made it clear that they were unlike uneducated, rural, or traditional Malawians. Their identities as formally educated and modern began to emerge during the interview process. Instead of engaging in social conflict discourse, respondents implicitly socially distanced themselves from the uneducated, rural, and traditional people of Malawi. These elites' descriptions of the world are not necessarily straightforward accounts of reality though. They construct *their* Malawi in such a way so that they may situate and understand their roles and life experiences within the nation. Thus they live and breathe in a thoroughly constructed, "social imaginary" version of Malawi. Charles Taylor defines the "social imaginary" as,

“...something much broader and deeper than the intellectual schemes people may entertain when they think about social reality in a disengaged mode. I am thinking, rather, of the ways people imagine their social existence, how they fit

¹⁴ For more recent examples, read into ethnic divisions and civil wars in Rwanda, Burundi, Democratic Republic of the Congo, Burkina Faso, and Algeria. Religious divisions in Africa often occur between Muslims and Christians, although at times within different sects of Christianity. For further information, read into the recent histories of Somalia, Sudan, and Nigeria.

together with others, how things go on between them and their fellows, the expectations that are normally met, and the deeper normative notions and images that underlie these expectations” (Taylor 2004).

Although Taylor’s conceptualization of the “social imaginary” is rooted in Western cases, the social consequences that come from this imagined space are relevant to virtually any society.

“[The social imaginary] incorporates some sense of how we all fit together in carrying out the common practice. Such understanding is both factual and normative; that is we have a sense of how things usually go, but this is interwoven with an idea of how they ought to go, of what missteps would invalidate the practice” (Taylor 2004).

In the case of the imagined Malawi in the eyes of highly educated, modern elites, their society is based somewhat on factual reality but also on the normative judgements of how Malawians ought to live and what behaviours and social practices are unacceptable. Predictably, certain images of “moral order” penetrate Malawian “social imaginary” (Taylor 2004). Respondents noted the normative imperative of education but also showed their discontent for the colloquially “dark” and “backward” practices of the uneducated and the villagers that have led to increased transmission of HIV/AIDS.

Despite the inaccuracies of the imagined Malawi, the important part of the interview experience was that respondents’ performances convinced me—the audience, that they were bolstering their identities as highly educated, modern elites.

The Importance of Being Educated

The Malawians explicitly described the important role that education plays in improving an individual's livelihood and knowledge about HIV/AIDS. They felt that by attending school and learning reading, writing, and comprehension skills, Malawians will be much more likely to understand arguments and advice about safe sex, the effects of HIV/AIDS, and generally, how to live a healthy life. Education for them is a moral and normative good. Respondents likely emphasised the importance of being educated due to the social prestige associated with education. Receiving secondary and higher levels of education is clearly difficult for the average Malawian to afford and continue with each passing year. Education was viewed as a gateway to learning about the outside world and a vehicle to engage in critical thinking about national and global issues. George, an outspoken philosophy student felt that education was an uplifting, liberating institution when confronting issues of HIV/AIDS or confronting the virus itself.

“So for whatever is good, as long as we apply to the moral principles where we say ‘the best happiness for the greatest number of people’ which [is] by Jeremy Bentham, [John Stuart] Mill—they put it in writing. So it is no way that people who are educated and enlightened are afraid to know their life status, unless if the [HIV] testing itself has got problems.”

Respondents often spoke of the futures of Malawian youth and how crucial they are to society as a whole. Education was deemed crucial for the youth in order to increase the overall knowledge of HIV/AIDS in Malawi and stem the transmission of the virus throughout the nation.

“So the moment he or she is in primary school, then it is at that moment he or she must know what HIV/AIDS is about. Because if we take a lot of time [too

much time], we are going to teach her when she is already affected...So as he's growing up, he must keep it in the back of his head—the dangers of HIV/AIDS...Of course the government has been trying to initiate maybe free primary education but even though these things are happening, you discover, even though Malawi has instilled free primary education, still people are dropping off from education. So usually you find that a lot of people, because of poverty, engage themselves in prostitution.” (Steven).

“Well the government has introduced our Life Skills course in the primary schools where they teach children about HIV and AIDS in that school because children know whilst they're very young that there is AIDS and this is what you have to do to avoid getting AIDS. So that's good on the government's part” (Bridget).

Samuel and Rahim echoed Steven and Bridget but implied that *even more* education for the youth and much more accessible education system is necessary to combat HIV/AIDS in Malawi.

“In this country as maybe you have learned, very few people are educated. It's like we have only two public universities and selection into the university is so competitive and the majority are not accommodated. So the other factor is lack of knowledge or education [being] spread. Well I have to admit there are some lessons in primary schools and secondary schools, but the understanding of those kids on how to prevent the disease [HIV/AIDS] is not all that effective. The other thing is that most people are illiterate and as such, they lack basic information pertaining on how they can prevent this disease and that stuff” (Samuel).

“And programs in rural areas...as that's where most are disadvantaged information-wise. So if we could reach out to these people I think it'd make a difference. I'd also try to involve people in sociology, psychology, at the

University of Malawi and if they could bring in ideas about how best we could talk to these men about behaviour change...and the youths. In all secondary and primary schools you could also have programs to get these people to be very informed about HIV/AIDS and the risky behaviour. It would make a difference” (Rahim).

Apart from simply increasing overall access to education and education pertaining to HIV/AIDS in Malawi, respondents drew attention to the limitations in life that attaining only an MSCE will bring. In 21st century Malawi, respondents believed that receiving tertiary education is what other Malawians need to strive for.

“Today, [with] a minimum of a degree you’re better off because at first when people had MSCEs they could get good jobs working [and] be paid fairly. But now if you have an MSCE, there’s little you can do with the MSCE so at least now in terms of education level, [with a] degree you’re better off. You’re being developed” (Precious).

“Only the people in the very high positions have got very good salaries. But for other people who have their high school qualification—an MSCE, or maybe a diploma, [or] certificate, their salaries are really low...” (James).

“So for the people who have been left behind [by not gaining admission to the University of Malawi] it’s like they have nothing to do in life. So it’s like they have nothing to do in life so they end up going astray, doing this and that and bad things. Because we know what happens when you’re just staying at home; life is so difficult. And also beer...as of now they have been restricted but they take them [and] do whatever which makes them end up contracting the disease” (Peter).

All of these Malawians went through the educational system, and often with great difficulty paying for school fees, living away from home, and staying healthy. Now that they are employed or are completing their tertiary education and by all accounts living healthy and fulfilling lives, it is only natural that they would stress the need for the younger generation of Malawians to follow in their footsteps. Nearly all of the respondents told me either before or after the interview that they did not have HIV/AIDS. Respondents seemed genuinely proud of what they had accomplished and that due to their knowledge gained, that they were healthy and living well. Respondents often went out of their way to proudly identify with their educational accomplishments. While asking Maurice about his health history, he felt compelled to describe his educational history and wander from the topic at hand.

“So she took me to the hospital and lucky enough the doctor, the medical officer he discovered that the disease I was suffering from was anaemia so he gave me the right treatment and I was well. Then I started school after I was 6 years old. I started in Standard 1 up to...that was in 1996. Then in 2003 I studied for my primary school certificate. The day after, I was selected to this secondary school. There’s a district in the central part of Malawi. Malawi is demarcated into three regions—Southern, Central, and Northern region. The secondary school is located in Dedza—a district in the Central region. That was in 2004. And in 2007 I sat for my MSCE and I passed with an aggregate of 13 points. We use points in Malawi. Thereafter, I sat for university entrance examinations. In USA you say SAT—Scholastic Aptitude Test, and I was selected to pursue an electrical degree in engineering. In 2008, I suffered from chicken pox and they gave me—I’ve forgotten the name of the medicine.”

Respondents also identified themselves as highly educated by expressing their understanding of the language of HIV/AIDS and related medical issues and awareness of global

and domestic development statistics and reports. A Malawian who never received a formal education or one who could not read or write, would have difficulty in deciphering the English acronyms in public health rhetoric or be able to discuss Malawian health problems within a global context. Thus by doing so, these highly educated Malawians presented themselves as such.

In the interview setting, respondents answered many of my generic questions about public health policy, governance, and the future of HIV/AIDS in Malawi with test-like answers—to seemingly prove and confirm their knowledge set. I asked Jonathan, a Nursing student, “So what do you think of the [HIV/AIDS] prevalence rate? What is going to happen with that?” He replied with a much less direct answer than I expected, but like many others, provided an explicit presentation of identity.

“I think for it to decrease, I feel like it will increase. Because the more people are not being sensitised, the more this issue will grow bigger. Because imagine myself: I understand what HIV/AIDS is right? I understand and I know the implications of ARVs. If I go for it, I will accept. And I even know in the human body the CD4 count drops, it [HIV] rises. I know that one. I know the information.”

Jonathan felt compelled to confirm with me, that he knew about HIV/AIDS and the relationship between the body’s CD4 count and the ensuing classifications of HIV or AIDS. These types of replies frequently came about during the interviews.

“If your CD4 count, if your immune system is so low that you cannot fight against these common infections, you’re supposed to be given these ARVs. So it depends if you’re HIV positive and you’re still healthy, they don’t give you

ARVs. But if they see that your CD4 count, your immune system has been depleted, they start giving you ARVs” (Paul).

“What I know is that others get tested for HIV and if that test is positive, so they check the CD4 count. And when it is below 250—250 is it? It’s when they can get the ARVs” (Suzie).

As a student studying topics within the realm of HIV/AIDS, I am obligated to know the acronyms and medical jargon. Whether respondents knew this or not, simple acts like these hinted that the interview space was a stage which respondents used to enlighten their audience and display the positive effects of their education.

The interviewees also situated Malawi within the broader global context by referencing the World Health Organisation, the Millennium Development Goals (MDGs), the development efforts of various INGOs, and global statistics. Considering I did not ask them questions pertaining to the world outside of Malawi (but rather open-ended questions pertaining to Malawi), their responses demonstrated efforts to indulge me about how Malawi is situated with respect to international public health policies.

Tyler: What are the main differences—like what’s the process to access to ARVs and the problems to accessing them in the government and the private hospitals? What are some of the challenges and good things for each of the systems?

Simon: In public hospitals, once you get tested, as you know, the first step is you get an HIV test. From the HIV test, like this time maybe 2 or 3 years ago, we used the World Health Organisation staging. We didn’t care about the CD4 count. I think if you were in Stage 3 or 4 you would automatically be started on ART because you have these signs like Kaposi’s sarcoma. You go to start

ART [antiretroviral therapy]. This was the same process that even the private hospitals could use. Because then to find the CD4 count machines, it was a problem. Now the procedure for the public hospitals is the test, then you go to the VCT [Voluntary Counselling and Testing] clinic for group counselling. After group counselling, you have to come with your guardian, and I think that is one problem.

Tyler: What have the NGOs done well in trying to reduce the spread of HIV and what have the NGOs failed to do in reducing the spread of HIV?

Charles: OK we NGOs, our work is complementing on what government is doing, OK? We follow what the government follows in terms of policies. We have the Malawi Growth and Strategy Paper. Whatever we are doing is dependent on that development policy. There is that Millennium Development Goals. Yeah, so we are in the same track. Whatever we do is to complement that of the government because we are not doing something which is contrary or unique that the government is doing. Even now our donors recommend that we should do something that complies with the set policies—the developmental policies...

Tyler: What's the future of HIV/AIDS in this country? Let's say in the next 10 to 15 years...

Samuel: Well so far according to some reports, those of the Millennium Development Goals, they say that somehow Malawi is doing quite a recommendable job on fighting the disease but still that we have a long way to go.

Love: Yeah HIV/AIDS—this disease is real and has killed many people. But here in Malawi the incidence of HIV/AIDS has really reduced—even the prevalence rate. At first it was 14% and now it's about 11%. So it has changed.

Tyler: *Is the prevalence higher in cities than rural areas?*

Love: *Yes this is true.*

Tyler: *Because I've heard some pretty high figures like 21%...*

Love: *Ah—bad statistics. It was 14%. But some countries in Africa, they reach up to 21%. Like Botswana has much more cases than Malawi.*

Respondents' views about the benefits of education and the moral need for Malawians to attain higher levels of education were explicitly conveyed. As well, the frequent references to medical jargon and global public health discourses by respondents, gave me, their audience, a sense that they wanted to display the knowledge and intellectual tools they received from their secondary and tertiary education experiences. Respondents undoubtedly asserted themselves as highly educated elites and did not hide it. Waliye, a woman who already had an education degree and was working on her marketing diploma summed up the sensation that these elite Malawians were privileged to feel.

“Whenever someone has a higher education, they feel on top of the world”.

Rural and Traditional Disassociation

Respondents repeatedly associated uneducated and rural Malawians with the spread of HIV/AIDS and generally discussed their disposition with negative connotations. Such views are intriguing considering between two-thirds and three-quarters of the respondents grew up in a village setting and about one third of respondents still frequented their family compounds when not employed in urban areas¹⁵. Many respondents repudiated certain parts of rural life even though they were raised in villages. While their views of uneducated and rural people are not

¹⁵ This is an estimate based upon references in the interviews and informal conversations with respondents before and after the interviews. I cannot provide an exact figure of how many grew up in rural areas.

necessarily (and often not) completely accurate, this perceived or imagined rural space is crucial in understanding how the highly educated and modern elites envision themselves fitting into Malawian society. Respondents often referred to the uneducated and rural dwellers as a homogenous group that behaves similarly throughout the nation. In this process, respondents unsurprisingly individuated and distinguished themselves as apart from their less educated and village counterparts. I was presented with numerous vignettes of this imagined social space. Glimpses of this conceptualised rural Malawi undoubtedly convinced me that these elites genuinely wanted to display themselves as markedly different individuals. Steven, a Hopeful Elite, felt like many of the other respondents that,

“The bigger amount of people who are attacked or infected by [HIV/AIDS] are in the rural areas. But in the urban areas, because of education, people at least they know they can use some protective measures to control themselves. But in the rural areas, where people are very poor...they don’t protect themselves. And whenever they are HIV/AIDS infected, they go to the hospital and they are told there are no medications. What do they do? They go back home and continue with their bad behaviour. As a result, this is spreading AIDS.”

Similarly, Jane believed that *“most of the people in Malawi—those in the villages, are the ones who are mostly affected by HIV because they don’t go to school.”* Those who do not have a formal education are naturally likely to be illiterate. However, respondents noted that,

“Illiteracy can be one of the factors because you know, when people are aware of the dangers of these issues, you can present to them quite well. I think

illiteracy, ignorance. It's whereby some other people don't have the good knowledge about their practices" (Laxon).

Laxon assumes that illiteracy leads to individuals' lack of understanding of issues related to HIV/AIDS. He fails to recognise that messages to promote awareness of HIV/AIDS are often broadcasted on radio, television, in public speeches, and in "AIDS dramas". Responses like these are value-laden since Malawians are *more* likely to become infected with HIV in urban areas where HIV/AIDS prevalence is estimated at 17.1 % compared to 10.8% in rural areas (USAID 2010). There is also no conclusive evidence whether or not people are less likely to become infected as a result of literacy in Malawi. Respondents found ways to reasonably justify these judgements, however unproven or non-factual they are. Regardless of the truth or falsities in these statements about uneducated people, respondents implied that they knew better and safer sexual practices and the causes of HIV/AIDS because they had received education and were able to read and write in English and chiChewa.

Aside from claims made predominantly about uneducated people in rural areas, respondents described rural areas as a spatially distant, incongruent, homogenised space within modern Malawi. While the rural areas and uneducated people are certainly not all physically distant from urban areas and formally educated people, they were imagined as socially distant lifestyles. They implied that as highly educated individuals, they were inherently different than villagers and disassociated themselves from traditional practices and the "village culture". While their conceptions of the rural areas are based upon their life experiences—as most of them had lived parts of their lives in rural Malawi, it does not mean that these conceptions are accurate depictions of the village, but rather perceived depictions. Respondents therefore presented *their* image of a homogenous rural Malawi to me.

“Our President even said ‘Malawi is not a poor country, but it is the people themselves’. In villages, if somebody is given MWK 50, you think like he has seen money falling from heaven. If those who are building roads—you may give them MWK 100. They end up having unprotected sex and spreading AIDS and all that” (Winford).

“But those in remote areas are not being reached with full information on this HIV. And I believe there must be places in Malawi where they don’t even know about this HIV/AIDS” (Jonathan).

“There are people in the villages that have no access to radios or televisions so they don’t get any messages for HIV. So if I were the President, I would at least make people go to the rural areas to counsel people who didn’t have education. They don’t know HIV. They just stay in the villages” (Anna).

Most respondents felt that traditional and cultural practices in the rural areas were no longer suitable for 21st century Malawi, or in the interests of public health. These elites expressed their disapproval of cultural practices such as *kulowafuka* (widows being forced to have sex with their deceased husband’s brother), *jando* (male circumcision rite followed by unprotected sex), and witchcraft which are associated with “the village” because they are perceived to increase transmission of HIV. Despite minimal qualitative sociological data in various African countries (Lugalla et al. 2004; Ayikukwei et al. 2007; Kamlongera 2007) and only unclear epidemiological speculation (Hrady 1987; Jewkes, Levin, and Penn-Kekana 2002) linking similar African cultural practices and the increased transmission of HIV, in addition to epidemiological evidence dispelling this relationship (Kapungwe 2003), respondents

disassociated themselves from the rural areas due to these beliefs. They even disassociated from specific rural districts where these practices are believed to be taking place.

“What I would do is I would train more people to be going in villages to teach people on HIV and AIDS because it’s the culture of our country in those villages is the one which is leading to the increase in HIV/AIDS” (Jane).

“We believe in some other things that can cause the spread. Like we have this kulowakufa. It’s like when I’m married and when I die, that younger brother will take the wife of mine whether the wife is positive or negative because it is a cultural belief and it is mostly followed in Chikwawa, Nsanje, and Mzimba they do that kulowakufa. So those things I think they spread HIV and AIDS because even if my younger brother is married he is forced to take two wives so that my wife will not be alone. So what if the wife is positive? That means she will spread the virus to her next husband and the husband can spread the virus to his wife. So if these people who are making decisions know all about this, I think they will be able to go there [to the village] and teach—be able to go there to the people and convince them that these cultural beliefs are the ones who are adding fuel to whatever is happening in HIV and AIDS” (Paul).

“Like in villages or for the poor—maybe they cannot have access or they don’t have much resources maybe in terms of money. So maybe you find a gentleman coaxing a girl to sleep with him and in that way they spread it. The HIV is still spreading. And the other factors are the traditional practices like kulowafuka. That is a short term. It’s like when a person’s husband has died and then that widow is given another relative of that person who is died to be together. And so you don’t know! Maybe this person is HIV positive which means you can get it” (Suzie).

“The witch doctors need to be sensitised because we use blades. When I was young I think my mom did something like this [showing me little cuts on her forearms]. I remember it was way back. I don’t do that now because I decided not to. So they can be sensitised because whenever they put traditional medicine in people’s bodies...each one should have their own blade—each patient. They should be sensitised to know that it is bad if they use one blade for many patients. The spread will be decreased. But if they will not be sensitised, the spread of HIV will be so fast” (Walije).

James and Laxon, like other respondents, were less sure about exactly how traditional ceremonies take place, but felt that they are nonetheless inappropriate in a larger national effort to fight HIV/AIDS.

“Alright, I don’t think there’s much we can do [or] you can do to improve what’s already happening. Because there are also these cultural practices which spread HIV, like polygamy and some practices, cultural practices done by some people—the Yao tribes, where I don’t know the program. Jando? Yes those kinds of stuffs. I heard that when the children are there they ask them to sleep together so they learn how it is like when you’re growing up and what they’ll face. It’s like they’re encouraging sexual behaviours among the youths...The children sleep with...it’s not only boys who are involved in these practices—boys and girls both. But they have separate camps, so they’ll take a guy from this camp and a girl from this camp and tell them to sleep together. So if we can abolish these cultural practices, I think that will reduce [HIV] because there’s always been talk that “this should be abolished, this should be abolished” but no action has really been taken. But I think if action were to be taken and to tell them...Because you can’t just remove, stop these practices. It’s like you’re discriminating against other people’s cultures. But you have to explain to them, their elders there what this is doing to the country and how

HIV has affected the whole country so that they should agree into stopping these practices” (James).

Tyler: In Malawi, what do you think are the main factors that are driving the spread of HIV? What can you narrow it down to?

Laxon: I think the culture. Because if you go to the southern region, there is an area called Nsanje and you find their cultural practices. It’s like young girls and boys, they go for maybe sexual activities. It’s their part of culture. There are ceremonies that happen there and I think that can be one of the reasons why HIV is going on.

The continued transmission of HIV/AIDS was blamed repeatedly on the traditional rural people and their cultural practices. They did not portray the rural areas as a place of tranquility from the hustle and bustle of cities and modern Malawi. Over the course of the interviews, I was presented with this imaginary “dark” and “backward” rural space where people do not understand what is and what is not acceptable in modern Malawi. Respondents rarely felt that they (or highly educated people like them) were at fault for Malawi’s high HIV/AIDS prevalence. In the national and international battle against HIV/AIDS, the rural and uneducated people were recognised as a hindrance. These elite respondents were unlike and morally distant from their counterparts in the rural areas. However their in-depth knowledge of traditional rural practices and occasional reference to such practices as “our” practices indicates some ambiguity in their cultural disassociation. Respondents’ ties to imagined rural spaces were not completely cut.

Respondents constructed their identities by emphasizing the need for individuals to achieve higher levels of education and by using the modern language of public health discourses around the globe. At the same time, they presented themselves as dissimilar subjects in modern Malawian society compared to their rural counterparts. It is difficult to discern the genuineness of their performances as such individuals within the interview setting, but I believed on the whole that they were honest and acting simply as themselves. Giddens (1991) suggests that the “reflexivity of modernity extends into the core of the self”. Modernity is a “post-traditional order” whereby “the altered self has to be explored and constructed as part of a reflexive process of connecting personal and social change”. The influx of foreign aid, donor rhetoric, and in general, international policy influence over the past twenty-five years with respect to the HIV/AIDS epidemic, have brought about social change in a country like Malawi. Those that have been heavily exposed to these changes, the language of AIDS, and the expectations that their government and the international community have for Malawians to become educated and eventually decrease the transmission of the virus have clearly shaped the way that these respondents portray themselves.

Understanding how and why these highly educated, elite, non-rural and non-traditional Malawians present themselves as such is crucial in comprehending their responses to more substantive questions about what can be done to keep diminishing the spread and effects of HIV/AIDS and what the future holds in Malawi. They have had access to international knowledge and literature on the subject, but also have a conceptualization of the rural and traditional perspectives towards HIV/AIDS. As educated, elite social actors with a conceptualization of “the grassroots” they are the

interface between Malawi and researchers, altruists, or whoever else has a stake in the future of Malawi.

Chapter 5

Global Discourses and Experiential Speculation: Dissecting the AIDS

Dilemma

Background

The Transitioning Elites in this study—the Hopeful Elites, the Quasi-Elites, and the Next Elites all could comment on how they understand the epidemiology of HIV, what they think of the effectiveness of Malawi’s policies and programs to stem the epidemic, and the consequences of high mortality due to AIDS for the future of their nation. However, their different sets of knowledge, degrees of exposure to the HIV/AIDS discourse, and work experience contributed to discrepant responses towards these issues.

When extensive monetary aid towards “development” comes to Malawi, it is the educated elites—secondary and tertiary graduates who are heavily involved and influential in the domestic re-distribution and implementation of millions of dollars worth of international expectations. Many Malawian jobs related to public health and HIV/AIDS are created as a direct result of this funding and nearly all of the Transitioning Elites had participated in various forms of HIV/AIDS work. Swidler and Watkins’ (2009) research on aspiring or “interstitial” elites and national elites in Malawi makes it clear that the ability to speak English and discuss the jargon of the international aid community are two skills that instantly set these elites apart from other Malawians. These educated individuals act as the eyes, hands, ears, and feet of donors as the interstitial elites implement (allegedly) sustainable programs on the ground while the national elites become the “middlemen” and “brokers placed strategically at the intersection of

international and national networks” (Swidler and Watkins 2009). Their opinions towards the effectiveness of these development initiatives have never been brought to light though.

Nearly all of the secondary and tertiary graduates in this study have lived for extended periods of time in rural and urban areas. Despite the potential biases in their imagination of Malawian rural space, they still have a much fuller understanding of grassroots and cosmopolitan society than most in Malawi. Since the explicit perspectives of secondary and tertiary school graduates towards HIV/AIDS issues have been largely overlooked, it was a practical venture to understand secondary and tertiary graduate Malawians’ perspectives on highly contentious issues that affect their society.

Bourdieu (1984) theorised that the ability to obtain cultural capital is closely linked to educational capital which is measured by qualifications. Bourdieu ultimately suggests that “higher-class” and more highly educated individuals are enabled “to maintain their class positions, and legitimate the dominant positions that they typically go on to hold” (Sullivan 2001). For secondary and tertiary graduate Malawians, it is a rational choice to learn the international discourses surrounding these issues in order to potentially obtain upward social mobility. Educated elites know that they must present “proper performances” of HIV/AIDS knowledge in order to improve their social status in an effort “to keep from moving downward” (Goffman 1959). To fully understand the international HIV/AIDS discourse, one must be literate, understand English, and have the resources to stay up-to-date with recent developments. Secondary and tertiary education in Malawi provides the skills necessary to do so. Through their employment, academic, or personal experiences with regards to HIV/AIDS, the Transitioning Elites are able to critique and analyse the discourses surrounding the virus. Luke and Watkins (2002) found that following the 1994 United Nations International Conference on Population and

Development in Cairo, national elites throughout Africa were enthusiastic but also resistant to Western and donor ideals and new HIV/AIDS policies. These highly educated elites embraced the rhetoric of improved public health policies for their nations, but were simultaneously opposed to the manner in which “donors pushed high-profile subjects, such as HIV/AIDS, regardless of the country’s own priorities”. These same mixed-feelings are present today among those that are aware of or actively engaged with the international, academic rhetoric and discourses on health policies in the developing world.

The identities and aspirations of highly educated people in sub-Saharan Africa are inevitably tied to dominant global institutions and discourses. Since the educated elites’ lives frequently intersect with the demands of the rest of the world (especially as “development” and HIV/AIDS projects backed by millions of US dollars enter into sub-Saharan Africa), analyzing the opinions of these elites with respect to this reality, is crucial. The Hopeful and Quasi-Elite Malawians were more likely than the Next Elites to respond to questions regarding health care and access to medicine, sexual behaviours, and methods to reduce the spread of HIV/AIDS by citing and explaining the dominant, international, and “proper” responses without much hesitation. Many respondents also analysed these same topics with healthy scepticism. The Quasi and Next Elites responses often divergent from predominant health and HIV/AIDS discussions likely because of their experiences with HIV/AIDS and a perceived disjuncture between the solutions in stemming the spread of the virus from the international community and the realities of the virus in urban and rural Malawi.

To further understand the HIV/AIDS epidemic, not only in Malawi, but in sub-Saharan Africa, experiential dialogue concerning public health must be acknowledged and further examined. Divergent perspectives and knowledge may oppose global mandates or guidelines

that shape the research agenda and determine (and disseminate) “valuable knowledge” (WHO 2009). Esacove (2010) believes that this dilemma stems from the preference of Western ideals in the Malawian “AIDS narrative”. Experiential claims regarding HIV/AIDS by Malawians in this study may not always be empirically accurate but “in the richness of [their] telling,” make sense and are quite logical (Esacove 2010). By understanding this dynamic that Esacove describes and explicitly acknowledging and assessing the merits of divergent perspectives from the Western AIDS narrative, policy can become more uniquely culturally oriented and the entire HIV/AIDS discourse, broadened.

Global Discourses

All of the respondents referred to the most widespread and prevailing themes of prevention and treatment ranging from the importance of condom usage, to the risks of concurrent sexual partnerships, to the demand for increased ART in recent African HIV/AIDS policy and literature. Respondents indicated that their knowledge of such issues came from secondary and tertiary classes, newspapers, television, radio, and through INGOs, NGOs, and CBOs. Discussions of the dominant perspectives on how to reduce the spread of HIV/AIDS in Malawi (and also Africa) were filled with policy references, jargon, research examples, and donor preferences. These Transitioning Elite Malawians certainly knew the AIDS narrative and were more than willing to articulate their knowledge of the epidemic in detail.

In much of sub-Saharan Africa, and especially Malawi, a large body of literature focuses on concurrent sexual relationships and the resulting “webs” of HIV/AIDS transmission. Concurrency is a relatively new but convincing explanation for the relationship between sexual

behaviour and the spread of HIV as it brings attention to overlapping sexual networks rather than simply the number of sexual partners an individual has. The construction of sexual networks outlines migrant labourers, sex workers, and polygamy as key contributors in this process (Nyanzi et al. 2004; Yeboah 2007; Mah and Halperin 2008; Clark, Poulin, and Kohler 2009). However, the relationship between multiple sexual partners and increased HIV/AIDS prevalence is not necessarily proven (UNAIDS 2009).

Polygamy was an inevitably popular topic in Malawi because in May 2010, the Malawian government announced that they were introducing legislation to make polygamy illegal. Patricia Kaliati, the Minister of Gender, Women, and Children, described this legislation as a move “to reduce gender based violence”. She also claimed that “[Malawi] has HIV/AIDS and we need to protect our people” (Nyasa Times April 27, 2010). Approximately 25% women in northern Malawi and 13% of women in southern Malawi were part of polygamous marriages in the mid 2000s which indicate a decline in polygamy since the mid 1990s throughout the country (Reniers and Tfaily 2008). Despite the declining popularity of polygamy, Kaliati’s two main reasons for outlawing polygamy are in line with UNAIDS’ (2009) nine priority areas—reducing sexual transmission of HIV, preventing maternal death and infant HIV infection, ensuring HIV treatment, preventing tuberculosis and HIV/AIDS related deaths, protecting drug users from HIV, removing legal and discriminatory practices that block responses to HIV/AIDS, stopping violence against women and girls, empowering young people, and enhancing social protection for people with HIV. This move by the Malawian government is appealing to donor nations and institutions as polygamy has received heightened scrutiny in recent years to determine the effects of such relationships on both men and women, and the implications of sexual power imbalances (National AIDS Commission 2008; Reniers and Watkins 2010; Anglewicz et al. 2010).

The notion that commercial sex workers are large contributors to sexual networks and the spread of HIV/AIDS was heavily discussed as well. Especially in the context of Malawi and most of sub-Saharan Africa (where legislation protecting sex workers is minimal to non-existent), sex workers are “among the groups most heavily affected by the epidemic” (WHO 2010).

Nearly the entire body of academic literature and international policy in sub-Saharan Africa suggests that condoms need to be promoted and used more by those engaged in casual, marital, and transactional sex (UNAIDS 2009; WHO 2009). These suggestions are supported by a variety of demographic, public health, sociological, and medical researchers who have overwhelmingly shown the effectiveness of condoms in stopping the spread of HIV/AIDS and sexually transmitted infections (Davis and Weller 1999; Holmes, Levine, and Weaver 2004; Bryan, Kagee, and Broaddus 2006). The predominant scientific literature and the United Nations’ and World Health Organizations’ policy suggestions also indicate that male circumcision is a crucial preventative factor in reducing the spread of HIV/AIDS. Clinical trials have shown that male circumcision can greatly reduce the chance of HIV infection (UNAIDS 2008; Andersson, Owens, and Paltiel 2010; Castro et al. 2010; Rakai Health Sciences Program 2010; Templeton 2010).

In addition to suggestions that centre on behavioural change among sexually active individuals, a key scientific innovation in reducing the spread of HIV is in the prevention of mother-to-child transmission (PMTCT). With the proper anti-retroviral treatment prior to giving birth, mothers who are HIV positive can virtually negate the risk of passing the virus onto their unborn child. The method has proven highly effective (Marseille et al. 1999; Zorrilla et al. 2003; Garcia-Bujalance et al. 2004) and is widespread in Malawi. The Malawi National AIDS

Commission (2008) reported over a 50% increase in PMTCT service sites as well as starting nearly 70 000 pregnant mothers on ART in 2008. This effort to promote PMTCT has been heavily publicised under the Malawian government's broader National HIV Testing and Counselling Week (Government of Malawi 2008).

Re-iterating the AIDS Rhetoric

Respondents often re-iterated this international, continental, and domestic rhetoric while suggesting methods to decrease the transmission of HIV. The Hopeful, Quasi, and Next Elites all cited the dominant, widespread perspectives on public health when responding to questions relating to the strategies that should be used in rural areas to decrease HIV transmission, how the government could reduce the spread of HIV/AIDS, what processes NGOs need to focus on, and if they were the President of Malawi, how they would improve public health.

The Hopeful Elites responded to such questions mainly by repeating the AIDS rhetoric seen on advertising boards, on posters, in NGO offices, and heard in government press releases and official public statements. The Hopeful Elites did not critique government or international policies or come up with divergent solutions from the norm. These responses were likely predicated due to their heavy exposure to the widespread views surrounding HIV/AIDS and the reality that many Malawian jobs are related to public health and HIV/AIDS due to international and domestic funding. For the Hopeful Elites—who are constantly looking for employment, it is a rational choice to learn the widespread discourses surrounding these issues in order to potentially obtain upward social mobility.

The Quasi and Next Elites also re-iterated much of the AIDS rhetoric but also offered more critical and abstract solutions to the same issues. Nonetheless, the rhetorical solutions to stem the spread of HIV/ AIDS were clearly relayed in the interviews and questionnaires. In the process of proposing various solutions to this public health problem, respondents re-iterated the literature in the context of Malawi. These responses and potential solutions are scientifically validated and “correct” based on the hegemonic literature on HIV/AIDS in Malawi and Africa more generally.

ABC—Abstinence, Be Faithful, Condoms

Respondents overwhelmingly said that abstaining from sex, being faithful to your sexual partner, or using a condom if neither “A” or “B” could occur, were essential guidelines for Malawians to follow in order to discourage concurrent sexual partnerships and diminish the size of sexual networks. The ABC approach gained global popularity after Uganda adopted it explicitly as their national AIDS policy (Allen and Health 2004; Blum 2004). Respondents believed that this strategy was effectively adopted and conveyed by the Malawian government and NGOs but also felt that it needed to be further emphasised to help rid Malawi of HIV/AIDS. Some respondents felt that A, B, and C had varying degrees of importance as well.

“Now the government stepped up with the introduction of the National AIDS Commission [NAC]. NAC enforces the ABC—Abstinence, Be Faithful, Use Condoms. I think this strategy back then really helped a lot in spreading the message about prevention” (Simon).

“But the best way is to abstain. That’s the best way. And introduce condoms so that people should use them to not get HIV/AIDS...But the best way is just to abstain” (Ibrahim).

“I would make sure I would still work on abstinence—tell people to abstain. And the condom stuff—if you can’t abstain use a condom” (Love).

When asked “What strategy or strategies would you suggest to reduce HIV infection in this area?” in the Interviewer Exit Questionnaires, respondents—mainly Hopeful Elites, believed in the differential value of the elements within the ABC approach:

“Just abstain or use a condom.”

“The use of condoms is the only strategy.”

“Faithfulness and condom use.”

“Abstinence/Faithfulness to their partner.”

“Encourage abstinence or condom use if they can’t be faithful.”

“One partner to one partner. Use of condoms.”

“Avoid sleeping with people without using a condom and they should have one partner for their life and be faithful to one another.”

By acknowledging the usefulness of the ABC approach, the Transitioning Elites identified the effectiveness of sexual barriers in decreasing the transmission of HIV through sexual networks. Many respondents articulated the same concerns about concurrent sexual partners and possibility of increased HIV transmission.

Decreasing the Number of Concurrent Sexual Partnerships

Respondents also felt that polygamy and transactional sex were also key components to the spread of HIV/AIDS through concurrent sexual relationships. Since respondents described polygamous practices as part of larger “open” sexual networks, this practice along with transactional sex were deemed major health risks. To prevent further HIV infections, they felt that behavioural change was required. When I asked respondents what they thought were some of the effective policies that the government recently implemented in combating the virus, they reinforced the government’s stance and mentioned the need to reduce polygamy in efforts to reduce the overall spread of HIV/AIDS.

“The Ministry of Gender now wants to seize out these kinds of polygamy ideas. So they’re trying to say people should not be getting two to three wives. So there’s going to be a law in Malawi—if it’s going to be passed. So with those kinds of policies at least the government is trying to see the loopholes. So they’re trying to look at polygamy and seize out polygamy. If you’re found with two wives, then you’ll be in for it because you’re entitled to spread HIV/AIDS” (Angus).

“And there’s this bill that one Member of Parliament wants to propose to say ‘There shouldn’t be any polygamous marriages. Polygamous marriages should be outlawed in Malawi’. Yeah, when you look at all those issues, both the government and NGOs have one goal which is to make sure the prevalence of HIV/AIDS is reduced” (Balawala).

“In the previous times, the Ngonis were able to marry maybe 4, 5 wives and the like. That was normal. But this time around the same Ngoni, if he or she tries to marry 4 wives, 2 wives, that is going to be looked at as if he has gone on an

extreme...Like maybe you say: 'Why you do that? Don't you know of HIV/AIDS?'" (Jeffrey).

"One thing I think Malawi has to do to reinforce the issue of concurrent partners; try to reduce concurrent partners...then, [HIV/AIDS] goes around and you've got three partners and they've got three partners, so now there are nine partners, and they've got eighty-one partners. So you are in that web and it's very tough. What I've found is that in Malawi most people have protected sex, protected sex, and then eventually people stop protecting themselves. But people that are having these kinds of partners are in long term relationships. And if you're married and people also know you're married, the more trust you're building the more you're inviting people into that web. So that area must be looked at critically and must be studied seriously because it really spreads HIV, I think" (PJ).

Similar to what the literature suggests, the Transitioning Elites identified a need for change in both individual and cultural behaviours. Re-iterating such ideas confirmed that respondents recognised the call for preventative measures in order to stem the number of new HIV infections.

Sensitising the People

More generically, respondents indicated that more civic education and sensitisation regarding the most common methods of HIV transmission were necessary to spread among the masses. Respondents portrayed civic education and sensitisation as normatively beneficial in raising awareness and warning Malawians of the dangers of HIV/AIDS regardless of the medium or content of the message. More information, more radio broadcasts, more dramas, and simply

more discussion about HIV/AIDS were assumed to combat the spread of HIV regardless of the actual content of the messages. This is not surprising given that donors' doctrines of sustainable development in Malawi and other African countries encourage locals and elites by "empowering them to take control of their own futures" with self-reliant community outreach efforts (Swidler and Watkins 2009).

"Well maybe the awareness campaigns...they don't conduct many of those. They should do more on that area. Maybe the civic education they should go to those remote areas and teach the people how it's spread and how it can affect them" (Linda).

"Yeah since the disease is already in Malawi, and a lot of people are aware that there is HIV/AIDS, the government has done a lot on the sensitisation. There have been a lot of meetings. Of course there have been a lot of programs on the radio, the TV. On the part of sensitisation, I think the government has done a lot. I can say that anywhere, every place in Malawi, people know that there is this disease. So on that part, the government has done good" (Jeffrey).

"Well on civic education, the NGOs have done quite a good job. They sensitise people on HIV and AIDS. And yeah as far as I know...Well they go tell people about HIV and AIDS, how it's spread, yeah" (Bridget).

For the Hopeful and few Quasi-Elites taking part in the quantitative portion of this study¹⁶, civic education was the most common solution strategy suggested to decrease HIV infection in the rural areas. Their advice was straightforward but at times, vague.

¹⁶ Based on the typology of Transitioning Elites in chapter 3, I determined that there were no Next Elites among those in the quantitative sample.

“Strong civic education concerning dangers of HIV/AIDS.”

“Sensitising people about HIV/AIDS through civic education.”

“There is a need for civic education on HIV/AIDS.”

“Civic education can be the remedy.”

“Civic education about HIV/AIDS transmission.”

“More civic education because knowledge is power.”

“To civic educate people on how HIV has affected the country and how to prevent it.”

“Civic educating them regularly...Initiating more AIDS Toto clubs that will focus on sensitising people about the dangers of HIV/AIDS.”

By informing Malawians of ABC, the potential health risks of concurrent sexual partnerships, and generally disseminating information about HIV/AIDS, respondents re-iterated the global directive to increase awareness of HIV/AIDS and how to prevent further infections through various behaviour changes. In addition to prevention, respondents relayed the importance of treatment—the other widely acknowledged crucial element in the fight against HIV/AIDS.

More Antiretroviral Drugs

Many respondents depicted the never-ending battle to “roll-out” ARVs in order to treat HIV-positive individuals. Like many HIV/AIDS activists, clinical trial researchers, and other academics, respondents felt that more second and third line ARVs are needed in addition to increased access to ARVs in the country. The need for ARVs and benefits of the drugs are supported by governments, academics, and NGOs. While respondents did not provide any

manageable methods to acquire and provide more ARVs to Malawians, their faith that the drugs are necessary in the battle against HIV/AIDS was unwavering.

“What would I do if I was President?! That one will be hard...if I [only] had six months. Maybe I will just provide more ARVs to the people” (Linda).

“As for me the first policy to me could be trying to localise the ARVs. In private institutions, people should be getting them and in rural areas we should establish clinics where people go and get the ARVs free” (Angus).

“When they’re distributing the ARVs it’s like people can still live healthy while they have this HIV, yes” (Precious).

“First of all I would have the hospitals...they should have enough medicines, enough ARVs” (Matthew).

“But I think the only thing that I can urge the government to do is stuff where people don’t have access—access to VCT [Voluntary Counselling and Testing] and ARVs. Access in very rural areas. If they can reach out to them and have small health centres there, people could go there—so they know what the whole thing is about. I think that would be very, very great” (Robin).

Since Bingu wa Mutharika became President in 2004, Malawi has taken a much more active stance in fighting HIV/AIDS than under previous regimes. While the Transitioning Elites called for greater ARV provisions, they acknowledged the current efforts made by the Malawian government to provide free or inexpensive ARVs to the people.

“It’s like with this government of Bingu wa Mutharika they’ve put some policies in place where they bring in more ARVs—I heard that from the radio. But because honestly I’m not infected, but I just hear from the radio but they

are bringing in more NGOs [and] bringing in more ARVs in different private hospitals and government hospitals—mostly in government hospitals. So they are making sure there are more ARVs in government hospitals so that people access them. I think that’s the only policy I’ve seen that the government has done well to help those that are infected” (Walije).

“The government—especially this government from 2004 until now—that’s when the free ARVs were introduced. Because at first you had to buy ARVs. That’s when they introduced the free ARVs. You could just go to a hospital and receive ARVs for free. And government also distributes condoms in government hospitals for free. That is something the government has really done. And yeah I think that’s the major things they’ve done” (James).

“Well they have done something like introducing ARVs for those who cannot afford or pay money. It’s commendable. I can say that they have done something special” (Winford).

These responses were in tune with NAC’s treatment mandate to improve ART services throughout the country and to rapidly scale-up patients on ART to “achieve the Universal Access target” recommended by the UN and WHO (NAC 2010). NAC also has noted that the survival rate of patients on ART has improved. In addition to calling for more ARVs, respondents highlighted the importance of and need for increased PMTCT services.

“When a woman is pregnant, when they’re going for the antenatals [prenatal treatment], they’re asked to come along with their husbands so they go for an HIV test. They’re supposed to test them before delivery because they want the safety of the baby. If they’re positive there are some drugs that the women take so they’re not transmitted to the unborn. So I think that one also is one that is being encouraged” (Darlene).

“This government has introduced this program which is called PMTCT. It’s an abbreviation and it means Prevention of Mother-to-Child Transmission. It’s

another good development. It is done so that mothers who are HIV positive should not transmit the disease, the virus, to young ones. So it's one way of reducing the prevalence rate—especially among the young ones” (Maurice).

For no apparent reason though progressive government policies such as the National HIV Testing and Counselling Week and the implementation of Community Home-Based Care were conspicuously under-discussed among respondents. These national programs have displayed the Malawian government's concerted effort to reach out and provide services to combat HIV/AIDS and treat HIV/AIDS infected citizens in remote areas of the country. In general, respondents rarely commented on government programs and outreach. The silence that looms over these issues needs to be further probed to determine their effectiveness in the eyes of Malawian Transitioning Elites.

Experiential Speculation and Divergent Perspectives from the HIV/AIDS Discourse

While respondents clearly demonstrated their knowledge about dominant academic, scientific, and policy-oriented viewpoints regarding the spread of HIV/AIDS and potential solutions to minimise new infections, many supported several less popular and often disregarded perspectives on the epidemic. These points of contention make for a heated debate on the value of scientific versus experiential evidence, who and what constitutes valid knowledge, and what to make of non-dominant analyses of the HIV/AIDS epidemic. However, unlike in the discussions about the widespread perspectives about HIV/AIDS in Malawi and Africa, divergent views from the literature were predominantly speculative and based on respondents'

experiences. These divergent outlooks towards HIV/AIDS posed newer, more critical questions of the hegemony of the entire HIV/AIDS discourse. The most highly contested areas surrounded the possibility that circumcision and condoms could further spread HIV. As well, respondents overwhelmingly felt that the prevalence of HIV/AIDS is significantly higher than current epidemiological estimates. Respondents also hypothesised the feasibility and effects of authoritarian policies that have not been implemented which could possibly decrease the spread of HIV in Malawi—proposals that have not been actively acknowledged by the government nor the international community. Not all respondents opposed the dominant discourse on these topics, but challenges to the literature surfaced and require further consideration. The discourse on HIV/AIDS prevention and assessment was therefore greatly challenged by many of the Malawians in the sample.

Circumcision

The majority of respondents in the quantitative sample asserted that circumcision was ineffective in reducing the chance of HIV transmission in response to the Interviewer Exit Questionnaire “True or False” statement: “If his wife is HIV-positive, a circumcised man has a lower chance of contracting HIV than a non-circumcised man”. Approximately 56% (n=97) believed this statement was false—and thus circumcision does not reduce the chance of contracting HIV, while 37.5% (n=64) felt that this statement was true. Only 6% (n=12) indicated that they did not know whether this was true or false.

Some qualitative respondents strongly agreed with the merits of male circumcision that have been observed in clinical and practical settings. However a similar portion of respondents believed that male circumcision increases the chance and spread of HIV/AIDS. Respondents

often associated circumcision with “risky cultural practices” that were performed by southern Malawians—often the Yao—where circumcision entails much more than just removing the foreskin. Circumcision is an initiation rite and is traditionally followed by unprotected sex. Ibrahim, a Yao respondent, indicated that young men are supposedly told to “*try out their new look*”. Circumcision was viewed as a catalyst in increasing the spread of HIV. The World Health Organization’s warning that “men who undergo circumcision should abstain from sexual activity for at least six weeks, or until surgical wounds are completely healed,” (WHO 2009) may not be culturally appropriate or possible to avoid for some individuals.

“We have these cultural beliefs. I don’t know how to express it in English. They do maybe take children when they are young to go for circumcision. So they say— the counsellors who are facilitating this service, they tell young people to go for sexual intercourse soon after the circumcision. So with that behaviour, they promote young people to go for sexual intercourse—that is unprotected sexual intercourse that promotes HIV/AIDS” (Lucius).

“A boy is supposed to go for an initiation ceremony, where he is circumcised. When he is circumcised they are told to experiment sex after that for them to feel that they are mature. So when they get out of that initiation ceremony, they are forced to get a girl so they can experiment sex as they have been instructed in the camp” (Charles).

In 2006, the Malawi Human Rights Commission (MHRC) conducted 262 face-to-face interviews and 99 focus groups throughout the country discussing a variety of topics related to cultural practices. When discussing male circumcision or *jando*, 17% of respondents claimed

that the practice was highly prevalent in their area. The report describes the contextually risky behaviour associated with male circumcision:

“Once the boys undergo circumcision they are considered mature and are actually advised to have sexual intercourse with any girl as soon as they go back home from *thedzo* [the initiation site]” (MHRC 2006).

Thus getting circumcised does not automatically translate into “reduce your chance of HIV infection” in all Malawian contexts. In fact, some clinical research has shown that circumcision’s effects on decreasing the spread of HIV are equivocal (Garenne 2008). UNAIDS has stressed that the site of circumcision (clinical or traditional) does not matter as much as the safety of the procedure (Andersson et al. 2010). The reality is that in traditional settings, clinical safety, hygiene, and even practitioners are unlikely to meet the standards that Western medicine and global bodies require. The notion that circumcision in Malawi is a clinically proven method to diminish the chance of HIV/AIDS infections can certainly be challenged until a more culturally inclusive and feasible approach is implemented.

Condoms

The qualitative sample was divided on the negative and positive health benefits of condom usage. While nearly all respondents described ABC (Abstinence, Be Faithful, use a Condom) as an important strategy in reducing HIV/AIDS, uncertainty, scepticism, and outright genuine disbelief of the scientific health benefits of condom usage arose. Respondents associated condoms with higher probabilities of sex and since heterosexual sex is the primary method of HIV transmission in Malawi, increased sex would appear to lead to increased risk of HIV infection.

“I feel like the presence of condoms...to me I feel like it’s something that is still fuelling the spread of HIV/AIDS...Because when I have a condom you are assured of that ‘even if I can do it I will be safe’. But say for example the one who has gone for drinking at a certain pub—you know when somebody is drunk you always have false confidence. You know what I mean? You even forget to use that thing yet you prepared saying ‘I’m going to use this. I’m going to do it’. But in the process you might, because you’re drunk, you cannot be able to put on it properly. You may even forget or the lady you’re sleeping with might not even remind you to put on the condom. So you are at high risk of contracting HIV/AIDS because you say ‘I have this condom’ (Charles).

“When they say to ‘Use Condoms’ it’s like they’re encouraging the people who do that. So instead of just saying ‘You have to abstain. Try your best to abstain!’ they say ‘Use a condom. When you’re going out with your buddies don’t forget to take condoms with you’. That is just like encouraging the spread of HIV because people say that ‘if I’m going to get a condom, I’m going to do it anyway. Why? Because I have a condom’. But then condoms aren’t one-hundred percent perfect—somehow like eighty-eight percent perfect. So the introduction of condoms wasn’t a very good idea” (Precious).

“I think if the government had done something like telling people that condoms are not one-hundred percent efficient... But then they let people say if you can’t hold yourself then you have to use condoms. But then they’re not emphasizing that condoms are not one-hundred percent efficient. People are opting for condoms and they are not told how to use the condoms... But to my side, condoms are not one-hundred percent efficient and when they come they have these boxes and so many cartons of condoms. They’re just distributing

condoms. I think it's encouraging people that 'you can go on, you can go on and have sex' ” (Darlene).

“I think these NGOs have to stop distributing condoms. When they distribute condoms to the villagers, the rate will increase—sex. They encourage sex. When they distribute, what they have to do is tell people ‘Abstain! Stop! Once you get married then you have to’. You see? It’s like ‘OK I have my own condoms. I’m going to find a girl and have sex with her’. Maybe you get some feelings and you go there and there’s some woman that tells you ‘I don’t want a condom. If you want to have sex with me, leave the condom’. Then you have gone already and you can’t come back” (Ibrahim).

Overestimation of HIV/AIDS Prevalence

In the Exit Questionnaires, respondents were asked “What do you think is the current HIV prevalence rate in rural Malawi?” Their answers ranged between 3% and 90% (although very few estimated at these extremes). However, the mean estimate of HIV prevalence in rural Malawi was 36% while the median was 30%. Current epidemiological estimates suggest that Malawi faces a 12% HIV/AIDS prevalence rate among adults aged 15 to 49 years (UNAIDS 2008), which still places Malawi as one of the most HIV/AIDS infected nations in Africa. An HIV/AIDS prevalence rate over 30% would place Malawi among the most highly HIV/AIDS infected nations in the world. Many of the responses to a similar question in the interviews greatly overestimated HIV/AIDS prevalence as well. Nearly all respondents greatly overestimated the current HIV/AIDS prevalence. However, HIV/AIDS prevalence could very well be higher than epidemiological estimates suggest depending on the sample that actually gets tested. Perhaps these respondents have a more accurate estimate of HIV/AIDS prevalence than epidemiologists.

“Maybe I can say it’s about 50%. They say it’s reduced but I don’t think so because you can see many people are educated and they know everything about AIDS, but they’re getting infected” (Darlene).

“I think now we’re talking of forty-three percent, I think” (Anna).

“I’m not so sure, but it must be greater than fifty percent of the population—a lot of people have it” (Bridget).

“Maybe sixty-something percent” (Jane).

“Presently, it is still quite good. I think it can be forty-six percent. In ten years I think it will be thirty percent” (Laxon).

“We can see that maybe...we can assume twenty percent of the whole population having HIV/AIDS” (Jeffrey).

While these estimates are based on experience, they are speculative and generally intangibly measured. Anglewicz and Kohler (2009) discovered that 95% of their respondents believed that contracting HIV was highly likely in even one act of sexual intercourse with an infected partner. Due to the expansion of voluntary counselling and HIV/AIDS testing centres, and Malawians’ observations of their own and others’ sexual behaviours, it seems that one “must already be on the road to AIDS” (Kaler and Watkins 2010). This frightening prospect may act as a deterrent for Malawians to clarify whether or not they have HIV/AIDS and contribute to increased HIV transmission (Kaler and Watkins 2010). The high perceived prevalence of HIV/AIDS could reinforce this counterintuitive scenario. Due to the high volume of discussion and public health and awareness campaigns, it is understandable why HIV/AIDS prevalence is estimated at much higher rates than what has been officially calculated though. However, the

certainty in which respondents answered the question regarding HIV/AIDS prevalence and the trend among these highly educated individuals to overestimate prevalence indicates that there is need for further examination and more expansive testing methods. If respondents' experiential speculations are indeed more accurate than current epidemiological estimates, the Malawian government and international community would need to intervene quickly and on a large scale in order to prevent demographic collapse.

Authoritarian Solutions

Respondents suggested authoritarian methods could be effective in curbing the spread of HIV/AIDS in Malawi like heavier policing of commercial sex work and mandatory HIV/AIDS testing. However, the idea that sex workers should be “locked-up” and cleared from the streets readily opposes human rights discourse and may actually hinder HIV prevention efforts in sub-Saharan Africa and globally (Gruskin and Ferguson 2009). As well, such solutions would not remedy larger issues such as poverty and gender inequality—two driving factors in the proliferation of commercial sex work among Malawian women (Poulin 2007). Nonetheless, curtailing commercial sex work in Malawi follows a similar argument to the outlawing of polygamy, yet as a public health solution, has been left untouched by the government and donors in Malawi. If a practice that can increase HIV infection is actually legally discouraged rather than just nominally, then it may be justified. Many of the Transitioning Elite Malawians claimed that the government and police needed to enforce stricter regulations in bars and on the streets to decrease commercial sex work, but also that the government has ultimately failed in policing their people to this point.

“I think the government through the National Assembly has not passed some important bills. Like in the past, those who are commercial workers, I think were not supposed to be in the streets because they also play a role in increasing the transmission of the virus. So I think the National Assembly should have passed a bill to restrict those commercial workers so that they should not be loitering around the towns, in the streets—especially at night, because they play a part in increasing the transmission of the virus... Imprisonment would be fine [for commercial sex workers]. Not more than a year. Nowadays in the prisons, the prisoners are trained to do some work like some of them are told to be tailors—tailoring, some of them learn other skills. Farming they also do. So at the prison, they can have their life transformed” (Maurice).

“For example, you learn about prostitution. The government is doing nothing on this. Even in the constitution of the Republic of Malawi there is nothing. The constitution is silent on that. You see the teenage girls—twelve or thirteen [years old] who are prostituting. The government is looking at those girls but there is nothing that they are doing. If they could put at least a tough or very interesting regulation that the moment a girl is from about eight to twenty-five [years old], she is not supposed to be found in the bars where people go and they’re drinking, maybe doing pressure things. If that could at least be implemented I feel this pandemic could be reduced” (Steven).

“So if I was the President of Malawi, I would say that whichever girl is found at the bar—the ones we know are prostitutes right? ‘Cuff them! At first maybe you broadcast it on the radio saying “Whatever prostitute is found at a bar, if she will be caught, she will get a 10 year sentence” and make sure everyone knows. And if you go around and meet them there, get them behind bars. But I’m not saying you can only get HIV from prostitutes. But I know where I come

from, people go around with mahules [bar girls], so I think if I was President of Malawi, that's one thing I'd do...get them behind bars. Yeah" (Robin).

Yet as a practice that increases the transmissibility of HIV in Malawi, there is certain logic to heavily repressing such practices through strong legislation and unavoidably, excessive policing. In the realm of public health in sub-Saharan Africa, such direct and repressive suggestions have been left off the list of potential solutions to decrease the spread of HIV. If a feasible way to police bars and the streets is discovered, the idea of banning commercial sex work in Malawi would be a reasonable method in reducing HIV infections. However, such authoritarian policies would still not be able to identify all women who are engaged in transactional sex and not easily identifiable as commercial sex workers.

The other method of intensive population policing which respondents suggested—mandatory HIV/AIDS testing, is definitely divergent from the World Health Organization's goal of Universal Access (to testing facilities, medication, and health workers) as this global goal is predicated on the basis of voluntarism. Mandatory HIV testing is as authoritarian of a policy as Cuba's "AIDS sanatoriums" which segregate HIV positive individuals from the rest of Cuban society. Respondents noted though that mandatory testing will allow individuals to be certain of their status and allow them to change their lifestyles and behaviours accordingly, in order to live as fulfilling of a life as possible. Mandatory HIV/AIDS was fondly perceived as a responsible, potential national policy. By knowing one's HIV/AIDS status and the statuses of those around them, individuals and families could properly plan their lives to accommodate for the implications of living with the virus. Malawians would no longer have to speculate as to whether or not someone has HIV/AIDS and possibly take the wrong course of action when trying to treat that individual. Instead, respondents suggested that openness and acceptance of

HIV/AIDS through mandatory testing would eventually liberate Malawi of HIV/AIDS. Their logic is fairly sound.

“The move that the government has put forward, although it is not yet passed in the parliament that everyone should go for HIV/AIDS testing—mandatory. Although it is not passed it is there in the parliament. But I hope that thing can pass to help. Because if all people go for tests, the status of each person they’ll know. The husband and wife will know. The parents will know their children, no matter how old they are—and then the government will be able to budget for that thing. And if I know my friend is suffering from HIV/AIDS I can easily help him or maybe I can know ‘OK this person is suffering from HIV/AIDS. What can I do?’ It’s more like that you have known your enemy. You can chat with him and do things with him, but there are other things that you can avoid to make sure you don’t get HIV/AIDS” (Wilson).

“If I were the President of Malawi, you know what would be the first thing? I’d say ‘If you want to be a citizen of Malawi, each and every one of you, each and every person should get tested for HIV/AIDS. If you want to be a Malawian, get tested for HIV and AIDS’. I think that would cause an uproar but if I’m President and everybody goes for that test...I would also make sure that all those people that have tested for HIV/AIDS and those that have been diagnosed with HIV and AIDS should really have all the information they need about HIV/AIDS: what they should, what they should not do” (Balawala).

“I can introduce the campaign for HIV testing. Everyone should be tested and we should introduce the training all the youth about HIV so that they cannot spread it...Yeah, compulsory” (Wezzie).

“First of all, I would try to liaise with Members of Parliament or the nation as such to have what we call—compulsory HIV testing. Because the way is country is—compulsory. I’m saying compulsory because it will start with

people who are employed. It would be the necessity of somebody to be tested whether they are positive or negative. And that thing would be known. HIV should not be made private. It should be open. Because that thing is very dangerous and if you don't mind, it can consume our nation because not only poor people are dying but people who are influential in the development. So HIV should be something that is public,[and] not private as it is now because privacy does not help us. Because privacy is causing a person to excise human rights more than it is necessary” (George).

While mandatory HIV/AIDS testing could be perceived as a human rights infringement, this authoritarian solution to decreasing the transmission of HIV is in line with Foucault’s description of the *polizeiwissenschaft* and the extent to which a population can be governed or policed by the government, health agencies, and individuals in public and private (Foucault in Rabinow and Rose 2003). Once again, this proposition was pondered by the Transitioning Elites but would be extremely difficult to organise and legalise. Nonetheless, these highly educated Malawians often believed that mandatory HIV testing could improve the livelihoods of all Malawians and would be justifiable as a public health policy.

Discussion

While this data is not representative of all secondary and tertiary graduate Malawians—let alone sub-Saharan Africans, it is important to know how highly educated and elite individuals view and oppose the popular, international discourse on HIV/AIDS. The Malawians in this study laid out many elements of the global HIV/AIDS discourse with little prompting. However, the divergent perspectives from the literature—the possibly counterproductive nature of

circumcision and condom usage along with a great overestimation of HIV/AIDS prevalence and implementation of authoritarian policies by those who have read, heard, and have been taught the widespread perspectives on HIV/AIDS, cannot be written off as false, backward, and imaginary. These divergent views regarding HIV/AIDS were rationally constructed based on respondents' experiences living in urban and rural areas in a country where HIV infection is highly prevalent. A closer examination of contentious elements between these widespread and divergent perspectives is crucial in continuing to develop effective HIV/AIDS policies within African nations and abroad. The views of the sub-elites in Malawi and sub-Saharan Africa must be seriously examined alongside villagers, headmen, urbanites, national elites, donors, academics, and international organizations.

The Transitioning Elites have educational capital and are connected to national and international networks that have the capacity to implement and change HIV/AIDS policies in Malawi. Like the Zambian educated elites that Ferguson (2006) describes though, these Malawians are implicitly controlled by higher ranking elites and international forces that may silence or disregard their opinions on the HIV/AIDS epidemic. As Swidler and Watkins (2009) argue, the "doctrine of sustainability" and overall will of international NGOs and donors dictates the livelihoods of the sub-elite and contradicts their promises of "autonomy, empowerment, self-reliance, and a coherent, rational modernity" for these elites. However, the views of these highly educated elites contribute to a better understanding of the HIV/AIDS epidemic and indicate that not all scientific and academic research and policy can authoritatively apply to populations in Africa. For academics, policy makers, international and national elites, and everyone else with a stake in decreasing the spread of HIV/AIDS, examining these views of the epidemic is the next

step in decreasing HIV/AIDS transmission and allocating funding in more culturally appropriate ways.

In countries where HIV/AIDS prevalence is high and concerted multilateral efforts have not proven as effective as expected, giving an opportunity to those who understand the customs and cultures on the ground and have extensive knowledge of the international HIV/AIDS discourse to freely express themselves may prove useful in identifying incongruent elements of international policy and realistic domestic prevention efforts. Listening to individuals at the grassroots level is not a new idea, but listening to those with the most complete understanding of the situation in the context of HIV/AIDS is innovative. Since Malawian Transitioning Elites are going to interpret and implement donor initiatives and strategies in some form, it is important to know what experiential “filters” they use when accepting or rejecting the HIV/AIDS discourse on the ground. While their opinions may not always coincide with the current literature and policies, they give deeper insight into what is perceived, what may be taking place, and hint at what the future holds for their people. By building upon this approach, a paradigm shift in devising policies to combat HIV/AIDS could take place.

Closing Thoughts

The extensive array of HIV/AIDS discourse knowledge that these secondary and tertiary graduate Malawians displayed in the interviews and questionnaires is impressive. This indicates that the current, “modern” discourse on HIV/AIDS prevention is globally disseminating—for better or for worse. Esacove (2010) describes this discourse negatively and feels that resistance to it by Malawians is justifiable. Esacove believes that the discourse is attempting to force

sexual actors into being “modern” and their decisions to be “autonomous, rational, and informed by fact-based knowledge”. There are “mismatch[es] between Western narratives and logics and the Malawian context,” which reinforce the idea that sexuality is a “site of formal sanctioned state control”—and international control too (Esacove 2010). Divergence from the dominant literature of HIV/AIDS prevention, reduction, and intervention among the secondary and tertiary graduate Malawians in this study emphasises these points of contention. A more co-operative understanding between state, international, and domestic actors will reduce tensions between global and experiential perspectives on the HIV/AIDS epidemic. New HIV/AIDS policies fostered by this shared understanding will likely be more effective in reducing HIV transmission.

Chapter 6

Conclusion

When any subject that is so widely publicised throughout a nation—like HIV/AIDS in Malawi (or the “War on Terror” in the United States for that matter), it seems inevitable that citizens of that nation will become more versed and opinionated on that subject. Since HIV/AIDS prevalence is quite high in Malawi on a continent that is the most heavily affected by the virus, it is logical for the government, newspapers, radio shows, television programs, NGOs, CBOs, schools and most citizens to frequently engage with the subject. The government is constantly trying to determine the next course of action in fighting HIV/AIDS. The newspapers, radio shows, and television programs report on the government’s successes and shortcomings in this fight. Many NGOs and CBOs actively try to promote awareness about HIV/AIDS issues in the community, provide HIV counselling and testing services, and generally help families and individuals affected by HIV/AIDS. Schools are now mandated to teach about HIV/AIDS to children as young as six years. Nearly every other citizen in Malawi that is not involved in these institutions is on the receiving end of these groups’ messages.

HIV/AIDS messages and public outreach efforts bombard rural and urban areas in hospitals, on the streets, and in private homes. Because of extensive citizen engagement with HIV/AIDS issues, individuals and groups will in some manner come to identify with the subject. HIV/AIDS is seemingly at the forefront of most Malawians’ minds. In this study, talking to highly educated Malawians about HIV/AIDS in an interview setting provided a stage for respondents to present their identities (or the ones that they wanted to display) to me in addition to analysing the substantive public health problems that Malawi faces. I inadvertently found an

effective sociological method to learn more about HIV/AIDS and the Transitioning Elites—effectively killing two birds with one stone. (One does not expect to hit another bird after throwing a stone at one bird). The subject of HIV/AIDS allowed me to understand their lives and their conceptualizations of other groups of Malawians in addition to their self-presentation.

Employing a grounded theory approach combined with a semi-structured interview process allowed for the discovery of how these highly educated Malawians presented themselves and divergent perspectives regarding HIV/AIDS prevention and treatment policies. Had this study been too narrowly focused by hypothesis testing, strictly quantitative research, or rigidly structured interviews, it is unlikely that this rich, unexpected, and new empirical data would have emerged. In retrospect, by engaging with a population that understands a highly contentious issue that affects all strata of their society and in a semi-structured interview setting, I was enabled to obtain deeply insightful and new perspectives regarding HIV/AIDS in Malawi.

By sitting down and engaging with respondents in the qualitative portion of the study, I was in a better position to understand and interpret the life course trajectories and demographics of respondents in the quantitative part. Since Swidler and Watkins are the only sociologists that have researched similar strata of Malawians and created a typology of elitism, it was fitting that with greater insight into the lives of similar types of Malawians that I should build upon their work. In their analysis of “the doctrine of sustainability”, they examine the “interstitial elites”—secondary graduates who are quite familiar with the HIV/AIDS rhetoric and implementation of “sustainable” development on the ground. These elites have greater social mobility than villagers but certainly less than national elites. However, Swidler and Watkins (2009) admit that the characteristics of interstitial elites are ambiguous since they cycle between unemployment, volunteer employment, and paid employment in different locations around the country due to a

precarious and limited job market. After gaining better perspective on essentially interstitial elites whom I interviewed, I realised that there is less ambiguity than what Swidler and Watkins believe. Some secondary graduates move on to various forms of tertiary education while others slowly build their résumés with uncertain NGO employment. Some of these elites try both methods. I began to understand these elites' chances of upward social mobility and the various routes available to move up the social ladder.

While all of these elites may aspire to become highly-paid national elites in Lilongwe, Blantyre, or Mzuzu, they are in a constant state of transition in the meantime. Thus my typology of the Transitioning Elites, who consist of the Hopeful Elites, Quasi-Elites, and Next Elites, articulates the goals and realistic prospects for these individuals to secure employment and transition up the social ladder. Like Swidler and Watkins indicate—a lot of these elites' chances of upward social mobility rest on donor funding and international development or research projects. By further categorizing these elites' educational credentials, varying goals, and realistic career opportunities, I disambiguated many characteristics of this Malawian stratum that Swidler and Watkins are actively trying to investigate.

Going Forward

The Transitioning Elites and other highly educated individuals are going to continue to play crucial roles in stemming the transmission of HIV/AIDS in the foreseeable future. The Transitioning Elites' position between the grassroots and the international levels provides them with a niche market to convey their knowledge of HIV/AIDS and also assist with or direct research that can shape future Malawian public health policies. While their insight of the

grassroots is not necessarily completely accurate, their abilities to discuss the international HIV/AIDS discourse with respect to life on the ground and prescribe solutions based on their knowledge of the “top” and “bottom” are valuable resources for INGOs, domestic NGOs, the Malawian government, and researchers all over the world.

The Transitioning Elites are proud of their educational achievements and were not afraid to tell me so even if was at the expense of the less formally educated or the traditional dwellers. Regardless of how they constructed and presented their identities, the Transitioning Elites displayed their personal investment in a better future for Malawi. Many went through great difficulty to finish their secondary education and those who gained entrance to tertiary programs certainly went through even more difficulty in attaining financial assistance, let alone qualifying ahead of numerous other skilled applicants. Their educational experiences have given them an articulate voice in which they can express their true concerns about the future of Malawi to both foreigners and Malawians alike, in addition to providing them the tools necessary for upward social mobility. The Transitioning Elites’ opinions need not go unheard anymore.

By assessing the merits of the current global HIV/AIDS and public health discourses in the context of Malawi, the Transitioning Elites displayed their engagement with these complex issues. But their critical analysis of and counter-arguments to international public health mandates and domestic HIV/AIDS policies shows an even deeper investment and growing dialogue in judging the best path that Malawi must take in improving the lives of its citizens. By noting new solutions to the HIV/AIDS epidemic and describing the disjuncture between life on the ground and what the international community says about Malawian life, the Transitioning Elites provided invaluable insights into a divergent public health discourse. These deviations from the dominant, hegemonic global HIV/AIDS discourse that has developed over the past

thirty years need to be examined in more detail not only in Malawi, but in other African nations. A paradigm shift in approaching public health in Africa could be just around the corner.

To improve this type of research and judge the genuineness of responses, I aspire to conduct a more methodologically rigorous combination of qualitative and quantitative research. Qualitative interviews should be gathered in both English and vernacular languages by foreigners and Malawians. This process will allow for a comparative analysis of whether or not respondents are giving a front stage or backstage performance. Also, more qualitative analysis will help confirm whether or not the themes drawn out of this research are consistent across time, culture, and language. Additional quantitative research is needed to define this disconnect between public health policy and statistics and perceived effectiveness and accuracy of these policies and statistics. As well, large-scale surveys will begin to determine a nationally representative sample of Transitioning Elites. The combination of both qualitative and quantitative methods will continue to shape a more complete picture of who the Malawian educated elites are and their opinions regarding HIV/AIDS and the future of Malawi.

Malawi is an extremely poor country that is plagued by HIV/AIDS. However, the government's proactive stance towards fighting HIV/AIDS and the extensive amount of annual foreign aid will help "turn the tide". If more say in the matter can be given to the Transitioning Elites, more culturally appropriate and innovative solutions in ridding Malawi of this epidemic may come about. Hopefully, the synthesis of these stakeholders' ideas will reverse the destructive course of HIV/AIDS.

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Appendix

The Future of HIV/AIDS in Malawi: Lessons Learned from Educated Malawians Ages 18 to 35

CONSENT FORM

You have been requested to participate in a sociological study conducted by me, Tyler Myroniuk—a master’s student in the Department of Sociology at the University of Alberta. This project is part of my thesis which is supervised by Amy Kaler (amy.kaler@ualberta.ca). My goal is to look at the high prevalence of HIV/AIDS in Malawi and the effectiveness of governmental, non-governmental, and private health systems from the perspectives of Malawians with at least a completed secondary education and between the ages of 18 and 35 (inclusive). I want to see what these Malawians think can be done to create a more efficient health system in Malawi with regards to HIV/AIDS and generally, how the spread of HIV/AIDS can be reduced.

If you volunteer to participate in this research, you will be interviewed for about 30 to 60 minutes. I will have a set of themes and questions prepared but there is no determined structure to the interview. It is thus semi-structured and exploratory. With additional consent, I will be audio recording the interview. If you choose not to be audio recorded, I will simply take notes to record our discussion. There is no penalty or judgment on my behalf if you choose not to be audio recorded.

The transcripts and audio recordings of this interview will be kept in a safe location that only I am aware of and destroyed 5 years after this study is completed. With your permission, I will keep these transcripts indefinitely in case future research on this topic is needed. As well, I will not mention your name or sex to anyone who inquires about this study. In the write-up of the study, you will be assigned an arbitrary letter or pseudonym (ie. Z) as your name. Thus, your information will be kept confidential and anonymous.

At any time during your participation (all the way up to the submission of the study), you are also free to withdraw from the study, or not answer certain questions.

If you have any questions regarding the study following your participation, feel free to contact me at tmyroniu@ualberta.ca or Amy Kaler at amy.kaler@ualberta.ca.

CONSENT

By signing below, I am consenting to participate in this research and fully understand what has been written on this form.

Participant’s Name

Participant’s Signature

Date

By signing below I give Tyler Myroniuk permission NOT to destroy my transcript.

Signature of Researcher

Date

Interview Guide
Questions in General Order

To start, I'd like you to narrate from as far back as you can remember, your various health experiences. Can you describe when you were sick, where you were sick, where you went for medical treatment? Basically, can you tell me your health-life story?

What are the differences between the public health and private health systems in Malawi?
How easy is it to access ARVs in the public and also in the private?

What do you think are the key drivers of the HIV/AIDS epidemic in Malawi?

What are some of the good government policies towards decreasing the spread of HIV/AIDS?
Where has the government failed in their efforts?
How do you feel the government has responded to HIV/AIDS in general?

What have the NGOs done well in decreasing the spread of HIV/AIDS?
Where have they failed?

How has HIV/AIDS impacted Malawi as a nation?
What is the current HIV/AIDS prevalence rate?

In 10 to 15 years from now, how do you think HIV/AIDS will be affecting Malawi?

If you were the President of Malawi for 6 months, how would you change HIV/AIDS public health policy?

Is there anything else you want to say?