

MUSEUM TACKLING HIV/AIDS THROUGH RIGHTS AND CULTURAL PRACTICES:

MUSEUM OF MALAWI CASE STUDY

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Introduction

Malawi is a small country in Southern Africa with a population of thirteen million. Most people live in the rural areas and depend on subsistence farming to survive. Population is diverse in terms of ethnic groupings, religion and languages. There are nine ethnic groups and Asians. This means that there is a wide range of cultural / traditional beliefs and practices some of which have a bearing on HIV/AIDS. Culture and religion have a strong influence on lifestyle and choices. HIV/AIDS has had an enormous negative impact on all spheres of life for Malawians. It is currently believed that there are over one and half million people infected with HIV and about 100,000 people have died from AIDS related diseases. Statistics indicate that 26,000 children annually are infected with HIV through mother to child transmission. Over 450,000 are on ARVs. Orphans whose parents died from HIV related diseases are also over a million.

The Museums of Malawi established in 1957 is a government department under the Ministry of Tourism, Wildlife and Culture. The mission and mandate of the Museums of Malawi is to preserve the natural and cultural heritage of the nation. The museum today is not just consumed with research and collection based activities. It also addresses the current issues of health, poverty, food security and civic education through outreach education programs.

The aim of this paper is to share with you our experience in how the Museums of Malawi tackle HIV/AIDS through rights and cultural practices. The paper will examine our practical program planning, development and implementation.

Background

In Malawi there is a strong relationship between culture and HIV/AIDS transmission. Another fact is that there are a lot of myths and misconceptions surrounding HIV/AIDS which are due to high levels of illiteracy. People lack correct information regarding both transmission and prevention of the disease hence the need for urgent action to give the public correct information on HIV/AIDS.

It is in this vein that the Museums of Malawi formulated an IEC (Information, Education and Communication) outreach program on **Rights and Cultural Practices Awareness Campaign on HIV/AIDS Prevention** for upper primary schools and married couples for surrounding communities of such schools. As a cultural institution directly responsible for promoting the country's cultural heritage, the Museums of Malawi is well placed when it comes to sensitizing Malawians on dangers of sticking to harmful cultural practices.

The museum program goals are to increase community awareness about people's rights on cultural practices that fuel the spread of HIV/AIDS; provide practical information about HIV/AIDS prevention and treatment; and help bring about sustained changes in cultural behavior. The program focuses on how some rights are abused through cultural practices that spread HIV transmission. It also looks at stigma, HIV management, prevention methods, promoting sexual satisfaction within families so that they remain faithful to their partners. So far 12 districts have hosted the program in the country. To date over 50,000 people have been reached and 4,618 have voluntarily been tested and counseled during the **Rights and Cultural Practices Awareness Campaign on HIV/AIDS Prevention**.

Day's Program

Morning Session 8-12 noon

The morning session is for boys and girls who have reached puberty. The program starts with health personnel enquiry from pupils what they know about HIV/AIDS; how it is transmitted; importance of voluntary counseling and testing (VCT); stigma; prevention methods i.e. use of condoms but much emphasis is on abstinence as pupils have not yet been married.

This introduction is followed by true life testimony from a person living with the virus on how he acquired and learnt about it; management of HIV which includes Antiretroviral Therapy and information on proper nutrition at low cost; and strong advice on not indulging in sex before marriage.

The 3rd part is done by the museum staff and their stress is on abused rights through cultural practices that promote the spread of the virus. These practices include- wife inheritance (*chokolo*) where the right to choose a husband is abused; having sex with a widow/ widower after the death of a spouse (*kulowa kufa*), having sex with adolescent girls after reaching puberty (*kusasa fumbi*) where the right to say no to sex is abused; boys' circumcision, polygamy, giving of bonus wife to a caring son-in-law (*hlazi*), sexual provocative traditional dances that can stimulate sexual desires (*mbwiza*). The key factor is abstinence. The morning session ends with a film on stigma and discrimination. After the film show a VCT is opened for pupils to be tested voluntarily.

Afternoon Session 2-4 pm

The afternoon session is for married couples only. The adult session has a similar program of activities to the morning session. The difference is on the depth of content of information as it is explicit as it is meant for adults. This is the most interesting session because it is aimed at reinforcing rights and faithfulness within marriages as a tool to combat the pandemic. The health staff come in with information regarding what people already know about HIV/AIDS and expands from known to unknown elements of the subject and clarification on myths and misconceptions surrounding HIV.

Thereafter the person living with HIV comes in with his testimonies about how he learnt that he had the virus, his fears as such people feel ashamed to talk about their status, how he takes care of himself sexually, what he eats to make sure that his CD4

count/immunity is high, and importance of adhering to the taking of ARVs at the appropriate time.

The museum staff talk in great depth on issues of rights and risky cultural practices which are prevalent in that area and the need to change if they are to be free from the scourge. The presentation from the museum staff is based on three areas namely: how Malawian marriages are made where the right to access health services is not adhered to; sexual satisfaction within marriage and general cleanliness and faithfulness within marriages where the right to sex education is absent.

Marriages in Malawi are made in different ways. One of the most popular ones is through the church for Christians and through the mosque for Muslims. But also, we have traditional marriages where the counselors from each side agree.

The emphasis on faith sanctioned marriages was a plea for officiating clergy to advise the couples to be and their parents the need for having VCT before they join in the holy matrimony. This plea is made to ensure that both couples know the status of each other and have informed decisions made before the wedding day.

Other marriages are made following traditions which are inherent in societies that practice them; for example wife inheritance by deceased brother; giving of bonus wife to a caring husband (*hlazi* or *nthena*) and marriages which are born out of sexual cleansing. The emphasis here is that the more sexual partners one has the higher the risk of contracting HIV as one could be trapped in a sexual web, thus it is difficult to be sure of your so many spouses' faithfulness. If one of them is infected in the line, all the other wives and the husband will be infected too. Experience has also shown that polygamous marriages have so many children, thus in the event of the death of the parents, so many children are orphaned. The children's rights to education, food and health are compromised.

The other risky cultural practice that is featured is sexual cleansing which is performed after one has lost his or her spouse. This practice is performed by the brother –in law/cousin of the widow or a 'professional' sexual cleanser in case of a woman or if it is the man who is deceased a 'professional' woman cleanser is sought for him to sleep with so that misfortunes should not befall the immediate family members of the deceased. The risk factor comes in here due to the fact that no VCT is conducted to the performers nor nobody knows the ailment that has led to the death of the wife or husband. Another practice similar to the above is *byade*. This is performed if a girl becomes pregnant outside wedlock, delivers and the baby dies, the one to perform the practice could be the man or boy who made her pregnant. If the man who made the girl pregnant is not known or has refused, a 'professional' cleanser is hired to perform the ritual. The other cultural practice is that in some families where the husband is thought to be barren, another man is hired to sleep with the woman so as to make her pregnant in order to conceive (*fisi*).

Another practice is having sex with a virgin a ritual belief to become rich. In some cultures, after a girl has reached puberty, she is initiated so that she should be regarded as an adult. After the initiation, these girls are advised to have sex with men (*kusasa*

fumbi) so that they are cleansed of misfortunes. In some cases a man is arranged by the elders to sleep with the girl. The challenge here is that the HIV status of these performers is not known; thus there is a very big risk of spreading HIV if one of them is infected. In all these practices to do with sexual cleansing; no condoms are used, hence the risk. The right to say no to sex is the bone of contention.

The other part tackled is to encourage faithfulness in families through sex education so that couples should find sexual satisfaction within their marriages by promoting openness thereby preventing temptations of extramarital affairs. This part covers a wide range of issues on sex life issues such as positions, foreplay before sex encounter, personal hygiene for both husband and wife so that they look attractive to each other, household cleanliness, and the misconception that pregnant women should stop having sex in the sixth month of pregnancy in order not to harm the baby and resume sex six months after delivery. The museum advises people that the above cultural practices are risky these days with the advent of HIV/AIDS and need to be changed. The right to access reproductive health services is emphasized.

The last activity for the adults is watching a film on Sexually Transmitted Infections (STIs) including HIV/AIDS. The film depicts how the male and female genitalia are ravaged with various STIs such as gonorrhoea, syphilis, genital warts and other forms of STIs. Many people are so touched by the film that if one is to think of extra marital affairs he/she has to think twice. The right to condom use is explained.

A VCT is opened at the end of the indoor session with the married couples and those people who want to be tested have an opportunity to do so. The very last activity on the program is cultural performances by both school children and their parents. These include traditional dances, poems, drama and songs. The messages contained in these performances are about their rights and HIV/AIDS prevention.

Conclusion

The Museums of Malawi being a cultural institution fights this scourge as it understands issues to do with people's rights and culture in relation to HIV/AIDS. The museum therefore is well positioned to create such HIV/AIDS awareness campaign with a view to change their mindset that culture is dynamic and promote positive cultural values in society. Social values are important but some of them are not in line with human rights. This program needs to continue, but funding is not secured.