



My Africa

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Language as Vehicle for Spread and Prevention of HIV in Malawi

Malawi, formerly Nyasaland, is a southeastern African country bordering with Tanzania to the north and northeast, Zambia to the west, and Mozambique to the southeast, south, and southwest. The country became a British colony after the voyages of Scottish Medical Missionary and anti-slave trade campaigner, Dr David Livingstone. Later, it was transformed to a British Protectorate colony until it gained political independence in 1964 and became a republic in 1966.

The first case of the human immune-deficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) in Malawi was diagnosed at Kamuzu Central Hospital (KCH) in 1985. By the end of 1985, a total of 12 adult HIV cases were identified. The first case of childhood

AIDS-related illness was recognized in February 1986.

The KCH is the second largest referral health facility of the country, the main referral center for Lilongwe City, and the main referral center for the central region of the country. Until recently, the Kamuzu Central Hospital was also the main referral center for the sparsely populated northern region of Malawi. Mzuzu Central Hospital in the northern district of Mzimba and now the main referral center for the northern region, was opened in 2000. The hospital was built and largely equipped with the funding from the Republic of China (Taiwan). Taiwan had also provided about half a dozen physicians until 2007, when the Malawi government sided with the Peoples' Republic of China (Beijing) in

regard to the diplomatic recognition of Taiwan independence from the mainland China.

It is important to remember that this was the period when the country was under one-party system of the Malawi Congress Party and the constitutional Life President Dr Hastings Kamuzu Banda, a medical doctor with qualifications from the United States and Scotland. The Kamuzu Central Hospital was just one of the institutions which were named after the first Malawi President (the list Kamuzu International Airport, Kamuzu Procession Road, Kamuzu Highway, Kamuzu College of Nursing Kamuzu Academy, Kamuzu Barracks, Kamuzu View and a dozen or so Kamuzu bridges). Kamuzu was Prime Minister of Malawi between 1964 and 1966 and the

president until 1994. In 1993, there was a national referendum in which the citizens voted in favor of a multi-parti system.

The period between 1964 and 1994 in Malawi was characterized by monopolization of power and information. The Ministry of Health was, therefore, the only party which could issue reports about any health-related occurrence in the country. Anyone else who would try to warn about epidemic or community health threat faced the danger of ending up in prison. Such an "offense" was characterized as intending to raise public alarm and disrupting public peace or security. This did not mean that rumor mongering was absent; only that people involved in spreading information needed to be careful as to whom they were discussing any aspect of public life.

The political and social environment prevailing in the 1985 Malawi colored the discourse and the response toward HIV in the country. Like in many other countries, the first cases of HIV infection emerged in traditionally marginalized groups. While in the United States, the first cases appeared among the members 4 Hs (Haitians, hemophiliacs, homosexuals, and heroine addicts), the situation in Malawi the virus appeared among "innocent men" who got infected from prostitutes. Blaming a marginalized group

such as prostitutes was a convenient strategy in a sense that it supported the perception that "good" people needed not to pay attention to the HIV problem, as long as they were good. "Bad" people, on the other hand, deserved to be infected. For the rest of the community, the advice was that people needed to avoid *malezala* (razor blades) and *zotsukira mmano* (tooth brushes). Any admission that HIV was becoming a public health threat was met with the usual response of the time that such warnings were coming from government enemies (*akapilikoni*) aimed to "tarnish the good image of Malawi."

Naming the infection

When it became impossible to deny the fact that HIV was among us, the infection was further conveniently described as *matenda aazimayi* (the disease you catch from women). Little did anyone think that within a decade the disease will no longer be *matenda aazimayi* but rather be so widespread that it would be considered as *ili muufa* (it is in the maize flour), since without sex there is no life, as there is no without maize, one of the most basic foodstuffs.

In Western medicine, HIV infection and the syndrome it causes have had many different names: AIDS-related diseases, AIDS-related complex, or

full-blown AIDS. In Malawi, it has been called *kaliwondewonde* (wasting or slim disease). This was due to the marked weight loss that many AIDS patients experienced. However, people started to stigmatize every adult that was losing weight although weight loss is an indication of many diseases other than AIDS. On the other hand, if people were plump or did not exhibit weight loss, it meant that they did not have HIV. Such beliefs continue to still abound in clinical practice – it is rather difficult to persuade someone to have an HIV test "when they are not losing weight."

AIDS has also been called *mtengano* (dying in twos) since the death of one partner is soon followed by the death of another. As the government was instrumental in hiding relevant information about HIV in the early stages of the epidemic, the disease was for a time called *matenda a boma* (government's disease). The name also referred to the government's measures for AIDS prevention – promotion of sexual abstinence among unmarried persons and use of condoms in relationships – which were the same measures that were advocated in family planning programs. The disease was, therefore, perceived as a hoax created by the government to prevent people from having sex and children.

Culture and initiations

When pubescent girls go through initiation, they are taught important survival/life skills but also sex (bedroom manners). The girl is also told that *mwana mkazi sachepa* (a female is never too young). Not only that the girl cannot be too young for sex but also *osaopa mwamuna* (she should not fear a man). A woman who is soon getting married is told that *mkazi asangalatse mwamuna wake* (a woman must make her husband happy), even if it means to have unsafe sex when she suspects that the husband has been unfaithful.

Also, the Malawian man thinks that whenever a female is being friendly or makes sexual advances, then *papsa tonola* (eat if it is ripe) or *kayitana kavula* (what is calling is already naked). Adult men are not supposed to be friends to other adult females unless *pali kena kake* (there is something more – sexual arrangements). Therefore, there are expectations of sex from any kind of association between men and women for both of them.

Conclusion

The language of HIV and AIDS in Malawi sheds light on the current HIV situation in

the country, where 12% of the adult population is infected. Many people continue to have fatalistic beliefs, such as that *imfa sithawika* (you cannot run away from death), that *pofera salambula* (death is sudden), and *uthawa edzi nkugundidwa ndi galimoto* (there is no benefit from running away from AIDS when you may be run down by a car). Also, there exists the following saying: *khwangwala wamantha anafa ndi ukalamba* (the cautious or careful raven died from old age). Old age in Malawi is considered to start at 50 years of age.