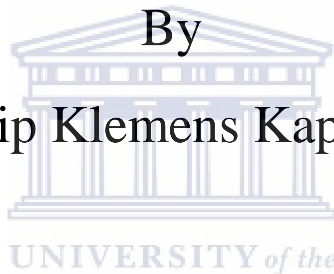
The role of men in promoting women's reproductive and maternal health in a matrilineal marriage system in Malawi: The case of Ntchisi district

By

Phillip Klemens Kapulula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Thesis Submitted at the Department of Anthropology and Sociology, Faculty of Arts, University of the Western Cape, in Partial Fulfilment of the Requirement for the Doctor of Philosophy (D.Phil) Degree in Sociology of Health

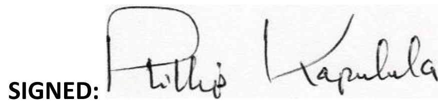
Supervisor: Professor Diana Mari Gibson

-August 2015-

DECLARATION

I, Phillip Klemens Kapulula, hereby declare that this Doctor of Philosophy (D.Phil.) thesis entitled *The role of men in promoting women's reproductive and maternal health in a matrilineal marriage system in Malawi: The Case of Ntchisi District* is my own work and that I have not previously submitted it, in part or in its entirety, at any university for a degree or examination. All sources that I have quoted have been indicated and acknowledged by means of reference.

Phillip Klemens Kapulula

SIGNED:  **DATE: 28TH AUGUST 2015**

DEDICATION

I would like to dedicate this piece of work to the Almighty God for enabling me to get this far in my academic itinerary. Honestly, the achievement of this academic qualification is no doubt a huge bonus in my walk with Christ. It started way back when the late Augustino Mackson Kapulula, my father, decided to send his sons to school despite his own illiteracy. He never lived to see me advance academically.

I am indebted to Eunice Kataya Kapulula my wife, Mayamiko and Pempho my first and last born children who might have felt that I deserted them in pursuit of an advanced academic qualification. They indeed missed my company and yearned for my usual guidance and sense of humour. Eunice and the kids have suffered psychological and economic deprivation in my absence but they found solace in realizing that "all things work together for good to them that love God, to them who are called according to his purpose" Romans 8:28. I am thankful to God for keeping these three people alive until today to witness the recompense of their suffering and patience.

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My colleagues at the Department of Anthropology and Sociology cannot be left out. I enjoyed conversing with Dr. Sakhumzi Mfecane and Dr. Michael Uusiku Akuupa, who equally comforted me and assisted me to cope with the making of a doctoral candidate. I am indebted to their counsel and guidance.

Life outside Malawi can be too challenging in the absence of an adjunct community that understands your culture and traditions. I am so thankful to the leadership of Malawi Society in Cape Town which made sure to bring us together occasionally for braai and excursions to various interesting sites in Cape Town in order to maintain the flavour of the life of the Warm Heart of Africa.

This thesis was made equally possible because of the willingness and selfless attitude of the people of Chilooko in Ntchisi who accepted me as a stranger to study part of their life and come up with a picture of how married men construct and perform masculinities. I remember them for their hospitality. In a special way I remember the warmness of the late Mr. Seveliano Sicho and his spouse.

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LIST OF ACRONYMS

ADC	Area Development Committee
AIDS	Acquired Immune Deficiency Syndrome
BEmOc	Basic Emergency Obstetric Care
CEmOc	Comprehensive Emergency Obstetric Care
CHAM	Christian Health Association of Malawi
CHBC	Community Home Based Care
CSR	Centre for Social Research
DHO	District Health Officer/District Health Office
DHS	Demographic Health Survey
DMO	District Medical Officer
DMPA	Depot-Medroxyprogesterone
DNO	District Nursing Officer
FGD	Focus Group Discussion
H S A	Health Surveillance Assistant
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information Systems
ICPD	International Conference on Population and Development
IMF	International Monetary Fund
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MDHS	Malawi Demographic and Health Survey
MHP	Ministry of Health and Population
MNSRHRP	Malawi National Sexual and Reproductive Health and Rights Policy
MPHC	Malawi Population and Housing Census
NHSRC	National Health Sciences Research Committee
OPC	Office of President and Cabinet
PLWA	People Living With AIDS
PMTCT	Prevention of Mother to Child Transmission
RHU	Reproductive Health Unit
SEP	Socioeconomic Profile
SM	Safe Motherhood
SRC	Senate Research Committee
SRHR	Sexual and Reproductive Health and Rights
TA	Traditional Authority
TFR	Total Fertility Rate
UN	United Nations
UNFPA	United Nations Population Fund
UNIMA	University of Malawi
USA	United States of America
VDC	Village Development Committee
WHO	World Health Organization

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ABSTRACT

This research explored the role of men in efforts by the Malawi Ministry of Health to promote women's reproductive and maternal health in accordance with Millennium Development Goal (MDG) number five, i.e. to reduce the maternal mortality ratio by three quarters between 1990 and 2015. The study was conceptualised in 2011 in an effort to contribute to the national strategy to reduce maternal mortality in Malawi, and it was done in the particular cultural context of a matrilineal marriage and kinship system in Ntchisi district, Malawi. At the inception of this study, the highest prevalence of maternal deaths in the country was reported in seven districts, including Ntchisi. A common understanding in public health circles worldwide is that male involvement in reproductive and maternal health activities is an important factor in achieving the above MDG goal. But historically, research on maternal health in Malawi has focused mostly on women and children. Consequently there are only a small number of relevant previous studies or extant literature to draw on for the current investigation. Malawi's reproductive and maternal health policies largely lack locally-informed research on men and masculinities.

My study aimed to explore the relationship between local constructions of masculinity, fatherhood and reproductive health in Malawi among Chichewa speakers who live in Ntchisi. It was guided by the social constructionist theory which recognises the role of the impersonal features of the social world like cultural, personal and group influences in the construction of ideas, knowledge and facts. In this study I adopted an inductive approach to learning in which the participants were the main players in describing and explaining social phenomena as they are constructed and experienced in the research site. I conducted multiple in-depth interviews and focus group discussions with 53 married men, key informant interviews with eight local leaders and traditional birth attendants, as well as focus group discussions with 12 married women who had given birth multiple times. Data analysis involved intensive scrutiny of transcripts to determine prevailing themes. Listening to the tapes and re-reading these transcripts enabled me to detect patterns and categorise different practices and constructions, to find associations between these practices and constructions of concepts.

Malawi's men are considered to be the traditional gatekeepers of maternal and social ideals. Therefore, as elders in a clan or as husbands, their prompt decisions can facilitate the access of their spouses to maternal and reproductive health services. Men as heads of households and decision makers can also support and enable their wives to follow the recommended maternal health counsel. However, men's "lack of involvement" is not the principal reason why there is increasing maternal challenges among child-bearing women in Ntchisi. Although men are not entirely free of the blame for contributing to the status quo, they already work hard towards ensuring positive pregnancy outcomes for their spouses. The study found that husbands in Ntchisi have long been involved in pregnancy and child care. The study shows that pregnancy is regarded as a liminal state or as a kind of "sickness". Male involvement in pregnancy means the man should take over the routine household chores of drawing water, fetching firewood and cooking, among other things. However, men construct their involvement in reproductive and maternal health matters in the framework of masculinity and femininity as dictated by the commonly held beliefs of a matrilineal Chewa grouping. The study showed that masculinities are constructed within the context of a matrilineal system, which has nonetheless been changing largely due to the colonial impact of the United Kingdom, the related influences of Christian and westernised social ideals and an education system based on the British model.

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Men's gendered practices in reproduction and parenting have foundations in the initiation rites of the secret Nyau societies where the masculine ideals of sexuality and secrecy are inculcated. This research cannot be generally extrapolated to the wider population in Malawi but it is a starting point for understanding the responses of matrilineal Chichewa speaking men to reproductive and maternal health matters. Further and broader research on the construction of fatherhood and masculinity is needed in Malawi to make it possible for public health policy on reproductive and maternal health to be more culturally informed.

KEY WORDS: masculinities, maternal and reproductive health, fatherhood, involvement, Ntchisi, Chilooko, matrilineal, Chewa, Malawi.

CHAPTER ONE: BACKGROUND TO THE STUDY

1.1 Introduction

Male involvement in reproductive and maternal health activities is an important step towards achieving the World Health Organisation's (WHO) Millennium Development Goal (MDG) number five: to reduce the number of maternal deaths by three quarters over a period of 15 years (1999-2015). This goal will not be met in Malawi, and a number of other countries, by the WHO's stipulated target date of 2015. In addition, male participation in the implementation of Malawi's maternal health policy and practices has not materialised in the sense that policy makers envisaged it, notwithstanding consistent calls on men to become involved in it. Malawi's reproductive and maternal health policies lack locally informed research on men and masculinities. There also is an apparent absence of recognition in these reproductive and maternal health policies that men do not form one homogenous and monolithic group of actors. It is the intention of this research to show that it is necessary to pay attention to gender power relations and the construction and practices of masculine identities in reproductive and maternal health practices within local contexts.

Globally, masculinities are being investigated, and the results suggest that there are many forms of "being a man" (Robertson, 2007). In Malawi, masculine identities are similarly constructed and practised in a variety of ways. Men as gendered beings and especially as fathers have not been under scrutiny: consequently, there is little knowledge of the linkages between the local and gendered male roles in pregnancy and childbirth in this country. This study aims to explore the relationship between local constructions of masculinity, of the role of men as husbands to pregnant wives and as fathers to children, and its links to maternal reproductive health. The focus is on Chichewa speakers - who have long had a matrilineal kinship system - in the geographical site of the Ntchisi district in Malawi.

The connection between local constructions of masculinity, fatherhood and female reproductive health has also not been explored in relation to maternal health research and promotion in Malawi. To my knowledge, this is a pioneering study in this regard. The thesis investigates men's perception of their relationships with their spouses during pregnancy and childbirth. Whereas women's experience in reproductive and maternal health has been extensively documented (Bicego *et al*, 2002:1080; McCoy *et al.*, 2004:6; Geubbles 2006:214-216; Ratsma, 2006:77; Mann *et al.*, 2006 & Lunan *et al.*, 2010), the involvement of men

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(particularly married men) in reproductive and maternal health is a novel area of research in Malawi.

Historically, research on maternal and child health has focused on women and consequently there are only a small number of relevant previous studies to draw on for the current investigation. Few researchers have sought to understand the role, social construction and performance of fatherhood and its effects on maternal health in Malawi (Engle, 1997; Frost & Dodoo, 2009). In the southern region of the country Kululanga *et al* (2011) investigated strategies employed by health care workers to encourage men to participate in maternal health care in rural and urban settings. The perception of individuals, communities and health workers of male involvement in maternal health care have also been studied in Mwanza, a rural district in southern Malawi (Kululanga *et al.,* 2012). Husbands' perception of delivery care was examined in Mangochi, a rural district of southern Malawi (Aarnio *et al.,* 2013). My thesis interrogates masculinities and fatherhood among Chichewa-speaking men in the Chilooko Tribal Authority (TA) area in Ntchisi district. It explores the ways in which men make sense of and practise masculinities and fatherhood during their spouses' pregnancies and during childbirth.

Although gendered research on men has proliferated over the past decades, there are many areas where scholars disagree and many concepts that remain contested (Hearn and Morrell, 2012:4). Masculinities are socially constructed configurations of gender practice. Different groups of men are variously positioned in such practices. However, in every local and specific context, a gendered culture is created and transformed in response to forces from outside and inside the group (Connell, 2005:1805). Masculinities are the patterned manner in and through which men engage with such positions.

A much utilised concept in the study of men and manhood is that of hegemonic masculinity, which involves certain more-or-less characteristic arrangements and practices that enable men to have dominance over women. In Europe, the United Kingdom and United States, for example, it is argued that the principal way of being a man, or the cultural ideal of masculinity, largely reflects that of white, heterosexual, middle-class men. The hegemonic ideals of masculinity supposedly promote and reproduce certain ways of being a man and of manly behaviour and expectation (Connell and Messerschmidt 2005). My own study interrogates the notion of hegemonic masculinity in a specific cultural setting. What sets my

study apart is that it locates the commencement of fatherhood in pregnancy, whereas most of the scholarship on fatherhood positions it at childbirth and therefore deals extensively with father-child relationships (Dowd, 2000; Cabrera *et al.*, 2000; Miller, 2011). This does not ignore the current dispute in defining the term "father" in contemporary society. Technological advances and new possibilities of conception, e.g. through artificial insemination and a range of other advanced procedures have brought about shifts in understanding of not only paternity or legal fatherhood but also what it means to be a responsible and involved father (Morrell, 2006).

1.2 Background

The research was initiated in the wake of persistent public health calls on men in Malawi to become involved in efforts to combat the alarming and sustained high levels of maternal deaths in the country. Numerous social and health benefits that result from the spouse/father's involvement - such as a reduction in pre-term births - have been highlighted and are expected as outcomes, provided there is more active involvement of men in promoting reproductive and sexual health interventions (Alio *et al.,* 2011). The focus on men and the decision to include them as key stakeholders in interventions in maternal and child health programmes has come as a late addition to policy implementation in Malawi.

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For a long time, as the report on the Safe Motherhood Conference (Cohen, 1987) illustrated, population and reproductive health experts worldwide founded their hopes of promoting maternal health on women-centred family planning. In the past, the maternal health strategies of the World Health Organisation (WHO) focused on the capacity of health systems to provide better primary health care for women. They included family planning, prenatal care, referral of high-risk women to appropriate facilities, the training of personnel to assist with home or hospital deliveries and making obstetric care available for high-risk women (Kongnyuy & Hofman, 2008; Leigh *et al.,* 2008). Such an inventory of strategies tends to give the impression that the rise in maternal deaths is mostly the result of the poor organisation and delivery of maternal health services, and that its amelioration depends on improvements in this field.

But, in the past, public health efforts to reduce maternal deaths and promote maternal health have not adequately emphasized the potentially significant role and contribution of men. They are nevertheless important because research on paternal involvement in reproductive, maternal and child health has shown that mothers and children fare better when fathers are involved and assume more responsibility (Bouchet and Warren, 2012). Paternal involvement has an impact on pregnancy and infant outcomes in many countries (Alio *et al.,* 2013).

A focus on men and paternal involvement in pregnancy is relatively recent worldwide. For example, the 1987 Safe Motherhood Conference Report observed that the underlying causes of maternal mortality in developing countries were deeply rooted in adverse social, cultural, political and economic conditions. Such generalisations and lack of attention to local specificities continued until after the Cairo Conference on Population and Development (McIntosh and Finkle, 1995) when family planning was combined with efforts to improve reproductive and sexual health. To do so, population policies were restructured to reduce maternal mortality, to promote the prevention and treatment of sexually transmitted diseases and to address unsafe abortions.

The recommendations of the Cairo conference were underscored by the assumption that fertility rates would not fall until a number of preconditions had been satisfied. These included the co-responsibility of men for contraception - in order to assist their women partners to control fertility. The International Conference on Population and Development (ICPD 1994) emphasised the need for equity in gender relations, with a special focus on men's shared responsibility and active involvement in promoting reproductive and sexual health. This demonstrated a significant paradigm shift regarding strategies to reduce population growth and maternal mortality (McIntosh and Finkle, 1995).

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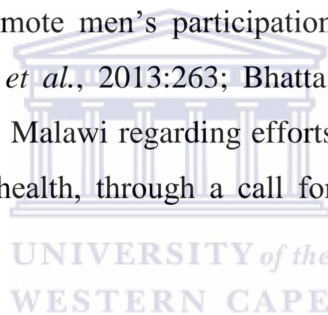
When the Malawi economy deteriorated in the 1980s, its international co-operating partners, the International Monetary Fund (IMF) and the World Bank, used this as an opportunity to promote the adoption of a population policy for the country, in the form of child-spacing. In the 1990s the child-spacing policy evolved into a broader population policy which emphasised the adoption of modern methods of contraception, family planning and the reduction of high fertility rates (Chimbwete *et al.*, 2005:100).

In 2010, Malawi adopted a population policy that sought to integrate population variables in its development plans. Among its guiding principles was the necessity to assist couples and individuals, with special emphasis on male involvement, to meet their reproductive health needs (GOM, 2010).

Mechanisms through which paternal involvement affects birth outcomes are primarily linked to the impact fathers can have on influencing maternal behaviour and reducing maternal stress through emotional, logistical and financial support (Alio *et al.*, 2013). Efforts in the "developed" world to secure male involvement have concentrated on specific activities or obstacles relating to the social practices of men regarding reproductive health, but they do not encapsulate a worldwide vision. Not surprisingly, the expansion of male involvement programmes to the "developing" world met with challenges, often revolving around social and cultural considerations. Unless male involvement has meaning for particular stakeholders in some way, the efforts to promote men's participation are likely to remain vague and directionless (Olungbenga-Bello *et al.*, 2013:263; Bhatta, 2013:2). This observation also directly speaks to the situation in Malawi regarding efforts to reduce maternal mortality and improve women's reproductive health, through a call for the involvement of men in this regard.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Therefore, in concert with studies from regions outside the "developed" world (Mavungu, 2013; Mullany, 2006), I sought to explore issues concerning the involvement of Chichewa-speaking men in sharing responsibility in the reproductive health of their pregnant partners. To do so I also scrutinised their roles in reproductive health practices - especially concerning pregnancy and childbirth - as well as their understanding of these, and the specific issues that impact on them in this regard. As indicated the study is situated in Ntchisi district, in the Chilooko Traditional Authority of Malawi (see Appendix G for the maps). It was an attempt to investigate what "shared responsibilities" meant to this specific socio-cultural group. This is in line with Alio *et al.*, (2013) who found that, despite evidence of the importance of paternal involvement during pregnancy, there is still a lack of specifically contextualised knowledge of local practices. This paucity of information and insight continues to hinder progress towards understanding the role of fathers during pregnancy and the subsequent development of appropriate interventions in this regard.

In this study, I opted to examine men's involvement and shared responsibility, or their role in promoting reproductive and maternal health as constructed and practiced in the study site where people, as indicated above, still largely organise their relationships around a matrilineal kinship system (a brief description of matriliny is provided in section 1.2.2 below). In Malawi, it is the prevailing norm but not necessarily a requirement of the law for a man to be the head of the household in a marriage. Female headship usually occurs where a woman has been widowed or divorced. Therefore, it is marriage which defines the socially determined rights, duties and mutual roles of the spouses. A partnership is only a marriage when it is recognised by witnesses from both the man's and woman's sides, called *ankhoswe* (marriage counsellors – these people are almost always matrilineal kin or long-trusted family friends.) The contractual marriage agreement (including customary marriage and civil marriage) imply or create a social differentiation of responsibilities for men and women in their married life. The responsibilities of men and women in marriage are the product of learned and shared ideas that guide and inform marital behaviour among groups of people (Miller *et al.*, 2001). In a marital set-up, partners are active agents who can improvise their own roles and responsibilities. By creatively enacting the roles with which they become familiar through pre-marital counselling and during their initiation rites, Chewa husbands and wives also transform their marital roles and, through practice, provide a model for others (Scot 2006). This understanding of social roles between spouses is an aspect of the constant negotiation of social constructions and practices of marital or spousal responsibilities which establish a sense of gendered relations. Therefore, in particular social contexts, understanding socially specific constructions of men's involvement and their roles in reproductive and maternal health is important in addressing or reducing maternal health challenges.

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To summarise: In response to public health calls on Chewa men in Ntchisi district and the rhetoric to get them involved in reproductive health matters, this research examines the perceptions, constructions and performance of masculinity in reproductive and maternal health.. It investigates the responses of men in Chilooko community to reproductive and maternal health issues and is an original effort in defining male involvement in pregnancy and birthing within the context of a changing matrilineal system of marriage.

My work thus intersects with much of the research on men and men's studies over the past two decades, which drew on Connell's (1987; 2005) notion of hegemonic masculinity. While hegemonic masculinity is often constructed and discussed in fairly rigid ways (Hearn &

Morrell, 2012), my own research instead highlights the fluidity of the concept of hegemonic masculinity as it relates to sexuality and fatherhood within a rural agricultural community. Hegemonic masculinity concerns patterned practices that enable men to have dominance over women (and subordinated men). It emphasises male norms, and the ability to impose a definition of the situation, or set the terms in which events are understood and issues discussed. In many contexts the concept has been highlighted as a strategy used by males to subordinate women (Donaldson, 1993).

The subsequent sections of this chapter briefly describe Ntchisi district the research site, particularly its demographic features. It provides a synopsis of the maternal and reproductive health efforts in Malawi and Ntchisi district in particular. The first chapter not only situates the research problem, its justification and objectives, it also describes the background to the study, the rationale for pursuing it, the focus of the study and its significance for efforts to reduce maternal mortality in Malawi. Finally, it sets out the organisation of the rest of the thesis.

1.2.1 A brief profile of Ntchisi District and Traditional Authority Chilooko

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The investigation of the role of men in the promotion of women's reproductive and maternal health was carried out in Ntchisi district in a community called Traditional Authority Chilooko. In Malawi, a district is an administrative locality headed by a District Commissioner (DC). Every district is also demarcated in line with jurisdictions of traditional or ethnic leaders' territories called Traditional Authorities. According to Cammack *et al,* (2009) local governance in Malawi has evolved through four stages (from 1891 to 1964) with particular reference to British colonial power, which established a protectorate over the territory in 1891. This process took into consideration the authority exercised by indigenous leaders over the native populations. As such these indigenous leaders were formally recognised and the foundations of local governance were laid, which later materialised in a hierarchy of "traditional authority". Through the 1967 Chiefs Act, these local leaders (whose chieftaincy is hereditary) are recognised as custodians of culture, who are endowed with the responsibility for customary law, preservation of the peace and the development and welfare of their communities.

Ntchisi is one of nine districts in the central region of Malawi. It shares boundaries with Dowa in the south and west, Nkhota-kota to the east, Kasungu to the north and Salima to the south east (see appendix G). The district covers an area of 1, 655 square kilometres and according to the 2008 Malawi Population and Housing Census (MPHC) report, there were 224, 098 people currently living in the district. The Chewa are the predominant ethnically defined group, estimated at 96% of the people in the district. The Chewa historically have a matrilineal kinship system, i.e. descent is traced through the line of the mother and thus also through maternal ancestors. Inheritance is also through the maternal line and children are members of their mothers' matriline. The maternal uncle (mother's brother) historically has most authority over members of the lineage (Marwick, 1952; Phiri, 1983; Mtika and Doctor 2002). This situation is however changing under the influence of especially the education system, the church and in relation to civil marriage law. Customary law, however, is also recognised in Malawi, which in turn, gives cognisance to matrilineal kinship.

In terms of local governance, the Ntchisi District Assembly is a statutory body established under the Local Government Act (1998) of Malawi. It is headed by a chairperson elected from the 26 councillors who each represent a ward in the district. The district has seven Traditional Authorities (TAs) whose elected members also chair the Area Development Committees (ADCs) in the district, namely Chilooko, Chikho, Kalumo, Kasakula, Malenga, Nthondo and Vuso Jere. Agriculture is the major economic activity of the people of Ntchisi and contributes to over 90% of the district economy through crop and livestock development: 96% of the residents are subsistence farmers, 3% business people and the remaining 1% are employees in the formal and informal sectors.

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1.2.2 A snapshot of the Chichewa speakers of Ntchisi District

The population of Ntchisi is 96% ethnically defined as Chewa[1]. This group of people historically adhere to a matrilineal kinship system, as indicated above. The Chewa are also well known inside and outside Malawi for *Gule Wamkulu* (the great dance) also called *Nyau*. It is a masked dance of the Chewa male secret society, which is also responsible for male initiation rites. Over many centuries, this institution has been an anchor of Chewa religious and "traditional" practices. Kachapila (2006) argues that, historically, the Chewa used the resilience and vitality of *Nyau* to resist the influence of slave traders, the spread of Christian teachings, the intrusion of other ethnically labelled groupings like the Ngoni and Yao, as well as British colonisation. The observation by Kachapila (2006) underscores Page's (1980) earlier argument that Chewa political, social and power structures have survived the destructive forces and influences of colonialism and missionisation by virtue of the resilience of *Nyau*. Although *Nyau,* as an institution, has placed considerable demands on the lives of the people who actively participate in it, it is still firmly rooted among the majority of Chichewa-speakers. Schoffeleers (1976) found that *Nyau* societies are an important component of male Chewa associations. *Nyau* provides a framework for understanding gendered roles in Chichewa-speaking groupings. This point was emphasised by Aguilar (1995), who noted that there are hierarchies of masked dancers, also known as *mizimu* (spirits) among the Chewa. *Nyau* groupings are a representation of the social system in that they exercise control over the socialisation process, especially of men, through the facilitation of initiation and other rituals.

However, there have been changes in the political, social and material world of the Chewa (Kachapila 2006), especially in response to the influences of Christianity and of westernisation. Participation in *Nyau* has nonetheless not prevented or foreclosed conversion to Christianity or the flow of Christian ideas into the larger Chewa society. Chichewa-speakers' interaction with external forces and ideas have nonetheless led to transformation of the societal fabric. As an institution *Nyau* is currently simultaneously "traditional" and modern (Kaspin 1996). While it conjures up images of the past, it also reflects and redesigns

[1] In recognition of the fact that the Chewa and their institutions have not remained unaffected by new structures and ideas, I also utilise the term "Chichewa-speakers" to refer to the same group in this thesis. See also Kachapila (2001).

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the political and economic realities of contemporary circumstances. In summary, the ideals of the *Nyau* institution in particular and Chewa society in general have adapted to the influence of Christianity, "western" education and current government administrative policies. These factors will be scrutinised in more detail as the thesis unfolds.

Another key feature of Chichewa-speakers in Ntchisi is their continued adherence to a matrilineal system of kinship reckoning and organisation. The Chewa fall within the so-called "matrilineal belt" in sub-Saharan Africa (Holden & Mace, 2003). As indicated above (1.2.1) descent is traced through the female lineage, and being related through the females is culturally more significant than through males. The kinship system informs guidelines that govern marriage, residence at marriage, custody over children and inheritance of wealth. After marriage, most men (even though there is a possibility of paternal residence through the practice of *Chitengwa*) leave their natal village to live in their wives' village (Kishindo, 1994; Mtika & Doctor, 2002). The family is an integral part of the wife's lineage rather than that of the husband. Villages mostly consist of people who trace their descent from a common ancestress. According to Stuart (1979) the basis of Chewa communities were, and still are (Telalagic, 2012), the "*mbumba"* (matrilineage), within which individuals find security and freedom. The main unit of kinship relations, authority, care and sharing resources is the consanguine family, the woman and her senior brother, the "*mwini mbumba"* (owner of the matrilineage). Therefore a married man's movement to his wife's natal village also means that he leaves his primary sphere of authority. Because the system of descent is through the mother's side, women have custody over children and assets, such as land, in the event of a divorce (Telalagic, 2012:7). As shown by Mattison (2011) and Watson-Franke (1992) the matrilineal system can be a "puzzle" [2] when it comes to analysing and interpreting men's responsibility in marriage. Men are assumed to be the dominant gender, but in a matrilineal system their loyalty is "divided" between their natal and their conjugal families and, as a result, married men seemingly "fail" to perform their responsibilities to their marital families. A system that invests authority in men, but traces descent through women, can affect a man's allegiance to his own natal kin with whom he has grown up and to whom he is related: if his sister has children, he has authority over them and responsibilities towards them, in addition

[2] Richards (1950:246) first referred to the 'matrilineal puzzle" and to the potential dissonance it creates in the roles of married men in relation to their concerns and responsibilities as brothers and uncles versus that of husbands and fathers.

to his commitment to his wife and children, over whom he is supposed to have only restricted authority (like a male over women and children in marriage). In such a setting the authority of a married man (and expectant father) in relation to reproductive and fertility issues is potentially affected.

However, Phiri (1983) noted that matrilineal systems and marital arrangements have also undergone changes. For example, matrilocal residence after marriage and the authority wielded by the wife's brother or uncle do not always reflect the current reality of matrilineal marriages. Within marriage among the Chewa, there is a shift towards greater recognition of kinship with, and through, the father as well. In anthropological terms it can be understood as a slow shift towards a form of double descent[3]. The following subsection gives a brief overview of maternal health indicators for the rural district of Ntchisi and provides the context in which men are urged to get involved.

1.3 The health system in Malawi

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Health care delivery in Malawi is provided by three main agencies. The Ministry of Health (MoH) provides a lion's share amounting to 60%, while the private Christian Health Association of Malawi (CHAM) and other not-for-profit NGOs provide about 36%. The remainder of these services (4%) are offered through the Ministry of Local Government (MoLG), the private for-profit sector (mainly limited to the urban areas) as well as health services provided by private companies, commercial companies, the Army and the Police. An overview of resource and facility distribution indicates that health care resources are unevenly and inadequately distributed. Only 46% of the population has access to a formal health facility within a 5km radius, and only 20% of the population lives within 25 km of a hospital. Access to reproductive health services (RH) is worse in rural areas as the particularly significant uneven distribution of health personnel favours the urban areas, and the secondary and tertiary levels of care. Half of Malawi's doctors work in its four central hospitals together with 25% of the nurses. An estimated 97% of government-employed clinical officers and 82% of government-employed nurses are in urban or semi-urban areas, and many existing posts are not filled, especially in the rural areas.

[3] Double descent is a combination of co-existing matrilineal and patrilineal modes of affiliation. Among the matrilineal groups, this causes the dispersion of matrilineal clans to be displaced by local patrilineal ones. In the transitional period we find traces of co-existence of patrilineal and matrilineal filiation. See Goody (1961).

1.3.1 Maternal and Reproductive health profile of Ntchisi District

The average household size of Ntchisi district is 4.7 people, which is above the national average of 4.4 people. According to the 2010/2011 District Health Bulletin, the total fertility rate (TFR) of the district is 6.7. The maternal mortality rate for Ntchisi district was 624 deaths /100, 000 live births (Ntchisi HMIS 2008). From July 2010 to June 2011, 10,661 women out of 11,887 (90%) pregnancies attended antenatal care services. Of these 1, 595 (13.4%) started antenatal care in the first trimester. This means that most women started attending antenatal care services at a fairly late stage. A total of 43, 078 women attended family planning from July 2009 to June 2010, contributing to a contraceptive prevalence rate of 31%, slightly higher than the national average of 28%. The District Health Bulletin also indicated that 7,368 of the 11,887 pregnancies, representing 62% of the deliveries, were conducted by skilled health personnel and 489 (6.6%) of the deliveries were done by caesarean section. The next section is a presentation of the statement of the problem, describing the silence thus far regarding men in reproductive and maternal health research.

1.4 The silence of reproductive health research on men

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In the past, discourses on reproductive, maternal and child health in Malawi focused almost exclusively on women. The National Policy on Sexual and Reproductive Health and Rights (SRHR) in Malawi reinforces the perception that childbearing and its possible health complications are almost exclusively women's issues. This approach ignores the role of the progenitor, even though for every pregnancy and every child that is born or dies, there is a father. While the above policies ignore the role of men, a great deal of research (Hollerbach, 1980; Kishindo, 1994; Kinoshita 2003; Barden-O'Fallon, 2005; Mbweza *et al.*, 2008; Chipeta *et al.*, 2010; Dhont *et al.*, 2011; Shattuck *et al.*, 2011) has shown that males have decision-making power in relation to fertility. They do so by reinforcing culturally-informed beliefs and customs that put a high value on child-bearing in many communities. There has been relative silence on the role of men in efforts to reduce maternal and child health problems in many parts of the world, thus Malawi is not unique in this respect.

Becoming pregnant and giving birth is cherished in many societies. However, in Malawi, one woman out of 17 can expect to die as a result of pregnancy and/or childbirth (Kalanda 2010).

These figures were summarised by a United Nations (UN) representative in Malawi, Esperance Fundira, who said:

> Pregnancy and child birth are supposed to be joyful, but for many mothers in Malawi, they turn into sad occasions that tear families apart. Too many women are dying giving life, and that is unacceptable, particularly when we know how to prevent it. (Esperance Fundira, UNFPA, 2008)

The lifetime risk of maternal death in Malawi is one in 17, which does not compare favourably with the world average of one in 74 in the developing world and one in 4,085 for industrialised countries (Kalanda, 2010). This is a sad picture of women's reproductive health in Malawi, and it necessitates an in-depth investigation of contributing issues.

In a report on maternal health issues in the world for the first decade of the 21st century, Underwood (2010) explains that advocacy efforts for the reproductive rights of women are impeded by the marginalisation of women in decision-making. The report highlights, among other things, that woman are almost reduced to child-bearing machines. Such marginalisation of women persists partly because of the low level of decision-making power of young women in the family, and partly because of the accepted practice of frequent pregnancies.

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This thesis aims to examine the role or influence that Chewa men in various capacities could have on decisions regarding the frequency of pregnancies. The Malawi 2004 Demographic Health Survey (DHS) observes that up to 100,000 maternal deaths per annum could be avoided if women who did not want to bear children were able to practice effective fertility regulation (NSO, 2005). Effective fertility regulation has the potential to contribute to better maternal health. This implies that reducing a woman's number of pregnancies will also lower the maternal mortality rate. Unfortunately, many attempts and interventions to reduce maternal deaths and foreground reproductive health issues in Malawi have focused on women who, as outlined above, often have little authority in reproductive health decision making. By contrast, the role of men has been ignored or only explored marginally. There is a lacuna to be investigated by experts and advocates who would like to contribute towards reducing maternal health problems.

This thesis argues that investigating the role of men could enable decision makers to come up with more gender-appropriate interventions to reduce maternal mortality. The Malawi

National Sexual and Reproductive Health and Rights Policy (2009) document devotes a short section to male involvement in reproductive health. It notes that in Malawi there is an acute lack of it. One key issue that is raised in the policy is that of "cultural" influences. The policy document appears to assume that "cultural issues" are common knowledge to the reader, and are not specified in the document. One policy statement highlights that men's shared responsibility and active involvement in parenthood and sexual reproductive behaviour must be emphasized in the delivery of reproductive health services.

It is my contention that there is actually a dearth of emphasis and understanding in the current policy on the role of men in reproductive health in general and in maternal well-being in particular. This thesis does not seek to focus in depth on policy issues arising from such a situation but rather to investigate the social role and practices of men as fathers-to-be or expectant fathers. I wish to highlight the role of men in both sexuality and parenthood, in an attempt to explore a role for men as husbands and parents in a way that is complementary to the concept of safe motherhood, as commonly emphasized in maternal health interventions. Flood *et al.,* (2007) observe that there is traditionally a lack of recognition of the significance of fatherhood, or fathering, in maternal and child health scholarship, as opposed to the widely acknowledged importance of motherhood and mothering in Malawi. As alluded to earlier (section 1.1), this research differs from other scholarly work on fatherhood in that it locates the commencement of fatherhood during pregnancy, thereby extending the practice of fatherhood to care for the mother-to-be for the duration of his partner's pregnancy. As Hosegood & Madhavan (2012) have argued, paternity and fathering are important aspects of men's identity and Alio *et al.,* (2013) have shown that pregnant women need their spouses to be active participants in the pregnancy process, because togetherness during pregnancy and beyond offers greater security for the mother. Togetherness indicates an equal investment and interest displayed by both partners in having the child, which ensures that the required responsibility is more willingly shared between the two parents.

In most Malawian ethnically-constituted groups procreation occurs within the marriage. Nonetheless childbearing also happens outside its confines and in this regard, Jackson *et al.,* (2011) found that an estimated 20-30% of adolescents in Malawi are sexually active, become pregnant and bear a child or children outside marriage. For girls this comes at a cost, such as expulsion from school. Within marriage, the Chewa conferred great social and symbolic

respect to women (Phiri, 1983) as reproducers of the lineage. Yet, women as well as their anchor, the avunculate (mother's brother) , appear to have yielded control over female fertility to the husband. A study by Chipeta *et al.,* (2010) found that among women two major reasons for not using modern contraceptives were their own lack of knowledge and the refusal of the partner. The study also confirmed that among those women who used modern contraceptives, Depo-Provera (which is administered by injection at determined intervals) was the most commonly reported family planning method. Women reported that they preferred this method because it was easy to hide its use from their partners. But current research on decision-making in reproductive and family planning matters confirms significant shifts in the locus of control of reproduction.

This finding supports an earlier Malawi study by UNFPA and the University of Southampton (UNFPA, 2005), which found that some of the barriers to accessing contraceptives included the disapproval of community elders, as well as spouses within marriage. Such gatekeeping influences by men lead to the concealed use of family planning strategies by women (UNFPA Factsheet 14: 2005). Angotti *et al.,* (2011) recently found that among the Chewa, it was husbands, and not wives, who assumed strong decision making power on reproductive issues. Men are increasingly determining fertility and tending to assume direct responsibility over their children. Mtika and Doctor (2002) argue that, to a large extent, individualistic tendencies fostered by capitalism have penetrated the lifestyles of people in rural Malawi. One implication of such tendencies has been that married men increasingly wish to leave their property to their wives and offspring, rather than as the inheritance of members of the matrilineal family.

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As such, reproductive and maternal interventions to control fertility have focussed on securing the co-operation of men. Current research suggests that this male involvement in family planning is important. Shattuck *et al.,* (2011) found that the challenge lies in identifying appropriate messaging that can effectively encourage men's involvement. Earlier studies suggested that men had a negative attitude towards family planning (FHI, 1998) because of the nature of the programmes and the ways in which they were delivered. Shattuck *et al*., (2011) also observed that initially many health promoters implemented sexual and reproductive health programmes designed to empower women and to protect them from the impact of men's oppressive behaviour, which reduced women to sexual objects (Donaldson,

1993). The reason for this lies in the belief that women need autonomy in reproductive health matters.

Family planning programmes have historically viewed women as their primary clients for three reasons: women become pregnant, most contraceptive methods are designed for women, and reproductive health services can be offered conveniently as part of maternal and child health services. Some family planning programmes have avoided the provision of services to men, but this approach ignored the fact that in the "developing" world, men are often the primary decision makers about family size and the use of family planning (Chipeta *et al.*, 2010). Among other issues, this implies that service providers assume that women make informed, and sometimes secret, choices regarding their fertility. This attitude raises concerns as to whether reproductive health service centres ought to be considered as purely feminine spaces, to be kept away from the eyes of men. Such assumptions are questionable in the light of safe motherhood campaigns that call for men to gain knowledge and become involved in childbearing, particularly in caring for their spouses before and after delivery of the baby. This also fairly well describes the status and extent of maternal and reproductive health policy and delivery of service in Malawi.

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Men are very much 'partners' in reproduction and sexuality, and their reproductive health and behaviour impact not only on women's reproductive health, but also on the well-being of the children and their society. Despite the prevalence of assisted reproductive technologies (especially in the "West"), conception still takes place mostly through heterosexual intercourse. Heterosexual relations are also the basis of social fatherhood and legal paternity (e.g. the man might not be the biological father but can become the legal parent through adoption). This assumption is also reproduced in the framing of the legal system in Malawi. Paternal involvement is therefore pivotal for the success of interventions in maternal and child health. Three broad questions will be asked: should men's lack of involvement be foregrounded as the central reason for the increase in maternal mortality in Ntchisi? What extent of involvement are men to embrace in order to enhance the sexual and reproductive health of their spouses? How does the construction of masculinity, in all its forms, impact on the role of men in caring for their spouse's pregnancy through to the performance of paternal responsibilities?

1.5 Rationale of the research

In Malawi, men as husbands (in what largely remains a matrilineal marriage system) have not been investigated as contributing directly or indirectly to maternal health. Malawian discourse on maternal and child health, as well as reproductive health, has focused almost exclusively on women. There is relative silence and lack of clarity on fatherhood, its roles and men's participation in child bearing, caring and even their education. All of these have to be thoroughly explored and theorised in relation to maternal mortality in Malawi. Men may indirectly impede or directly prohibit women from attending health facilities, where they can access family planning and other reproductive health services, or they may not approve of women's actual use of contraceptives (Ensor and Cooper, 2004). The sexual and reproductive choices of men do not unfold in a vacuum: in many cultural settings (Dudgeon and Inhorn, 2004) men not only dictate whether their wives can utilise family planning, they also do not believe that utilising a contraceptive is the woman's responsibility. The national policy on Sexual and Reproductive Health and Rights (SRHR) in Malawi confirms that people tend to view child-bearing *per se* an issue that mostly concerns women.

1.6 Focus of the study

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This research, therefore, seeks to interrogate the role of Chewa men and their conceptualization of fatherhood in a way that is complementary to the concept of safe motherhood, as commonly emphasized in maternal health interventions. Finally, men's understanding of how manliness or manhood influences sexuality, fertility regulation and reproductive health will be scrutinized.

1.6.1 Specific objectives

1. To explore the local constructions and practices of masculinity in this site.
2. To gain an understanding of the role of married men in relation to women's sexual and reproductive health.
3. To explore spousal communication concerning reproductive and maternal health matters.

The following broad questions will be asked:

a) How is manhood conceptualised and how is it linked to marriage?

b) How is masculinity interrelated with sexuality, fertility and women's reproductive health? How is fatherhood understood and practised in relation to pregnancy and childbirth?
c) How do expectant fathers become knowledgeable about the above?
d) Are there impediments to male involvement in pregnancy and childbirth? If so, what are these?

1.6.2 Significance of the study

Malawi is in a race to address the high prevalence of maternal mortality and to try to work towards meeting Millennium Development Goal number five, namely, to reduce maternal deaths by 75% in the period between 1990 and 2015. The United Nations (2010) Millennium Development Goals (MDG) report points out that satisfying women's unmet need for family planning could improve maternal health and reduce the number of maternal deaths. Ensuring that family planning services reach poor women, and those with little education, remains particularly challenging. Targeted evidence-based policies and adequately funded interventions are required to ensure that even the poorest and most marginalized women can freely decide on the timing and spacing of their pregnancies. The key to these policies is information about the current factors influencing the status quo. As indicated above, few if any studies have been conducted in Malawi to shed light on how men, as key partners in women's reproductive health, perceive their role and what they do about it. This thesis will closely examine the roles and impact of men as individuals, social gatekeepers and powerful family members who enforce cultural practices, and whose actions can either be detrimental to or enhance women's reproductive health, especially during pregnancy and birth..

1.7 Further thesis organisation

Chapter 2 is a presentation of the review of related literature on the social construction theory as a benchmark for the construction of masculinities and the linkages it has with such concepts as fatherhood in diverse social contexts**. Chapter 3** discusses the methodology adopted for the operationalization of the research, providing a description of the study area, study design, sampling procedure, data collection techniques and the justification for employing them in this study. **Chapter 4** presents the subjective way in which married men and women conceptualise and construct masculinities locally known in Chichewa as *uchamuna*, *uphongo* or *akamuna*, which mean manliness, being manly or the manly. It brings

into view the perceptions of the local community about a real or ideal man. **Chapter 5** delves into sexual behaviour and the formation of marriage in the matrilineal system among the Chewa and discusses how male heterosexuality is domesticated, as well as the conditions (past and present) under which the Chewa consummate marriage. **Chapter 6** discusses the meanings of fatherhood on the basis of the perceived role of men in reproduction, the socialisation of children and leadership positions in the family. It provides an account of what men as spouses have understood and fulfilled as their role in the past and the present. **Chapter 7** discusses the sources of reproductive and maternal health knowledge in Chilooko community. It also explores the prevailing practices and forms of knowledge-sharing on reproductive and maternal health among couples. The discussion provides an overview of the perceived impact of the various sources of information, the conflict between the identified sources of reproductive and maternal health information, and the result of poor communication between married men and their spouses on motherhood. **Chapter 8** focuses on the role of masculinity in reproductive health, especially looking at how men are implicated in the rising maternal death toll and how they can help solve the dilemma. The main argument is that current public health calls for the involvement of men to participate both in antenatal care sessions and child delivery, especially their presence in the labour ward, are unjustified, hasty and overstressed, given the backdrop of major causes of maternal deaths as highlighted in local and international literature. **Chapter 9,** the final chapter, contains the main conclusions of the study.

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CHAPTER TWO: THE THEORY OF SOCIAL CONSTRUCTIONISM AND THE CONSTRUCTION OF MASCULINITIES

2.1 Introduction

This chapter attempts to review the seminal work on the understanding of masculinity as a social construct in the broader area of gender relations. This review is guided and discussed within the framework of the theory of social constructionism. The core argument of social constructionism is that together, in a social enterprise or social interaction, we produce the human environment. The ideas, beliefs, facts and knowledge are caused or controlled by social or cultural factors rather than natural factors. The classical work of Berger and Luckmann (1966:13) assert that reality is socially constructed and that there is no objective reality that exists independently of people, and truth can never be universal or absolute. The ideas, facts and beliefs are constructed both by personal and impersonal agents such as persons and cultural settings. Among the facts that are produced in the course of people interacting with one another is the notion of masculinity. Literature shows that over the past few decades, there has been an upsurge in the study of men and masculinities. This voluminous work has allowed for a detailed examination of the notion of masculinity, its construction and the critique of the hegemony of masculine practice in many spheres of life. The study on men and masculinities is broad and involves multidisciplinary perspectives within the social sciences. While addressing gender, the social sciences have been compelled to reflect or scrutinise the contribution from men (Flood *et al* 2007: vii). The chapter addresses the theoretical bases of social construction and discusses the construction of masculinity and its relationship with other practices.

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2.2 Social Constructionism Theory

Ryan (2011) shows that social constructionism is an approach to the analysis of society that is premised on the idea that the human reality people experience as being objectively true, is actually a socially constructed reality. It is an approach to human inquiry that encompasses a critical stance towards commonly shared assumptions. It holds the notion that widely accepted assumptions play an important role in reinforcing the interests of dominant social groups. It affirms the idea that the way we understand the world is a product of a historical process of interaction and negotiation amongst groups of people (Sahin 2006). Boghossian (2001:1) argues that to say something is socially constructed is to emphasize its dependence

on contingent aspects of our social lives. Humanity brings into existence many things in their prevailing forms based on need, values and interests. Our reality is often a product of a complicated process of negotiation through our interaction, depending on what we deem to be acceptable. The theory is concerned with the ways we conceptualise about and use categories to structure our experience and analysis of the world. It is an attempt to explain specifically how human beings produce the world they inhabit in relation to their biological limits.

This theory draws insights from the seminal work of Berger and Luckmann (1966). These scholars began by explaining that people's daily life, though experienced as objective and taken for granted, originates in their thoughts and actions and are later maintained as real. Reality is what we experience, what we cannot wish away and what demands to be taken into account. The way we present ourselves to other people is shaped partly by our interactions and by our life experiences. The scholars argue that the construction and maintenance of reality is achieved through the dialectical relationship between an individual and the social world, namely externalization, objectivation and internalization (Berger and Luckmann, 1966:70).

Human beings continually pour out themselves into the world, through mental and physical activity. This process is termed 'externalization' and refers to all human activities and products such as ideas, meanings and institutions that are the products of human thought, labour, creativity, invention, innovation and discovery. Objectivation follows when all human activities and products become socially real and objective. More specifically, when man acts, or externalizes, in the social world, all such acts have the potential to become habituated. Habitualized actions, of course, retain their meaningful character for the individual although the meanings involved become embedded as routines in his general stock of knowledge, taken for granted by him and at hand for his projects into the future. In terms of the meanings bestowed by man upon his activity, habitualization makes it unnecessary for each situation to be defined anew, step by step. A large variety of situations may be subsumed under its predefinitions. The activity to be undertaken in these situations can then be anticipated. Habituation can occur in isolation from others, but when habituated action is reciprocated, institutions develop (Berger and Luckmann, 1966:77). Therefore institutions exist only in relation to other people, and yet they are experienced as an objective reality. The process of explaining and validating the existing institutions, so that they are seen by individuals as subjectively plausible and right is called 'legitimation'. The final stage of the process occurs

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when an individual internalizes the social world and shared meanings; primary socialization occurs first, in childhood, but secondary socialization or 'internalization' is an ongoing process. Primary socialization offers the individual the experience of society as subjective reality and secondary socialisation inducts an already socialised individual into new sectors of the objective world of his society. The former involves being given an identity and a place in society. This refers to the processes of incorporation and realization. At this point what was external and unreal becomes internal and real to the individual. Our identity originates not from inside the person but from the social realm. Socialisation takes place through significant others who mediate the objective reality of society, render it meaningful and in this way it is internalised by individuals (Berger and Luckmann, 1966: 150). These scholars were the first to show how the world can be socially constructed by the social practices of people, but at the same time be experienced by them as if the nature of their world is pre-determined and fixed. These ideas have been nuanced by Lock and Strong (2010:6-7) who have noted that social constructionism is very broad such that it might not be considered as a school of thought by "a church". They made three observations; firstly that social constructionism is a central feature of human activities, progressively laden with meaning making and understanding. The next tenet is that meaning and understanding emerges out of social interaction and in shared agreements of the symbols. Thirdly, they observed that meaning making and understanding are inherently embedded in socio-cultural processes to the extent that they tend to be specific to particular times and places. Thus, the meanings of particular events, and our ways of understanding them, can vary concerning different situations.

Andrews (2012) purports that constructionists view knowledge and truth as created, and not discovered by the mind. He supports the view that being a realist is not inconsistent with being a constructionist. One can believe that concepts are constructed rather than discovered yet maintain that they correspond to something real in the world. He further highlighted that reality is socially defined but this reality refers to the subjective experience of everyday life, how the world is understood rather than to the objective reality of the natural world. He stressed that most of what is known and most of the knowing that is done is concerned with trying to make sense of what it is to be human, as opposed to scientific knowledge. The theory faces widespread criticisms from positivists. One criticism is that it is anti-realist, in denying that knowledge is a direct perception of reality, another is that research using a social

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constructionist framework lacks any ability to change things because there is nothing against which to judge the findings of research (Andrews, 2012).

In response to the realist critique, Sismondo (1993) differentiates between strict, radical or extreme constructionism and mild or contextual constructionism. He maintains that criticism is levelled at the former, which is said to deny physical reality. Burningham and Cooper (1999) note that in the critique of constructionism very few empirical studies adopting this approach are ever discussed. In other words, critics fail to evaluate the evidence as to how the theory is applied in practice in order to support their critique. In a review of studies using social constructionism, Sismondo (1993) claims that the vast majority of studies adopt the mild or contextual form of analysis, where a distinction is maintained between what participants believe or claim about the social world and what is in fact already known. In practice social constructionists recognise reality and Sismondo (1993) concludes that the realist critique is misguided in that it does not fit what is actually going on in empirical studies. Responding to the second critique, Burningham and Cooper (1999) maintain that this arises because of a misreading of the process in that researchers adopting this approach do not ground their arguments in, or discredit opposing arguments by comparing them unfavourably with objective reality, that is, in presenting their findings, social constructionists do not present them in objectivist terms, but rely instead on the plausibility of their findings. In other words, they set out to have their findings accepted by presenting a convincing argument rather than arguing that their results are definitive.

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Social constructionism accepts that there is an objective reality. It is concerned with how knowledge is constructed and understood. It has therefore an epistemological, not an ontological perspective. Social constructionism places great emphasis on everyday interactions between people and how they use language to construct their reality. It regards the social practices people engage in as the focus of enquiry. Social constructionism maintains that the world can only be known in relation to peoples' experience of it and not independently of that experience. It also holds the position that there are multiple realities out there, and all are meaningful. Next in the chapter is the application of social constructionism in critical studies of men and the construction of masculinities.

2.3 Critical Focus on men and masculinities

Currently, debates on the lives of men have become explicit, more gendered, more varied and sometimes more critical (than in the past). Issues about men's power and practices are no longer taken-for-granted in the media and public discourse (Hearn and Pringle, 2004:16). It is evident that this critical approach to men's practices as being "problematic" began in "Western" cultural settings, but extended worldwide (Howson, 2006:1). Alsop *et al*, (2002) and Cornwall and Lindisfarne (1994:12) emphasise that critical studies on men and masculinity draw from and hinge on a number of different elements, domains, identities, behaviours and even objects. The notion of masculinity and masculine attributes can be used to celebrate and enhance normative ideas and practices of maleness. However, such ideas can also unseat any straightforward relation between masculinity and men. Masculinity, to the extent that the term can be briefly defined at all, is simultaneously a place in gender relations, the practices through which men and women engage with that place in gender, and the effects of these practices in bodily experience, personality and culture. Being a man or woman is not a pre-determined state- rather it is a becoming, or arguably a condition actively under construction. Even though the positions of women and men are not parallel, the principle is quite true for men: one is not born masculine, but has to become a man (Connell, 2009:5; Connell, 1983).

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Howson (2006:1) explains that it was feminist scholars who first questioned masculine relations, practices and identities, thereby giving rise to various religious and secular-based men's movements. Hearn and Pringle (2004:16) have also observed that feminist initiatives have opened the way for the understanding of gender relations, especially the question of power. To these initiatives, there has been a wide range of men's responses to gender inequalities and feminism. There also have been many ways of studying men and masculinities. One fundamental development among these responses is the shift from the analysis of masculinity in the singular to masculinities in the plural(Hearn and Pringle, 2006); demonstrating an understanding that masculinities are configurations, often collective configurations, of embodied gender practices, rather than traits, attitudes or psychologies of individual men (or women). These studies have thus interrogated the operation of different masculinities: including hegemonic, complicit, subordinated, marginalised and resistant. This review will focus on various strands of the understanding of masculinities, as configurations of embodied gender practices.

2.4 Masculinity as a Construct

The construction and theorisation of the concept 'masculinity' has a history. Cornwall and Lindisfarne (1994:12) note that the many different images and behaviours contained in what people understand as the notion of masculinity are not always coherent: they may be competing, contradictory and mutually undermining. In addition, completely varying notions of masculinity can refer simultaneously or sequentially to the same individual. The meaning of masculinity often depends on who is speaking and who is being described, as well as in what setting this is happening. Masculinity has multiple and ambiguous meanings that can alter according to context and over time. Morrell (2001: 338) has described the construction of masculinities in southern Africa as both "a local and a global process". Globalization reshapes the arena in which notions of masculinity are expressed, necessitating an in-depth examination of transformations that are occurring in particular contexts. Andersson (2008:139-140) indicates that masculinity is no longer regarded as a particular way of being, but

> as a field of conflict that men have to traverse in a quest for coherence. Notions of masculinity are expressed in cultural discourses in many varying ways. The discourses can be understood as cultural resources that individual men draw on in their everyday lives. Cultural discourses are widely shared "background" assumptions or 'truths' about how the world works. These discourses are equated 'with human meaning-making processes in general.

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Harris (1995:9) purports that this process of meaning-making starts early in the lives of men, even while they are boys. The youth assumes a gender identity based on an individual's own feelings of whether he or she is a woman or man, a girl or a boy. In essence, gender identity is "self-attribution of gender". According to Cornwall and Lindisfarne (1994:12) meanings of masculinity also vary across cultural settings although in some social contexts, constructions are borrowed or modified from other cultural settings: thus masculinities imported from elsewhere are conflated with local ideas to produce new configurations. Currently there are strong indications among the scholars in men's studies to avoid universalizing and oversimplifying concepts in gender studies. Clatterburgh (2004:200) points out that the effort to include different adjectives to the constructs of masculinity has led to the appearance in literature of "various" masculinities. He mentions that whatever masculinity is, or masculinities are, is an issue of theorising. Masculinities are important because it is hoped

that by understanding what creates and maintains masculinity, new and healthier ways of being masculine can be found. Andersson (2008:140) also stresses that masculinity would refer to how people assume that the majority of men in society would act, talk and feel. The notion of masculinity refers to how ideal men are, and should be. The concept of cultural discourses offers the possibility of recognizing the dominance of these beliefs and practices of masculinity, without having to argue that all men follow them. This definition enables an understanding of masculinity as performed within a restricting order of symbolic meaning, constantly negotiating, producing and reproducing what it entails to "do masculinity" in relation to the surrounding culture and social structures. In this way it appears that an individual is "being produced" by a multitude of discourses. Clatterbaugh (2004:216) affirms this line of thought by arguing that one of the common strategies is to talk about how masculinity is perceived by an individual, either oneself or another. Coates (2003:3) points out that masculinity cannot be understood on its own, it is a relational concept. Masculinity is only meaningful when it is understood in relation to femininity. We often see ourselves in others, or others in ourselves. Masculinity then becomes a personal achievement, something we do, something we accomplish, an undeniable truth for any male who has grown to manhood. She further adds weight to the issue of speaking about "masculinities" to avoid the essentialist view that tends to treat masculinity as fixed across time and space. By using the plural "'masculinities" she illustrates the now almost conventional view that at any moment in time there is a range of masculinities extant in a culture: masculinities that differ in terms of class, sexual orientation, ethnicity, age, and so on. And these masculinities intersect in complex ways.

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Howson (2006:2) provides a good summary and argues that the rejection of the conceptual singularity of masculinity has opened up new possibilities for understanding it as a socially constructed multiplicity. This exposition and development of masculinity represents a significant attempt to provide a theoretical framework in which the concept "masculine" can be constituted in a manner less adverse to the aims of social justice. Recent work from Connell (2014:217) calls for a change in the positioning of research work on masculinities in the global south, from the margin to the centre. She suggests that the formation of masculinities should be understood in relation to history, colonialism and worldwide processes of conquest and social disruption in the global south. While the global economy of knowledge and the theorisation concerning masculinities are often skewed in favour of, e.g.

universities, research institutions and journals in the North, the fact is that equally important and original ethnographic work has been done in the global South.

In conjunction with the conceptualisation and better understanding of "hegemonic masculinity", manhood should be understood more broadly as a set of practices. Men and women locate themselves in gender relations and by asserting themselves in those relations they acquire their identities consequently tend to produce gendered effects both on themselves and others. Given the many possible gendered practices, relationships, and contexts that come together in the making of these identities in different times and spaces, it is much more helpful to think not of a singular masculinity but rather of multiple masculinities. In addition, any one masculinity, as a product of practice, can be simultaneously positioned in differently structured relationships. Accordingly, masculinities always are complex and contradictory; they are highly contingent, unstable contested spaces within gender relations. In this vein, Connell (1985) differentiated between hegemonic masculinity and subordinate masculinities. As it has been highlighted above, hegemonic masculinities are constituted through and meet the restrictions of dominant social relations. Hegemony works to control individual actions, even when doing so is not in people's own best interest. Subordinate masculinities do not meet the strict codes of dominant ideals, and some even subvert and contest dominant ideologies. Not all men attempt to embody and live up to hegemonic masculinity and some oppose it by developing alternatives, which take the form of subordinate masculinities (Donaldson, 1993). Un-hegemonic males would behave differently: being peaceable rather than violent, conciliatory rather than dominating, uninterested in sexual conquest (Itulua-Abumere, 2013:42). However, all men position themselves in relation to hegemonic masculinity in situations where their choices may be quite restricted. Subordinate masculinities in a way provide the foil by which we judge the masculine. This emphasises the fact that hegemonic masculinities are produced alongside, and in relation to other masculinities. This also means that men are not only organised hierarchically in relation to women but also to each other, in relations of marginalisation and subordination. In line with the social construction of hegemonic masculinity also emerges the understanding that the hegemonic practice, the dominance that men have in society, tends to benefit all men even those who do not personally project those attributes. This is referred to as "patriarchal dividend". According to Connell and Pearse (2014) it is the advantage to all men as a group from maintaining an unequal gender role. Some of the advantages are

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authority over women, respect, access to institutional power and many others. However, it is argued that some men have more of it than others depending on their location in the social order of gender relation.

2.5 Uses of Hegemonic Masculinity as a concept

The concept of hegemony was coined by Antonio Gramsci (Gramsci, 1971; Villanueva, 1993) and it refers to ideological domination. When one ideology or world view dominates, it suppresses or stamps out other ways of explaining reality. Ideologies vary: some are created by academics and are thus considered artificial, while others emanate from the lived experiences of the common people and are therefore considered organic. The latter consist of people's way of seeing or believing and the institutions that uphold such beliefs. In the previous subsection (2.3), the discourse illustrates that a plurality of masculinities emerge in specific and situational contexts. However, these masculinities do not align on a level playing ground but rather form configurations of practices that are arranged in the form of a hierarchy. Hegemony is the cultural dynamic by which a group or an individual takes and maintains a position of leadership in social life.

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The concept of hegemony was first incorporated in gendered studies of men and masculinities as "hegemonic masculinity" by Connell (1987) and collaborators in the late 1970s, and from early on was used in several ways (Hearn and Morrell, 2012:4). It is the common and readily available answer to the problem of the legitimacy of the patriarchy, which is taken by many feminist scholars to entrench the dominant position of men and guarantee the subordination of women. The concept of hegemonic masculinity has considerably influenced recent thinking about men, gender, and the social sciences, across many academic fields. Hegemonic masculinity is a contested concept, which has attracted criticism from several directions: sociological, psychological, poststructuralist, and materialist. It has been attacked as "an invention" that is determined to prove that men are too masculine (Connell and Messerschmidt. 2005:830). Despite the lack of consensus on its meaning and conceptual value, the concept is still highly influential and has provided a link between the growing research field of men's studies, popular anxieties about men and boys, feminist accounts of patriarchy, and sociological models of gender. It has found uses in applied fields ranging from education and anti-violence work, to health and counselling (Hearn and Morrell, 2012:4; Connell and Messerschmidt, 2005:830).

According to Demetriou (2001:340) particular masculinities are themselves subordinated by a dominant or hegemonic gender practice. These masculinities are related in different ways to the overall logic of the subordination of femininities by masculinities. Hegemonic masculinity is thus "always constructed" in relation to various subordinate masculinities as well as in relation to femininities. Hegemonic masculinity is therefore understood as both "hegemony over women" and "hegemony over subordinate masculinities". The theorisation of gender relations through the concept of hegemonic masculinity reveals the existence of a multiplicity of masculinities and of the power relationships among them. Within this analysis it has been shown that the structural dominance of men over women provides the essential foundation on which forms of masculinity and femininity are differentiated and hierarchically ordered.

Howson (2006:3) has observed that the growing literature on hegemonic masculinity published in English over the past decades have mostly focussed on investigating a specific strategy that dominant forms of masculinity employ to subordinate women. He made two key observations; firstly, that hegemonic masculinity has assumed a position within the literature as both the symbolic representative of the legitimate masculine ideal, and the focus for the critique of masculinity. In other words, to understand gender in the contemporary situation, it is imperative to know how hegemonic masculinity operates. Secondly, hegemonic masculinity is not imposed upon the gender order exogenously: rather, it emerges from and through the socio-cultural milieu itself, but as its legitimacy becomes entrenched it effectively takes control of the gender order by directing the whole gender polity in line with its own idealist nature.

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As discussed above (2.2), Connell (1983) explained that within the overall framework of gender among men, there are specific gender relations of dominance and subordination between groups of men: heterosexual over homosexual is the most significant. Very few men are actively engaged in maintaining the hegemony, but the majority of men gain from it because of the overall advantage to men of the subordination of women. Masculinities constructed in ways that realize the patriarchal dividend, without the tensions or risks of being the frontline troops of patriarchy, are complicit in this sense. Another form of relationship between masculinities is marginalization. This refers to relations between the masculinities in dominant and subordinated classes or ethnic groups. It is always relative to the authorization of the dominant group's masculinity. But as highlighted elsewhere,

hegemony may not always be negative. Morrell (2012:25) reports an observed shift towards gender equality in constructions of masculinity or the emergence of hegemony without oppression, which embraces the democratization of gender relations and the abolition of power differentials.

Recent work on the application of hegemonic masculinity has further revealed it as an organizing concept for the periodization and analysis of men and masculinity in South African society (Morrell *et al*, 2012:12). Among other things, the authors cite that the concept was so enthusiastically taken up because it sought to analyse gender power in conjunction with issues of male hierarchy, allowing for differentiation between groups of men who had different relations to one another, and more, or less, power in relation to a dominant group. In another piece of work (Hearn and Morrell, 2012) the concept has been utilised to enhance understanding of how men relate to power, how they use power, contribute and reproduce it or indeed are abused by it, and how this can be changed. The concept is thus examined in two national settings, Sweden and South Africa, where the concept has been put to work to generate appraisal and critique, as well as advance context-specific understandings of men's power (Hearn and Morrell, 2012:5). However, Hearn (2004:59) decided earlier to move away from focusing on hegemonic masculinity, to studying the hegemony of men in his critical studies. He claimed to have identified that the concept was unable to explain the various meanings attached to that of masculinity, at that particular moment in the social history. As such he opted to gravitate towards using 'the hegemony of men'. This approach sought to examine the hegemony of men and the dominance of some men over other men. The hegemony of men sought to address the double complexity that men are a social category formed by the gender system, a dominant collective as well as individual agent of social practices. This involves addressing the formation of the social category of men, and its taken-for-granted-ness, as well as men's entrenched domination and control through consent. These works tend to suggest that although hegemonic masculinity is considered narrow in its application in the study of men and about men, its use needs to be located within a broader gendered understanding of society, which in turn needs to confront race and class-based national realities.

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2.6 Hegemonic Masculinity within varying social contexts

Bryant and Pini (2011:141) contend that "it is from location that we experience our worlds, our gender and our class and our race". It is also emphasised that we physically experience our location through the body, "our body being the medium through which place is lived, with its layer of relations of power". They present a contrast between the urban and the rural, as a basis for differentiating the construction of masculinities. They argue that there are some common values and notions associated with social meanings of rurality. These include the centrality of nature, community cohesion, safety and the physical gains associated with 'outdoor' lifestyles, harmony, permanence, security, inner strength, as well as family values, community cohesion, and an emblematic nationhood. Work done in Namibia by Sorrell and Rafaelli (2005) noted that respondents living in rural areas continued to respond by saying "cattle and a large 'omahango' field" when asked what it meant to be a man, but expanded the definition to encompass western ideals of status. Informants recalled past ideals of masculinity with reverence as well as an acknowledgement that change was happening. A few respondents spoke about fathers and uncles but most described grandfathers and old headmen as examples when asked what it used to mean, to be a man. As migration moves people from their homes in northern Namibia to urban areas, men move between the urban and rural life, at times with ease, and at time with apprehension and pressure. For urban men, current definitions of masculinity encompass an array of modern possessions.

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Campbell *et al*., (2006) stated that the contemporary hegemonic version of masculinity is based on the symbolic consumption and production of rural men. Ideas, images, and representations of rural men influence all masculinities. He further also observed that in America one of the observations was that rural masculinities are changing and these changes occur in multiple directions. The rural has also been socially constructed as pre-modern, dull and 'traditional'. More contemporary notions of the "rural", include discourses and practices of preservation of the countryside for consumption, recreation, healthy lifestyles, and adventure, primarily by middle-class residents (Bryant and Pini, 2011:6; Campbell *et al.*, 2006:x). This section attends to the argument that the social construction of masculinity and hegemonic masculinity is contingent on location, more especially traditional and modern contexts. Hearn and Morrell (2012:8) then suggested that as hegemonic masculinity had gained almost hegemonic status within critical studies on men and masculinities, the concept needs to be re-contextualized in relation to contemporary feminist interventions and critiques of the Anglo domination of theory and the ''mixed blessings'' it brings for scholars on the

periphery of the global academic structure. This concept certainly brings some theoretical and pedagogical insights, but it also needs rethinking critically in different societal, cultural, and indeed transnational contexts. These authors demonstrate that the quest to understand men, masculinities, and hegemonic masculinity is theoretically important but also has major if contested implications for applied gender work.

New understandings of men's power have the potential to contribute to processes in which men actively and consciously produce alternative or counter-hegemonic forms of masculinity, which explicitly eschew violence and endorse the principle of gender equity. According to Connell and Messerschmidt (2005:832) hegemonic masculinity needs to be understood as a pattern of practice which is inter alia used by men as a conduit for dominating both other men and women. But although a minority of men might demonstrate hegemonic masculinity, many others might be modest in openly enacting a strong version of masculine dominance, or rather showing a complicit masculinity. Gomez (2007:118) also refers to this version of masculinity as the extension and institutionalization of male power groups, under mutual agreement. This is often opted for when foresight suggests that hegemony would not be effective as such, a careful strategy is adopted to guarantee power control. Complicity is therefore an intellectual planning to dominate another without assuming outright and manifest dominance.

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2.7 Masculinity and the practice of fatherhood

Eerola and Mykkänen (2013:2) have rightly posited that parenthood is a highly gendered area. Male parental roles and men's roles in their families are bound up with the practices and cultural conceptions of masculinity. The author's work forms part of the efforts seeking to operationalize the social and cultural constructions and practices of male parenting that inform men's descriptions of their role as male parents, and that the men themselves adopt and follow. However, Dowd (2000:183) tends to suggest that the desire to express or demonstrate masculinity has been an obstacle that prevents some men from taking up parental roles. She had observed that masculinity seems to focus on the way men live their lives, which makes the family subservient to everything else. Fathering is tied to manliness only as a demonstration of the ability to produce a child, not as the conduct of caretaking and nurturing. Morrell (2006) is strongly persuaded that fatherhood is an integral element in the construction of masculinity. He goes on to explain that the mere fact of having a child may be

used to claim the status of manhood. This shows how important the construction of masculinity is in paternal roles within South Africa and the sub-Saharan region. However, Morrell (2006) also shows that there are differences between masculinities that only recognise contribution to conception, and those that value responsibility and caring. He recommended that fatherhood should be a role that integrates men into families rather than facilitating separation between men, children and other men. These selected studies appeal to the need to study fatherhood in relation to the construction of masculinity, in order to isolate masculinity as a gendered practice within changing social contexts.

2.8 Concluding remarks

The review has shown that masculinity is a specific gender identity belonging to male persons. Furthermore, masculinity has been presented as a social construct that develops primarily through gender socialization. Masculine gender identity does not exist in isolation from but rather can only be understood in relation to femininity. In this view, masculinity is located as a gendered form of being that is given different expressions in different cultures and is generally constructed in contra-distinction to femininity. The concept of masculinity is generally used to refer to the cultural construction of maleness, the construction of men as gendered. Masculinity has commonly been represented as a powerful, strong and dominant gender identity and yet the meaning of masculinity is not stable. Thus, defining masculinity becomes a complicated process. There are so many diverse definitions of what constitutes masculinity and the concept of masculinity is used differently by various researchers depending on their field of study. Connell's notion of hegemonic and counter-forms of masculinity has gained considerable purchase in masculinity studies, and it offers a useful lens through which to observe expressions of masculinity in relations between men and women, and men and men. The review of masculinities and men's studies research has also shown that hegemonic relations in any society involve a constant contest and struggle for power and visibility. Boys and men appear to be constantly acting to maintain or occupy multiple and even opposing positions, often simultaneously, in their lived experiences. The review has also foregrounded the investigation of fatherhood practices as a key area of the construction of masculinity in diverse social contexts.

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CHAPTER THREE: RESEARCH DESIGN AND RESEARCH METHODS

> A core feature of qualitative research methods is that satisfactory explanations of social activities require a substantial appreciation of the perspectives, culture and world-views of the actors involved. (Parker,1995:12)

3.1 Introduction

Parker's quote concisely summarises the logic and principles applied in this investigation to unravel the local perceptions and experiences of the respondents as guided by specific objectives. This study is based in a Department of Anthropology and Sociology where interdisciplinary approaches to research and analysis is encouraged. For the purposes of this study I accordingly draw mainly on the disciplines of sociology and anthropology. For the research itself I decided to use qualitative methods. Since I was the most important research "tool" in the research process, I was encouraged to narrate the thesis in the first person.

I adopted an inductive approach to learning in which the respondents were the main agents in describing and explaining social phenomena as they were constructed and experienced in the research site. This chapter explains the design and approach followed in the investigation. It outlines the philosophy of the study and its subsequent techniques. The chapter provides an overview of the process engaged in fieldwork, the limitations encountered and the solutions adopted to resolve them. It also provides a narrative of the process of data analysis and interpretation.

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3.2 Research Design

Jupp (2006) describes a research design as a strategy that justifies the logic, structure and the principles of the research methodology and methodological tools, and how these relate to the research questions asked. Mouton (2001) sees it as a plan or blueprint of how the researcher intends to conduct the research. A research design is further defined as a road map (Berg 2001) or logical and effective strategy for moving between points, from the questions to the findings. The above authors stress the systematic process that permits the researcher to move from the problematisation of a social phenomenon, to identification of its causes, the choice of the tools to interrogate it, implementation of the techniques, and ultimately reporting the findings. According to Mouton (2001:72) designing social research:

> requires a researcher to map out strategies or a research design he or she will be using as guiding tools for enabling him or her to get the most valid results for the problem being investigated.

When embarking on this research, I was mindful of the two distinct approaches in social research, namely qualitative and quantitative. A qualitative research design was chosen for my study. Creswell (2003) provides three criteria that can guide researchers in deciding on a qualitative design. These criteria include the nature of the problem being investigated, personal experiences of the researcher and the type of audience that the researcher wishes to address.

The word *qualitative* implies an emphasis on the processes involved and meanings that people construct from their lived experiences. In addition, qualitative research is a system of inquiry which seeks to build a holistic, largely narrative, description to inform the researcher's understanding of a social or cultural phenomenon. Qualitative research takes place in natural settings and for example employs a combination of observation, interviews, focus group discussions, document reviews etc. Qualitative research emphasises the importance of the context in which the research is being conducted. According to Wiersma (1995) qualitative research, as a strategy, is predicated on underlying assumptions and perspectives which posit that social phenomena are viewed in their entirety, rather than trying to reduce complex phenomena to a few interdependent or independent factors. Researchers do not impose their assumptions, limitations, definitions or research designs on emerging data. Berg (2001) stresses that qualitative research is most suitable when it seeks answers to questions by examining various social locations and the individuals who inhabit these settings. The researcher's role then is to record what he or she observes and/or collects from subjects in their natural environment. Lastly, the design presupposes that reality exists as the subjects see and experience it. The researcher must strive to record fully, accurately and without bias that reality as seen and understood through the eyes of subjects.

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Polkinghome (2005) argued that research should also investigate the use of language as a vehicle of ideological perception relating to a social context. This is because the use of language in social activities is often taken for granted. Parker puts it succinctly:

> Language is so structured to mirror the power relations that often we can see no other ways of being, and it structures ideology so that it is difficult to speak both for and against it (Parker, 1992: xi).

Within this kind of framework, it is important for qualitative researchers to understand the use of language, which is viewed as representative of what people think and use to construct meaning (Parker, 1992). Parker (1995) views qualitative research as an attempt to capture the sense that lies within, and structures what we say about what we do. He further considered qualitative research as an exploration, elaboration and systematization of the significance of a perceived phenomenon.

A core feature of qualitative research design and methods is that satisfactory explanations of social activities require a substantial appreciation of the perspectives, cultural setting and world-views "of the actors involved" (Parker, 1995:12). In qualitative research, prominence is given to understanding the world views and insights of respondents on the basis of their active experience of the world. Knowledge is regarded as socially constructed, implying that meanings are construed or crafted by individuals as they constantly engage with and interpret the spaces they occupy (Creswell, 2003). Bryman (1989) added that the qualitative researcher seeks to elicit what is important from the experience of individuals, through in-depth investigation.

My research was accordingly designed to be exploratory and inductive. This was achieved by looking at how ideology, history and even the socio-economic environment influenced how the respondents perceived and lived their lives. All in all, this research design was adopted in agreement with Jupp (2006) who says that effective research design should demonstrate that the investigation will produce valid and credible conclusions. It should flow logically from the evidence generated. The process of devising it not only ensures that the research will be of value in terms of intellectual credibility, but also its external accountability, coherence and rigour (Jupp, 2006:265). In addition, as emphasised by Neergaard and Ulhoi (2007), the goal of qualitative research is to develop concepts that enhance the understanding of social phenomena in natural settings, with due emphasis on the meanings, experiences and views of all respondents. It is through this mechanism that meaning is conferred on objects, people, situations, and events, in the process of interaction (Berg, 2001).

Qualitative methods allowed me to explore how the people of Chilooko (68 respondents, 53 of whom were married men) constructed meanings of a particular phase of fatherhood, namely during the pregnacy of the spouse and immediately after the birth of the child. It also

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enabled me to investigate the masculinities that impacted on reproductive and maternal health in everyday life. My main aim was to explore men's constructions and practices of masculinity in terms of their active everyday experiences, their ways of negotiating hegemonic and alternative, or subordinated, versions of masculinity. This exploration was also done with reference to some of the contextual factors that appear to facilitate or hinder engagement with alternative forms of masculinity as it impacts on the lives of the wives of these men-, in terms of the former's reproductive, antenatal and postnatal health. In the sections that follow, I attempt to explain which methods were employed, how they were applied and the purposes for which they were utilised.

3.3 Research Methods

Research methods refer to techniques of identifying, collecting, condensing, organising and analysing data in the process of undertaking research in social science (Mouton, 2001). Jupp (2006) argues that methodology is the philosophy of methods. It encompasses, first, an epistemology – the "rules" according to which 'truth' is ascertained and the validity of the conclusions made, are warranted. The second involves an ontology – which establishes the "objects" concerning which questions can reliably and validly be asked and conclusions that can be come to or drawn from it. The upcoming sections focus on the research process itself, the kind of tools used and the procedures followed to generate the knowledge.

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3.3.1 Selection of Chilooko in Ntchisi District as study site

This study was conceptualised in 2011 in an effort to contribute to the efforts of reducing maternal mortality in Malawi. At the inception of this study, the highest prevalence of maternal deaths in Malawi was reported in seven districts, which included Nkhata Bay in the northern region, Ntchisi in the central region and Mulanje District in the southern region of Malawi. These districts were identified in consultation with officers from the Reproductive Health Unit (RHU) of Malawi's Ministry of Health and Population in March of 2011, and a decision was made to carry out the study in Ntchisi District, in the central region. Among the criteria that justified this decision were the high prevalence of matrilineal marriages and the predominance of Chichewa speakers which made it easier for me to communicate with the selected group. The most important criterion for deciding to focus on Ntchisi district, was the high incidence of maternal deaths in the area, the issue that initially drove the investigation. As indicated in the introduction, Ntchisi district has a high prevalence of serious reproductive

and maternal health challenges - common to most of the poor communities in "developing" countries. Within the Ntchisi District the research target was the Chilooko Traditional Authority.

3.3.2 Selection of research site in Ntchisi District

Upon registration of the research topic and obtaining ethical approval from the Senate Research Committee (SRC) of the University of the Western Cape in September 2011, field-work arrangements commenced. In January 2012, a visit was made to the Ntchisi District Health Office to seek permission for the project. I had an introductory meeting with the District Medical Officer (DMO), Dr. Charles Mtibo (on behalf of Dr.W.A.M. Chirambo, the District Health Officer and manager of the district health office). The district representatives were given an explanation of the research project, outlining its aim and objectives. The DMO granted me provisional approval to carry out the study, pending ethical approval from the Ministry of Health and Population's National Health Sciences Research Committee. In the interim, the DMO also granted me permission to meet District Health departmental heads, including the Reproductive Health (RH), Nursing, Maternal and Child Health (MCH), Safe Motherhood (SM) and the Health Management Information Systems (HMIS) representatives.

3.3.3 Selection of the Area

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The meetings with the top health care personnel at the district health office yielded information leading to the identification of health centres and catchment areas that had recorded high maternal deaths in recent years. Information acquired from the Safe Motherhood and the Reproductive Health officers at the district suggested that villages surrounding Chinguluwe Health Centre, in the area under the jurisdiction of Traditional Authority (TA) Chilooko, had experienced higher incidents of maternal deaths than other communities in recent years. This was a key indicator for me to focus my investigations on how married men of the Chilooko area perceived their roles as married men as well as in promoting women's reproductive and maternal health. The socio-economic profile data of the district was obtained as well. On the advice of the District Nursing Officer (DNO) and the Health Management Information Systems Officer I contacted the District Commissioner's office. This was done to inform the office of my intention to carry out the study in the Traditional Authority area of Chilooko. At the office of the District Commissioner, I gave a detailed briefing on the research project and made the District Commissioner and his staff

aware of the recommendation of the District Health Office to carry out the research in the area of Traditional Authority Chilooko - in the catchment area of Chinguluwe Health Centre. This was determined, as expressed earlier, on the basis of the occurrences of maternal deaths in communities under its jurisdiction. The District Commissioner welcomed me and appreciated the contribution such research could make to efforts to reduce maternal morbidity and/or mortality. He granted permission for the study to be carried out in the district (Ntchisi). The secretary of the District Commissioner wrote an official letter, introducing me to the Traditional Authority Chilooko. The latters' headquarters are located in Malomo, 29 kilometres from the District Commissioner's office. The road to this destination is accessible only in dry weather and almost impassable during the rainy season when slippery and muddy conditions make the terrain difficult for light vehicles. I drove to Malomo to have an audience with the Traditional Authority Chilooko[4]. The meeting took place at Traditional Authority Chilooko's court office. When I mentioned the name Kapulula, the chief quickly responded with keenness. He probed about my personal background, especially my ancestry, because the name had a direct link to one of the ancestral members of the royal (Chilooko) family. This lighted up the entire conversation, and the Chief almost began to regard me as a returned prodigal son. At this initial meeting, I learnt that one of the small communities in the area (close to Chinguluwe Health Centre where the study was to take place), was actually known as Kapulula Village. After being informed about the intended study, the traditional leader confirmed that the area had recently experienced increased maternal health challenges. Some of these resulted from the poor services women received from health care workers at the facilities. On that basis the local leader justified and accepted the study. The chief was knowledgeable about maternal health issues in the area because he is the chairperson of the Area Development Committee (ADC) which comprises representatives of Village Development Committees (VDCs).

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As noted in the previous chapter, a Village Development Committee is a representative body from a group of villages and is responsible for identifying needs and facilitating planning and development in local communities. A group village headperson is the chairperson of the VDC, which includes members of the Project Implementing Committees; the Village Health

[4] The name Chilooko in Ntchisi applies to three entities. It is a name of a Local Chief or Traditional Authority. It is also a name of a group village head from the same chieftaincy and it is also one of the villages, the birth place or kin group of the Traditional Authority. In this thesis therefore, Chilooko area primarily refers to the group of villages as well as the single village headed by a village head unless otherwise stated.

and Water Committees; School Committees; Functional Literacy Committees; and Women and Youth Groups. I learnt that one Group Village Headman was often responsible for 12 to 13 village headmen.

The Area Development Committee (ADC) is a representative body of all VDCs under a Traditional Authority. Its membership could range from 25 to 60 people under the leadership of the Chief. The ADCs are responsible for mobilising community resources and determining development interventions in the area. The area surrounding Chinguluwe Health Centre is under the jurisdiction of Senior Group Village Headman Chilooko. It is the seat of the royal family and one of the 41 VDCs under Chilooko Traditional Authority. After obtaining the blessing of Chief Chilooko, I set out to meet Senior Group Village Headman Chilooko, who also happened to be the elder brother of the chief. A similar permission-seeking process was adopted to approach Senior Group Village Headman Chilooko and I presented the research agenda to him, explaining the aim and objectives of the research, in the hope of establishing a rapport for entry into the villages. I was then personally accompanied by the Senior Group Village headman or his representative and introduced to leaders of the villages of Kalichi, Kangómbe, Kapulula, Chilooko, Kambale, Bowa, Mbalame, Kambiri, Dzimwe and Masokore. As it has been explained in the footnote, Chilooko refers to three different demarcated areas: a wider area called the Traditional Authority (TA) under a chief, a grouping of villages called Village Development Committee (VDC) under a senior group village headman, and a village under a village headman. The local leaders for these hierarchical entities are descendants of one matrilineal ancestress, and Chilooko village is the birthplace of all of them. In this research, Chilooko will primarily refer to the traditional authority to minimise confusion for the reader.

3.4 Application for Ethical Clearance from National Health Sciences Research Committee (NHSRC)

On the advice of the Ntchisi District Health Office, the study had to be cleared by the Malawi Ministry of Health and Population. I contacted the latter office in Mid-December 2012 and made an application. The proposal was submitted, including in-depth interview and focus group discussion guides in English and Chichewa. The result of the review was communicated to me after 30 days in a certified form (protocol NHSRC# 974, see Appendix D) after which the field work commenced in Chilooko.

3.5 Recruitment of study respondents

I spent time, moving around the villages to become familiar with the different environments and to meet the village leaders. During this time I mingled with people at the market, grocery shops and other places where men congregated to socialise after their daily work was over. In the course of the fieldwork and after the interviews, I also interacted with study respondents at the local market, the seasonal produce markets for those selling and buying beans and soy beans, those preparing burley tobacco in their "*chigafa*" (tobacco drying shed) and also those selling "*chipisi*" (French fries).

Using the Health Centre staff, the Health Surveillance Assistants (HSAs) as entry points in most of the villages, I became familiar with the geographical locations of all the villages. I was soon identified as someone working in the field of health. In each village, a village leader communicated with the local men regarding my presence, specifically outlining that I was interested in meeting the men. The leader signalled to the men in the village that the 'stranger' had been given consent to work in their village and openly invited married men, if willing, to participate in the research. My presence aroused interest and some villagers who were fascinated by the issue of men and pregnancies offered themselves as respondents for interviews.

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The study limited its scope to these ten villages or communities (named above). These included some of the villages which had reported, or were known to have registered, a comparatively high rate of maternal deaths. But the study specifically focused on the married men of the villages. The study also involved clan elders and local leaders in the ten selected villages - because of their personal experience with pregnancy-related care and traditions. Married men with three or more children were targeted because they could offer experience of reproductive and maternal health issues. This ensured the richness of their experience with pregnancy and its related traditions. Although the research specifically targeted married men, 12 married women who had given birth or assisted in deliveries were also selected to provide a complementary picture of the issues articulated by men in the study. This approach became the benchmark of recruitment in all the villages (Masokore, Kambiri, Mbalame, Dzimwe, Bowa, Kapulula, Chilooko, Kalichi, Kangómbe and Kambale) for primary research respondents.

3.6 Individual in-depth interview and its contribution to the study

During those informal interactions I solicited respondents and made appointments with men who volunteered to participate in the study. This approach enabled me to recruit research participants/respondents flexibly, conveniently and purposefully to ensure that they voluntarily engaged with me with their full and informed consent. In some instances, purposive samples were selected after field investigations on a group, in order to ensure that certain types of individuals or persons displaying certain attributes were included in the study. This approach is also consistent with Berg (2001), who suggests that through purposive or judgmental sampling, I select study subjects who represent this population. As explained above, 53 male respondents were recruited. This meant approximately five per village. Most of these men had three children or more. My study also included key informants like the village chiefs, and the women.

Respondents continued to be interviewed on the basis of the saturation point principle, i.e. until collection of new data did not shed any further ideas on the issue under investigation (Mason, 2010:1). Out of the list of 53 participants/ respondents I had 20 regular respondents who were interviewed in-depth more than once. The others were formally interviewed once because of the demands of their work: processing agricultural products in the gardens, harvesting soy beans and picking tobacco. I also spent time with all the male respondents and had informal conversations with them while they were busy.

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Traditional and local leaders were key informants, selected for their particular knowledge (eight in total). They included three group village headmen, two traditional birth attendants and three senior citizens. The village heads had recommended the latter to me. The traditional leaders were particularly earmarked as potentially knowledgeable about "traditional" and mainstream values and customs of Chewa society, to explore certain issues in more depth. Because of the nature of their positions I specifically asked them to participate in the study. Interviews with them were mostly done at their homes or places of work. The two traditional birth attendants were expressly included as key informants, because they had hands-on experience of childbirth and an array of maternal challenges in the communities.

Mack *et al.,* (2005) observed that individual in-depth interviews are one of the most commonly-used qualitative methods. One reason for their popularity is that they are effective

in giving a human face to research problems. Individual in-depth interviews allow for the exploration of issues that may be difficult or complex. Interviews help to develop a better understanding of the meanings that the respondents make about their personal, lived experiences (Parker, 1995; Schurink, 1998). In-depth interviews offer the opportunity for people to express themselves in a way that ordinary life rarely affords them. Mack *et al.,* (2005) further argue that many people find it satisfying and even cathartic to discuss their opinions and life experiences and to have someone listen with interest. The in-depth interview is therefore a technique designed to elicit a comprehensive picture of the respondent's perspective on the research topic. As indicated above, multiple individual interviews proved to be the appropriate instrument to enable the participants to confer the meaning of local concepts, to better describe how masculinity is understood in Chilooko.

Respondents felt at ease to discuss their experiences and practices uninterrupted by me or external disturbances. As an interviewer I took a facilitative role, picking up on issues that the interviewees raised and encouraging them to develop and reflect upon them further. Through this process every participant in the study was allowed an opportunity to explain observations that are often taken for granted about the way men in general, or the respondent specifically, organised their lives and the various roles and attributes they were expected to embody and enact. The interviews allowed the respondents to demonstrate their indigenous knowledge of Chewa society. I made sure that issues were fully explored regarding the local perceptions of masculinity, the spheres of life in which men were expected to demonstrate masculinity and the manner in which language or speech was employed to convey the import of these constructions.

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I never assumed anything about the research site, and probed the terminology and statements of respondents when meanings did not appear obvious. I assumed a jovial but respectful attitude to set a positive tone for the respondents to feel at ease. While remaining in a listening and attentive mode throughout the process of interviewing, I avoided unnecessary interruptions but made sure that the interviewee stayed on track. All the interviews were tape recorded with the informed consent of the respondents. The interviews usually lasted between forty-five (45) minutes and one hour.

3.7 Focus group discussions and their value to the study

A focus group discussion (FGD) is a qualitative data collection method in which one or two researchers and several participants meet as a group to discuss a given research topic (Mack *et al.*, 2005). This research was initially designed to engage the majority of the study respondents on an individual basis and to explore the construction of masculinity and its impact on reproductive and maternal health. Focus groups are not the best method for acquiring information on highly personal or socially sensitive topics; one-on-one interviews are better suited for such topics. Bloor *et al.,* (2001:23) argue that focus group discussions can provide the occasion and the stimulus for collective members to articulate the normative order underlying behaviours and opinions that are often taken for granted. The group is a socially legitimated occasion for respondents to engage in what they call "retrospective introspection". This is an attempt to carefully and critically look back at past social phenomena, in order to draw out previously taken-for-granted assumptions. This research aimed to capture the views of the people of Chilooko on the expected and accepted conduct of married men in the care of their pregnant wives, to get access to information on maternal issues and spaces, and to reflect the tendency of men to discuss (or remain silent on) reproductive and maternal issues, maternal challenges in their area, as well as their opinions on fathering and fatherhood. On this basis, the richness of focus group data emerged from the group dynamics and from the diversity of the men. As noted above, the group comprised middle-aged married males, the majority of whom had from three to five surviving children. This group was targeted because they were presumed to have a long experience with their spouses' pregnancies and childbearing. Care was taken to ensure that the views of all participants were heard and no respondent was allowed to dominate the discussions. This technique made it possible to get a good understanding of how a given issue (e.g. masculinity and sexuality) affects a community of people. These questions were raised in each of the focus group discussions. Focus groups contribute to this broad understanding by providing well-grounded data on social and cultural norms, the pervasiveness of these norms within the community, and people's opinions about their own values (Mack *et al.*, 2005). In this way the FGD technique was used to provide support and complement the views obtained from individual respondents in the final phase of the investigation.

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As stated earlier, there was prior communication with respective villages through the community-based public health personnel. With the aid of the local leaders, these officers

identified married men and fathers of three or more children who were open and eager to participate in a group discussion on reproductive and maternal issues. The community-based health personnel were adequately briefed about the study and were cautioned not to pre-empt details of the study, to avoid influencing what people would say during the discussion.

Participants for the focus group discussions (FGDs) in Bowa, Mbalame, and Kambiri were recruited in a slightly different manner. Participants were recruited with the assistance of the Health Surveillance Assistants. The health care workers are familiar with the people and the communities where they offer extension services. These community-based public health personnel were instrumental in setting up appointments, assisted with identifying candidates to approach for possible participation and helped to arrange the venues for the discussions. Married women and married men who felt comfortable to participate in discussions were approached in advance and enlightened about the objectives of the meetings. At the end of these efforts, three focus group discussions (FGDs) were arranged. The FGDs helped me to grasp the general view of the community. The standard size of these focus groups was stipulated as a maximum of 12 and a minimum of eight participants. Upon making these arrangements, the health personnel provided feedback to me and confirmed the village, venue and the agreed time schedules. All focus groups were carried out as single sex discussion groups with participants who were often within the same age range and mostly the same socio-economic status, to ensure that there were no social barriers to dissuade individuals from fully airing their views in the discussion.

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The same approach was followed to arrange focus group discussions for married women, with FGDs in three sites, on premises selected to ensure that the discussions took place with the maximum degree of privacy. It was, therefore, the primary task of the community-based health personnel to ensure that such venues suited the area's cultural context. Two focus groups were conducted for married men; the first one took place in Mbalame village and was attended by nine participants and the second at Kambiri village was attended by eight participants. Participants in the focus group discussions for married men were aged between 25 and 47 years while the ages of participants in the focus group discussion for married women ranged from 30 to 52 years. These participants mostly possessed junior primary school education, except for a minority that had no basic formal education. Only one focus group materialised for seven married women at Bowa village. This focus group was

conducted to validate the opinions of the married men, since women were not the key research respondents.

Permission to tape-record the group sessions was obtained prior to the process. Before starting the group discussions, ethical concerns were discussed with the respondents. Although consent was given at the beginning, respondents were informed that they were free to leave if they found the discussion boring or offensive. Discussion of informed consent included the desirability of keeping the issues to be discussed confidential, the need not to mention or refer to other individuals by name and possible limitations to this in such groups. All focus group discussions lasted between one hour and one hour fifteen minutes. I relied on my previous focus group facilitation skills obtained from my three year experience in working with Centre for Social Research (CSR) of the University of Malawi (UNIMA) to ensure that participants did not deviate too far from the topic. I moderated and prompted participants to respond to issues raised by others, and to identify points of agreement and disagreement. All the focus group discussions were lively and entertaining and most people were eager to talk, making the task of moderating easier.

3.8 Data Management, analysis and interpretation

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The study helped me to amass a lot of information in the form of field notes, interview notes and audio mp3 files, all of which needed to be critically reviewed, organised and interpreted to formulate answers to the research question. I reflected on a daily basis on what the day in the field had offered. Every day was a learning process marked by positive and encouraging occurrences as well as negative and disheartening experiences. All these experiences were used to refine the research process and strategies in order to make better sense of the research questions. Every emerging idea - from the first research encounter- was subjected to reflection - and this helped to sharpen subsequent interviews. In this process I made the process of reflexivity a central pillar in the investigation. This research allowed me, as a married Chewa man, to gain insight into the ways in which other men perceived, constructed and performed masculinity in daily life. I identified with most of the constructions of masculinity as represented by the people of Chilooko against the backdrop of their social origins; that is to say, I hail from Dedza District, in the central region of Malawi and speak Chichewa, as do the people of Chilooko.

On a daily basis the voice-recorded files of the interviews were checked and I was able to note areas that needed further probing and issues that needed further clarification from respondents. This enabled me to fill most information gaps, and it also meant that the initial analysis of information patterns was completed, with events connected to the observations. It was an ongoing research task, learning to identify the pattern of ideas that were emerging. Ideas and themes continued to echo in my mind throughout the fieldwork. All voice-recorded files were downloaded to the computer and clearly labelled and coded on a daily basis. A backup of the files was made on removable disk as a precaution. On completion of the fieldwork, I personally transcribed all voice-recorded interviews. This proved to be the most tedious task of the research project but it was also enriching in that I was kept connected and well informed of the research findings. I made an effort to ensure that the transcripts were verbatim and that they contained accurate information, including speech errors, pauses, interruptions, changes in volume and emphasis of certain points. I also had to listen to the interviews repeatedly in order to accurately transcribe jargon or idioms that needed the correct phrasing to capture their essence. The transcription process extended the process of reflexivity that was engaged during the field work and it informed the analytical strategy.

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Data analysis involved reading each transcript many times with the aim of determining the prevailing themes. The re-reading of transcripts enabled me to detect patterns and to categorise different practices and constructions to find associations between thems. Gee (1999) pointed out that, by using the interpretational approach, the researcher looks for patterns or threads, constructs and commonalities within the data to explain the phenomena encountered. During and after data collection and reflection, I generated 'categories' which fitted the data. This was the process of coding, a key step in the process of analysis. It has been described as "simply the process of categorising and sorting data" while codes are described as serving to "summarise, synthesise, and sort many observations made out of the data" (Bryman and Burgess, 1994:42). This was done for all themes until I felt assured about their meaning and importance. According to Andersen (2003) an analytical strategy is the second order strategy for the observation of how the social emerges in observations. This approach during fieldwork helped in the on-going process to detect and reflect on issues emerging from the interviews. Focus group discussions also enabled me to follow up on findings. This analytical strategy shaped a specific gaze on the data that allowed me to formulate a more general expression of the categories of ideas. Bryman and Burgess (1994:43) also add that interpretations of data are attained not only through a combination of

individual knowledge and textual scrutiny, but also through the memory of field experience. As indicated earlier, I spent much time with these men, and had informal conversations with them while they were busy. Such experiences left impressions in my mind - that kept reoccurring in the course of analysis. In the next chapter, I begin to present the findings of the research regarding the social construction of masculinities.

CHAPTER FOUR: THE SOCIAL CONSTRUCTION OF MASCULINE IDENTITIES AND ITS INFLUENCES ON MEN'S LIVES IN CHILOOKO

4.1 Introduction

The chapter attends to the subjective way in which the Chichewa speakers of Chilooko, conceptualise and construct masculinities: my research delved into the processes and practices men engage in as individuals, through which they are constructed as different from women or from other men. I attempt to explore the notions of manhood in Chilooko following the social constructionist perspective. Constructions of masculinity identified in this chapter are then linked to men's lives in connection with their sexuality and marriage, communication with spouses within marriage, practices of fatherhood and their conduct regarding reproductive and maternal issues. These subjects will be discussed separately in greater detail in subsequent chapters. Notions of masculinity in Chilooko are representations of how the people in the community understand "a real man" to be and act, but such local constructs will be contextualised vis-a-vis the arguments presented in extant literature.

I am aware that there is much contention and confusion regarding the definition of terms and concepts in the study of men and masculinities (Schrock and Schwalbe, 2009:279). Hearn and Morrell (2012:3) have noted that, although the gendered study of men has increased rapidly during the past three decades, this sub-field suffers from a lack of unanimity and many concepts remain contested. In view of such contestation over the meanings of concepts in the study of men, attempts to equate the local notions of masculinity in Chilooko with conventional ones are approached with caution. This is because local constructions and practices are somewhat different from the findings in extant literature (which focuses overwhelmingly on western and/ or patrilineal settings, if done in Africa).

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In the vernacular language (Chichewa), the notion of masculinity emerges in three local linguistic representations. *Uchamuna* (being masculine) suggests the signifying of the masculine self (Schrock and Schwalbe, 2009): it emphasises being, rather than practice. The second notion is *uphongo* (manhood), which suggests diligence in performance and therefore deals with practice. *Uphongo* has a strong sense of the individual demonstrating these masculine attributes as reference points in comparison with others. The third notion is *akamuna* (the masculine) and mainly deals with difference from others as a collective of sorts. In all three notions it is emphasised that a "real" man never resembles or displays strongly stereotyped feminine characteristics (Watson-Franke, 1992:475).

Connell (1995) argued that all societies have cultural accounts of gender but do not necessarily have a concept that would neatly translate as masculinity. As can be expected, the people of Chilooko have no words for the conventional concept of "masculinity" (a term which, like gender, is "invented"). People do however have a general idea about what it means to be a man or to be manly, even though there may be differences over time and between settings. According to Uchendu (2013:11):

> In Africa's twentieth-century matrilineal societies, almost all important offices were held by men but because women in such groups determined the group affiliation of their children and were of great formal significance in establishing a man's rights (he claimed political office through his mother), women commonly attained a freedom of action and a degree of public significance that was difficult for them to acquire in patrilineal kin groups … Women's enhanced social status as the determinant of the group affiliation of their male relations had implications for masculine expression in Africa's matrilineal societies.

The exploration of what a "real" man is in Chilooko, took place within the social context of a matrilineal system (refer to 1.2.2). The latter has been changing under the influence of colonialism, the influx of European ideas (especially from the United Kingdom), education, capitalism and Christianity. As indicated before (refer 1.2.2) the dynamic nature of the *Nyau* secret society also affects ideas and practices of manhood among the Chewa in Malawi today. The chapter advances various arguments; the first is that people in Chilooko have many constructs of what a real man is, as they relate manhood to many dimensions of social life. There are different masculinities, or ways to be a man, but a hegemonic understanding of manhood is greatly emphasised. It also upholds the argument that all constructions of masculinity have flaws, they lack complete 'control' and they may be disrupted or even disrupt themselves.

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At this point I am drawn to the current debates regarding the relevance and universality of the use of the concept of hegemonic masculinity (Hearn and Morrell, 2012). The emergence of the latter has influenced research on men and masculinities but has also been critiqued (Connell and Messerschmit, 2005:836). Despite the criticism, the concept is still widely accepted as useful in theorising about men (Hearn, 2004:54) although this does not signify consensus on its meaning and conceptual value (Hearn and Morrell, 2012:3). The chapter

tries to present a snapshot of the fluid understanding of the concept of masculinities in Chilooko. In this chapter, I argue that there are many practices and processes among men from which different constructions of masculinity emerge. According to time and space, but also depending on need or expectation, these constructions dislodge each other from the hierarchy and relative positions of hegemonic importance.

4.2 Synopsis of the Conceptualization of Masculinity

The study of men and masculinities is broad and involves multidisciplinary perspectives within the social sciences. While addressing gender, the social sciences have been compelled to reflect or scrutinise the contribution from men (Flood *et al.,* 2007: vii). It is not the intention in this small section of the thesis to provide an exhaustive evolution of the scholarship on this multifaceted topic. Instead, it contains a summary to contextualise my own original work in this regard.

In his ground-breaking work on theorising gender, Connell (1985:269) argued that men and women were different from, but complementary to, each other. The author theorised that the best way to understand and overcome the "natural" difference between men and women was to consider their social practices instead. Carrigan *et al.,* (1985) noted that, although most social science research and publications involved men, few discussed masculinity. Instead the authors sought to explore which forms of masculinity were socially dominant or hegemonic. They further aimed at theorising a realist sociology built on actual social practices. It is through this analysis that the authors coined the construct of masculinity that had the ability to impose a particular definition on other kinds of masculinity, calling it hegemonic masculinity. Connell's work (1987) on gender and power generated the framework for social analysis of gender and sexuality, and brought to view the need for closer scrutiny of approaches to the study of masculinity and femininity. From the early 1990s to mid-2000s, there has been an upsurge of research on empirical and theoretical dimensions of masculinity (Hearn, 1998; Hearn and Pringle, 2004, Connell, 2005; Hearn and Pringle, 2006; Seidler, 2006; Lemelle, 2010)

Drawing on contributions from scholars of diverse backgrounds, Brod and Kaufman (1994) edited a volume on theorising masculinity, which provided a treatise of central issues that modelled the study of men, and those relating to theoretical explanations of institutions most

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closely identified with men. The journal Men and Masculinities was established in 1998 to provide an avenue for peer-reviewed empirical and theoretical scholarship that explored the evolving roles and perceptions of men across society. In the first volume, Connell (1998) argued that in the 1990s closer attention to empirical research on masculinity and men in fully described local contexts, had borne fruit. In the European region, Popay *et al.,* (1998) and Hearn *et al.,* (2004) produced edited volumes dealing with the relationship between men and welfare and the differential association of men's practices with a variety of social problems including violence, health and social exclusion.

On the African continent, Ouzgane and Morrell (2005) - who felt that the subject of masculinity in this part of the world had been neglected - produced an edited volume reflecting the burgeoning scholarship on gender in Africa. Some of the scholarly work on masculinity in southern Africa has focussed on subjects such as the construction of the notion of masculinity in general (Shefer, *et al.,* 2007), the construction of masculinity in relation to health, sexuality and HIV/AIDS (Campbell, 1997; Brown *et al.*, 2005), the relationship of the notion of masculinity and fatherhood (Morrell, 2006), the responses of men to changing socio-economic and political environments (Morrell, 2007) and the inclusion of men in broader gender analysis (Morrell, 1998; Jewkes and Morrell, 2010).

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Research on masculinity in the sub-Saharan region has also increased substantially, mostly emerging from South Africa. Bantjes and Nieuwoudt (2014) have recently described practices and rituals which show how gender is performed among elite schoolboys in South Africa. A critical and reflexive review of hegemonic masculinity and other concepts has been performed comparing South Africa and Sweden (Hearn and Morrell, 2012). Another piece of work on hegemonic masculinity in South Africa involved its continued utility and relevance in analysing political activism and gender scholarship (Morrell *et al.*, 2012). The extant scholarship continues to show that, although the concept of hegemonic masculinity has received a lot of criticism (Demetriou, 2001; Connell and Messerschmidt, 2005), researchers still find it applicable to their work.

4.3 Contextualizing masculinity in Chilooko

Although the study of masculinities in an African context was initially neglected (Ouzgane and Morrell, 2005), recent efforts have aimed at developing a gendered understanding of men

in Africa, thus challenging the supposition that they form a homogenous category (Ouzgane and Morrell 2005). Men are gendered beings, socially constructed and reproduced (Hearn, 2004:51) and need to be studied in terms of their different political and conceptual locations (Hearn and Morrell, 2012). Reeser (2010) adds to this understanding by arguing that the view of masculinity as "natural" is problematised by moving across the open and active process of meaning making and practices that appear coherent, systematic and consensual, and by looking at context specific examples. There is much variation in the construction of masculinity based on the aforementioned active process of meaning-making, within and between groups of people. This suggests that there is a need to study localised constructions and understandings of masculinities among different groups of people.

Masculinity is a collective gender identity that is socially constructed as fluid and taking many forms (Morrell, 1998:607). It is not merely a social construction but also a concept that has material effects on the lives of men, culminating in demonstrable practices that need to be explored, analysed, and possibly changed (Hearn 1992). Critical studies (Hearn, 2004:50) refer to the range of work that addresses men in the context of gendered power relations. Though such studies are mindful of the danger of again excluding women, they are critical of men as explicitly gendered beings. These studies seek to explain more fully the relational construction of masculinity and the power relations sustained by hegemonic definitions. It has already been shown in the argument of Connell and Messerschmidt (2005) that despite the critique of the notion of hegemonic masculinity, it remains a valuable concept. However, the notion of masculinity or hegemonic masculinity in, for example, the United States and UK, or much of South Africa for that matter, would not be exactly the same as for respondents in Chilooko. To explain this difference, it must be noted that among other conditions, in the USA and UK descent is bilateral (a person is family to both his/her father's and mother's family) and in South Africa it is largely patrilineal (descent reckoning through the line of the father). In South African literature, for instance, hegemonic maleness is often constructed and represented in the form of a man as overtly sexual (almost as if men cannot control their sexual urges), aggressive and violent. Hegemonic masculinity among heterosexual men in South Africa is also mostly presented as involving multiple sex partners (Hunter, 2005).

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As indicated above (4.1 and 1.2.2), Chichewa speakers are largely matrilineal, but there have been many changes, especially as a result of intermarriage, colonisation, conversion to

Christianity, as well as exposure to a formal education system. Ethnographic work on the life of the Chewa has shown that on reaching puberty boys and girls underwent and often still undergo initiation (Hodgson, 1933; Kaspin, 1993 and 1996). For boys, the responsibility to enrol them in the initiation process was spearheaded by the maternal uncle. Before a boy could be initiated, the uncle conferred with the male initiator and his assistants on the candidate's character and tipped them off about treating him more severely, or less so, according to his merits. The father of the adolescent boy was not allowed access to the premises in which the boy was socialised. This form of socialisation was entrusted to the Chewa institution of *Gule Wamkulu* (the great dance) and it was a second level of instilling good manners and socially acceptable behaviour in Chewa youth, after the parents had provided their primary instruction.

Constructions of masculinity in Chilooko are contextualised in the historical accounts of influences of the missionaries and colonial administrators who had initial contact with the local populations in the late 19th and early 20th centuries (Lamba, 1985:62). The work of Kachapila (2006) suggests that Chichewa speakers appropriated and combined "foreign" ideals and authority with the local ones. In the process there have been changes for men in Chewa communities. Firstly, through participation in *Nyau*, men, who had been raised and married under matrilocal precepts, are able to renegotiate their power relations and social status - even within matrilineal marriage arrangements. Married Chewa men, whose authority and power had previously been marginalised within marriage by "*chikomwene/chikamwini"* (matrilocality), are increasingly able to exercise control in relation to their wives and children and to experience a sense of belonging in their wives' villages. In the past, married men had limited access to networks of support and solidarity in the villages of their wives.

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Matrilineal Chichewa speakers are also transitioning towards double descent arrangements and kinship (reckoning descent through two largely unilineal descent systems) in their practices. In this way husbands gain some freedom from the matrilineal authority over their marital families from, for example, the wife's brother. There is an increase in virilocal residence after marriage. Men are taking their wives and children to their villages of origin. Due to intermarriage with patrilineal kinship groups, matrilineal Chichewa speakers increasingly adopt dual kinship styles. One respondent described the trend:

> Very few men opt for "*chikomwene*" (matrilocal residence) these days. Staying at the woman's home may not only indicate that you are not a real man but also that you do not have complete authority over your wife. This situation might have arisen because you do not have enough productive resources (like land) at your birth place. (Individual interview, Male, Kapulula Village, 2012).

The quote above points to the assertion and exercise of male leadership in a man's own household and marriage. It points to his authority and privilege to access natural resources as key factors facilitating the trend to assume virilocal residence. Conversion to the Christian faith is another driving force that has contributed to changes in the social status of Chewa men. Christianity emphasises the authority and power of a man over his wife and children and has influenced changes in "traditional" religious beliefs and cultural practices among Chichewa speakers - to the extent that they have over time modified many of their perceptions and values in relation to masculinity. Stuart (1979) posited that Christianity spread widely as a result of colonisation and "missionisation" in the 19th and 20th centuries in sub-Saharan Africa.[5]This resulted in the acceptance of some Christian ideals by local populations. It also meant that in some places, "traditional" religious systems were absorbed and syncretised into Christianity (Lamba, 1985:63).

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Currently, most people in Malawi are Christians, comprising 83% (NSO, 2011) of the population. As indicated above, Christianity positions the husband as the head of the family. Adherence to this ideal provides more freedom for matrilineally married men to exercise power over their wives and children, instead of the wife's brother (Mtika and Doctor, 2002:75). "Traditional" notions of masculinity in Chilooko have similarly been affected by Christian doctrine. However, local ideals of manhood still have much credence, although in a hierarchical way. All of the above inevitably play out in a local, culturally-informed setting and context. Culturally, the "western/modern" and Christian normative ideals of male behaviour or hegemonic masculinity (Connell 2005) influence the position of Chewa men in Chilooko. The gender order at different societal levels in Malawi is in many ways reminiscent of Britain (pre 1964), which was once the colonial authority and promoted particular ideals of masculinity.

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[5] This process slowly began in Malawi from the 1880's. The country became part of a British Protectorate from 1907 and of the Federation of Rhodesia and Nyasaland in 1953Malawi came into being as an independent state in 1964.

To a great extent the legal system in Malawi, for example, had its foundations laid by this former colonial power, including its Christian "models", education and health care systems. British common law principles apply in relation to civil marriage in Malawi at present. In this regard, the notion of hegemonic masculinity posits that society strongly encourages men to embody a particular, dominant kind of masculinity (Connell 2005), that is, as heads of the family with certain powers over its members. This understanding of masculinity was echoed in conversations with study participants, who observed that local people aspired to "*moyo wachizungu"* (the European way of life) due to globalisation and western educational influences.

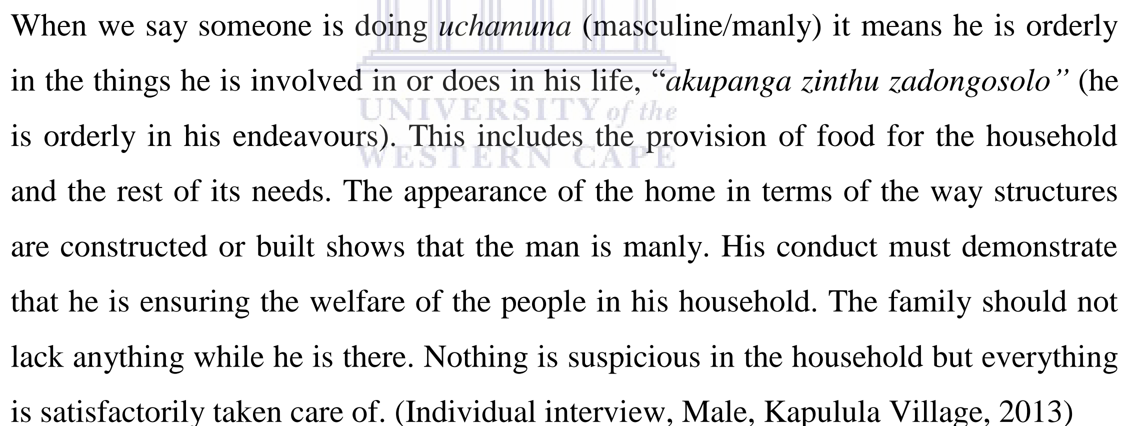
These changes confirm the view that masculinity is reconstructed in relation to historical, social, political and cultural developments. Research on masculinities has settled for the position that there is no such a thing as homogenous, universal masculinity. Seidler (2006:2) argues that such a situation gives urgency to our theoretical reflections but also forces us to engage with diverse cultural and ethnic masculinities. In addition, it questions the idea that universalist discourses that have emerged in the "West" will too easily be applied to vastly different local settings. The argument in this chapter is that, at any given time, even in the local context of Chilooko, there is a wide range of locally constructed masculine identities and practices structured around hegemonic understandings (Connell, 2005:72). There is arguably then, more than one hegemonic masculinity.

Connell (1995) posited that social practice is creative and inventive. It responds to particular situations and is generated within definite structures of social relations. Ghaill (1996) echoed this idea by emphasizing that masculinity exists in a plurality of forms. There is no fixed set of attributes that can be labelled masculinity. The social constructs of masculinity as well as the resultant practices are unstable and multiple as they are decentred and subjected to changing contexts in a constant interplay of reproduction and innovation. It shifts and is constantly in the process of being remade through gender identity work.

Beynon (2002) supports this observation by stating that, while all men have a male body, there are numerous forms of expressions of gender: of being masculine and being feminine. What comprises masculinity and femininity is best approached from the standpoint of what men and women do, with clear reference to how they behave as opposed to what they are.

Therefore, when we speak of masculinity and femininity we are naming configurations of gender practice. As Schrock and Schwalbe (2009:278) observe, literature on the social life of men and masculinities touch on work, sport, health, sexuality, violence and even friendship.

In Chilooko, constructions of masculinity also refer to a wide category of social life elements and a landscape of knowledge. A man must be hardworking, take care of his family, his children and kin, be self-reliant, be a good father, be sexually active and please his wife sexually, he must also be confident, well-spoken and thoughtful. He must have a certain "gravitas", be diplomatic and have the ability to diffuse tension. He must not be fearful or afraid to meet violence, but at the same time must not instigate violence. He must be slow to anger, not complain, and be generous. Others must respect him and seek his advice. A detailed discussion of the configuration of practices cited above that should be performed for a male to be viewed as a "real" man is provided in subsections below. The quote provided below suggests that a man must be an all-rounder, and in short must demonstrate manliness in all spheres of life: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> When we say someone is doing *uchamuna* (masculine/manly) it means he is orderly in the things he is involved in or does in his life, "*akupanga zinthu zadongosolo"* (he is orderly in his endeavours). This includes the provision of food for the household and the rest of its needs. The appearance of the home in terms of the way structures are constructed or built shows that the man is manly. His conduct must demonstrate that he is ensuring the welfare of the people in his household. The family should not lack anything while he is there. Nothing is suspicious in the household but everything is satisfactorily taken care of. (Individual interview, Male, Kapulula Village, 2013)

The particularity, but also the fluidity, of the locally hegemonic masculinity is the core argument of this thesis, with specific illustrated cases obtained from Chilooko. For instance, it will be observed that the male heterosexual construct of masculinity is assigned a "floating" hegemony, from being able to perform the sexual act to being fertile. In another instance being fertile is overshadowed by the ability to provide for the children he has fathered. The section that follows provides a discussion on the construction of male sexuality, and outlines the importance of male fertility in the making of a local normative manhood.

4.4 Heterosexual masculinity and sexual performance

Van Hoven and Hörschelmann (2005) argue that hegemonic definitions or constructions of masculinity receive their legitimacy from the marginalisation of other forms of masculinity including differences in sexuality. Ghail (1996) noted that gender routinely speaks to and of heterosexual masculinity. It has to be indicated from the outset that the results from Chilooko are exclusively based on heterosexual relationships. The male ideal of male sexual prowess was emphasised by the study respondents. This finding is in agreement with an earlier study conducted in Malawi by Izgbara and Undie (2008), who found that sex is a key topic of interest in marriage. It generates curiosity and fascination among Malawian married men and even male youths. Sex is a critical part of their social world because it offers them pleasure while it also validates them as males. Sexual prowess helps young males to assert their power and achieve a "manly" reputation and to gain respect.

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Men from Chilooko emphasised that a married man's ability in performing the sexual act, possession of skills to arouse a partner for sex or to seduce his partner into sexual intercourse, and thereafter, to sustain an erection for a long time, is a highly regarded attribute of *uchamuna* (masculinity/ manliness). In a study in a different Chewa village in Lilongwe in Malawi, Kaspin (1993:43) reported that women often complained that certain men failed to deliver the sexual "service" ' expected of them. In this regard, it was clear that men were required to have sex and to be able to satisfy the expectations of their partners.

My research in Chilooko also indicated that sexual performance was seen as an important part of the local construction of masculinity. If a man goes to bed with a woman and the *nguwo* (phallus) cannot sustain an erection before satisfying the woman or taking her to orgasm, he is considered "weak":

> There are other men who go to bed with women and can take a few, maybe three sexual intercourse sessions in quick succession, such men are referred to as real men. This case it is the women who make the comparison. (Individual Interview, Male, Kapulula Village 2012).

This quote introduces women as those who validate the sexual construction of masculinity. Being a “real” man is co-constructed by women through practice. It shows that masculinities are not only defined by men but are equally supported by women. However, it is the argument of this study that sexual activity is not quite the same as providing satisfying sex for women. Although there is the expectation that a man should be able to have an erection and have sex almost on demand, this may not necessarily translate into orgasms for the woman. Men in Chilooko were expected to “perform”, that is, to be ready for sex, but also to satisfy their spouses. In this regard, the study departed from the general idea that men are highly sexual and women are not (see e.g Jewkes *et al.,* 2011 for South Africa). Women in Chilooko expect that a man should both be capable of having sex with, as well as sexually satisfying his partner. Izgubara and Undie (2008) stress that masculine gender identities cognitively dictate sexual exploration, activity and assertiveness and that sexual activity is key to the ontological meaning of manliness. The study in Chilooko also found that married men, who demonstrated the necessary sexual prowess described above were loved, respected and seen as demonstrating *uchamuna*.

The quote above also indicates that in Chilooko women discuss their sexual experiences and their husband’s sexual prowess, and they shared sex tips with each other. Men did not need to show this (manly prowess), by having sex with many women or by having many wives. To some extent, findings of a study in Lilongwe (Clark *et al.,* 2009) were similar to that obtained in Chilooko insofar as men were measured in terms of sexual drive and their ability to sustain an erection. The study in Chilooko established that the construction of male heterosexuality was more than being a bed-hopper, or pleasing the woman in bed. Instead they needed to sustain their sexual stamina for an extended period during intercourse with their own spouses and to give the latter sexual pleasure and satisfaction. This is contrary to, for example, the Zulu masculinity construct of *isoka* (having several girlfriends) in South Africa. In this regard Hunter (2005:210) found that having many girlfriends bolstered husbands because only men were supposed to have extra-marital liaisons. It demonstrated that the pleasure of sex was openly celebrated as being akin to manliness, and men took pride in numerous sexual conquests.

In relation to Malawian men, Kaler (2004) also argued that sexual activity is perceived as deriving from and confirming manliness. Unlike in South Africa (Hunter 2005; Jewkes *et al.,* 2011), Swidler and Watkins (2007) found that in rural Malawi, gossip abounded about cases

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of both male and female infidelity. Regular sex was seen as necessary for good health for both men and women. When, for various reasons, regular sex was not possible with one's marriage partner, men and women sought relief elsewhere. While this is frowned on in the Christian dogma, the study respondents in Chilooko took it for granted that men and women had sexual needs and that they could (and should) pursue these if and when necessary. For men, sexual variety was considered a necessity if a marriage partner was not able or willing to have regular sex. Women justified their infidelity by a husband's failure to satisfy his wife sexually. A man who demonstrates "slackness" or failure in sexual matters in marriage was despised, degraded and considered effeminate in Chilooko, as seen below:

> When it happens that a man just goes to the bedroom and sleeps without bothering to even touch the wife, the wife then gets surprised what sort of man this is. She might observe the man's behaviour for some time. That is when the expression comes to bear and say; "*angovala buluku awa, si amuna enieni"* (He is just putting on the trouser but he is not a real man). (Individual interview, male, Swaswa Village, 2013)

The quote sums up the kind of expectation women have of men's sexuality. Clark, *et al.,* (2009) argue that, in rural Malawi, men are expected to be sexually proactive. Males propose to women that they form a sexual partnership: it is reportedly considered inappropriate for women to initiate sex. This observation suggests that even in marriage a man is expected to be sexually proactive in bed. A woman would discredit a husband who showed indifference to a sexual encounter. Woodsong and Alleman (2008) studied the acceptability of female micro-biocides as part of clinical trials in Malawi and Zimbabwe. They found that the general expectation among their respondents was that men decided when sex would occur. It is not clear from this study whether such an expectation is informed by Christian or other ideals, but such sentiments only partly resonated with the views of study participants from Chilooko.

Women in Chilooko participated in female initiation called *mkangali*. It was from this initiation that women in a sense learnt not only to celebrate female sexuality but also to obtain greater sexual autonomy. Although women would not "demand" sex in Chilooko, they definitely subtly indicated their need for it to their husbands and expected sex to be satisfying for them as women. "Real" men in Chilooko were further expected to be fertile. The section below discusses the construct of male fertility in relation to manliness.

4.5 Masculinities and male infertility

Sexuality is an essential part of the education of boys and girls in Chewa initiation rites. Pretorius (1950) recorded that, historically, during the initiation rite each individual boy or girl was prepared for adult life. After initiation, a man or woman was admitted into the group of adults who are responsible for the physical, cultural and social enculturation and reproduction of the group. Currently, during these rites of sex education, the importance of and belief in fertility are emphasised. The continuance of the clan is a matter of public concern and of profound importance to the headmen and elders of the clan. Chimbiri's (2007) study on condom use and marriage among the Chewa of Mchini revealed that the older generation of married people believed that the desire for children is the main motive for marrying. Women plainly indicated that they married when they wanted children. The study further observed that men saw the need for women to have children as an obligation, whereas women saw it both as an inborn desire and a reproductive right.

Male respondents in the Mchinji study (Chambiri, 2007) claimed that women married to expand the matrilineal group and female respondents said that women married because they wanted children. The literature presented above show that the phenomenon of infertility would be a tragic event for married men and women. The next section intends to show what infertility entailed for constructions of masculinity.

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Sabanegh (2011) defines infertility as a failure to conceive after twelve months of regular sexual intercourse for a couple who want to be have a child and are not using contraceptive methods. Infertility is reported to affect more than 10% of the world's population and most of the people affected by infertility are reportedly resident in the "developing" or Third World countries (Rouchou, 2013). Infertility can be primary or secondary. The former refers to a woman's inability to bear any children while the latter relates to the inability to become pregnant after previously conceiving, whether or not the first pregnancy came to full term. This definition is gender insensitive as it does not include males in its definition, as if it should be universally assumed that only females suffer infertility. Such a definition of infertility is based on the sexed female body, begging the question of how we should define infertility among males.

Mason (1993) readily concedes that there is no straightforward, easy and absolute definition of male infertility. However, a man's failure to produce enough good quality sperm, have an erection, enter the woman and successfully deposit sperm inside the vagina, constructively constitutes infertility. Sabanegh (2011) stresses that although infertility is initially and fundamentally represented as a stereotypical female issue, infertility also widely affects men: for 35% of couples attending infertility clinics in the developed world it is a male problem. Woolston (2015) indicates that current knowledge on infertility shows that if a woman fails to conceive after a year's exposure to sex, there is a 30-40% chance that her partner is infertile. The impact of infertility can be observed among different categories and classifications of people in society. Dhont *et al* (2011) carried out a study in Rwanda on the experiences of those living with infertility, specifically delineating the particular trajectories of infertile men and women. This study found that, although women carried the biggest burden of suffering, there were considerable negative repercussions of infertility for men, especially at the level of the community. Dhont *et al*'s (2011) study also reveals the perspective of a patrilineal society in which it is the task of the woman to provide her husband's family with offspring. The study details acts of harassment and other forms of pressure by the in-laws that is exclusively exercised by the family of the man. Men said they were most concerned about the lack of children to continue the family line, reckoning that to remain childless meant cutting short the family growth and implied that the deceased ancestors could not be replaced. According to Rouchou (2013) women (and less so men) were often responsible and discredited when there was infertility. Research done in different cultural settings has shown that women are often blamed when a child is not conceived. Infertile women are marginalised and for example cannot join communal social groups since access to this privilege follows a former lived experience with pregnancy. Psychologically, women often lose their "womanhood" and sense of gender identity when they cannot conceive.

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Infertile men are also plagued with negative consequences. Men are not considered to be "manly" if they do not father a child or have not made a woman pregnant. The Rwandese study by Dhont *et al.,* (2011) however found that women and men alike admitted that they did not know that a man could be infertile. In most cases the woman was blamed by her partner, her in-laws and the wider community. Several men had been 'shocked' by male infertility. This finding echoes the view that has been recorded in many previous fertility studies. These studies affirmed the assumption that the female was nearly always the "responsible" partner regarding reproduction. A literature review conducted by Wischmann

and Thorn (2013:237) on recent research on the issue of infertility shows that studies on infertility rarely focus on men. This contrasts with the views of the study participants in Chilooko (as will be discussed below).

Compared to western societies, infertile couples in Third World countries reportedly (Greil *et al.*, 2011) feel a deeper sense of guilt, shame, worthlessness and depression if they cannot conceive. According to Dudgeon and Inhorn (2004), this is due to strong prevailing pro-natalist social norms that surround motherhood in many non-western societies. Barden-O'Fallon (2005) asserted that in settings like Malawi, becoming a parent is integral to entering adulthood. Children represent a source of wealth by assisting in the maintenance and economic production of the household. As a result, fertility problems can have serious negative consequences for those affected. Barden-O'Fallon's study revealed that 26.8% of men who reported difficulty in impregnating their wives, believed that the woman was the infertile partner. This illustrates the tendency of some married men (by far not the majority in this study) to deny the possibility of male infertility. According to De Kok's (2006) research in Malawi, this stereotypical attribution of infertility to female spouses is compounded by the tendency of researchers to focus on married women when studying infertility. The study (ibid) does not explain how infertility affects the status of men. It only outlined the courses of action that infertile people might take, such as care-seeking behaviour, but did not provide an insight into the way infertility contributes to the construction of masculinity in Malawi.

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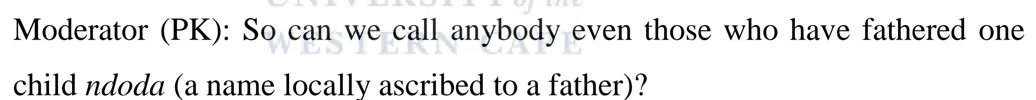
In Chilooko Village, a "real" man has to have sexual prowess, as indicated above. It is often assumed in Chilooko that when a couple does not have children it is because the man is incapable of impregnating his wife. If a man is married, it is of great importance that he impregnates his wife and fathers children. As has been argued earlier in this chapter, the various constructions of masculinities are not equal, but organised and ranked according to the power they wield. It has also been stressed that hegemonic definitions of masculinity receive their legitimacy based on the marginalisation of other forms of masculinity (Connell, 1995:76). In this sense, sexual performance and fertility are related constructions of masculinity but one attains hegemony over the other depending on the prevailing circumstances in Chilooko. A man who is fertile is considered more masculine than another who is merely sexual. In view of this and from evidence gathered in Chilooko, men who regularly make their wives pregnant so that they bear a number of children at short intervals, are admired and praised: "*koma uyunso ndi kamunamuna*" (this indeed is a real man). In

contrast to the acclamation that fertile men get, a man who is unable to make his partner pregnant is referred to as *chumba or chimbwira* (barren). Men who have failed to make their wives conceive are despised, denigrated and not considered to be “real” men- in other words, they are subordinate to their fertile fellow men. In summary, these men are mocked for “only looking like” a male but failing to live up to the expectation of masculinity. In Chilooko it is celebrated if a man demonstrates sexual strength, impregnates his spouse and satisfies her sexually.

According to Connell (1995) to recognise more than one kind of masculinity is only a first step: the analysis has to examine the relationship between the masculinities. This section illustrates that in Chilooko the construction of a man as infertile can cast a shadow over his manhood if he is also constructed as a man who sleeps around. The study draws on excerpts from interviews to provide additional insight into how close relatives and acquaintances empathised with the affected individuals. The following quotes provide a picture of the mixed reactions infertile males and females get from their peers. This shows the contrast people make between fertile and infertile sexual masculinity: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> Moderator (PK): So can we call anybody even those who have fathered one child *ndoda* (a name locally ascribed to a father)?
>
> Respondent (Woman Six): No it is not like that.
>
> Respondent (Woman Three): He has to be identified as *ndoda* only because he has moved into the category of men who can bear (are fertile) and have fathered children.
>
> Respondent (Woman Four): He is *ndoda* for as long as he is counted among those men who have impregnated a woman and that woman has given birth.
>
> Moderator (PK): Can an adult male who is advanced in age also be given the name *ndoda* although he has not fathered a child?
>
> Chorus response: Noooo!!, he cannot be counted among the *ndoda.* (Married Women’s Focus Group Discusion, Bowa Village, 2012).

I spent six years in marriage without bearing a child. Fortunately, my husband did not go for another woman in order to prove that he had the potential to bear a child. According to God's way of dealing with situations, he works through other human beings. People used to say, "what if we went to Chatewa village to look for traditional herbs that can help you bear children? There were also other people who came to deceive me to abandon my husband because he was barren or infertile, 'ndi chumba abambowa' (the man is infertile). But I said, in my life I have never given birth to a child either what if I am the problem not my husband? So we held our peace for six years. (Individual Interview Female, Bowa Village, 2012)

From a man's focus group discussion the following emerged:

Respondent 1**:** To me it means that some people are born male but their level of sexual strength to impregnate a woman is quite inferior or non-existent. They are impotent. So those who are potent are described as real men. While the impotent are belittled by saying, "this man puts on a trouser (the pants) for nothing, he is a woman."

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Respondent 3: I just want to echo that explanation by adding that when people make such a comparison they only regard as real men those males who are deemed capable of making a woman pregnant. (Married men's Focus Group Discussion, Mbalame Village 2012)

This quote shows that the people in Chilooko clearly link infertility as much to men as to women. However, the emphasis above is more on the man than on the woman. In another focus group discussion with married women it emerged that impotent men, even if advanced in age (in Chilooko older men have hierarchical status), did not receive the same respect as younger males who had fathered children, as highlighted in the first excerpt above.

From the above it is apparent that in Chilooko male infertility is sometimes assumed. The first quote emphasises that infertile men who have reached the status of senior citizens need not be recognised as *ndoda* (grown up) because they failed to demonstrate reproductive

capability. This is contrasted with an adolescent who manages to impregnate a woman (and who then bears a child) and therefore qualifies to be called a real man, and *ndoda*. The second quote clearly illustrates that in the case of a childless couple, the first "suspect" is the man. However, in the same quote the wife is presented as attempting to mitigate the stigma of the man by playing down his exclusive blame for the couple's childlessness. The third quote explains how an infertile man is disqualified as a 'real' man, despite 'putting on male pants', if he fails to impregnate his wife.

This finding resonates with Kaspin's (1996) study with the Chichewa speakers of Lilongwe who asserted that it is men who, like rain that waters and provides moisture for crops to grow, are supposed to deposit semen (the inseminating seeds) into the woman's vagina for conception to take place. De Aguillar (2007) linked this to Chewa cosmology, where God is believed to be in the soil as well as in the sky. However, the presence of God in the soil is feminine like a womb giving birth to germinating seeds. When a couple fails to procreate, it is suspected that the man somehow failed to impregnate the woman or to 'plant the seed'. Thus I argue that from the quotes above, as well as from the majority of the study findings in Chilooko, it can be inferred that the 'suspect' for barrenness or infertility in a marriage often is the man. According to Kaspin (1996) conception in the Chewa tradition is constructed differently from the western world. It is understood that a single sexual act will not necessarily produce a baby. A lengthy period of sexual activity is expected to lead to conception and thereafter to sustain the viability of a pregnancy.

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In a similar vein an old ethnographic study by Hodgson (1933) found that among the Chewa of Dowa, when no children were born from a marriage, the man was allowed to take a second wife. During that period the first wife would wait for the outcome of the second marriage. If the man did not succeed in impregnating the second wife, he was given traditional fertility treatment. If the man still did not "demonstrate" fertility after the second marriage, he was declared, *mchimbwira* or *chumba* (an impotent) and he also lost the two wives. In a study in a northern district of Malawi, Hemmings (2007), found that male infertility was suspected if a man had wives or girlfriends and none had children, or if infertility appeared to "run" in his family. In contrast to the findings in Chilooko and the ethnography from Lilongwe, Hemmings' (2007) study showed that male infertility could be suspected, but had to be somehow "proven" before it was commonly accepted. Nonetheless, my study highlighted the kind of pressure barren couples go through. Married men may become unfaithful and try to

"test" the "strength" or "viability of their seed" (cf Hodgson's 1933 study) with other women. Women could also try to become pregnant by having sex with other men (cf Dhont *et al.,* 2011).

4.6 The hegemony of male headship of marriage in Chilooko

Van Hoven (2005) argues that hegemonic masculinity has been elaborated to mean a largely symbolic, (though legitimating) ideal type of masculinity that is imposed upon all other masculinities and even femininities. In the local context in Chilooko this relates also to the headship in the marriage and in relation to the family. In legal (civil marriage) and Christian religious discourse it is strongly emphasised that the man is the head of the household. Here it is clearly shown that the various constructions of masculinity are not equal, but organised and ranked according to the power they wield.

Although Harris (1995) writes from the perspective of the "western" world and the United States in particular, similar trends can be found in sub-Saharan Africa. As they grow into adulthood, young males take on a variety of social roles and positions interacting with and responding to situational demands and social pressures within their communities (cf Harris 1995). In this process males are circumscribed by expectations about how they ought to behave as men. They have to assimilate and make sense of the demands placed upon them by their immediate communities and local "traditions" to construct their gender identities. If they live in the same community all their lives, it becomes their social reality and includes sets of relations and forces that affect them to a greater or lesser extent. These young males acquire stocks of local knowledge and practical consciousness about masculinity and they become agents with strong ties to the social origins and grounding of knowledgeability and generalised dispositions (cf Scott, 2006).

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This creates the notion that males construct a habitus (Bourdieu: 1990) - a socially acquired and ingrained system of dispositions that influences males to take a "point of view" and behave in a certain expected way. Habitus is constituted in practice and then oriented towards practical functions. This implies that in the event of young males moving out of their local community or having exposure to other ideals and meanings of masculinity, they are likely to combine local and external ideals in their construction of masculinity. As seen below, there are different masculinities in Chilooko that have been constructed under the strong influence of British administration and Christianisation: taking on board hegemonic notions that are

somewhat different from the ways in which manhood were constructed in the past. This has a direct link to my earlier discussion (see 1.2.2) while looking at social forces that have modified the *Nyau* institution and Chewa society in general.

In particular, it is the argument of this thesis that belonging to, and participating in the Chewa masked dance society, the *Nyau*, demands that a man should demonstrate masculine attributes as defined and constructed by his cultural grouping and live according to that expectation in everyday life. Kaspin (1996) demonstrated that the *Nyau* institution is crucial among people who self-identify as Chewa and that it has played a pivotal role in moulding rural life as the locus of "tradition". Morris (2000) stresses that *Nyau* is often considered the main element of Chewa "traditional" culture and religion. It helps to highlight issues of gender identity and coming of age among Chichewa speakers in that its institutional rites and ceremonies enacted at various stages of the life of an individual man serves to integrate him into his local communal and cultural setting. Chewa people, through the institution of the secret society of *Nyau*, constructed (and still actively do so) two distinct social spaces for men and for women. The *Nyau* rituals define social and geographic domains that shape the rural life of men and women: initiation into it, for example, marks a shift in status and allows entry to or excludes one from social spaces, e.g. by prohibiting women access to *Nyau* courtyards or male initiation (*dambwe*) sites, and denying men access to female initiation or childbirth places (*mchikuta)*.

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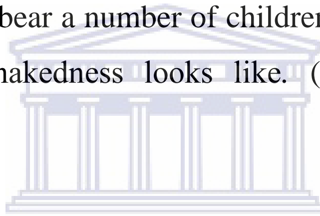
Chewa women have their own initiation called *chinamwali*. These two initiation societies define and demarcate the boundaries of the social and moral universe of men and women. It is where they learn or listen to "traditions", customs, secret codes, riddles, use of secret language and the core of what is considered to be a proper Chewa person (cf Probst, 2002). In the context of a matrilineal society, female initiation is as important as male initiation, if not more so. For men, this milieu is identified with the graveyard or other demarcated spaces, locally called *dambwe,* where they congregate for rituals as well as for the more diffuse benefits of male fraternity. *Nyau* is both a men's organisation and a ritual system. It teaches the basic rituals such as officiating at funerals, puberty initiations and the installation of the chief. It is also a forum for rural resistance against oppressive rules (cf Kaspin, 1993).

The initiated males meet to discuss all manner of social and political issues, from trivial and ordinary phenomena to current issues and extra-ordinary events. In this case *Nyau* defines the

contours and categories of the Chewa social fabric. But in a special sense it equips Chewa males with a social "representation" that they embody for most of their lives, depending on how strongly the messages have been inculcated in them. However, this is common with males in all social settings. The detailed information acquired formally and informally during daily intercourse in society informs them on how to behave. The quote below points to the way that men and women are trained to conduct themselves in initiations in Chilooko:

> By our initiation and socialisation, women and men are different, I hope you know that. It is also possible when someone has married that the woman does not feel at peace or does not feel free to undress in her own bedroom in the presence of her own husband; she is very shy. I can tell you that in many of these old marriages, there has never been a time when husband and wife have been very free and open to each other to the point of seeing one another's nakedness in the light. In some marriages men and women have been able to bear a number of children but they have a faint idea of how their spouse's (nudity) nakedness looks like. (Key Informant Interview, Male, Swaswa Village, 2013).



This quote illustrates how strongly initiated men and women still abide by the *mwambo* pertaining to sexual conduct, especially married men and women from the older generation. This situation has however changed. The quote strongly suggests that men who have been initiated nowadays know more about the physiological and other differences between men and women than in the past. They are also expected to be good lovers to their wives.

Commenting on initiation globally, Harris (1995) argues that as males internalise socially imparted norms, such as undertaking certain rituals to be considered a man, they become "cultural natives", especially in a rural setting where they also have membership of particular social clans (*mafuko* in Chichewa). It has to be reiterated that the Chewa kinship system is mostly reckoned through the mother and accepting the power structure of the matrilineal clan is the organising principle of their social life (cf Morris, 1998). People inherit clan (*fuko*) membership through the mother, and identifying with a particular clan is vital in that it has political capital or leadership value. It will, in most circumstances, determine one's access to productive resources, such as land. This is the prevailing practice in Chilooko and is also one of the conditions that enable men to take up virilocal residence after marriage as quoted below:

> Many people here adopt the *chitengwa* (patrilocal residence) marriage system. Often men have a better opportunity to inherit parcels of land and have authority in their birth place. Those who settle for *chikomwene* (matrilocal residence) do so for a number of other reasons. In our tradition a man might be referred to as ‘father’ if you are the head of a clan and you oversee the affairs and make decisions that ensure the wellbeing of the entire grouping. (Individual interview, Male Swaswa Village, 2013).

Harris (1995) argued that an important part of an individual’s identity concerns his or her understanding of social notions of gender, and applying these in daily life. A man’s gender identity enables him to identify himself as a man within a specific cultural setting. While forming their gender identities, young boys try “to imitate the masculine model, which leads to a deeper attachment to the model” (Harris, 1995:37). These ‘manly’ identities are informed by complicated notions about male behaviour. Male gender identity, the subjective sense men develop about their own and others’ masculinities, can be conceived as a man’s interpretation and acting out, of how his social group interprets masculinity.

In case of the *Nyau* male secret society, boys achieve manhood when they are able to endure daunting experiences involving a demonstration of physical hardihood, courage and stamina, since real men are made, not born (cf Morris, 1998). Before joining the *Nyau* initiation, enquiries are made about a boy’s character so that he may be treated with greater or less severity according to his merit (cf Hodgson, 1933). In the words of one interviewee the treatment meted out to initiates is aimed at inculcating a “disciplined” masculinity:

> It is done to avoid having many children that will only go begging to meet their needs. It is also done to make sure that marriages are not giving birth to children that will eventually become thugs because their parents did not have time to give them the necessary socialisation and education. (Individual Interview, Male, Swaswa Village, 2013).

Historically, during the *Nyau* initiation ritual, a boy was basically tested to establish how he handles harsh moments, different levels of fear and other important trials that express the virtues that were expected of a man. He might be tied over the fork of a tree with his head and feet downwards, or suspended head downwards from a tree over a lighted fire and swung round and round so that he was not burnt (cf Hodgson, 1933).

Although such harsh treatment is not common anymore, male norms still largely include ideas about courage, forms of aggression and considerable attention to toughness of mind and body (Donaldson, 1993). Harris (1995) adds that men hear messages about what other males, as well as female members of society, expect of them - especially those messages that represent the dominant cultural norms and practices of their immediate social space. These messages are heard from many sources including the school, the church, and on the radio, but most importantly, within their particular social settings.

The most influential forces for males, including my group in Chilooko, come from their strong kinship and clan ties, where the local constructions and practices of being a man are pre-eminent. These issues are discussed in detail in relation to my research site. But, as indicated, these constructions are also influenced by Christianity and through exposure to "westernised" education. In this complicated intermingling of socio-cultural, historical and religious notions, the expected standards for male behaviour are promoted through words and phrases that imply that men should provide for, and protect both natal (including extended kinship group) and marital family members. They should work for a living and not expect hand-outs. They should be sexually aggressive, attractive and muscular, but also sexually satisfy their partners. Such "masculinising" messages are ideals for men who, in turn, try to rise to the challenges set for them. However, as Connell and Messerschmidt (2005) argue, the dominant pattern of such practice among men can only be enacted by a minority. Similarly, not all men in Chilooko are visibly practising or demonstrating these attributes - although it is expected of the men to embody them in order to qualify as "real" men. There can thus be subordinated masculinities that nonetheless hinge on the dominant constructions of masculinity. There can be internal contradictions among men and about manliness. There are also the possibilities that dominant masculinities could move toward gender democracy. While men overwhelmingly are expected to, and do assume positions of power in relation to women and sometimes also to other men, women co-construct and even reproduce certain masculinine ideals. This enables the possibilities of multiple hegemonic masculinities to come into existence in specific circumstances, allowing a process of change and displacement of older forms of masculinity. It can also, and even in contrast, reinforce hegemonic masculinity, e.g. of heterosexuality in Chilooko (see 4.4). Sexual prowess, performance and fertility are considered hegemonic but are valued differently and therefore assigned different positions in the hierarchy of the construction of manhood. A fundamental element of

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hegemonic masculinity is that women appear to be or are perceived as potential and vulnerable sexual objects for men.

In the case of Malawi and among the Chichewa-speaking people, Kaspin (1996) found that male initiation was aimed at transforming boys into sexual men and "predatory" members of the *Nyau*. After initiation, men become *Nyau* dancers - who are considered as truly creature-like spirits and animals. As spirits and animals (beasts), men seek dead people for burial. This is the mortuary role of *Nyau* initiated males. In their other role as adult men of the community following the initiation, they "hunt" or "prey" on women – not so much for promiscuous sex but for marriage.

At this point it is important to return to the literature on hegemonic masculinity. In this regard Phiraretou and Allen (2001), writing from a "western" perspective, argue that contemporary men needed to negotiate a reconstruction of their sexuality, given the clash between the old and new paradigms of essentialist and postmodernist ideologies of masculinity and femininity. They observe that essentialist ideology defines and distributes gender roles and identities across traditional masculine and feminine boundaries, elevating masculine identity to a superior status in the social hierarchy. Connell (1995) argued earlier that hegemony relates to cultural dominance in society as a whole. Within that overall framework there are specific gender relations of dominance and subordination between groups- even among men. Hegemony offers men a dividend from patriarchy, in terms of honour, prestige and the right to command. However, according to Connell and Messerschmidt (2005) and Connell (1995), and as highlighted above, the number of men rigorously practicing the hegemonic pattern of masculinity in its entirety may be quite small. Many men also respect their wives, are never violent towards women, and participate in housework, yet they benefit from the patriarchal dividend. Connell and Messerschmidt (2005) describe this concessional form of hegemony as complicity - in which certain men do not demonstrate naked domination or indulge in uncontested displays of authority.

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To a great extent, this scenario could be true for Chewa speaking men who shift between "traditional" ideals as e.g. promoted in and through participation in *Nyau,* of being married and living in a particular setting in Chilooko, while also being influenced by Christian ideals, "western" education and global trends. This, according to Pretorious (1950), is likely because Christian teachings presuppose a certain way of life in matters pertaining to the home and the

family. This concurs with the argument by Connell and Messerschmidt (2005) that it is possible that men can make the transition from oppressive hegemonic masculinity to more humane, less oppressive practices "of being a man". They might become less hegemonic en route to abolishing gender hierarchies. At the same time, there is arguably more than one kind of hegemonic masculinity. Dominant ways of being a man (for instance in South Africa or the US) are not the same as those of Chilooko.

In Chilooko, men and women both participate in the construction of masculinity. Based on these constructions, some forms of masculinity are exalted over others. As pointed out by Harris (1995), Donaldson (1993) and Bourdieu (1990), men hear and are aware of the expectations that their immediate community has of them. This is ingrained into their disposition and becomes their own point of reference as well as that of their audience of fellow men and women.

In Chilooko the assessment of men's lives is based on the subjective informal and dynamic daily discourses that are laden with the societal ideals of a "real married man". In this rural setting (see 1.2.2), a man's everyday activities, social and economic roles are scrutinised. The discussion of the findings below seek to portray construction of masculinities in different spheres of life among married men - including their sexual and reproductive life, marriage, and public demeanour/ behaviour. Men in Chilooko are not seen as homogenous but rather as heterogeneous. They assume and enact different but also changing ways of being a man, from one setting or circumstance to another.

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4.7 Industriousness in household activities and the producer and provider concept

As indicated earlier (Chapter 1, section 1.2.2) in the thesis, Chilooko is predominantly a rural area where the main means of livelihood is small scale subsistence farming, complemented by low level cash crop farming. Most of the population remain reliant on on small family farms. Depending on the availability of land and residence at marriage, land is allocated to the woman if the couple takes up residence matrilocally, or the man, if they decide to reside patrilocally. Farmers use their hands and hoes as farming tools and depend on rainfall to produce their subsistence and cash crop needs (cf Kaspin, 1996). The quote below provides a clue to practices of accessing land and it relates also to residence at marriage:

> Often men have a better opportunity to inherit parcels of land and have authority in their birthplace. Those who settle for *chikomwene* (matrilocal residence) do so for a number of reasons. Some women have big parcels of land to protect and so they ask the man to come and stay in their village. (Individual Interview, Male, Swaswa Village, 2013).

Farming is a domain for both men and women but in the household, men are usually expected to plan and take a lead in implementing farm activities. Maize is the staple grain mostly intercropped with beans, potatoes and cassava. Irish potatoes and sweet potatoes are also grown. Burley tobacco, beans and soy beans are the principal cash crops for the people of Chilooko. These farmers depend on the wet season and a good harvest to obtain the bulk of their subsistence needs. A privileged few also have access to dry season farming in low lying areas (*madimba*) where they grow vegetables such as onions, cabbages and mustard. In Malawi, the calendar year alternates between two six-month seasons, the wet and dry times. The wet season usually begins in December and ends in April. Weather patterns determine the schedule of most rural enterprises such as food production and house repairs. Village life is organised around a minutely detailed schedule of activities integrating the cultivation and processing of garden crops, the gathering and processing of wild vegetation, and the acquisition and utilisation of other useful products of the land (cf Kaspin, 1996). Fieldwork for the study in Chilooko took place between January and June, interspacing it with people's busy schedules of picking tobacco leaves, and harvesting and marketing beans and soy beans.

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In Chilooko the criteria for eligibility to marry among adolescent men was their ability to work in the fields and around the house. This subsection will focus on the social construction of a "breadwinner" or a "provider" as a way of 'doing' masculinity. A real man is expected to take good care of his children (and his wife). The construction of industrious masculinity agrees with the findings of both Harris (1995) and Groes-Green (2009). Harris (1995) argued that men get a reputation and gain status depending on what they do in life, such as securing paid work. It is further stressed (cf Jones, 2006) that hegemonic definitions of masculinity receive their legitimacy based on the marginalisation of other forms of masculinity. Hegemonic masculinities define successful ways of being a man; in so doing, they define other masculine styles as inadequate or inferior.

There is a strong sense that through initiation men have acquired a disposition which most importantly influences them to act as good providers, to understand that work comes first, and consequently to perceive that one's true identity as a man emerges and is judged based on work. In Chilooko this construction was extended to present how a married man relates to work both in the household and outside of it, to help create his "profile" as a real man. Men take great pride in their work and identify themselves with its success. Groes-Green (2009) argues that the 'breadwinner ideal' defines men who can economically provide for their female partners and families. Men in Chilooko stressed the importance of their work as follows:

> The first is in line with the ability to grow your own food. A man is expected to be industrious and be able to harvest enough food that can feed the household. He must transform his household that other people in the community can see your achievements. Your children must not go about without enough clothing, or food. The spouse should not lack items like salt, soap or money to use for the maize mill at all times. In a household where all these things are available, you can be perceived as a real man, *"ndiwe mwamuna"*. (Individual Interview, Male, Swaswa Village, 2013).

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What is important from the above is the alignment between work and masculinity that the research respondents emphasised. It is from this spirit of hard work among males that people in Chilooko construct a "real" man and head of a household. The men that exhibited such traits in their pursuit of agricultural and household activities were called *akamuna* (the masculine). The quote above strongly upholds the literature on hegemonic masculinity which stresses the role of provider for households needs. It also highlights the importance of subsistence and food security in rural and predominantly agricultural communities and underscores a man's ability to work: it posits his industriousness as key to the security and survival of his household. This finding echoes the findings of Mkandawire (2012:12) that in Malawi, boys and girls acquire knowledge of gender roles through instruction from significant others such as elders, grandparents and aunts but also through observation of the practices of these social figures. From a young age, boys are prepared and trained to provide for their families and are equipped with skills to do the work of "real men".

Extant literature indicates that the ability to work is central to masculinity- involving also access to money, power, a job or career, as well as the opportunity to develop and exercise skills, expertise and authority (Beynon 2002). In similar vein, Willott and Griffin (1997) - in

their study of unemployed middle-class men in the United Kingdom - argued that unemployed men could lose their perception of being powerful. A dominant representation of the successful man sees him as providing for the family, spending a significant portion of his time outside the home and having the liberty to move between public and domestic arenas. For men who think like this, paid employment provides an essential "prop" to their masculinity. However, the study showed that unemployment limited how they could manage their time, movement and ability to provide for their families, thereby posing significant structural, cultural and ideological challenges to dominant masculinity. The study above shows the self-censure of unemployed men, which is based on the prevailing standards of their community.

This finding echoes the views on the value of hard manual labour, for example in the emergence of the industrial revolution in England. De Vries (1994) argued that a household's wellbeing depended on their labour. He went on to argue that whereas the "industrious" poor "were full of work they are never empty of wages" (De Vries, 1994:258) and they ended up accumulating some financial resources. At the very least they could eat while the "indolent" poor starved, indicating that hard work is considered a virtue in the construction of masculinity in many parts of the world.

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In Chilooko it is expected of each man to account for how they applied themselves to their labour. Men whose work is sub-standard are perceived as "slackers" by fellow members of the household and in the village. Men who are lazy, unskilled and/or incompetent workers are ridiculed through songs, and gossip about the poor socio-economic status of their households. In one interview it was commented as follows:

> There are certain men who might undertake to do a certain piece of work, for instance, working on the garden. They might work for only a few hours and get tired while their colleagues start off to the garden very early at dawn but do not retire very easily to go home. (Individual Interview, Male 2012).

In another instance from a group discussion, a man reported the complaint of a woman over her lazy husband saying:

> There are men who are only eager to go drinking every other day of the week. They leave early in the morning and come late at night and on the pretext of hangover they again set out early the next morning until it becomes habitual. When a wife to such a husband sees that her fellow woman's husband is hard working in the garden she groans: "You are better off. My husband is merely patronising drinking joints. I am still unmarried" (Married Man, Kambiri FGD 2012).

This quote highlights the basic expectation married women in Chilooko have of their spouses. It further highlights the comparison people make between males in the study site. It echoes the idea of Connell (1995) that the terms masculine and feminine point beyond categorical sex differences to the ways in which men differ among themselves. It has to be stressed that although it is not the exclusive role of men to work in the gardens, the expectation and responsibility expected of men in their households in Chilooko is that they should be in the frontline promoting what De Vries (1994) calls the intensification of work and the suppression of leisure. Generally, in Chilooko people expect that anything a man undertakes should have the appeal of quality and symmetry. This was particularly emphasised regarding household construction work, locally called *milimo*. Men need to demonstrate their skill in the way they build and thatch dwellings, kitchens, toilets and in the way they erect fences. The poor appearance of their workmanship and lack of durability of their structures demonstrates inferior ability and, therefore, puts them low on the hierarchy of 'real' men. This was another predominant construction of masculinity. In summary, a real man is one who is industrious, skilful and competent.

Another important formulation or construction of masculinity that was predominant in Chilooko is that of a man as a provider and producer. A man as a breadwinner was echoed throughout the study site as a key social determinant marking a real man, a construction that resonates with most conventional literature. Holt and Thompson (2004) wrote that America's predominant ideal is the "breadwinner" masculinity. In agreement with this hegemonic construct of masculinity, the study respondents in Chilooko affirmed that a man's ability to provide for the needs of his household was an important attribute of *uchamuna,* traditionally a key exemplar of manhood in the study site. An illustration of the importance of this construction of masculinity is the historical practice of requiring a son-in-law to visit his prospective parents-in-law to enable them to assess his demonstrated capability to assume

responsibility and take over the care of their daughter from them. According to the participating elders, this requirement was among the earliest assessment criteria used to test a youthful, strong and loving adolescent, before marriage procedures were finalised. Both the parents of the prospective bride and the prospective bride herself had an opportunity to judge, on the basis of that one week's work on the farm, the work ethic demonstrated by this young man. It was seen as a key indicator of what kind of provider for the household the man would be and if he could meet the needs of the new marriage and subsequent family. This emphasises hard work as a determinant of masculinity. According to De Aguillar (1994) this quality is equally highlighted by *Gule Wamkulu* (Great dance) characters to emphasise how Chewa ideals reinforce industriousness among males, and deride or mock Chewa males who are lazy, unskilful and unproductive. The folklore *Nyau* character called *Pedegu* (no direct English equivalent) depicts a grown male who, during his youth, hated working in the fields and was indifferent to his parents' instructions, and so never learned to take care of himself. The character epitomises how the Chewa loathe a man who is not industrious and how he ends up being the laughing stock of the community. Domestic (and unpaid) activities in the home and gardens reflect and reinforce specific masculinities.

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In Chilooko, the research showed that the timing and organisation of one's work gives rise to praise or ridicule for men. Males who leave their households at dawn to start work on their land are *amuna wogwira nkhuku pakhosi* (men who grab the rooster by the throat) and are considered the leaders among men. In a setting where subsistence farming is the major economic activity, punctuality in scheduling, carrying out, being involved in and assisting with farm activities affect how local people evaluate men. Such men are regarded as the epitome of hard workers and are preferred over others as better heads of a household. The people of Chilooko applaud men who are capable of creating a vision, planning and strategizing for the development of their household, as evidenced by their daily activities and the longer-term outcome of their work. In contrast, there were a number of accounts of how a lazy and disorganised male is ridiculed and exposed in the community. Men who lack concrete planning or do not prioritise their schedule of activities, who fail to differentiate between the necessary tasks related to their homes and households and who instead pursue personal activities and pleasure are derided and discredited. Similarly, drunkards who never succeed in their household endeavours are a particularly good example of weak, effeminate men. I would argue in tandem with Connell and Messerschmidt (2005:846) that most men do

not live up to the socially dominant masculinities. A reasonable proportion would appropriately be deemed as embodying subordinate masculinities.

It can be argued, based on the idea above, that since masculinity is constructed, it is therefore open to be occupied by anyone. When a husband fails to conduct himself in a masculine manner then a woman can step up to fill the void. Ratele (2008) argues that masculinity is like a position that individuals assume but also rearrange to adapt to their lives. Because of its open nature any person can theoretically occupy masculine positions, which means that masculinity is hypothetically not closed to females. Like a man can assume female/ feminine roles, any female can occupy the space of masculinity, and a number do. This line of thought was also expressed by Beynon (2002) who stressed that there are male and female versions of masculinity and equally female and male versions of femininity. This depends on the way people are gendered and enact those gender identities in different places, at different times. Those who do not perform their masculinity in a culturally approved manner are therefore liable to be ostracised or even to suffer punishment.

In accordance with the above finding, research by Silberschmidt (2005) in Kenya, demonstrates that men's difficulties in providing financial assistance to their own households undermines their self-esteem and the respect people have for males as household heads. The role assumed by women as important managers of food and cash crops and as sole managers of the farm, after men had failed or defaulted in their roles, made them crucial to the survival of the household. Men attempted to force back their lost respect from their family by becoming aggressive to their wives and beating up an obstinate wife. The research in Chilooko found that women who were married to layabouts and notorious drunkards assumed the responsibilities surrendered by such men who in their practice of work did not meet the hegemonic concept of the provider of household needs. They did not live up to the exemplars of masculinity such as steadfastness and endurance at work. How certain men ended up marrying and subsequently taking up matrilocal residence was described by a male respondent:

> Staying at a woman's homeland might have arisen because you do not have enough resources at your birthplace, a man who is destitute. You may not have the resources that should make you to thrive and you think that by staying uxorilocally at the

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> woman's land is capital for the marriage, you can develop economically. This decision is made as "*kubisa uchitsiru"* (covering up the man's foolishness) by a man who is wary of attracting reproach for his destitute situation. (Individual interview Male, Kapulula Village 2012).

As an extension to the "breadwinner" masculinity, this research found that the ability of a household to accumulate assets and attain a more than average level of financial progress was seen as an epitome of forward-thinking typical of a proactive and economically aggressive "real man". It is perceived as a sign that a man has good leadership and planning skills. Men who squander the proceeds of their hard labour by engaging in *uchidakwa* (excessive beer drinking) are despised and lowly regarded. This finding echoes what Groes-Green(2009:289) earlier emphasised that "the male ideal that stands out as the hegemonic masculinity in much of sub-Saharan Africa is referred to as the breadwinner". It defines as "real men" those males who can provide economically for their female partners and families through this practice. This finding represents a shift in status between industrious masculinity and the construction of a sober, forward-thinking head of household. Having considered the social construction of the hegemonic "breadwinner" masculinity, the next section describes another construct of men's personal life in Chilooko.

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4.8 Public demeanour and use of the tongue

Connell (1987) argued that the construction and enactment of gender identity is the psychological counterpart of the construction of gendered roles into which people are socialised. Its basis seems to be the act of recognising oneself as a kind of person that conventional images of masculinity and femininity define. Ratele (2008) described masculinity as a set of socially grounded ideas with material effects; in that they come to shape how children gradually grow to comprehend themselves and others, and the world around them.

In Chilooko males become men through participation in the *Nyau* initiation rites. The rites and ceremonies enacted within the *Nyau* secret society equip an individual with the knowledge of sanctions and rules of conduct that prepare them for adult life. When one believes he is a man, it means he has gone through a process of self-redefinition which has had behavioural consequences. Reaffirming this, the research found that males are further

identified as 'real' men in accordance with their enactment of numerous local constructs of masculinity and their conduct or presentation in public in which an impression is created of 'doing masculinity'. In this regard, Ratele (2008) argues that men's expressions of a masculine self are always ready-made and they select such from the panoply of selves that are available. Reflecting on Chewa society, Probst (2002) argued that people get these ideal constructs of masculinity from the tradition or customs called *mwambo* (behavioural codes). In Chewa social life, *miyambo* (plural of *mwambo*) refer to numerous behavioural codes learnt during male initiation, and their socialisation through involvement in *Nyau* or *Gulewamkulu*. In Chilooko parents are also important in masculine socialisation and in imparting customs or "traditions" to their children:

> In the Chewa tradition, a female child is instructed by her mother while the male is instructed by his father in terms of socialisation to the expected conduct and behaviour. In my case, my sons look up to me as a model for good behaviour, values and norms that society expects them to live up to. The mother imparts the expected values and norms to build in her daughters a character and behaviour that suits them for society. (Male Individual Interview, Kangómbe Village 2012).

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In another interview a man further stressed that:

> If a man has already shown "*uchamuna*" by being able to impregnate and father children, he is further considered an ideal man by relentlessly working towards socialising or instilling acceptable behaviours in your own children. Children have to be educated in what their tradition or their society expects them to abide by, what form of behaviours are ideal for community solidarity and wellbeing. (Male individual interview, Swaswa Village, 2013).

Some of these ideals referred to above are also imparted as part and parcel of *Nyau* initiation (see 4.3). These are the instructions men hear and understand from their initiation as *mwambo* (the secret knowledge and ancestral wisdom that everyone learns at puberty). *Miyambo* is at the core of what is considered a proper Chewa person. Kaspin (1993) reported that there is *mwambo* for different groups among the Chewa including that for adult men, adult women and other categories of people. This secret knowledge not only defines masculinity and

femininity but also reifies the boundaries between male and female. Once they have been initiated into this knowledge men have to conduct themselves differently in public spaces, and they must display the masculine disposition that is a requisite of their initiation.

Although this is not often expected or demanded of them, the Chilooko study established that, if a man is able to address a group, a village or community gathering without a show of shyness but with straightforward, eloquent and persuasive speech, he is also exalted among other men. The art of communication was considered to show an absence of fear and to demonstrate power and authority, as well as the admirable quality of intelligence. Probst (2002) added that the *mwambo* men get in the initiation is not only highly aesthetic but also sensual in that it involves the entire person, appealing to basic emotions like lust, fear, hope and despair. As Kaspin (1993) found in her ethnography of the Chewa of Lilongwe, social life is based on arenas of inclusion and exclusion. Secrecy was maintained in the form of metaphorical language, which ensured that initiates would have an identity that was separate from the uninitiated. Notably, the ability to keep secrets and refrain from gossiping separated 'weak' men from the 'real' ones who could be trusted and who had integrity. In Chilooko gossip was identified as a feminine trait that debased men who engaged in it:

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> There are other men who tend to gossip and people might say about them (that) this is a man but he cannot be trusted with a secret. He behaves like a woman while other men keep secrets, as such people regard them as a real man (Male Individual interview, Kapulula Village 2012*).*

The ability to confront other men in the face of threats and provocation and the capacity to fight and defeat other men was also admired as an indicator of masculinity. Men who recoiled from danger or the threats of other men or women were counted as weak, a perception that resonates with widely held constructions of masculinity. In this regard Malamuth and Thornhill (1994), Goodey (1997), Weisbuch *et al.,* (1999) and Murnen *et al.,* (2002) are among many authors who have expressed concern over the aggression of men. My research found that in Chilooko a few men also engaged in violence and fighting when they met in beer drinking areas and other social spaces, but I did not establish the extent of this. However, being able to stand up to aggression and defend oneself was identified as an exemplar of masculinity as noted below:

> Men display or would want to demonstrate their "*uchamuna*" (masculinity) in many other ways, some show off their masculinity through the ability to fight and defeat other men…. (Male Individual Interview, Swaswa Village, 2013).

Looking at the demonstration of fear or lack of it, Goodey (1997) argued that the gendered stereotypes of fearless male and fearful female are not supported by the complex and multiple identities and shifting meanings of fear and fearlessness. He stressed that the emotionally inarticulate persona attached to hegemonic masculinity was the 'ugliest' expression of its exaggerated form. It was also noted that each individual's experiences of fear and fearlessness shifted back and forth along the fear continuum, influenced by life's meta-discourses such as ageing and parenthood. However, one could avoid conflict not as a show of fear but rather to illustrate restraint or a love of peace. The research in Chilooko revealed that avoiding conflict rather than perpetrating it was valued and it was stressed as a virtue in the socialisation of children.

> A good father has to socialise his children into the acceptable behaviour in the society. If the children engage in conflicts, a good father has to reprimand the bad behaviour and he must be a role model. (Male Individual Interview, Chinguluwe Market 2013).

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The trait of fearlessness in the face of violence or to be violent oneself was raised as an important aspect of manhood in Chilooko. However, it was expressed by a minority. Despite being a minority view among the respondents, it cannot be discounted as negligible in forming masculine identities. If explored further, my research would probably confirm it as one of the definite markers of hegemonic masculinity. Alternatively, this intimates the construction of complicit masculinity in which, according to Connell and Messerschmidt (2005) and Gomez (2007) people might choose to be cautious to demonstrate hegemony in certain situations. In the context of Chilooko, this might be an option chosen by men who, for religious reasons or because they know that others may consider violence uncouth and thuggish, emphasise calmness and peacefulness. It equally shows that the people of Chilooko are selective in the way they perceive and prioritise certain masculinities in their discourse of everyday life. Rather than engaging in violence or fights as a demonstration of masculinity,

the research shows that upholding peace and calm was a mode of behaviour expected of men, and one they should impress on their children. I could however not ascertain whether there were conflicts and fights between men in my research site (violent men were despised and no instances of male aggression outside drinking places was reported). Men who were not afraid but tactful and self-confident, and who tended to defuse potentially violent situations were admired. Connell (1995) argues that we should not think that the majority of men who are less aggressive are emasculated. On the contrary, we should accept that men's social practice in different domains such as marriage, fatherhood and community life involve extensive compromises with women or other men, rather than resorting to naked domination or uncontested displays of authority.

4.9 Conclusions

The findings in this chapter reinforce many discourses of masculinities from literature. It emphasises the fact that there are different constructions of masculinity within the same community. These masculinities wield different but somewhat complementary influences that are hierarchical in structure, power and emphasis. The relationship between these constructions has been a key observation in this chapter. The findings portray various signifiers of masculinity that differ from what is represented as hegemonic masculinity in 'western' countries or South Africa. It highlights sexual performance, male fertility, a strong work ethic, and the ability to plan and implement household chores. It also underlines the ability to employ the proceeds of one's work, to provide for the needs of the household, to muster a good argument when speaking publicly and face an aggressor, as well as the ability to keep secrets and avoid gossip, as key descriptors of masculinity in the Chilooko area. Ideally a real man is expected to embody the various constructions and rigorously enact or practice them when and if social circumstances demand it. However, the chapter has unearthed different types of combinations. Some men demonstrated lack of consistency, being sexually strong but not coupling it with fertility; and a man who is very industrious may not always have the wisdom to put the proceeds of his labour to appropriate use. The study has shown, for instance, that certain married men might be sexually virile and bear children, but due to drunkenness fail to provide for their household. This agrees with the findings of Van Hoven (2005) who observed that divergent claims on the concept of masculinity reveal fissures and contradictions in its hegemonic definition, which necessitates the constant reiteration of what "a real man" is supposed to be. All constructions of

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masculinity have flaws, they lack complete control and they may be disrupted, or even disrupt themselves.

It is worth pointing out that the findings seem to polarise men between those who are considered more masculine and others who are not. What emerges from the study is that manhood or manliness cannot be seen as encompassing a category of individuals. It has been observed that among others the ideal construction of masculinity, which received spontaneous emphasis among the majority of participants, is the one connected to sexuality and reproduction. The study has also provided insight into the predominance of 'positive' masculinities among the Chichewa speaking people of Chilooko. It counters the common discourse, which often equates masculinity to use of force, violence, coercion, indulgence in conflict and disagreement, as markers or descriptors of manliness (Groes-Green, 2009). This study magnifies the positive and productive masculinities that facilitate erotic pleasure, the capacity to drive women to orgasm and the work ethic that ensures and promotes the breadwinner ideal, as well as the well-being of households. These descriptors help to ensure that males who possess or embrace them establish their superiority over their peers, sexually and socially. The findings also present the fact that masculine sexuality in Chilooko is not restricted to the old ideal that emphasises the role of males in procreation, they also stress that impotent men are stigmatised and discredited. Quite explicitly, a male's sexual skills are an important marker of his manliness.

In subsequent chapters, the thesis will continue to link up the ideal construction of masculinities such as masculine sexuality, masculine fertility and reproduction, and the male ideal of breadwinner with the way they are made socially real and objective (objectivation) as they relate to men's roles in family life and the practice of fatherhood. In the next chapter, the performance of masculine heterosexuality and marriage in Chilooko is discussed.

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CHAPTER FIVE: SEXUALITY AND MARRIAGE: LEGITIMIZING AND "DOMESTICATING" HETEROSEXUAL MASCULINITIES AND PRACTICE IN CHILOOKO

> The purpose of male initiation is to turn boys into sexual men and predatory members of Nyau….Thereafter the initiated boys belong to two worlds: as creatures of Nyau and as adult men of the village, a dual persona as predator and hunter who perform analogous deeds in both worlds. As Nyau beasts they seek dead people for burial and as adult men they seek live women for marriage. Kaspin (1993:43)

5.1 Introduction

In the previous chapter a snapshot of various constructions and practices of masculinity was presented. Among the people of Chilooko male heterosexuality is a key aspect of manliness. The above quote from Kaspin (1993) emphasises its significance and strong link to marriage. This is still the norm today. In Chilooko this was the case irrespective of whether the man had been initiated or not. As seen in the previous chapter (see 4.4 and 4.5), boys usually become adult heterosexual males through sexual education and preparation for manhood during the *Nyau* initiation. If a man does not go through initiation, the aforementioned process of education becomes the responsibility of his father and the males in his matriclan. (see 4.4).

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Kaspin (ibid) presents male heterosexuality as a cognitive framework that adolescents emerge with from the initiations. They subsequently enact it in everyday life as married men, and if they are *Nyau* initiates, as masked dancers during rituals at ceremonies, initiations and funerals. In the latter regard the masked male dancers communicate with the dead as part of acting out *pemphero lalikulu* (great prayer) (de Aguillar 1996)[6]. Currently Munthali and Zulu (2007) link the search for sex among males directly to the influence of male initiation. They argue that both *Gule Wamkulu* among the Chewa and *Jando* (male initiation that includes traditional circumcision) among the Yao emphasise respect for elders, as well as sexuality and having sex. Initiation instructors encourage initiates to have sex after completing the initiation rites: they are now men and fully sexualised beings. Furthermore, as indicated

[6] Ancestors and spirits of other living creatures play an important part by being in constant contact with the living among the Chewa. This is predominantly through rituals and dance of those initiated to *Nyau* or secret societies.

before (see Chapter 4 sections 3 and 4), constructions and practices of masculinity also include male sexual performance and fertility.

Irrespective of whether a man had been initiated or not, the expectation in Chilooko was that he would and should get married. Although the process leading to marriage is presented by Kaspin (1993) as a “hunt”, the findings below illustrate that it follows long-established practices and procedures. Male sexuality and fertility are closely linked to marriage, and subsequently fatherhood and parenting.

This chapter delves into male sexual behaviour and marriage, which is in a process of change in Chilooko. As indicated before, the matrilineal kinship system has been transforming since the time it was exposed to the influence of Christian and westernised social ideals and a British model education system. The latter was formally instituted by the Malawian state after independence[7]. Various ideals pervade the Chewa social fabric via the church, formal education, public media and such. In the following section I discuss how male heterosexuality is “domesticated”, and revisit past and present conditions under which the Chewa contract marriages are organised.

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5.2 Locating marriage as a cultural institution for practising heterosexuality

Palamuleni (2011:224) stresses the significance of marriage as an important social institution among Malawians. At an individual level it is a major and memorable life event that marks the full transition into adulthood. At societal level, marriage is important for formalised and legalised family formation. Grimes (2000:151) argues that marriage is deeply imbued with culturally informed ideas, expectations and practices.

While the institution of marriage has been affected worldwide by, the increase in and complexity of cohabiting and same-sex unions (Cherlin, 2004:849), the latter is not the case in Malawi, where same sex unions cannot be contracted. In this country Grimes’ (2000:161) cross-cultural definition of marriage as a “ritually performed, socially and legally recognised

[7] Missionaries first introduced “Western”-based education to enable converts to read the Bible from the late 1800s. They also started mission schools. The first Education board was established in 1930 by the British colonial government. Before independence only about 35% of children were enrolled in primary school. (http://education.stateuniversity.com/pages/912/Malawi-HISTORY-BACKGROUND.html">Malawi - History Background)

union of a man and a woman" still holds true. According to Mwambene (2005:11) a civil marriage in Malawi constitutes a social and legal agreement between two persons (that is, a man and a woman). In terms of customary law, a marriage agreement must also be sanctioned by *ankhoswe* (marriage guardians from the male and female sides). Marriage is thus also a contractual agreement between the kin of the bride and groom. Customary law in Malawi does not recognise cohabitation as a valid marriage in the absence of consent from marriage guardians. In Chilooko for instance, many people follow a whole range of "traditional" marital practices and have been socialised into local cultural norms, values and ideas, but will also get married in church.

Malawians are conservative and marriage and child-bearing within marriage are held up as the ideal norms (Munthali *et al.,* 2006:27). Similarly, Ueyama and Yamauchi (2009:44) and Palamuleni (2011:225) stress that it is the norm for people in Malawi to get married. Due to the steadily decreasing but still high HIV prevalence, currently at 10.6% (GOM, 2014), people tended to marry at a younger age – in order to find a "safe" (i.e. uninfected) spouse. Clark *et al.,* (2009:12) found that, in view of the HIV/AIDS pandemic, seeking and finding a suitable spouse had become an important priority for adolescents in Malawi.

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As indicated above, heterosexuality and marriage are seen as normative. This is also the case in other countries. Gavanas (2004:255), for instance, found that in America marriage is represented as society's tool to "govern" male sexuality, which is constructed as a promiscuous and aggressive force that needs to be controlled. In Malawi, marriage is equally important, marking the commencement of socially acceptable heterosexual activity and childbearing and signalling the transition to adult responsibility as the couple leave their parental homes and become a separate and hopefully economically productive or at least self-reliant entity (Palamuleni, 2011:227).

In Chilooko the search for a marriage partner is in fact a key motivation for establishing premarital sexual relationships. Marriage is seen as the ideal even though it is not always the practice. Statistics on marriage in Malawi show that 59% of women and 48% of men aged 15-49 are married and 9% live together. This means that overall, 68% of women and 57% of men are currently in a stable union (NSO, 2011). However, the national data is not disaggregated to show district-specific trends and there is no information available on the marital status of the people of Chilooko.

Although some couples in Malawi may co-habit, they do not have the same legal rights and obligations towards each other as in civil or customary marriages (Mwambene 2005:10-11). In a Demographic and Health Survey (DHS) in Malawi, the National Statistics Office (2011) found that 9% of women and men aged 15-49 years were living together (i.e. they were cohabiting but not married). Historically, irrespective of whether a couple cohabite or not, sexual abstinence before marriage was not common among Chichewa speakers (Hodgson 1933). A woman who had undergone initiation was considered to be an adult and could have a child although the preference would still be for children to be born in a marriage (Peters 2010). In matrilineal communities the lineage of the child is always determined through his/her mother. This is different from patrilineal communities where the lineage of the child is legally established through the payment of a "bride wealth" (e.g. *lobola*), which gives the man and his family rights over the reproductive ability of the woman[8]. Unlike among some patrilineal societies, virginity is not much prized among matrilineal groups. Poulin (2007) also emphasises the prevalence of widespread premarital sexual relationships among Malawian adolescents at present. Before providing a detailed overview of processes leading to the Chewa marriage, we will examine literature on premarital sexuality in Malawi.

5.3 Courtship and premarital adolescent sexual behaviour in Malawi

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A number of studies (Munthali *et al.,* 2006; Munthali and Zulu 2007; Poulin 2007; Tawfik and Watkins 2007; Chimbiri 2007; Izugbara and Undie 2008) in Malawi focus on sexual behaviour before and within marriage. This research aims to ascertain relevant knowledge, attitudes and practices that either protect young people or put them at risk of HIV infection or unwanted pregnancy. Most studies of this nature have focussed on adolescents. Izugbara and Undie (2008) note that Malawian male youths frequently discuss and speculated about sex. Sex is a critical part of their world, occupies their private thoughts and is a popular subject of conversation. According to the authors (ibid) boys and young men perceive and experience puberty as a time of uncontrollable sexual urges, which drive them to seek out girls. To leave one's sexual urges unsatisfied is seen as dangerous and unnatural and can lead to a loss of potency and sexual weakness. These studies contribute to an understanding of the social

[8] The Chewa in Chilooko, although matrilineal, give a cow, ox or even cash to the mother of the woman. Although a marriage is understood as the establishment of relations between families, the "gift" from the man and/or his family does not give the spouse or his kin rights in the reproductive ability of his wife. The children from the marriage are members of their mother's maternal family.

context of young people's romantic and sexual relationships and their sexually related behaviour (Munthali *et al.,* 2006). One important finding that cuts across these studies is that the majority of adolescents engage in sexual activity before marriage. A study by Clark *et al.,* (2009) established that an estimated 72% of men and 38% of women in Malawi will have engaged in premarital sex before reaching their 20th birthday.

Hardy (1964) noted that the Chewa believed that a youth (male and female) would not mature sexually unless intercourse began early in life. Similarly, Broude (1975) reported that the Chewa believed that early sex experience ensures a girl's future fertility. In recent past, Lwanda (2003) and Lamba (1985) had suggested that, the pre-marital sexual experimentation was not as pervasive as had been presumed in the distant past. Nonetheless, many recent studies on adolescent sexuality in Malawi (Izugbara and Undie 2008, Chirwa and Chizimbi 2009, Grant 2012) suggest a continued trend of premarital sex. Peer pressure is a strong force pushing adolescents into premarital sexual partnerships. An unmarried young man or young woman who does not have a sexual partner is called *mwana wamng'ono* (an infant) and excluded from conversations deemed to be "for adults" (Grant 2012). According to Izugbara and Undie (2008) sexual prowess is a favourite conversation topic for young males. They boast about the number of sexual partners they had sex with, the number of women they intend to win and the type of trickery they employ to persuade girls to succumb to their sexual overtures. For them, sexual abstinence is constructed as unmanly, abnormal and an indication of inadequacy. Sexually successful male youths are envied and admired.

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According to Chirwa and Chizimbi (2009) young men and women are encouraged to use their own discretion regarding sexual relations. Young men usually take the initiative and young women subsequently consent. Nevertheless, adolescent pregnancy outside marriage is frowned on by the church, the school, the health care and social welfare services and some local communities (Munthali *et al.,* 2006). While most adolescents engaged in premarital sex they often regard this time as a period of courtship and an opportunity to gather vital information about a prospective spouse (Clark *et al.,* 2009). The following quote illustrates perceptions about adolescent sexual behaviour in Chilooko:

> In the olden days, mothers used to warn their adolescent girls against premarital sex saying: "Boys are going to harm you, they are dangerous beasts". This successfully guarded adolescent girls against sex outside marriage and unwanted pregnancies. In

> this way girls grew up abstaining from sex- but the current generation is getting sex related information from books and radio programmes are complementing such information, explaining how safely they can have sex: is that respectful? (Individual interview, Male Kang'ombe Village, 2012).

As indicated earlier (Chapter 4, section 4) among Chichewa speakers sexuality was "traditionally" discussed in the secrecy of initiation rituals. Public discussion was taboo. Kaspin (1993) indicated that the Chewa drew gendered lines of inclusion and exclusion by adopting a secret language that guarded the dissemination of sexual and reproductive health information. Such secrecy reified gendered boundaries and delineated between those who had access to the secrets and those who did not. In contrast, the speaker above surmises that current trend of public information-sharing through the media is transparent. As a result young people no longer respect the "tradition" of guarding secrets as a group. The male participant alludes to the fact that most people in Chilooko are Christians and religious doctrine frowns on premarital sexuality.

For those who still follow the ways of *Nyau* (some are also Christians), sexuality is prized. At the same time sexual knowledge is guarded. It is passed on through coded language in particular settings (see 4.5). For the interviewee above, the "modern" approach of openly passing on information and communication about sex and sexuality is problematic and disturbs the gender order.

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Contemporary research on premarital sexuality among adolescents in Malawi indicates that chastity is not much valued among young, unmarried men and women. Among adolescent girls, receiving gifts and gaining peer acceptance inform their behaviour. Male adolescents engage in premarital sex because they construct it as a demonstration of manliness. It also allays the fear of possible future sexual "weakness" or infertility (see 5.2). The next section focuses on the formation of marriage among the study respondents.

5.4 Cohabitation and marriage arrangements among the Chewa of Chilooko

Substantial ethnographic and historical works indicate that the Chewa people still continue to reckon kinship mainly through the matriline and predominantly settle matrilocally after marriage (Hodgson 1933; Pretorius 1950; Stuart 1979; Page 1980; Phiri 1983; de Aguilar 1994,1995; Kaspin 1996; Probst 2002). Most of this work emphasises that after marriage a man leaves his homes to live in his wife's village and among her *bele* (breast or lineage): consisting of all those who can trace their descent from a common ancestress (Phiri 1983).

Hodgson (1933) and Pretorius (1950) reported that procedures leading to marriage commenced earlier than the onset of puberty. In the past elaborate marriage arrangements were instituted soon after the girls had completed the long and hard discipline of the initiation school, the cornerstone of the social, moral and "tribal" education of the Chewa youth. This transformed youths into men and women who would sustain and reproduce the fabric of society (cf Pretorius 1950).

Unlike men, women often married shortly after reaching puberty and/or initiation (Phiri 1983). Young men waited until they had the skills to construct a hut, proven their ability to cultivate a garden of their own and could perform various handcrafts. The above is still largely prevalent today and young men - who have not yet demonstrated these vital skills - are unlikely to find a marriage partner. It is apparent from the above that the qualities and skills of a man were and are still important issues in relation to his marriageability (see section 5.2). This shows the level of expectation placed on aspiring husbands as potential family heads.

The discussion in the subsequent sections focuses on the current arrangement of marriage in Chilooko amid a process of political and social change. As posited earlier, the matrilineal system among the Chewa is slowly transformed by historical, religious, legal influences and socio-cultural shifts. For example, the research in Chilooko revealed a significant alteration in the perception of males concerning residence after marriage – even though they adhere to "traditional" ideas and practices in many other ways. Currently, *chitengwa* (patrilocal residence) is more prominent than before. *Chitengwa* takes the woman from her local kin and lineal roots to her husband's home, whereas in the past *Chikomwene* (uxorilocality) was the preferred form of residence after marriage. The following excerpt provides an insight into this shift in residence:

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> People still practice *chikomwene* but it is very rare. Most of men would prefer ***c****hitengwa* and stay at their birthplace. There are a number of reasons which influence people to adopt *chitengwa*. The issue of land for farming is not the chief problem. Even at *chikomwene* one could secure land for farming. The real issue that influences men not to stay at *chikomwene* is that the marriage is not really respected in the village. (Individual Interview Male, Chilooko 2013).

According to Phiri (1983) Chewa men increasingly try to circumvent uxorilocality and as a result *chitengwa* has become more popular. Ngwira (2005) argues that in Mchinji *chitengwa* is the most common (67%) type of residence after marriage. One reason is the emerging context of a capitalistic labour-based economy where husbands are the main breadwinners. Men are now focused on taking care of their nuclear families. In contrast to *chikomwene (*uxorilocality) where men have less influence on matters concerning their wives and children, C*hitengwa* enables men to have more authority over their own households and promotes a sense of belonging. Yet there are no apparent advantages for the woman in the adoption of patrilocal residence (Chitengwa) (cf Peters 2010)[9].

The existing discourse about *chikomwene* in my fieldsite offered many reasons why a sensible man might not opt for matrilocal residence. If the couple and their children live matrilocally the wife (or her brother) is party to discussions about the affairs of the matriline, but the husband remains isolated and uninformed. No matter how influential an *mkomwene* becomes in the local setting (where he lives as a married man), his wife's brother always has more authority over her and her children (than the husband). In time an *mkomwene* could assume important positions in the community but this does not happen immediately (cf. Kishindo, 1994). The masculinity of the *mkomwene* is arguably subordinated in the local setting where he lives. But he can take leadership in his own matrilineal group. His power and authority is thus somewhat dispersed. To exercise it, he has to move back and forth between his wife's matrikin and his own. Alternatively he will, after some time, return to his own matrilineal kin group. In this case, the matrilineal system subordinates the masculinity of the husband who lives with his wife's family, to the authority of the wife's mother's brother and exalts the *mwini mbumba* (leader of the matrilineage or *bele*) within the local setting. In

[9] Malawi has the highest divorce rate in Africa. Divorce is fairly common in matrilineal settings and both men and women often remarry (Reniers, 2003).

the next section three ways of getting married are discussed. The *kutsompholana* (snatching away), *kuba chikumu* (assisted theft) and "normal" marriage or *ukwati* (marriage).

5.4.1 Formalising a regular marriage in Chilooko

In resonance with findings by Phiri (1983) and Clark *et al.,* (2009) men in Chilooko have the independence and freedom to pursue their marital aspirations and desires with respect to when they will wed and who they want to marry. They take the initiative in identifying a potential spouse and then take the matter to their family. The ideal practice among unmarried men and women in Chilooko is to seek the assistance and guidance of the elders. The following excerpt confirms the current practice:

> It all starts with courtship and then the relationship is made public where parents on both the male and the female side are informed. Then when the male declares interest to marry the woman and they both confirm their desire to enter marriage, the male goes and communicates this desire to his relations or a parent, as the female also does the same. (Individual interview, Male ChilookoVillage 2012).

When the single man and woman communicate their interest in marriage, they start the procedure to identify *nkhoswe*. The local term *nkhoswe* carries different meanings. According to Chimango (1977) it is an office assumed by a close and senior relation, a maternal uncle or brother. Phiri (1983) confirms the exercise of domestic authority by the wife's mother's brother (avunculate). The *nkhoswe* is the helper and defender of the married woman in social and juridical matters. He is responsible for the conduct and care of his sister's children and, if there is not a more senior maternal uncle, and for his sister as well.

The second meaning of *nkhoswe* is marriage counsellor (Kishindo 1994). The person (usually the mother's brother) assuming this office facilitates the "traditional" formalisation of marriage as a witness to the marrying couple. The *ankhoswe* fulfils this role for the entire span of that particular marriage. In effect, the woman - even if she moves to live with the family of her husband - always has another male who (as a member of her matrikin) is socially and legally responsible to protect her (and her children's) interests. The *ankhoswe* settle marital and other disputes but also assists in various forms of social counselling (Chirwa and Chizimbi 2009). For the sake of the discussion that follows about practices in Chilooko, this latter role of *nkhoswe* will be foregrounded.

Customary marriage in Malawi involves a special type of contract governed by well-articulated principles. It is not enough for aspiring marriage partners to agree to cohabit without recourse to the *ankhoswe* (plural of *nkhoswe)* (cf. Chimango, 1977). Once the prospective couple has communicated with their parents about their intention to make their relationship formal and move on to consummating it, the woman's parents communicate with her uncle or brother and say, "Your niece has a boyfriend and they have decided to marry". Similarly, on the male side, the parents inform the young man's maternal uncle by saying, "Your nephew *wapeza mbeta ndiye akufuna atengane* (your nephew has identified a potential marriage partner and they want to marry) and he requires *mukafunse mbeta*" (he has asked that you should go to present a formal marriage proposal to the girl's parents on his behalf). Then a further step is taken by the aspiring husband to ask his maternal uncle to visit the young woman's relatives to formally present the marriage proposal. The maternal uncle (avunculate) or his representative is given directions to the village of the woman and the identity of the person to contact. All this is the preliminary work that culminates in a rite called *chinkhoswe*. On arrival at the girl's village and in the presence of the bride's representative, the prospective groom's uncle will say:

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> We have come, we stay in Chilooko village, we are coming here because, *kwathuku kuli ka tambala, ndiye tambalayo akuti kunoko wapezako msoti, msoti umenewo dzina lake amati* Najere or Naphiri (where I am coming from I have left a cock, and this cock says he has found a hen here, the name of this hen is Naphiri). Naphiri is staying here in Chipacha Village. The girl informed her boyfriend that to formally ask for marriage we should come and meet O Banda and that is why we are here. (Key informant Interview, Male, Chilooko, 2012)

The prospective bride's representative would respond saying;

> Is it so? We have heard it but meanwhile you will return to your village, as you return, we are going to follow this issue up. We shall ask around in case this is true. Individual interview, Male Chilooko Village 2012.

The quote above highlights the special use of speech in conveying important information in Chewa "tradition". The elders use oblique and cryptic terms to communicate delicate messages. This tendency in Malawi and in particular among the Chewa, to use indirect

communication, is noted by Moto (2004). In the quote above, a young unmarried man is presented as a cock that has identified a hen as a partner. By referring to the young male as *tambala*, (male of any bird species, including chickens) the speaker is also intimating that he is knowledgeable about correct social behaviour and has the necessary domestic skills. He is to all intents a successful initiate (cf. Pretorius 1950; Phiri 1983). The woman is designated as *msoti,* (a hen that has yet to start the reproductive cycle). It means a woman who has never been married before and has no prior record of having given birth. This is contrasted with *thadzi* (a hen that has had experience in reproduction, i.e. one that has bred chicks).

The second section of the quote hints at the fact that the negotiation of the formal proposal for marriage is not handled in haste by the woman's family. Internal checks on the identity of the *msoti* concerned are put into effect - although some members of the family might already know of the relationship. The representative of the man has to make a couple of subsequent trips to the prospective bride's family and village to get to know more about the girl and to obtain the consent of her parents and maternal uncle. Then the proposed value of *chiwongo,* the symbolic bridal gift to her mother (and increasingly to both parents) for the labour and investment in raising the prospective wife from childhood until she attracts marriage proposals, is established.

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Chiwongo is a form of recognition or even a small, token "compensation" or "gift" for raising the woman, given to her mother. Although it forms part of the rituals concerning marriage (often even among Christians), it is not "bride wealth" (such as *lobola* in South Africa, which is paid in exchange for the reproductive capacity of the woman) (Phiri 1983; Kaler 2006). It is seen as an acknowledgement of the loss of the daughter.

In Chilooko today, the children born from a marriage firstly are the kin of the mother and her lineage – even if the father has rights over and responsibilities towards his children. The following quote depicts how the *chiwongo* is negotiated over time:

> We have come again, as we indicated the other day, our boy proposed marriage to one of your daughters. The girl's uncle responds by saying; "As we communicated to you that day that we were going to verify the identity of the girl that has been proposed for marriage, we have established this. It is true; the girl has confirmed with us that she was asked for marriage by your nephew and she accepted the proposal. But before we

proceed with the process, we would ask you to honour the demand of compensation from her parents amounting to." (Individual interview, Male 2012).

In Chilooko the "token" is paid either as cash or in the form of livestock (e.g. a cow). The payment of the token signifies consent to the marriage proposal. The next stage in the formalisation of marriage involves the demonstration of the prospective bridegroom's industriousness (Phiri 1983). As highlighted earlier (refer 3.6), in the past, young men did not usually marry if they could not demonstrate the ability to erect a hut, to cultivate a garden or could show skills in a craft. My study in Chilooko suggests that previously, young men often worked in their parents-in-law's gardens at the beginning of the farming season, at the time of "*tsosa". Tsosa* is a farming activity, the time of bush clearing before ridges are made. This activity takes place during the dry season which begins in May and ends in November (Kaspin 1996). Farmers clear their gardens, sometimes with the aid of bushfires started by hunters of *mbewa*, a type of rodent considered a delicacy. During this season the temperatures rise sharply until December when the rains return. Young men thus also demonstrated their resilience to heat and thirst. It is common practice in Malawi that wedding ceremonies are held between May and December after people have harvested their agricultural produce and can draw on this to prepare wedding feasts. Village life is organised around the agricultural work, with the calendar divided into two halves of six months (Kaspin 1996).

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Currently, young men who wish to marry do not necessarily have to demonstrate their skill at gardening, building and such to the same extent as in the past (Kaler 2006). If they earn money they can also hire labour and the skills necessary to construct dwellings rather than put in the time and effort to erect dwelling structures on their own. Young men now have alternatives, especially if they have formal education and can find employment outside agriculture. Contemporary Chewa men can replace lack of skills by paid employment and/or access to money and resources.

By extension, this challenges the jurisdiction of the prospective parents-in-law to withhold their consent to the marriage proposal if such men can substitute their agricultural and house-building "duties" with money and by paying somebody to labour on their behalf. The practice of first building a home has become less common in Chilooko because of changes in socio-economic opportunities for aspiring young men. There is a trend towards more patrililocal residence at marriage which does not require a man to build a hut in the wife's village.

Yet not all men find full-time employment and most are still involved in rural agriculture. Currently, in Chilooko, the "assessment" of a prospective bridegroom entails about a week of labour under the watchful eyes of the future bride's family. During this brief stay, the prospective son-in-law sleeps in the *mphala* (the residence of unmarried adolescents) with his future brothers-in-law. The prospective couple have minimal or no contact with each other. Following the satisfactory completion of this vital assessment, the two sides agree on the next ceremony called *chinkhoswe*. Each of the two sides has to identify the marriage counsellors (*ankhoswe*) for the new marriage. Then they negotiate on an appropriate date for conducting c*hinkhoswe*. *Chinkhoswe* was, and still is, a very important ceremony at which the identified marriage counsellors, guardians or advocates from both the man and the woman's side meet and exchange whole boiled chickens as a symbol of validating the marriage. The ceremony is usually staged in an enclosed space as a private event in the wife's village. The marriage happens with the *ankhoswe* as witnesses on each side.

In the past, *chinkhoswe* meant a satisfactory fulfilment of all the necessary formalities for a regular marriage. Nowadays there are usually subsequent formalities, e.g. having a church wedding and a public celebration afterwards. It was often at this point that the man declared his choice of future residence to his representatives who in turn negotiated about it with the bride's family. A detailed discussion of such conditions follows in the next sections on modes of marriage formation among the Chewa of Chilooko.

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5.4.2 Kubachikumu and Kulowana as unsanctioned sexual unions in Chilooko

Chirwa and Chizimbi (2009) found that having multiple sexual partners meets with social disapproval. Such men and women are given derogatory labels: men are called *wamchiuno* (one with hunger of the hips). A woman with multiple sexual partners is called *palowa ina* (all penises enter). In general, men and women expect sexual fidelity from their marriage partners (Clark *et al.,* 2009).

There are at least two kinds of marital unions that are frowned upon in Chilooko. The first is called *kubachikumu* (assisted theft). This literally means stealing with the help of an insider. *Kuba* means steal and *chikumu* suggests reciprocal help in return for a previous service. When this form of union happened in Chilooko the relationship was seen as a kind of "theft".

It is a union said to be driven by untamed sexual urges, usually of the male partner, as the following quote suggests:

> Often, such an idea is initiated by the boy having seen that he cannot afford the required resources deemed necessary to take them through the expected procedure demanded by tradition as well as religion. Often, it is the boy that persuades the girl into doing this. Finally, it is the consent of these two parties alone without the permission of their family members that they consummate their marriage. (Key Informant Interview, Male Chilooko Village2012).

The excerpt above cites the poverty (or lack of agricultural and house-building skills) of the aspiring male partner as a significant influence in deviating from an acceptable marriage procedure. Men who engage in *kubachikumu* do not meet the ideal of hegemonic masculinity: i.e. that of "breadwinner" or provider or manly industriousness. In this sense the man fails to embody the social reality of the dominant masculine ideal. He does not conform to cultural paradigms of manhood. His way of being a man is subordinate to that of "real men" in the community. However, such subordinated masculinities can shift. There are mechanisms to normalise the marriage, repair the relationship between the two families and reconstitute the man as a "proper" and manly husband. This is done through the payment of a fine.

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The result is that the "thief" has more authority both outside and inside his household: considering that he does not live under the authority of his wife's maternal uncle - the uvunculate. The term *kubachikumu* (assisted theft) indicates that the man steals or snatches his spouse from the custody of her parents and her maternal uncle, the *mwini mbumba*.

As indicated above, the woman is "persuaded" and thus not passive in the whole process. She is viewed as a willing, voluntary and active accomplice to execute this sexual union against the norm. Having made this decision, the young man takes his intended spouse to his home village and they reside virilocally. Usually, the man has confided to some of his sisters his intention to "steal" his fiancée away from her village and her matrikin. The sisters prepare the man's *mphala*; beautifying the floor and the walls with new clay a few days before the plan is put into effect. The following excerpt emphasises the active collaboration of a man's sisters, mother and other close relations:

On the knowledge of this information, the sisters prepare the boy's "*mphala*", through beautification of the walls with nice clay (*kukhula*) and smoothening the floor in readiness of the arrival of their sister in-law. The sisters and even the boy's mother know their brother or son has gone to "steal a woman for a wife". On arrival from the mission, often at dusk or in the evening; the man leaves the woman on the way, a small distance from his home, and proceeds to his home alone. He goes straight to inform his own sisters about this, go and fetch your sister in-law I have left her under that tree. (Key Informant Interview, Male Chilooko Village, 2012).

The quote above shows that the family sympathises with the need of the man to marry. In Chilooko his sisters assumed a big role in "formalising" this arrangement as a marital procedure. On the predetermined day the sisters, sometimes in the company of a few other women in the village, proceeded to the appointed spot and welcomed their sister in-law. They gave her a small gift and then brought her to their brother's *mphala*. The "bride" would pretend not to come freely, resisting the advance to the *mphala*. The sisters-in-law had to ensure that she was persuaded to go there with further gifts each time she stopped on the way. When the bride finally reached the *mphala* for the new husband, a few other women from his family came to welcome her that night. Usually, the young woman covered herself up with a wrapper (*chitenje*). When the people came to welcome and greet her, they had to give her a gift before she would uncover her face. Only then could they see her and greet her. The following morning, the new *mtengwa* (daughter-in-law) was formally introduced to her mother-in-law. The family invited old women- *ntchembere*- and informed them of the arrival of the new "wife" of one of the young men by saying: "There is a person in the house, we would like you to bring her out*"* The old women then brought the young woman out of the *mphala* with a broom in her hand. She was taken to her mother in-law's residence. While she was in her mother in-law's house, the older women provided counselling to the new couple. The counselling focused on the young woman supporting her mother in-law, especially in household tasks like drawing water, cleaning the house and preparing food. The relatives of her new husband were introduced to her: the uncles, aunts, sisters and brothers. In this way the wife was introduced to her new home.

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Nonetheless, the entire family knew that they would, in the end, be "fined" for their disregard of the authority of the girl's family and for undermining the jurisdiction of the avunculate. Plans had to be made for the two families to come together. At this stage it was incumbent on

the groom to initiate the process of letting the two sides get to know each other. The man approached his uncle to address his *kuba chikumu* (assisted theft) with the maternal uncle (*nkhoswe*) of his new bride. The quote below illustrates the help that the intended bride provided to facilitate the "theft":

> In many cases, by the time the woman was leaving home she must have confided in someone about her departure and might have already asked who to be contacted by the boy's uncle to get the formalities sorted out. So she informs the husband that his uncle should contact Mr X when he gets to her home. When the delegation from the boy's family reaches the girl's home they enquire; "We are here to meet Mr X, we were informed he lives here". (Key Informant Interview, Male, Chilooko Village, Male 2012)

The first visit by the groom's representative to the bride's family was to inform them about her whereabouts. A return visit was then arranged on an appointed day. The woman's maternal uncle, or his representative, travelled to the man's village to verify the whereabouts of their family member and to claim damages from them. On their arrival in the man's village, the woman's relations usually demanded an initial fine called *chomuonera* (viewing fine). This was meant to make the women's relations accept the need to meet and identify the young woman. A subsequent fine was called *Chithyola mudzi* (scandalising or shaming fine). This fine was imposed on the man and his family for humiliating the bride's maternal uncle (avunculate) and parents by their failure to follow established marriage procedures. *Chithyola mudzi* (shaming fine) was a hefty fine because it represented the frustration and worries the woman's family experienced after discovering that she was missing from their home. After *chithyola mudzi* had been paid, the young woman's family asked to speak to the man's family, expressing their frustration about the man's evasion of the expected marital procedures. The woman's family then demanded a fine called *chamlomo* (for the lips). Once paid, the woman's family representative would formally respond:

> This woman was indeed unmarried (*anali mbetadi*) before she was stolen from us, she used to be single. We just feel that it was wrong to take her for marriage like it happened, without notifying us (*popanda zikomo*). We would not have denied you if you approached us formally but now that you have ruined our family/ village, we demand a goat for *chithyola mudzi* so that we can inform our village head about your

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> conduct in this matter. (Key informant Interview, Male Chilooko Community, Male 2012).

Once all the fury has been vented by the family of the “stolen” woman, negotiations commenced to formalise the union. Participants in Chilooko indicated that the whole “performance” concerning fines in the case of “theft” served to validate the worth of the unmarried woman in the estimation of her parents and matrikin. Once the woman’s family had made their acceptance speech and consented to the “forced” union, they agreed to the normal *chiwongo* and endorsed the marriage. The drawn-out negotiation and subsequent payment of *Chiwongo* (the compensation) were by default understood as approval of *Chitengwa* (patrilocal residence).

Kulowana (cohabitation) is another sexual union which attracts the disapproval of parents and the local leaders in Chilooko. Although this union is similar to *kubachikumu* in that it violates normative marital procedures, the difference is that the couple take up matrilocal residence or *chikomwene*. In this case the man “intrudes” into a woman’s *mphala*. In both *kubachikumu* and *kulowana*, the woman is an active participant in the planning and execution of the plans. The relationship usually begins with the usual courtship process that becomes formally known to parents on both sides. However, on a convenient weekend, the man readies himself, takes his personal belongings, particularly clothing and bedding and travels to his fiancée’s *kuka* (the dwelling place of unmarried adolescent girl) where they start living together. He is regarded as an intruder in the young woman’s *mwinimbumba*. On the following morning, the young woman reports the matter to her maternal uncle (or his representative). He then summons some of his nephews to go and meet the man. Once this formality is over, the uncle takes a chicken and makes a courtesy call at the village headman’s house and reports:

> We received a man last night in our family, in case he gets ill or maybe even dies, we would like you to know. (Key Informant Interview, Male Chilooko Village, 2012).

On return from the village headman’s house, the name of the young man’s home village and of his uncle (*mwinimbumba)* is required. The young woman’s uncle then visits the man’s village to report:

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> We were surprised to see a cock from this family who just mingled himself with our family, so we came forward to let you come and identify whether or not he is indeed one of your sons. (Key Informant Interview, Male Chilooko Village 2012).

A return visit to the young woman's village is arranged by the man's uncle and his entourage. Once the verification exercise is concluded and the man has been identified, *Chithyola mudzi* (village trespassing fine) is demanded of the man's family. It is a symbol of censure of the conduct of the man, for intruding on the young woman's family and bringing it and the village head into disrepute. After the fine has been paid and negotiations for *chiwongo* (compensation) are done, an impromptu *chinkhoswe* is formalised before the return home of the man's family.

The description of the two processes of irregular marital unions provided above reinforces the understanding that marriage connects people to groups and to other institutions (Waite 1995). These two initially "irregular" unions also illustrate the occurrence of subordinated masculinities among the Chewa. The fining of these masculinities actually is a symbol of acknowledgement of the ideal masculinity accepted by both men and women in the area - even when the men have no opportunity of conforming to them. The ideal construction here constitutes a combination of the provider and skills "model", as well as adherence to established marital procedure. The chapter has also shown that there is a hierarchy of masculinities. Socially dominant masculinities need to still abide by the cultural consent of agreed practices. Masculinities are almost always open to challenge from other social constructions. This chapter has also demonstrated that men embody alternative masculinities at different times and social contexts. In Chilooko, marriage offers individuals a sense of belonging and social obligation which gives meaning to life. The narratives above also illustrate that the Chewa of Chilooko have a keen sense of their own way of life, their ideals and expectations regarding marriage. This research shows that the people of Chilooko still respect their local marriage procedures notwithstanding external social pressures.

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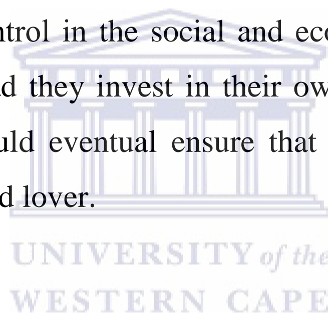
5.5 Conclusions

In this chapter it was shown that in Chilooko, young and socioeconomically deprived heterosexual men and their prospective partners sometimes went to extraordinary lengths to force acceptance of their unions. Although these marriages start as unsanctioned, they do not remain as such. After fines from the aggrieved party the union is legitimated and has social standing. The tendency with which young men and women form "unsanctioned" marital unions are reminiscent of what Amato (2004) calls companionate marriage. It is based on the bonds of love, friendship and common interest between a man and a woman. Such unions are initiated irrespective of societal ideals. But ultimately marriage has to be ratified in some or other way. According to the law in Malawi (Mwambene, 2005; NSO 2011) it only becomes legal once it conforms to social and/or religious norms. The unusual unions described above were thus initiated in violation of social norms that are still strongly respected among the Chewa. This chapter has also resonated with what Groes-Green (2009) found concerning some men's inability to gain control in the social and economic arena (through poverty or lack of job opportunities). Instead they invest in their own sexuality. She observed further that improving sexual skills would eventual ensure that such a man is also perceived by women as "a real man" and a good lover.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CHAPTER SIX: CONSTRUCTIONS AND PRACTICES OF FATHERHOOD IN CHILOOKO.

6.1 Introduction

This chapter discusses the meanings and practices of fatherhood in Chilooko. These are contextualised historically as well as being evident in the daily practices of Chichewa-speaking men. It relates to procreation, their socialisation of children and in their being heads of families. The chapter interrogates the dimensions and involvement of males in reproduction and in the maternal well-being of their spouses. It provides insight into the involvement of married men in Chilooko in and during pregnancy and birth. It also highlights their resistance to participation in reproductive and maternal health practices as prescribed by local public health professionals. This chapter demonstrates a link between a configuration of masculinities and the practice of fatherhood in reproductive and maternal issues.

6.2 History of the scholarship and re-examination of the concept of fatherhood

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Internationally the burgeoning literature on fatherhood has almost exclusively focused on how it is understood in the "western" world. Marsiglio *et al.,* (2000) observed that in the USA fatherhood is a multi-layered terrain. The discourse on fatherhood covers a wide range of issues, among others its representations in daily speech, its different practices and a father's involvement in child care.

Lupton and Barclay (1997) describe the evolution of the debates on fatherhood and parenthood in the United States, and their work highlights the relationship between motherhood and fatherhood. In concert with scholars such as Marsiglio *et al.,* (2000), Lupton and Barclay (1997) argued that in the western world motherhood and fatherhood are abstract sociocultural concepts replete with competing imperatives. Their scholarship provides insight into a series of social changes that have helped to usher in a wider discourse on parenthood and in renegotiating the meanings of fatherhood. Unger (2010) argues that couples need to be more open to personal choices and individual difference in taking up parental roles. In the USA the impetus for more research on fatherhood is aimed at support for more positive involvement of fathers in paternal matters. Marsiglio *et al.,* (2000) argue that the way we conceptualise and theorise aspects of fatherhood is multidisciplinary and illustrates the complexity of the issues involved. In the United Kingdom, Miller (2011) describes a different

paradigm of fatherhood rooted in powerful social, cultural and historical constructions of hegemonic masculinity (the breadwinner as economic provider and protector), which also embraces more recent constructions of "involved fatherhood" and the "good father". This paradigm is coupled with connotations of "caring masculinities", "intimacy" and emotional displays together with intimations of gender equality. This has generally been labelled as "involved fatherhood" and emphasises men's emotional closeness to their children and a man's sharing of "the joys and work of caregiving with mothers" (Miller, 2011:2).

Miller (ibid.) postulates that in a largely patriarchal society such proposed social changes have been challenged because mothering and fathering remain gendered, contingent practices where parents "struggle against their own patriarchal habits". The author (Miller, 2011:6) points out that the involvement of men in caregiving is influenced by policy and practices. A study done in Finland (Eerola and Mykkänen, 2013:2) has also shown that in Europe, there is increased emphasis on participation in parental practices among men. The study noted that there were gender differences concerning parenting in Finnish families such that different roles and responsibilities are attached to male and female parenting. This Finnish study adds weight to the question of the role of socially constructed masculinities in male parenting and gendered parental responsibilities in general.

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In sub-Saharan Africa there has been an increase in scholarship on fatherhood, as evidenced in an edited volume by Richter and Morrell (2006). The discourse and research on fatherhood in sub-Saharan Africa has focused on establishing knowledge of existing roles that need to be encouraged. Richter *et al.*, (2010:1-2) further examined fatherhood and fathering in South Africa, especially focussing on rates of marriage and a father's absence from households. This highlighted that in some cases, a father's absence was not motivated by economic concerns, as some fathers sought migrant work to support their own families. However, this has led to a growing delinking of child-bearing from marriage and converting many men into biological and social fathers. A recent study by Ratele *et al*, (2012:557,559) critically examined men's constructions and experiences of fatherhood and fatherlessness. This illustrated the importance of the experience of fatherhood among men as "being there", which touches on quality time in the relationship between child and father. It also highlighted the experience of fathers who subscribe to nurturing and non-violent forms of care, called "talking fathers".

I attempt to trace the trends in debates on fatherhood that have influenced a re-examination of the role of men in family affairs, and particularly in the care of children. With reference to Malawi (especially Chilooko), less has been written on the socio-cultural meanings and experiences of fatherhood compared with those of motherhood. In view of this, the research endeavours to bring greater understanding of the socio-cultural meanings, practices and experiences of fatherhood among men who were caring for their pregnant spouses in Chilooko.

Fatherhood is a contested concept because it is understood from diverse angles. Therefore, its meaning is value-laden and contingent on cultural constructions and practices. It is important to define the terms father and fatherhood in extant literature. In Malawi, De Kanter (1987) explained that the conceptualisation of a father constantly switched between the biological, social and the legal definitions. The first use of the term refers to the progenitor. Secondly, a father is a person who resides in the same household but is not necessarily biologically related to the child. Thirdly, she denotes a father as a man who is the legal parent/guardian or who has accepted paternity or parenting of a child, but is absent from the household due to divorce or separation.

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In an introduction to the edited volume on fatherhood in South Africa, Morrell and Richter (2006:1) further elaborate the fluidity of the term "fatherhood". It draws from the "slippery" term *baba*, or father, which changes meaning according to contexts but all the same was used as an organising term for their study on fatherhood. Their explanation resonated with the increasing tendency worldwide to equate a father with a man who makes the biological contribution to the conception of the child, but as they argue, it is common practice for other men to assume the role of father when the biological father is absent. They highlight that there are men who father children, but because of separation or divorce are not present in the household in which the child is raised.

In contrast to the term father, fatherhood encompasses the practices and experiences of a man, regardless of whether he is identified as the biological or social male parent, in delivering care in response to the needs, aspirations and well-being of children, families and the wider community. Richter *et al*, (2010:2) observed that merely contributing to the conception of a child does not turn one into a father in South Africa: but a man becomes a

father and is therefore treated with respect as such when he takes responsibility and assumes a role-modelling position of appropriate behaviour for young men.

For the purposes of this study, the term *biological father* will be used for the progenitor. As seen from the literature above, fatherhood encompasses the practices and experiences of a man who takes a caring role in relation to children, family and/or community members.

In my study, fatherhood includes the care that men take of their spouses in antenatal and postnatal periods. In this respect, married men involved in events surrounding their spouse's pregnancy are "expectant" fathers who, through their involvement, can yield added social support and positive health benefits for women. This is a significant departure from the common discourse on fatherhood as presented in most extant literature, including texts quoted in this thesis. Most of the scholarly work does not include the experiences of men in practices of nurturing the pregnant spouse, as a foundation to parenting the expected child.

Bond (2010) argued that the amount and quality of time men spent as well as their level of involvement during and concerning pregnancy predicted how well-equipped and involved they were likely to be as fathers after the birth. According to Carter (2002), the problem is that the position of male partners in the events surrounding pregnancy is a contested terrain because for some, pregnancy and birth are uniquely female experiences. It marks occasions to celebrate womanhood and female solidarity: male partners are deliberately accorded a secondary role. It is this perception of the contested nature of the presence of men in the events around pregnancy and birth that my research sought to understand from the events observed and reported in Chilooko. Since men's involvement in pregnancy was seen as a predicator of their level of commitment in caring for their offspring (Bond, 2010:285), this research hinged on how men understand fatherhood, the ways it was constructed, practised and experienced in pregnancy and childbirth in Chilooko.

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Except for the work of Kululanga *et al.,* (2012) on male involvement in maternity health care in Mwanza District of Southern Malawi and Aarnio *et al.,* (2013) on men's perception of delivery care in Mangochi District in Southern Malawi, there is a dearth of literature on male roles in women's reproductive health and more specifically on fatherhood in Malawi. This could be because of the challenges facing researchers in reproductive and maternal health. Globally, one of these challenges is that scholars do not prioritise fathers, nor do policy-

makers or health service providers - notwithstanding the crucial contributions of both parents in bringing children into life (Greene and Biddlecome 2000).

Worldwide, the assumption of women's primacy in fertility and contraceptive use has tended to downplay and neglect the roles of men in studies of fertility and family planning. This attempt to investigate "expectant fatherhood" in Malawi draws its inspiration from the challenges faced by women of childbearing age from the time of conception to a few months after the birth of the child.

According to Lunan *et al.,* (2010), Malawi is one of 14 countries with exceptionally high maternal mortality rates. In recognition of the many factors responsible for this, Malawi has since 2005 made maternal health a cornerstone for improving women's overall health. Owing to the challenges in maternal health and in line with global efforts to reduce maternal mortality, Malawi has been subjected to a great deal of public health rhetoric on improving male involvement in such efforts. This is chiefly due to the universal call for solutions after the 1994 International Conference on Population and Development. Following international conferences and agreements in the previous three decades to achieve global solutions on issues of maternal mortality, the general theme of safe motherhood was initiated at the 1987 International Safe Motherhood Conference held in Nairobi (Lunan *et al.*, 2010). Arising from this, Safe Motherhood campaigns were expanded to involve men in pregnancy and childbirth experiences. Kafulafula *et al*., (2005) argues that the active participation of men can provide solutions. To make it possible to involve men in maternal and child health services, traditional leaders need to participate and to promote caring for their own wives and children. Policy makers also tried to make maternal and child health services more male-friendly (ibid.).

Kululanga *et al.,* (2012) conducted a study on perceptions of male involvement in maternal health care among the (patrilineal) Ngoni in the Mwanza and Neno districts of Malawi. The study noted that men and women perceived the public health call and reinforcement of male involvement in safe motherhood or pregnancy related events and practices as something akin to a punitive legal measure. It is the first published study of male perceptions and participation in maternal and reproductive health care in the country. Kululanga *et al.,* (2012) argue that male involvement in maternal health care is a relatively new approach in Malawi and does not accord with commonly shared practices. Male involvement in pregnancy and

child birth practices is seen as a "foreign" concept because historically, most local communities regard pregnancy, labour and childbirth as female issues. This view, from the perspective of Malawian men and women, also resonates with Carter's (2002) findings in Guatemala that reproductive matters were critical sites of the subtle negotiation of gender relations, specifically the distribution of power between men and women. Kululanga *et al.,* (2012) found that lack of active male involvement in pregnancy or labour was demarcated or defined within culturally constructed roles assigned to them in terms of long-held beliefs. The women who participated in the above study emphasised that culturally, childbirth was a source of power for women and a territory that they would not want men to "invade".

Activities surrounding pregnancy and childcare thus continue to be viewed as a female domain. It is likely that any policy that expects men to be more involved in maternal health practices, could fail or need to be reviewed. The remainder of the chapter will discuss constructions of fatherhood among married men in Chilooko in relation to gender and "caring" masculinities. The perceived form of care that men are supposed to give to their pregnant spouses is of specific interest. The next sections explore the term "father" as understood in Chilooko and its practical application in pregnancy and childbirth.

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6.3 Father and Fatherhood as constructed, practiced and experienced in Chilooko

The notion of fatherhood is both a construct and a practice. In an African context, and because of the extended kinship systems, a number of men could be called "father" and may even be expected to take on a fathering role under certain circumstances, for example taking care of a child or reprimanding a child etc. This will be the case even if the man is not the biological father of the child. In the past, among Chichewa speakers, the mother's brother would be her child's "father-uncle". Because of these complexities the study is aimed at understanding the local terminology used for men who have fathered children in Chilooko, in order to situate the term "father". The study attempts to clarify how the local community in Chilooko constructs the "good" father. Based on that, it seeks to understand how it relates to the practices and experiences of fathering. In order to contextualise and elucidate the relevant meaning of the concept "father" and later "fatherhood", the study participants were asked for the local term for a woman who has given birth. Locally, giving birth is referred to as *kuchembeza* (to give birth) and a woman who has given birth is therefore referred to as *ntchembere* (mother). To explain how often a woman has given birth, people would say

wachembeza kamodzi or wachembeza kawiri meaning she has given birth once or twice or more.

Ntchembere was further nuanced to mean an old woman (who has children) but who can no longer bear children. The term was also used for a woman who has given birth to no fewer than six living children. She has, therefore, acquired maternal knowledge through the accumulated experience of births as opposed to a young mother with one or two deliveries. In this sense *ntchembere* reflects social status and a position of power and honour among the women. Women who have given birth to two or three children are still considered to be young in maternal experience and are not addressed as *ntchembere.*

The term designates a senior position in the social hierarchy of women in Chilooko. According to Kaspin (1996) and as indicated earlier (see Chapter 4.6 and 5.3), women in Chilooko have their own gendered "sub-culture" with a body of "secret" knowledge called *mwambo* - which deals in detail with the ritual affairs of womanhood, procreation, midwifery and the initiation of girls. Women who have acquired advanced expertise within this female realm are known as *anamkungwi* (counsellors). They are believed to have a deeper understanding of life, death and sexuality than the uninitiated women in the community. Because of extensive maternal experience, they are entrusted with grooming or counselling young women about married life and maternal issues. The practice and experience of women in pregnancy and childbirth is locally summed up as *uchembere* (motherhood). According to Lunan *et al.,* (2010) Malawi's health experts refer to *uchembere wabwino* or safe motherhood when describing public health efforts to create circumstances within which a woman can choose whether or not, or when to become pregnant; to receive care for the prevention and treatment of pregnancy-related complications; to get access to trained birth assistance and emergency obstetric care when needed; or to go for postnatal care. Having established this as the foundation, the study then engaged with men and women to attempt to find out what term or terms in the local language were used or were ascribed to the male partner, the *ntchembere*.

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It showed that a father is commonly understood as a progenitor. Nonetheless, not all men who father or beget children will accept the responsibilities of fatherhood (Hobson and Morgan (2004). In other words, not all men assist women in nurturing, socialising and parenting their children. Locally a father is a man who has accepted paternity for a child and

is consequently expected to complement his spouse's practice and experience of pregnancy, childbirth and parenting. The following sections provide a perspective of the social construction of a father and practices of fatherhood among the people of Chilooko. The quest to understand who the father is and what fatherhood entails brought into play local terminology used to describe men who have been able to make their spouses pregnant (a pregnancy which goes to full term).

6.3.1 "Bambo" as a common term referring to a father

A minority of respondents spontaneously identified the term *bambo* or *Obaba* or *Otate athu* as referring to a man who has fathered a child, perhaps because the children he begets address him by that term. When a child says *bambo wanga* (my father, a possessive pronoun) it means the one a child identifies with and to whom they are biologically related. A man who accepts responsibility for his wives' children (even if they are not his biological offspring) can also be a father. He is usually called *bambo otipeza* (the father who found us, or stepfather) and he is essentially a social father (Nsamenang 2010:388).

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Work by van Blerk and Ansell (2007) on orphan care in Malawi, however, shows that step-fathers are not always caring. They found that when women remarry after the death of their husband, the stepfather can demonstrate resentment towards the children. He may not invest in their future and may ill-treat them. In the Chichewa-speaking communities in Chilooko the use of *bambo* indicates respect when children view the man referred to as their father and when he provides for their daily needs and other support (even if he is not the biological father). A key informant explained:

> When we say "*bambo wanga*" (my father) it means the one you are biologically connected to through blood. It is possible for children to call a certain man by this name if he has married their mother after divorce or being widowed from another man. This happens even when the children are grown up and they know you are not their biological father. This is the respect we emphasise in our tradition, to let the children understand that since the man is responsible for making provision for their needs and providing any other social support to the children, he then has to be recognised as a father. (Key Informant, Male, Swaswa Village, 2013).

Bambo is also used to show respect for a man, e.g. a patriarch in a certain community- because of his leadership role, mentorship and provision of security to the members of the community; he is regarded as the father of all. Such a man is *mkoko wogona* (a towering figure). The use of this term shows respect and appreciation by a subordinate for a man's protective and guiding role, his wisdom, counsel, and efforts at conflict resolution and handling social differences within and between social groupings and communities. Such a man, though not necessarily a village head, is respected and trusted[10].

In a study intended on fatherhood in the United Kingdom, Williams (2008) notes that there has been a dramatic change in the concept "father" as well as "fatherhood". This is propelled by changes in society and individual lives. Modern debates on men focus on how fathers are adapting to a variety of social changes. These impact on their roles as fathers and force them to question its meaning and responsibilities. As a result perceptions of fathers and fatherhood are moving away from "traditional" (UK) ideals, which include the central role of breadwinner. For the "new man" fatherhood is individualised (Williams 2008). Fathers have to deal with broad changes within the family and society. Stereotypes are called into question by partners and a range of social institutions, including the media and the government. This change in the conceptualisation of fathers and the practice of fatherhood echoes the observation also made by Miller (2011), in the United Kingdom. She argues that current discourses of "caring" masculinities and the more public displays of fathering by "the new man" disrupt the gender norms of patriarchy. The pressure exerted by the demands of a double income family, domestic tasks and caring for children has shifted gender relations.

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The above picture of fatherhood pertains more directly to the western and industrialised world. Many families are now "two earner-families" and it is commonplace for mothers to be a part of the workforce rather than housewives (Hobson 2004). This involves scrutiny of the construction and practices of fatherhood and a need to realign government policy and management. Unlike the UK, in Chilooko life is still strongly "traditional" and based on a

[10] Hobson (1933) also found that the Chewa tended to live in small family communities, uniting under a common leader only when an emergency threatened. After the emergency passed, the leader retained a certain amount of influence and to a minor degree was regarded as a chief, but such men were looked on as leaders mainly because of their influence, wisdom and sense of judgment in civil matters.

small-scale subsistent agricultural economy. In the following subsections I discuss various constructions of masculinity and male roles in which the practice of fatherhood was observed.

6.3.2 "Ndoda" a contested local construct of a father

Many respondents in Chilooko could not provide a local term for a married man who has fathered children. They are not commonly referred to or addressed by a special term. In an individual interview a key informant declared:

> In Chichewa we do not seem to have a clear name for a man who has fathered a child per se. All we know is that he is married and has a child somewhere. If someone asks: "How many are his children?" We just say he has two kids. While as for the woman we say, *wachembeza kawiri* (has given birth two times). Now since we are Chewa, we just say she is a *ntchembere*. Individual Interview, Male, Kang'ombe Village 2012.

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Although the word *ntchembere* also has various meanings, there is no equivalent term for men. Less than half the participants spontaneously used *ndoda* to denote a married man who has fathered a child. The term meant various things for respondents. Those who spontaneously identified it as the counterpart of *ntchembere* nonetheless pointed out that *ndoda* may also mean a young man who has been able to impregnate a woman and father a child. One male key respondent said:

> We call him *ndoda*. People may describe an adolescent by saying; this is a *ndoda* despite his youthful appearance, or lowliness in profile, because he has fathered children. Individual interview, Male, Kapulula Village 2012.

A female key informant said:

> We seem to call that man *ndoda* because he has grown up now. When such a man is behaving in a less disciplined and frivolous manner people would say, *Mwanayu tele angochita chibwana, ni ndoda alilipa ali ndi mwana*, meaning He is just being childish but he is a *ndoda*, he is grown up, he has fathered a child. (Key informant, Female, Bowa Village 2012).

This local term was understood by many participants as referring to a male parent even if he is young. Another man commented:

> For a boy that has turned into *ndoda*, even the voice testifies for it becomes deep. From that we can tell that even the genital is ripe. (Individual interview, Male, Kapulula Village 2013).

The second rendering of the term *ndoda* refers not only to a man who has fathered children but whose children have also fathered their own children, thus a man who has grandchildren. In this sense, the word *ndoda* is used until late in one's life, as a social tribute to one's contribution to the reproduction of the clan and family.

> *Undoda* starts when my child begets his or her own child whom we call *chidzukulu* (grandchild), these are the children who will then come to play with me, but not just because I have fathered a child myself and then I should be called *ndoda*. (Individual interview, Male, Kang'ombe Village 2012)

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The third rendering of the term *ndoda* does not necessarily relate to reproduction but to a man's age. An old man will be called *ndoda* by a younger person as a sign of respect. One respondent said

> This is how I understand the term *ndoda*; sometimes one might travel to a strange location or community and meet a certain peculiar or surprising man. When you are reporting this experience to another you might report, as I heard other people say: "I travelled to this other place and there I met a certain *ndoda*" This implies that the man was not an adolescent or a mere adult but he was elderly or very advanced in years. (Key Informant, Male, Swaswa Village 2013).

In a focus group discussion with married women they, however, linked the use of *ndoda* to father of children per se. A participant explained:

> We refer to those men who are advanced in age but are barren or infertile as *wokhwimila m'bwalo* (those who have matured in the boys' residence called

> Bwalo). They can never be addressed as *ndoda*. The name does not suit them. (Married women, Bowa FGD, 2012)

There was thus a lack of differentiation regarding men in terms of the reproductive cycle of life compared with women. The latter are closely scrutinised for reproductive capacity and the well-known term *ntchembere* is used from the time when they start bearing children.

6.4 The practices of fatherhood in pregnancy

Pregnancy is an important stage in the life of every woman in Chilooko. There are several Chichewa terms used to describe the state of being pregnant including *ali ndi pakati* (the woman is in between life and death), *ali ndi pathupi* (the woman has a body) and *ali ndi mimba* (the woman has a bulging stomach) (Tembo, 2010). Kululanga (2012) also points out that a pregnant woman is referred to as *wodwala* (sick), and *woyembekezera* (expectant) and labour is considered as *matenda* (disease) while delivery is referred to as *kuchira* (recovery). These terms illustrate the cultural construction of pregnancy, albeit increasingly influenced by the public health discourse. It also indicates the social status of a pregnant woman. A pregnant woman (and her unborn child) is, in a classical anthropological sense (Turner 1987; van Gennep 1960) and as indicated above, "in-between", or in a liminal phase (Côté-Arsenault *et al.,* 2009). This is a spiritually and physiologically dangerous time that often involves taboos and requires that the expectant husband treat his pregnant wife circumspectly and with special care. Parenthood itself is similarly culturally constructed, based on the local experiences and expectations of the two partners.

Parenthood, among the Chichewa speaking people of Chilooko, is locally encoded in the term *uchembere* and regarded as a social status that can apply to a male or a female parent. Nonetheless, in the common discourse on parenthood, the term primarily applies to the mother. In this regard, women are directly and unequivocally linked to childbearing and providing care. In one focus group a man commented:

> *Ntchembere* only refers to those women who have transcended adolescence to adulthood. We are not referring to a mere addition of years or age but an accumulation of experience in childbearing. (Male Participant, Mbalame FGD, 2012).

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Nevertheless, as indicated above, *uchembere* can sometimes be used for a man. In a focus group discussion with married women, two women agreed:

> They (married men) are also called *ntchembere* because we share the responsibility of begetting a child. I do agree with the previous speaker to call these men *ntchembere.* (Female Participant, Bowa FGD, 2012).

This perception of shared responsibility in conception and providing care was important. The study has shown that fatherhood commences with the declaration of pregnancy by the spouse, followed by an expression of willingness and the consequent involvement of a married man to care for the child. In a focus group with married men, a man commented:

> Let me add … that it is necessary for the prospective father of the child to get involved in the process of expecting the child as soon as the woman informs you that she has conceived. (Male participant, Mbalame FGD, 2012).

In a focus group discussion with married women, it was said:

> Men cannot have the same knowledge of reproduction and maternal issues as we experience it. What we only require from them is that they should be supportive to us *mmagawo* (in the appropriate phases). For instance, if I am expectant, I have to inform my husband so that he strategises on providing what I would require in the process. If there are plans to be attending antenatal services at the hospital, the husband should be participating. (Female participant, Bowa FGD, 2012).

Studies by Mullany (2005) and Iliyasu (2010) have shed some light on the involvement of men in pregnancy. Mullany (2005) postulates that the male partner's involvement in a woman's reproductive health has attracted attention in recent years. Nonetheless, interventions to get the active involvement of men have been complicated and sensitive. Efforts to promote male involvement are sometimes seen as an imposition of "western" standards on local gender roles and ideals. However, the present study indicates that among people in Chilooko, men have long endeavoured to assume domestic responsibilities during a wife's pregnancy. This necessitates the reconsideration of gender issues in Malawi in local communities including local cultural constructions (Phiri 2004) as well as the relationships between men and women, their roles, privileges, status and positions.

This study revealed that most married men support their wives during pregnancy, although they may not necessarily consistently perform household chores such as drawing water, cooking, fetching firewood and such. The following subsections will seek to provide details regarding men's sexual and financial responsibility and household chores as part of their expected contribution to manage pregnancy and achieve positive outcomes.

6.5 Male sexual abstinence during pregnancy as primary practice of fatherhood.

Men are expected to "take care" of their pregnant wives in several ways. It entails steering clear of sexual taboos and providing the necessary material and financial resources. When a man marries, he is counselled not to have extra-marital affairs when his wife is pregnant. It is believed that doing so threatens the safety of the woman and unborn child and that she would have birth complications. If a man sleeps with another woman during his wife's pregnancy he transgresses a taboo and as a result his wife will, so it is believed, give birth to a stillborn child or she could die. He is supposed to "nurture" the pregnancy until his wife gives birth, primarily by practicing sexual fidelity during its entirety. One female key informant put it as follows:

> It could also happen that women are dying due to the fact that the husband is restless or loose with other sexual partners while his wife is pregnant. This is because through that lifestyle he brings something to the wife that might have been contracted from his other sexual partners. *Watenga za mthupi mwake wapatsa mkazi wake* (has transmitted some fluids from his body to her) (Key informant, Female, Bowa Village, 2012).

The quote suggests that women die in pregnancy because their husbands have been sexually unfaithful and broken a pregnancy-related taboo locally known as *mwambo wa mdulo*[11] the code or taboo of *mdulo*. It is derived from the verb *kudula* (to cut). He might transfer "something" (a sexually transmitted infection, but also a form of contamination or pollution) from another person to his wife and unborn child. The failure of a married man to observe sexual taboos during his wife's pregnancy was highlighted by a male participant who said:

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[11] *Mdulo* is a specific condition related to sexual or ritual transgression. Illicit sexual intercourse by a man or woman would inflict *mdulo* on the partner. This "disease" would also be transmitted by one member of the group to the rest by neglect to observe a certain code of conduct (cf Rangeley,1948).

> According to the Chewa tradition and beliefs if a married woman died in pregnancy or while giving birth, the man was suspected to have indulged in extramarital affairs whilst his wife was pregnant. Somehow the death was connected to his infidelity... folk believed strongly that death of a woman in pregnancy was nothing less of the habit of sleeping around by the man which brings "a bad wind in the marriage". This was also extended to the death of a newly born child to be the result of the promiscuous habits of the man during the period his wife was with the child (Individual interview, Male, Swaswa Village, 2013).

To be sexually promiscuous (referred to as *kugwiragwira or kuthamangathamanga)* was and still is considered a serious risk to the pregnancy and demonstration of lack of care that demeans fatherhood. Hodgson (1933) provided some of the instances during which men were responsible for *mdulo (cut off).* If he committed adultery when she was pregnant, he might "pollute" her womb. In a polygamous relationship, a man was held responsible for *mdulo* if and when one of his wives was pregnant and he left her for an extended period of time. If he did, he was expected not to return to her until she had given birth. The ideas expressed above are central to the Chewa concepts of marital fidelity and sexual taboo called *mdulo*.

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Hodgson (1933) explained that *mdulo* is the causing of illness in oneself or another by indulging in sexual intercourse at prohibited times. Wolf (2001) noted also that *mdulo* is a central concept in Chewa attitudes regarding sex, linked to the idea of sexual misbehaviour during periods of ritual prohibition. It is a contamination that has a socio-cultural aetiology and it is related to moral transgression. It goes beyond adultery and includes sexual intercourse during socially restricted periods, e.g. during rituals.

Sexuality during pregnancy was not so much circumscribed by local practice. Ideas varied as to when sexual intercourse should cease due to advanced pregnancy. In a married women's group discussion a woman said:

> Some of us have sex until the day we are starting off for the hospital…. (Laughter from the group) It is sometimes left to the discretion of the husband to judge that the woman is heavily pregnant and cannot comfortably support him during sex. However some spouses start abstaining from sex by the eighth

> month of pregnancy. Those are considerate and kind men. The unkind men would not abstain until the day before the woman goes to labour (Female participant, Bowa FGD, 2012).

The explanation above resonates with the views of married men in another village. One man explained:

> It is widely acceptable for a couple to continue having sex until the eighth month among the Chewa but not further than that. (Male participant, Mbalame FGD, 2012).

Another man further elaborated:

> First of all, when a woman starts feeling the heaviness of the pregnancy, which signals that the pregnancy is advanced in age, it is expected of the husband to assess the impact he has leaning on the belly of the wife during intercourse. So there comes a time when the wife suggests to the husband to stop having sex in order to safeguard the health of the foetus. (Male participant, Mbalame FGD, 2012).

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In this case, the study found that sex among married couples was subjected to the community's social jurisdiction. In an effort to ensure the woman's safe delivery, it was a domain not left solely to the discretion of the couple. Although the length of time varied, the study showed that men were under pressure to ensure a healthy passage from pregnancy to childbirth for their spouses. This included celibacy when necessary and sexual fidelity for the duration of the pregnancy.

McCreary (2008) reported that in rural Malawi people described sexual activity as a key aspect of marriage and expressed the common belief that refraining from sex for long periods was unnatural as sex was seen as a compelling physical need, similar to the need for food. She, therefore, found that trying to prescribe sexual abstinence could introduce a major risk factor in contracting HIV. Under such circumstances, the husband might have sex elsewhere,

get infected and subsequently also infect his wife. Her study found that in certain districts of central Malawi, cultural norms required that the couple abstain from sex until the child was six months old.

If the man abstained in the late stages of pregnancy he had, according to the people in Chilooko, faithfully taken care of his wife. This helped to ensure a safe pregnancy and the birth of a healthy child. At the appointed time the couple was supposed to resume sex in a special ritual involving the new-born child and possibly the use of local herbs. The time at which the abstinence came to an end and sexual intercourse resumed was locally referred to as *kuika mwana kumphasa* (placing the child on the mat). This moment meant that the man was free to resume sexual intercourse with his wife or to have sex with another woman. Nowadays the care of pregnancy is increasingly informed by what is taught on radio broadcasts by health care practitioners. It includes escorting the woman to antenatal care sessions and providing nutritious food.

6.6 Male assumption of household chores as the practice of fatherhood during a spouse's pregnancy

My study found that fatherhood was perceived as a complementary social role to motherhood. This reaffirms Lupton and Barclay's (1997) argument that motherhood and fatherhood each draw part of its meaning from opposition to, as well as alignment with, the other. As indicated, the majority of respondents perceived both the woman and man as *ntchembere* although in common discourse the term is primarily used to refer to the female parent. On the basis of the counselling newly married couples received from "traditional" and religious marriage counsellors, it was clear that when a woman was pregnant, it was the husband's obligation to ensure the safety, peace of mind and health of his wife. A man had to ensure that his wife did not engage in hard household chores. The man was expected to demonstrate eagerness as well as readiness to listen to what the woman said or asked for, regarding the pregnancy. If necessary, the man was expected to take over virtually all household chores or to allow the pregnant spouse to do only light household chores in order to keep her fit, with ample time to rest. One key informant said:

> It is not appropriate for the family to depend on someone else outside their own household or marriage to carry out the tasks. The care of pregnancy is restricted to this particular home. It means that if the home needs firewood, the

man has to take responsibility in fetching it. (Key Informant, Male, Chilooko Village 2012).

Several key informants, as well as the focus group discussions, outlined what was perceived as hard or heavy household tasks from which pregnant women were exempted. As smallholder subsistence farmers, families in Chilooko produce their own food. One of the main activities discussed by respondents was garden work including ridging, weeding, tilling and harvesting. The discussions emphasised that pregnant women would not be able to participate in work in the garden. By becoming pregnant the woman had already assumed a big task. A number of strategies were employed to assist the husband when necessary. One key informant explained:

> There was a strategy of brewing local opaque beer so that people could work on the garden with the supervision of the husband in exchange for a measure of beer. Depending on the availability of livestock in the household such as goats and chickens, these were slaughtered to pay the people who worked on the gardens. The woman was at liberty to participate in other chores but not through obligation or force. (Key Informant, Male, Swaswa Village, 2012).

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Assisting with household chores was met with mixed reactions from male respondents. Some linked it directly to socially constructed male and female roles in the community. It was an interesting area that brought to the surface local perceptions of gender roles for men and women, including tasks like drawing water, cooking, nursing young children and sourcing food, all tasks that were normally done by women. The study suggests that doing household chores was not a common practice for men in most marriages, as one male key informant commented:

> If there are no other people to do this kind of work, that is if the woman's younger sisters were not available, the husband was taking up all these chores. (Key Informant Male Swaswa Village 2012).

It was a general feeling and observation among the men that, under normal circumstances, they were not interested in doing household chores. If a woman was pregnant, other women

would usually assist her in doing housework and the husband would sometimes help when necessary. One man commented:

> Often, pregnant women complain of experiencing backache so the husband knows that my wife is challenged and cannot afford to carry out various household chores. It was the responsibility of the man to go and fetch firewood, go and draw water, although most men avoid doing that in the open gaze of the public. (Individual Interview, Male Kang'ombe Village 2012).

The respondents' reaction to male involvement in domestic work showed that it was still seen as an odd phenomenon. Such men were perceived as lacking authority: either they were dominated by their wives or they were considered ridiculous for loving their wives so much that they carried out lowly tasks for them. But the men themselves believed that the support they gave their pregnant spouses during pregnancy confirmed their love and care, not only for the woman but also for the expected child. The following quotes illustrate this view:

> In the past, if a man was seen to be proactive in drawing water when their spouses were pregnant, they were despised. This was a common or most prevalent reaction the community gave to such supportive men. People would say; look at that man carrying a pail of water, surely he has been given a love potion! How can he please his wife to this extent? (Key Informant, Male, Chilooko Village 2013).

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Another key informant said:

> I go to the well or borehole and lift the pail on my head without feeling ashamed. I go to do the laundry of the clothes. This means I do understand that it was not the intention of my wife to delegate these tasks to me but it is the circumstances I am quite aware of. It does not mean that I have dishonoured myself by carrying out these tasks. There are some people who might think that the man treats his wife with "kid gloves" or has a weak leadership or that the woman made him docile. (Individual interview, Male, Kapulula Village, 2013).

Further insights into the perception of the community of male involvement in routine domestic duties were, that despite their commitment to carry out these tasks, many men were discouraged by the response of their own wives to the extent that they were no longer prepared to "sacrifice their self-respect". In a focus group discussion the issue was discussed at length and concluded with the following:

> But some women do not appreciate what the husband does for them. In the company of their friends they would poke fun at their husbands saying; by the time I get back home my husband will have boiled water for me, others would say; my husband does not give me problems, by the time I get home he will have prepared food. If men have stopped assisting with household chores, it is on account of this mockery in the company of their colleagues. (Male participants, Kambiri FGD, 2012).

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Married men seem to have a clear understanding of the impact of pregnancy on the health of their wives as well as the benefits of taking over the burden of routine household chores from them. But at times the reaction of the community towards a man who engages in household chores is itself a demonstration that changes in gender roles - even during pregnancy - are not generally accepted. As seen above, men could possibly be mocked if they took over domestic or household responsibilities like drawing water, cooking, fetching firewood, etc. A reason for this is that these tasks are seen as women's work and thus they are somehow feminising (Komarovsky 1992). Although this latter view is considered to be changing, men who assist their wives, while being "good fathers" are sometimes portrayed as "hen-pecked".

But this view also relates to a man's own understanding of his masculinity. There are men who are very good fathers, who assist in the house - but nobody would mock them. They are assured of their own manhood and others do not doubt it either. In addition, social roles are known to vary, even for the same individual, depending on his or her position. The roles of a man in marriage and the family will shift with circumstances and time. He is a husband to his wife, a father to his daughters, a father to his sons, a son-in-law to his mother-in-law and father-in-law, and so on. The structure of power and the various prescriptions and proscriptions vary in each role of this set. Manhood and fatherhood in Chilooko are full of inconsistencies and ambiguities, and they shift from one context to another.

6.7 Provision of household and special pregnancy needs as a practice of fatherhood

The household tasks normally assigned to, or expected of, Chewa men of Chilooko will be scrutinised next. As recorded earlier (see 4.6), a married man's ability to cater for his household is the first major test before the woman's parents give consent for a marriage to go ahead. In the past, a young man was escorted to the woman's home to carry out farming work for about a week for his potential father-in-law. One key informant explained:

> The boy was escorted to his prospective parents' in-law while carrying his farm equipment such as an axe, a panga, a hoe. This was to enable the parents of the girl to assess how skilled, industrious or resilient the prospective son-in-law was, in working in the gardens. However, this procedure has since been discontinued. (Key Informant, Male, Chilooko Village, 2012).

A man was regarded as *wosokola zinthu pakhomo* (provider for the household). This local term resonates with the "breadwinner" concept in international discourse on masculinity and fatherhood (see 4.6). Most scholars have identified the core role of fatherhood as that of economic responsibility for the household – including the economic support of their spouses and children. Furthermore, during pregnancy, the demands on the man increase because a pregnant woman has particular nutritional needs. According to the information from focus groups, health care providers suggest that pregnant women need a well-balanced diet. Several in-depth individual interviews, key informants and focus group discussions also highlighted the role of men in this regard. Food is emphasised during pregnancy, although research participants emphasised that a man should always make sure that the household has enough nutritious food supplies, especially items rich in protein. In a focus group with women, it was pointed out that sometimes pregnant women have a craving for unusual food items.

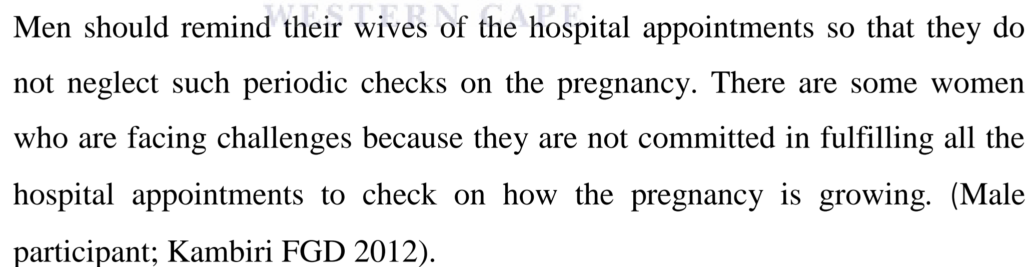
The general understanding of the respondent was that poor nutrition also affected the health of the unborn baby. Therefore, pregnant women needed to be fed well to ensure that they gave birth to a healthy baby. But poverty in the home was sometimes a problem. These findings resonate with perceptions of other Chichewa speakers regarding nutrition in pregnancy and its link to pre-term births in Lilongwe. Levison *et al.* (2014) argue that women in Kabudula Lilongwe identified malnourishment as one of the preventable or modifiable

risks leading to possible miscarriages. This also concurs with the results of a study by Botha *et al.*, (2013) among pregnant Chichewa-speaking women in Salima. These results emphasise that good nutrition is a key requirement, and if a husband provides it during pregnancy, it is a demonstration of his good care.

Besides doing household chores and ensuring nutritional or food security, married men were also expected to oversee the overall health status of the woman. To do so a husband allowed his pregnant wife to attend antenatal health care sessions. The following subsection discusses men's role in advocating access to expert pregnancy care.

6.8 Promoting access to services at the hospital as practice of fatherhood

Men are regarded as heads of households, should provide guidance and ensure not only the economic wellbeing of their family members but also healthy daily living. Men are expected to take the leading role in sourcing the relevant information that can boost the health of their spouses during pregnancy, or seek advice to pass on to her. In one focus group discussion a man explained:



> Men should remind their wives of the hospital appointments so that they do not neglect such periodic checks on the pregnancy. There are some women who are facing challenges because they are not committed in fulfilling all the hospital appointments to check on how the pregnancy is growing. (Male participant; Kambiri FGD 2012).

Though couples may have knowledge of, and prior experience in, pregnancy and child bearing, participants in the focus group discussions reasoned that a woman's life and health during pregnancy depended on regular medical check-ups. Despite a rich body of secret knowledge that women reportedly possess, they also look to other people for help. In the villages, for example, they have the wisdom of older, experienced women. Nonetheless pregnant women are encouraged to seek expert help from health personnel. This is also represented (especially in policy documents, health education and in the media) as the safest way to maintain health during pregnancy. In another focus group a man asserted that:

> As the head of the family, the man should see to it that if there is any custom or local instruction it has to be suspended and instead the counsel provided at the hospital has to take precedence. (Male participant, Mbalame FGD, 2012).

In order for men to fulfil their role of mentors to their pregnant wives, they need to acquire the necessary information. In that regard some men have begun to value their own attendance at the antenatal care sessions to get the necessary information on pregnancy care.

> The man needs to accompany the wife to the hospital to ensure that the spouse has no challenges on the way to or from the hospital because he is on hand to assist. It also ensures that the man has access to health information regarding issues like family planning. (Male FGD, Mbalame Village, 2012).

The two quotes above drive the point home that men need to take steps to interrogate local midwifery counsel or to question local food taboos during pregnancy, and to rather rely on the expert services at the hospital or clinic and adhere to these requirements. It was further mentioned that many women delayed access to antenatal care (starting late in the pregnancy) mainly because they lacked a gentle push from their spouses. Instead of accessing the service routinely to monitor their health status, some women were forced to seek the service when there was a real health concern because their spouses were not encouraging them. One man explained:

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> Some women would start seeking those services in the fourth or sixth month of pregnancy. There are however other women who could start as early as two months of pregnancy depending on how they feel the status of their health. It is the fear generated by the perception of their health which prompts them to seek maternal health care. (Key Informant, Male, Chilooko Village, 2012.)

In another interview a woman also pointed to delays to access care among women and the role husbands can play to mobilise such women:

> Their husbands might plead with them to start accessing the health facility on the basis of what the husband observes on their wives but they become negligent. Others are blocked by the behaviour of their husbands. (Key informant, Female, Chilooko Village 2012).

The quote above shows that husbands might prove to be a barrier rather than a promoter to accessing expert maternal health services. As heads of marriage, the role of husbands should make it easier for the women to promptly and regularly attend them.

Botha *et al*., (2013) argue that health workers remained the only source of information during counselling and education in the prenatal period and during antenatal care sessions. This information is crucial in building the knowledge and self-confidence of women as they prepare to give birth. Besides encouraging their spouses to attend these sessions, some husbands escorted their spouses to them. The study revealed that, even during peak periods of farming activities, some men were so committed that they would cycle (with the wife on the back) to attend antenatal care services. In Mbalame Village, for instance, the participants stressed that the fear of experiencing childbirth complications motivated married men to ensure that their wives attended the health care facilities early in the pregnancy. In the focus group discussion, it became apparent that in the past women from some households had died in childbirth. They wanted to avoid such occurrences in future:

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> At the moment these incidents have become rare or infrequent as compared to the recent three or four years. Men have become bold enough to ring-fence the health of their spouses by discouraging the use of local midwives. (Male participant; Mbalame FGD, 2012).

Accompanying the pregnant spouse to the hospital was identified as one way in which men were able to emphasize their trust in the expert services of health personnel. This also demonstrated men's commitment to ensuring a safe birth experience for their spouses. However, most men expressed resentment about accompanying the women. They thought the current call on men to participate in the antenatal care sessions or to be in attendance during childbirth was "going too far" and they were not prepared to comply with it. They were nonetheless happy to facilitate travel arrangements or provide money for a fare for their spouses to get to and from the clinics. This was especially important as the pregnancy progressed.

6.9 Socialisation of children as practice of fatherhood

Raising children was seen as a particular burden and responsibility for women among the study subjects in Chilooko. Socialising and nurturing children was also represented as a woman's work. This stance was especially evident in the interviews with the key informants. However, there have been many changes over time and men increasingly support their wives with their offspring. Men's involvement in the parenting of their children begins with the daily demands of ensuring hygiene, timely feeding and supervision, whether their spouses are available or away from home. The following quote illustrates the change in men's perspective and their responsibility towards children:

> For instance, if a woman is sick, a man would be expected to bathe his kids, prepare porridge for the children when they are crying due to hunger (rather) other than telling the kids: "Your mother has gone away". Men should also wash children's clothes, make children's beds and do many other things, because they are the head of the household and the breadwinner. There are some men who understand this responsibility while many others are yet to understand it. (Key Informant, Male, Chilooko Village 2012).

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The majority of the study respondents stressed that a male parent is regarded as truly masculine if he persistently worked towards socialising or instilling acceptable behaviour in his children. This finding resonates with what Ratele *et al*, (2012:557) called "being there" and "talking fathers" in the South African context. A sense of the presence of a caring father - who established a quality relationship with his children and provided the necessary and requisite discipline - was stressed. It was emphasised that children ought to be educated in the "traditions" of their society and thereby also enhance community solidarity and well-being. One key respondent summed up the community's perception of the parenting role of men within the local idiom:

> *Chipwete mpa mtsitsi*- this literally means the savour of the fruit depends on the health of the soil in which it grows. (Key Informant, Male, Swaswa Village 2012).

The excerpt above suggests that the pro-social behaviour of the children are dependent on the attitudes, beliefs and behaviour of the parents. If the parents are antisocial they also transmit the negative attitudes and tendencies to their children. However, the main point is that a

father is applauded or commended by the people of his community or village based on the way he has raised his children (especially his sons). According to the men of Chilooko, the lines of responsibility in parenting are clear between the male and the female parent. The following quotation provides an insight into prevailing practices:

> In the Chewa tradition, a female child is instructed by her mother while the male is groomed by the father in terms of socialisation into the expected conduct and behaviour. In my case, my sons look up to me as a model for good behaviour, values and norms that society expects them to adopt or live up to. The mother imparts the expected values and norms to build her daughters' character and behaviour that suits them for society. (Individual Interview, Male Kang'ombe Village 2012).

The division of labour as explained in the excerpt above is justified by men on the basis that female children are counselled in a phased approach depending on the stages of their physical development, such as developing breasts. When a girl reaches puberty and experiences her first menstruation she is considered *wogwa mdothi* or *wotha msinkhu (*one who has come of age*)* and is given special traditional counselling by adult women, the *achembere* or *anamkungwi*. This finding confirmed the observation of Phiri (1983) that for women, the transition from childhood to puberty and puberty to parenthood was marked by elaborate initiation ceremonies, each of which was further enacted in several stages. This meant their socialisation was linear and easy to follow - unlike that of boys.

Men claimed that parents were often surprised with the news that a boy had impregnated a girl because their onset of puberty was difficult to detect. The Chilooko study showed that it was incumbent on the father to groom the male children and get them ready for marriage. Adolescent boys ought to be counselled on how to behave among people in a new, unfamiliar or strange environment with different traditions and cultures. This was illustrated in another local idiom:

> *Mwana wa pa ndewere salakwa* (Key informant, Male Swaswa Village, 2012) -this literally means that one does as he sees or in the common discourse "like father like son" - but it focuses more on the perception of apprenticeship.

The context of this idiom is drawn from the famous Chewa traditional dance of *Gule Wamkulu*. *Ndewere* is a big drum that produces a deep sound. If a man is skilful at playing

this drum and does so in the presence of his son(s), they will eventually become skilful as well. This perspective on the involvement of men in the socialisation and training of their children was further illustrated in the real life situation of one male respondent:

> In my case, I currently have five children and all of them are boys. All these go to school but I have trained them to be taking part in household chores when they come from school. When their mother and I are coming from the gardens, we find that they have already prepared food for us. That is what we have decided to do to prepare them to become better parents in future. They do not need to struggle at that time if we keep training them to carry out household chores now because their mother is the only female member in the home. If the boys are not oriented to carry out household chores in their parents' home, when they turn into adolescents they are sometimes compelled by circumstances to rush into marriage so that their wives should take over the burden of household chores. (Key Informant, Male, Chilooko Village, 2013).

The quote above is important in shaping our understanding of how boys acquire a particular attitude about household chores. It shows how early childhood instruction lays a good foundation to overcome shame and resentment at performing such tasks when the woman is pregnant (refer to 6.6).

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It has been stressed in this study that guiding children to acquire formal education is a valuable achievement in a household. Men emphasised the idea that the male parent is expected to encourage and motivate the children to attend school. It is a virtue of good fatherhood to promote and reinforce in the children their values and "traditions" in cooperation with the teachers. A father needs to reward acceptable behaviour and sanction or denounce bad habits. Respondents highlighted that a parent was expected to counsel his own children as well as other young members of the community. One key respondent asserted that:

> A good father has to socialise not just his own children but also other children in the community into the acceptable behaviour in the society. If the children engage in conflicts, a good father has to reprimand the bad behaviour and he must be a role model even in the discussions he engages with them. The young people should be able to reflect on their interaction with him and say "*madala aja ndi wabwino zedi*" (that man is very good), when we discuss with him it is always a pleasing moment, he

> does not digress into vulgar language and he is not cruel. (Individual Interview, Male, Kapulula Village 2013).

In a focus group discussion a certain man said:

> In any home, a good father should be a good friend for the kids. There are certain homes where as a father is getting home from wherever he went, the kids run away, fearing him as a wild beast. That is because the father is very aggressive to the kids. A good father should be someone the children will run to welcome him as he approaches home as they say "*obaba obaba obaba*!" this implies that you instil good personal values in the kids, you do not just shout anyhow when they make mistakes.
>
> (Kambiri FGD, Male, 2012).

This section shows that socialisation of young members is an important tenet of Chewa society. It highlights two levels, namely the primary socialisation entrusted to the parents and the secondary form of socialisation done communally through the *dambwe* of *Nyau* secret society or village initiation rites normally called *Mzinda* (see 4.2). From the quotes above, primary socialisation highlights the role of the male parent in nurturing and instructing children into acceptable behaviour. On the other hand, secondary socialisation is a more comprehensive way of training the young members of society to assimilate broad Chewa values, including religious and world views.

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6.10 Conclusions

This chapter has highlighted some key findings. It has echoed earlier studies in which the notion of father is quite variable and dependent on social circumstances that are not only limited to biological connection. It has also shown that the concept of fatherhood is very current in both political and reproductive discourse but for different reasons. In the study area, the reason to interrogate fatherhood has been included primarily because of the part played by men in eliminating maternal challenges and ensuring positive outcomes in the pregnancy of their spouse. The study has defined the dimensions of fatherhood as a practice in Chilooko, especially pertaining to reproductive and maternal health. However, it exacerbates earlier conflicts between local "traditions" based in matrilineal cultural foundations on one side, and missionary and government ideals and practices on the other.

CHAPTER SEVEN: MEN'S KNOWLEDGE OF AND COMMUNICATION ABOUT REPRODUCTIVE AND MATERNAL HEALTH ISSUES WITH SPOUSES

7.1 Introduction

This chapter discusses the sources of reproductive and maternal health knowledge in the Chilooko villages. It explores the prevailing practices and forms of knowledge-sharing among couples on reproductive and maternal health matters. The discussion provides an overview of the perceived impact of various sources of information. It portrays disagreements between local authorities, educational role players, health care providers and the media, which are all sources of reproductive and maternal health information, and it also points to the result of poor communication between married men and their spouses on motherhood. Men admitted ignorance of reproductive and maternal health information that could help them to provide more prompt and sustained care to their pregnant wives.

7.2 Reproductive, sexual and maternal health communication

According to Glasier *et al.,* (2006) reproductive health involves the ability to have a satisfying and safe sex life that culminates in freedom to choose how and when to reproduce. It is argued that good sexual and reproductive health services, plus the promotion and the availability of related information can improve maternal outcomes and empower women worldwide. Sexual health encompasses the integration of the somatic, emotional, intellectual and social aspects of humans as sexual beings (Collumbien and Hawkes, 2000). Both definitions have their foundations in the World Health Organisation's conceptualisation of health. Maternal health is in essence explained as the health of women from the time of gestation, throughout the course of pregnancy and childbirth, and in the postpartum period.

The maternal, sexual and reproductive health definitions above tend to define women's health broadly in relation to reproduction and represent it as the exclusive domain of women. This narrow representation has been critiqued by Flood *et al.,* (2007) for confining childbearing activities and processes to women and for scarcely recognising the potentially significant role and participation of men in the process. It also does not take cognisance of the necessity of providing information to men and the possible positive effect that this might have on the intentions and practices of men as they relate to pregnancy and childbirth (Mullany, 2006:2799). Dyer *et al.,* (2004) found that reproductive health knowledge is indeed gendered.

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In their study on infertility among men in South Africa the majority of the respondents had only a limited knowledge of the biological process of reproduction. This disparity in reproductive health knowledge between men and women is reinforced by the maternal health policies of most developing countries where reproductive health and pregnancy education are offered by health professionals at antenatal care sessions (Mullany, 2006). In most developing countries there are no couple-friendly reproductive health services where men can also acquire knowledge.

In Malawi, all antenatal care attendees (i.e. women) receive a health 'talk' at the health centre. Nurses distribute information on various topics including general disease prevention, hygiene, caring for common illnesses, child spacing, delivery, HIV/AIDS, and the programme to prevent Mother to Child Transmission of the HI virus (PMTCT). Thus, unlike their spouses, women become well versed in these subjects (Levy, 2009). It is therefore consistent with the ideas expressed above that women can possess extensive bodies of knowledge and skills and in this case they are more knowledgeable on sexual and reproductive health issues than men.

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Sen *et al.,* (2007) expands this argument to show that gender stratifies society. Gender power organises relations between people, creating and sustaining values, norms and practices and it does so unequally. Gender relations operate through processes of having, being, knowing and doing that differentiate, stratify, subordinate and subject people to hierarchies. It governs how people live, what they believe and what they claim to know about being a woman or a man (Sen *et al.,* 2007:30). In terms of reproductive health knowledge, Dudgeon and Marcia (2004) argue that men have traditionally been seen as lacking knowledge about reproductive health and that they are relatively unconcerned about it. The following subsections will show that in Chilooko men are not unconcerned about reproductive and maternal health issues, but while they may be interested in their spouse's maternal affairs they are kept ignorant of specific issues. The following subsections will show evidence and present accounts of differentiated reproductive and maternal health knowledge among married men and women in Chilooko.

Some key terms that will be used throughout the chapter may have different connotations from the usual. The chapter endeavours to highlight and problematise the manner in which reproductive health knowledge is generated and shared within sub-Saharan African communities, with a particular focus on the Chichewa-speaking people of Chilooko villages in Ntchisi. According to Schank and Abelson (2013:3) knowledge is the ability to make sense of what you hear, see and discern from the world around you. This awareness is available to human beings individually and collectively. But knowledge is organised in different domains, and what pertains in one domain may be different from another. In that way knowledge is attached specifically to the real world. Shoemaker and Reese (1996:10) described communication as a process through which knowledge is relayed from a source through a chosen medium to a specific audience. This process also includes the possibility to gauge the effects of the content communicated. By definition in a communication process there is a communicator, the knowledge, the channel, the audience and the effects of the knowledge on the audience or receiver. The assumption in this process is that the source has the knowledge (correct or necessary), which the audience does not have but needs.

Regarding communication on sexual and reproductive health knowledge, Shtarkshall *et al.,* (2007) argued that despite the widely recognised importance of such knowledge in guiding behaviours, modalities to share this knowledge in most sub-Saharan societies remain sensitive and controversial. Adegoke (2001:11) explained that conflicts between "traditional" and "modern" ways of disseminating sexual and reproductive health knowledge relate to or emanate from different perspectives on and approaches to sexuality and reproduction of, for example, religious institutions, "traditional" groupings and public health institutions. He argued that there were cultural, philosophical and religious underpinnings that constituted the base of the values, beliefs and practices in society and that these sometimes opposed each other. Shattuck *et al.,* (2011), and Sternberg and Hubley (2004) point out that in the past health promoters tended to view women as victims of uncaring and unconcerned male partners. Experts in sexual and reproductive health saw it as their responsibility to provide women with sexual and reproductive health education that would empower and "protect" them from men. This approach has been counterproductive and instead increased men's feelings of alienation from sexual and reproductive health interventions. The disagreement between societal institutions, such as the bio-medical health system and the indigenous healing system regarding how knowledge on sexual and reproductive health is best promoted

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in the public space, creates a social dilemma for agents of these institutions; with health system professionals ranged on one hand and traditional leaders and healers on the other.

Dissonance in views and approaches illustrates the fact that, while there may be some overlap (e.g. as a result of exposure to education and the media), different knowledge systems or ways of knowing co-exist and even intermingle (Levine, 2013) and local communities often have particular ways through which people understand and respond to their health needs. Herselman (2007) argued that there are distinctive ways in which people understand and apply health knowledge and skills. These are consistent with the core aspects of their shared values and attitudes. Health beliefs, including sexual and reproductive health and behaviour, are socio-culturally constructed and interpreted according to these locally-shared values. "Western" influenced bio-medicine also involves its own particular ways of knowing and producing knowledge. The challenge is that public health providers tend to consider local ways of knowing as redundant and backward, or as matters of superstition and intuition because it cannot be reduced to a rational causal model (Levin, 2013:5). This contrast in attitudes highlights continuing debates on knowledge production in medical health, as well as social science critiques thereof (Conrad, 2008).

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As early as 1994, Bond (1994:26) argued that public health practitioners displayed a certain "cultural naiveté" by viewing the members of communities they served as "empty vessels" waiting to be filled with whatever health knowledge was dispensed. But cultural ideas influence how people respond to challenges to their health and ill health (Herselman, 2007). Collumbien and Hawkes (2000) observed that sexual and reproductive health has different meanings in different cultural settings and the social construction of sexuality itself is linked to cultural concepts of masculinity and femininity.

In Malawi, public health policy and practices relating to sexual and reproductive health give little recognition to the socio-cultural constructs mentioned above. The neglect of the people's long-held traditions and beliefs in sexual and reproductive health issues generate conflict between local practices, and public health policy and practice. This chapter focuses on examples of contradictory and sometimes even incompatible perspectives and understandings of reproductive health knowledge between public health professionals and the people they wish to serve in Chilooko.

Giovannin *et al.,* (2011:2) and Barrett *et al.,* (2005:37-38) expressed concern about public health understanding of "knowledge" as what people know about modern biomedical information. In this way, they (public health providers) exclude everything that is not based on scientific facts, which for them constitutes a universal cross-culturally valid "truth". Anything else is discounted and perceived as beliefs associated with "traditional" ideas or "folk" models. In addition, these ideas and beliefs are perceived as incorrect and as an obstacle to appropriate health-seeking behaviour. In sub-Saharan Africa, allopathic or bio-medicine has brought its own ways of seeing the world to bear on public health, supported by substantial empirical evidence. In this regard allopathic medicine is often understood as hegemonic (Lock and Nguyen 2010).

In Chilooko, local "traditions", ideas, beliefs and practices at times come into conflict with those of reproductive health care providers. In some cases there is resistance to public health ideologies and priorities which are viewed as "foreign" to the local cultural understandings and ways of doing things. In this regard, it is observed that people in "traditional" communities were sometimes hesitant to accept certain biomedical ideas and practices. This is because, as Giovannin *et al.,* (2011) argue, traditional medicine and biomedicine may be incompatible and the use of biomedicine and biomedical concepts often displaces the use of traditional medicine and medical beliefs. Nonetheless, as indicated above, bio-medical practices and knowledge is quite pervasive, but often exist side-by-side, or are intermingled with local explanations of health and illness. In some instances health professionals actively negate local cultural perceptions and practices.

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Shtarkshall *et al.,* (2007) provide a contrast between sex education and socialization, defining the former as an intentional structured process to impart knowledge and skills to influence the sexual development of an individual. The biomedical knowledge system uses public health education to disseminate what it holds as universally accepted facts on sexual and reproductive health. In the subsections that follow a discussion of people's acceptance or rejection of different sources and channels of reproductive and maternal health knowledge in Chilooko is presented.

7.3 The management and communication of knowledge among the Chewa speaking people.

Kaspin's work among the Chewa of Lilongwe (1993) provides a rather unique picture of how sexual and reproductive health knowledge is generated, managed and shared. She sought to understand the role of the institution of the *Nyau* dance in rural life. This institution is often juxtaposed with Christian-influenced perceptions and practices. The above-mentioned work sets the tone for discussion of the issues raised in this thesis.

Through the institution of the village-based, masked male secret society of *Nyau*, the Chewa constantly recreate distinct social spaces for men and for women (Probst, 2002; Kapin, 1993). Some of my study participants were active members of *Nyau.* The rituals of *Nyau* define social and geographic domains that shape the rural life of men and women to the extent that initiation into it marks a shift in status and gives or excludes entry into social spaces. For men, this milieu is identified with the graveyard or *dambwe* where they congregate for rituals as well as the more diffuse benefits of a male fraternity. They meet to discuss all manner of social and political issues. These range from the commonplace, trivial and ordinary phenomena to the most pressing and extraordinary community and individual issues.

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In Chilooko, for instance, women also congregate in various locations in the village. They pass many hours together in routine tasks like drawing water and collecting firewood, and in the process discuss the 'secretive' issues associated with sexuality and childbearing. These two worlds of men and women are also guided by gendered "secret bodies of indigenous knowledge" known as *mwambo (cf* Probst, 2002:186; Kapin, 1993:45). In my encounters with men and women during the individual interviews and the focus group discussion in Chilooko, reference was often made to *mwambo* (plural *miyambo*) in order to stress gendered behaviour – especially in relation to reproduction. *Mwambo* is understood to be the ancestral wisdom that every member of the Chichewa-speaking community learns at puberty initiation and it becomes a unique frame of mind for each person's rank and gender. There is one *mwambo* for adult men and another for adult women. This division creates gendered knowledge for the Chichewa-speaking men and women. The secrecy surrounding these bodies of ritually transmitted knowledge reifies the boundaries between those who know and those who do not know the ancestral wisdom of the Chewa community. These gendered knowledge domains affect the male partner's insight into participation in pregnancy and birthing.

This illuminates the point that Kaspin (1996) made in her work that it is difficult to solicit information on women's ritual expertise related to sexual and reproductive life. The reason is partly that the information is entangled in an array of life-transition rites that take place throughout the year, and partly because it is contained within *mwambo.* Uninitiated women cannot easily get access to it. By defining masculinity and femininity, these bodies of local knowledge reify, even today, the boundaries between males and female as well as between those who know the secrets and those who do not. Much of this knowledge relates to issues of sex, death, secret language and metaphors. Knowing the secret language and comprehending its secret messages separates the inner circle from the "outside". The language allows members of the Chewa-speaking community who have access to it to understand its deeper meanings. As discussed above (see 4.4, 4.5 and 5.1) the purpose of male initiation is to transform boys into sexual men and 'predatory' members of the *Nyau*. After initiation men become *Nyau* dancers who are symbolically considered as creatures: spirits and animals. These roles designate initiated men as part of both the spiritual and human worlds. Within their gendered (*mwambo*) social space, men do not dwell on sexual and reproductive issues - unlike their female counterparts. Men instead concentrate on the non-human/ spiritual aspects pertaining to the *Nyau* masked dance.

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Among women, *mwambo* and ritual expertise is most apparent in female initiation advisors, known locally as *Anamkungwi.* They also use their secret knowledge or *mwambo* to manage women's health problems. These local experts perform the critical rites for most life transitions in the community including childbirth, girls' puberty, the installation of chiefs, and death rites. When women meet in their gendered spaces they rehearse and revise secret songs and dances of the female *mwambo*. Apart from the gendered nature of reproductive knowledge, a distinction is also made between the initiated and the uninitiated.

Female initiation, as discussed above (see 4.3) gives a great deal of attention to sexuality, reproduction and womanhood. According to Kaspin (1996:570), during the initiation girls are guided into the "big law of menstruation", which is seen as the foundation of sexuality and marriage. Girls are socialised and taught about the procedures of menstruation and how they can indirectly communicate their "condition" to their lovers. While menstrual blood signifies female reproductive capacity and fertility, it is also understood as potentially polluting for men. Implicit in this is the fact that there is no direct verbal communication

about menstruation between a man and a woman. Instead, initiates are instructed to roll up their sleeping mats or bedding, empty and overturn the pot of washing water and wear red waist beads as signs that they are “hot” and therefore not available for sexual intercourse. When the menstrual flow ends, they unroll their sleeping mats (or mattresses or bedding), refill the water pot, smear a new layer of mud on the floor and replace the red waist beads with white ones. This is a sign that a woman is “cool” and prepared for sexual intercourse. Married men must acquaint themselves with this sign language, in lieu of verbal communication. This indirect way of communication has implications for how couples share information on sexual and reproductive issues. It gives insight into the kind of information women are prepared to impart to their husbands and when or how they might be prepared to share it with their spouses. It excludes important discussion of, for example, fertility options and important reproductive and maternal health issues.

Uninitiated adults (most of whom are Christians) are “outsiders” and excluded from the particular (*mwambo*) language with which many Chewa understand their world and their choices. Christianity and *Nyau* are supposedly exclusive and churches are especially against membership of *Nyau*. Oosthuizen *et al.*, (1994), for instance, found that Dutch Reformed Missionary workers in Lilongwe were strongly opposed to their congregation members participating in *Nyau*, as reported earlier by Kaspin (1993). At the time, participation in *Nyau* was seen as an acceptance of the world of the local chief, the village and Chewa ethnicity. By contrast, Christianity was represented as opting for the world of school, the teacher, urban life and adopting the ideals of the colonial elite. Historically, Christianity is viewed by many Chewa as representative of a knowledge system emanating from foreign urban powers. Nonetheless, as indicated above (see 1.1.2 and 4.1), there has both been a revival of *Nyau* and schooling has become compulsory, and free at primary school level (that is Grades 1 to 8). Nowadays, some Christians will also participate in *Nyau* (Korpela 2011). This was also what I found in Chilooko.

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7.4 Modern sources of and communication of sexual and reproductive health knowledge

Public health education uses various health promotion and communication activities to impart personal, cognitive and social skills that determine the ability of individuals to understand and maintain good health. It adopts campaigns, interventions, social marketing and other programmes whose aim is to influence people’s social norms and behaviour in communities

(Nutbeam 2000). According to Glanz *et al.,* (2008) health education is the process of imparting knowledge that aims to bring about behavioural changes in individuals, groups and entire populations. In the process, so it is thought, behaviour that is detrimental to health is replaced with that which is conducive to present and future health. In essence, as argued by Giovannin *et al.,* (2011) this implies modifying people's local beliefs and understanding of health and reinforcing universally accepted facts on health. In the past, health promotion supposedly aimed to replace bad behaviour with good habits and lifestyles. But nowadays, health care providers are more circumspect and recognise a whole range of local factors and issues that contribute to people's health. They realise that lifestyle changes can be facilitated by a combination of efforts to enhance awareness, change behaviour and create environments that support good health practices, including reproductive and maternal health.

In Chilooko, the secrecy surrounding sex and sexuality as promoted by local beliefs, and practices such as *Nyau* can undermine or negate public health promotion strategies that openly use the public media to discuss and disseminate its messages. This is magnified if such messages are seen as somehow emanating from the "outside", (e.g. as a "foreign" or perhaps even un-Christian approach) and contrary to long-held traditions. Katz and Nare (2002) observed that massive economic and social changes in Africa have led to social and family loss of control. The observation is that socio-economic improvement has led to the disregard of local moral codes and methods of communication on sexuality. As such, it is regarded as unorthodox by the local people to disseminate sensitive sexual and reproductive health messages over public radio, one of the many communication channels used by health officials. Glanz *et al.,* (2008) argue that health education attempts to close the gap between what is known about optimum health practices and what is actually practiced.

7.5 Communication between spouses in marriage

Marriages are constituted within the context of local forms of social interaction between men and women (Vangelisti 2004). From the onset of courtship, the prospective couple's ability to effectively make their thoughts known to each other sets a foundation for communication in marriage. When spouses communicate, they not only send messages to each other but also build their union. The classical work of Hawkins *et al.,* (1980) presented a particular westernised picture of differences in communication styles and perceptions between spouses. The study showed that in America wives thought that their husbands were talkative enough

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about general issues, but did not seem to share their concerns to a satisfactory extent. These husbands reportedly did not listen often or well enough for their wives to feel understood. They were “deficient” in sending messages as well as in responding to personal information from their spouses. On the other hand, husbands felt that their wives talked about uninteresting issues. Fincham (2004) observed that poor communication is the most frequent problem for which couples seek marital therapy in the industrialised world**.** It is argued that conflicts arise or are exacerbated by the lack of communication arising from one or both partners.

In the “developing” world, so Huong (2010) posits, verbal communication about reproductive health between spousal partners is very limited and gender inequities are believed to exacerbate this lack of communication among couples. Kaspin (1993) writes about two distinct ‘worlds’ for men and women within the Chichewa speaking society of Lilongwe in Malawi. She found that communication was largely non-verbal. According to Huong (2010) the use of non-verbal communication on sexual and reproductive health matters among couples is not uniquely Malawian but applies to countries like India and South Africa as well. Conversations between spouses regarding sex tend to be characterised more by silence and reluctance to speak, than open verbal expression. Although non-verbal communication has been shown to work among the Chewa, as indicated by Kaspin (1993) above, such kind of communication is not preferred where couples need to freely articulate their preferences on reproductive and maternal issues.

Zulu and Chepngeno (2003) also argue that couples in Malawi do not communicate openly on sexual issues or reproductive health. The authors found that it was difficult for spouses to talk about condom use in marriage or about possible infidelity. It was apparent from the study that verbal interaction or its lack in marriage enhanced or restricted the sharing of emotional closeness and private thoughts, values and concerns between spouses. Quality verbal interaction among spouses would go a long way to enhance reproductive and maternal health knowledge among men in Chilooko.

Apart from the study by Zulu and Chepngeno (2003) little is known about husband and wife communication in Malawi, in particular the Chichewa-speaking community of Chilooko. There is no national benchmark with which to compare problems of marital knowledge-sharing and communication on sexual and reproductive health matters and the current study,

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other than doing so by region, or globally. Badr and Taylor (2009) found that healthy spousal communication among couples – e.g. where the husband had prostate cancer - helped to alleviate the negative impact of their sexual problems and facilitated the marital adjustment of the partners. By contrast, greater sexual dissatisfaction was associated with poorer marital adjustment in patients and partners who reported low levels of mutually constructive communication. Studies by Vangelisti (2004), Fincham (2004), Huong (2010) and Badr and Taylor (2009) have demonstrated that open and verbal spousal communication is positively correlated with healthy marital relationships and improved sexual satisfaction.

7.6 Sources of sexual and reproductive health information for Chichewa speaking people of Chilooko

The study shows that in Chilooko area there are three or four significant sources of reproductive and maternal health information. These sources tend to disseminate somewhat contradictory views of reproductive and maternal knowledge. Most married women and some married men access reproductive and maternal health information from health care workers referred to locally as *achipatala (health personnel)* or *azaumoyo (public health officers)*. This information is obtained during antenatal care sessions. Other sources of sexual, reproductive and maternal health information include traditional marriage counsellors (*anankungwi/ntchembere*) and local midwives (*azamba)*, church marriage counsellors (*alangizi*) and the public health programmes aired on various radio stations.

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7.6.1 Antenatal health care service sessions and *azaumoyo* as sources of reproductive health knowledge

When a woman conceives, the prevailing custom in Chilooko is that she breaks the news to her husband first. It was emphasised by study participants that women often concealed the pregnancy until after the third month, and delayed sharing news of the pregnancy with other family members until the couple were certain of the pregnancy. In some cases, pregnancies were concealed for fear of 'the evil eye' or the possibility of witchcraft from known or perceived enemies.

Once the couple were certain that the woman was indeed pregnant, she would make her first appointment at the health centre in accordance with the established maternal health policy in Malawi. Health care workers are advised to instruct their clients to commence attendance of antenatal care services, locally referred to as "*ku sikelo"* (antenatal care session) promptly.

Pregnant women are encouraged to attend these sessions for examination and treatment of pregnancy related ailments (Botha *et al.*, 2013:1488). The current policy at the public hospitals and health centres is that on the first appointment, the woman should be accompanied by her husband or the man responsible for the pregnancy, who should also assume care for the coming child.

The counselling at the first antenatal appointment touches on many aspects. It highlights the need for improved nutrition, regular exercise (Botha *et al.*, 2013) and the need for the woman to regularly attend the clinic for medical check-ups. These check-ups are meant to monitor the blood levels and to get an assessment of the positioning of the foetus. In addition, attendance at antenatal care sessions is the primary source of messages on the prevalence of malaria and its prophylactic treatment, and other vital information is conveyed. HIV/AIDS testing is done and if positive appropriate interventions are put in place during the course of the pregnancy to avoid mother-to-child transmission of the HI virus.

Female respondents in the focus group discussion regarded the attendance of men at these antenatal sessions as essential. They stressed that sessions created the best opportunity for men to become educated about the ideal care of pregnancy and for the elimination of the misconception that their spouses were making unreasonable demands for nutrition and other things during pregnancy. The antenatal sessions were regarded as the best source of reproductive and maternal health knowledge for men to better support their spouses and to clear their misunderstandings.

The study found that women perceive many men to be resistant, hesitant or reluctant to oblige by attending the first antenatal care session. Only a minority of the study's male participants thought it was a good idea. One of the reasons cited by women for men's refusal to accompany or attend the antenatal care sessions was that women used the wrong approach when they invited their husbands. The reasons provided by men who favoured attending the initial antenatal session included getting wrong messages regarding pregnancy from their spouses and receiving reports on session presentations that were neither accurate nor trustworthy. In addition, it was argued by the men that if they attended these sessions they could better value the messages and form their own impressions. Kishindo (1994) noted that males in Malawi were brought up to believe that they were inherently superior to females

and, therefore, to downplay the importance of new ideas originating from women, especially when those ideas touch on issues of reproduction and family size, both of which affect a man's status. In a study on communication for contraceptive uptake in Malawi, Shattuck *et al.,* (2011) validated this earlier observation. The study found that male-focussed and peer-led communication on reproductive messages effectively increased contraceptive use. This showed that men were more willing to accept their peers as a source of knowledge, rather than a woman. This tendency appears to run throughout the discourse of this chapter.

Aarnio *et al*, (2009) studied male involvement in antenatal HIV counselling and testing in Mangochi in Malawi. Among a number of interesting findings, this study found that men perceived attendance at health services, especially antenatal clinics, as women's area, and therefore as something shameful for husbands to attend. Men portrayed themselves as second-level customers who could only attend when ill, while pregnancy justified women's attendance (Aarnio et al, 2009:1541). Despite espousing this perception, men indicated that they would be indirectly involved through communication, material, and mental support, reflecting the gender dividend context, where husbands attending antenatal voluntary counselling and testing (VCT) would cross too many barriers of marriage, society, and health care. This finding supports the perception of male respondents in my study and it also illustrates the willingness of men of Mangochi to receive reproductive health messages through their wives. This is a huge contrast in opinion between the males of Chilooko and Mangochi in terms of their flexibility to receive reproductive health messages.

These observations are in direct contrast to the support given by Nepalese men to their partners. As in Chilooko, a large part of the population in Nepal still adhere to a matrilineal kinship system, and a study on the inclusion of husbands in health education services on maternal practices in urban Nepal found positive support for male involvement. The study conducted by Mullany *et al.,* (2007) found that including men in reproductive health interventions could enhance health outcomes. Education and health services offered to men during the antenatal period could reduce pregnancy and delivery complications. The study also found that directly educating men about the importance of health care for the family increased the promotion of some health-seeking behaviour such as antenatal care and child immunisation. The authors argued that men's attendance at antenatal care sessions enhanced communication between couples and improved the support of men for their partners.

These results support earlier findings by Singh *et al.,* (1998) from a study carried out among (matrilineal) men in India. He found that male involvement was not based on interspousal communication, but the participation of men in reproductive and maternal issues led over time to progressive changes in the social roles of the spouses. It is clear from the study in Chilooko that despite the perceived value of direct access to maternal and pregnancy-related information by men, a change in their attitude over participation in antenatal health services would require a concerted effort. It would need to counter their reluctance to trespass on social spaces they had been socialised to avoid, as part of being inculcated into *Nyau*.

7.6.2 Anamkungwi (traditional marriage counsellors) and Ntchembere as sources of reproductive health knowledge

Marriage counsellors traditionally represent the local body of reproductive and maternal health knowledge passed on through generations. This is also the case in Chilooko, where marriage is often arranged according to customary practices, religious institutions, or a combination of both. The study shows that local reproductive and maternal health knowledge (*mwambo*) is the domain of women, especially senior females, rather than being formally written down. As such it would be beneficial to briefly describe what the counsellors, the *anamkungwi* and *ntchembere* are, and what their roles are.

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As custodians of the body of knowledge called *mwambo*, the *anamkungwi* are older women who oversee, facilitate and perform rites of passage such as girls' initiation and sexual education. Their task includes instruction on procreation and midwifery. *Mwambo* further refers to a set of traditional ideals or conventional wisdom and guidelines regarding management of domestic issues, acceptable behaviour and etiquette, sexual conduct, pregnancy, childbirth and child-rearing. In general *mwambo* is also applied to any secret body of information that can only be accessed upon reaching puberty or before marriage, or to mark other rites of passage. It is not shared in common conversations since it is coded in a "secret" language.

The study found that "tradition" dictates that there should be set occasions during which the sexual and reproductive health information and instruction is imparted to young couples. The study discovered two key moments at which knowledge is imparted. The first occasion falls on the evening of the day the legally-accepted marriage is consummated and the other takes

place a few months into the course of the new marriage when the wife announces that she is pregnant. The timing of the first counselling is different for marital unions formed in violation of commonly-held traditions such as *kubachikumu* and *kulowana* (see chapter 4 subsection 5.3.2). The study also found a contrast between the practices observed by community members who claim allegiance to Christian beliefs and those who marry according to customary law. For the latter the *anankhungwi* and *ntchembere* represent authoritative knowledge backed by the power of the local leadership. On the occasion of formalising marriage (on the evening of the day the marriage is contracted) under customary law (see 5.2), these *anamkungwi* or *ntchembere* are asked to provide ancestral marital guidance. These occasions afford the husband and the wife an equal opportunity to have an audience with a team of *anamkungwi* and *ntchembere* to orientate them into their intricate sexual and reproductive health norms and practices. Among Christians, the knowledge experts are identified as *alangizi* and they offer faith-based *chilangizo (*instructions*)* as compared to *mwambo.*

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For a young woman involved in *Kubachikumu*, the first session of counselling on reproductive and marital issues occurs a day or two after her arrival at her husband's village. The prospective bridegroom's family invites old women who are past child-bearing age, *ntchembere*, and the family informs them that "there is a person in the house, we would like you to bring her out" (see 5.3.2). The old women bring the young woman out of the house (the *mphala*), with a broom in her hand and she is taken to her mother in-law's residence.

At her mother in-law's house the old women say:

> This is your mother in-law's house, we would like you to be free; this is your mother's house, the mother of your husband. You should not fear her, you should sweep this house, smoothen the walls and floor with fresh clay (*uzisesa ndi kumakhula nyumbayi*). You should also prepare the food (*tindiwo it uziphika*) and give it to her. You should draw her some water. (Key Informant, Male, Chilooko Village, 2012).

The excerpt above is a portion of the initial counsel a woman gets in her new environment. It emphasises the need for a marriageable woman to be capable of carrying out household tasks

in her own as well as her new parents-in-law's home. A wide range of counsel is offered to her, and the relatives of her new husband are introduced to her. Often the bride is advised about whom to show respect to. The *nthembere* take rounds in informing this young woman about her sisters- and brothers-in-law in their order of birth. After this session, she is asked to sweep her mother-in-law's house in the presence of the old women. After sweeping the residence, she must sweep the kitchen, make a fire and boil some water for her parents-in-law or her husband to bath. After doing this, she is taken out of the kitchen and is expected to take a pail and head for a well to draw water for her mother-in-law, followed by preparing food or doing any household chore that is appropriate at the time. This acts as a formal introduction for the wife to her new home, and the next step is for the two families to get to know each other.

In the case of a marital union initiated after the manner of *kulowana (*the assisted theft*)*, at times the *anankungwi* are called upon on the eve of *kulowana* to give the new couple a counselling session outlining their expected marital roles, discuss issues of discipline and dispense advice on how to handle situations in their marital experience.

The *anamkungwi* provide a wide range of counselling including issues of pregnancy and how the man can support his partner. The counsellors advise the couple to treat each other with respect and counsel them on sexual matters. When the wife becomes pregnant, the news is communicated to the elderly women who in turn inform the family. Subsequently, these female elders communicate the information to the counsellors, the *ntchembere* and *anamkungwi*. A day and time are arranged at which the *anamkungwi* and the *ntchembere* take turns to counsel the young couple. At this phase of the counselling exercise, a few other things are emphasised. Of particular interest is the information regarding the roles of the two partners in the care of the pregnancy and their conduct to ensure the safety of the woman and the coming child.

The husband is advised to take special care of the wife until she gives birth. It is further highlighted that the man should make sure that the woman is not overloaded with household chores. The woman should be treated as someone at the crossroad of death and life. The man is also informed that when the woman is weak and sick he should take over the responsibility for household chores. The prominence of *anamkungwi* and *ntchembere* in the counselling of new couples among the Chichewa speaking people of Chilooko demonstrates the continuity

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of the local knowledge. At the same time, people are increasingly aware of and informed by public health knowledge concerning reproduction and health during pregnancy.

According to (Prata *et al.*, 2011) and Kamal (1998), traditional reproductive and maternal health practitioners play a role in all developing countries. This is because many developing countries have limited numbers of maternal and child health centres that offer antenatal and postnatal care and assistance in childbirth. The cultural, financial and personal factors of the families and communities sometimes limit the utilisation of public health services. Skilled health care staffs are mostly concentrated in urban areas, which leave almost two thirds of the population in the rural areas of Malawi with little access to professional maternal services (see 1.3 above). The gap in social and economic status between the trained health personnel and their poorly educated and underprivileged clients can be intimidating and discouraging for rural clients. But this is not the only factor that influences access to traditional reproductive and maternal health practitioners. *Anankungwi* are trusted and preferred because they are community based and hence are more accessible; plus, they are kind and respected by the community (Bisika, 2008).

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7.6.3 The *alangizi* (church marriage counsellors) as sources and channels of reproductive health information

The study showed some divisions between customary and Christian (which include civil) marriages. Nevertheless, some Christians can also adhere to local (customary/traditional) practices. Thus local practices are increasingly influenced by Christianity, education, the media and government interventions and influences. Like the *Anamkungwi* and *Ntchembere* described above, elderly "church women" or church counsellors (*alangizi)* provide reproductive health information and are seen as holders of related knowledge. The *alangizi* usually share critical information with a newly married couple. These counsellors and teachers are also summoned by the family of the couple to provide specific information when the woman becomes pregnant, and to enlighten the couple on how they ought to handle themselves during pregnancy. In one focus group discussion for married men a respondent said:

> Some men are religious but many others are not. Some men get to know what happens in pregnancy and childbirth from their church's marriage counsellors. When people

> marry, the marriage counsellors come to initiate them on a few fundamental issues about married life. When the wife conceives, again the marriage counsellors come to inform them how they can ensure sound health of the wife during pregnancy. The other pieces of information are obtained from the health facilities. (Married Men Kambiri FGD, 2012)

It emerged from this focus group discussion and from other research participants that people give credit to *ntchembere* and *anamkungwi* as alternative counsellors, although advice from the church is preferred. In the focus group cited above one man asserted:

> We cannot have any better source of information than the hospital and the church. If that was the case, we would say that information could also be expected from the village head but this is not the case. There is, however, another set of advisors in the village; these are the people who initiate girls when they reach puberty. These are elderly women from the village who help adolescent girls on how to manage their sexual life (Married Men Kambiri FGD).

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However, some group discussion participants (most likely more adamant? Christians) expressed dissatisfaction and negativity with *ntchembere, azamba* and *anankungwi*. The negativity towards traditional beliefs and practices in reproductive health has been enforced by observations that the counsel these practitioners provide is at times contrary to the information disseminated by health workers: it is also considered to be dangerous. The majority of participants felt that such local counsel and advice contributed to increased maternal deaths in the area. One man said:

> The issue hinges on the person who provides the early marital counselling to the women when there is pregnancy. Many problems are occurring as a result of women taking counsel from the wrong source. If women were only heeding the counsel of the hospital it would have been different but many trust traditional elderly women who do not provide the correct reproductive health information. (Married Men, Kambiri FGD).

The study also noted that not only do most religious people have a negative impression of the reproductive health knowledge of the *azamba*, *ntchembere* and *anamkungwi* but they see them as contradicting “correct” knowledge. Information disseminated by the *alangizi* was deemed more acceptable than that disseminated by the *azamba, ntchembere* and *anankungwi,* especially among Christians. The study further established through interviews with the key informants (especially village heads) that there is a shift away from the traditional counsels among the current generation. Young couples and people who are church members often see the *azamba*, *ntchembere* and *anamkungwi* as old-fashioned, outdated and contradictory to religious dogma. As a consequence, use of *anamkungwi* and *azamba* has decreased. Although public health messages and information are not much questioned, there are some reservations among church members about the presence of men in the labour ward. The quote from a key informant sums this up:

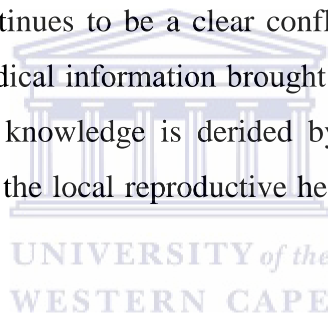
> I would like to stress that the kind of knowledge imparted to us by the religious marriage counsellors and the health personnel is not very different. But some of their messages like the one calling upon men to enter the labour ward are received with suspicion. We have been avoiding entry into the labour ward. The health personnel are spicing their information with lies. It is true that men and women should be flexible in discussing sexual and reproductive issues but the point of attending to childbirth in the labour ward where they were previously chased away is surprising to many men. (Key Informant Male, Chilooko Village, 2013).

The quote emphasises that people of Chilooko perceive that the reproductive and maternal health counsel of the church marriage counsellors is sometimes synonymous with that obtained from health workers. This endorses it as good practice for men to be flexible about discussing reproductive and maternal health issues with their wives. However, it also illustrates the unacceptability of the call by health care workers for men to attend proceedings in the labour ward. This thesis focuses on the latent conflict between the ideals of ‘modern’ maternal practices and persistent local sexual and reproductive health perceptions and constructions. The quote above underscores such a conflict in the current discourse on maternal health. Despite the perceived conflict in sources of reproductive and maternal health knowledge, even the available information is gendered and skewed towards women. The

following subsection will discuss barriers to married men's acquisition of the available knowledge.

7.7 Barriers to accessing reproductive and maternal knowledge among men in Chilooko

The findings preceding this section led to two key points of focus: the dissonance between the knowledge and ideas of the *ntchembere/anamkungwi, alangizi* and health care professionals, and the perceived contradiction between the reproductive and maternal health counsel of the *alangizi* and that of *ntchembere/anamkungwi*. Participants said they perceived some synergy between the counsel of the *alangizi* and that of health professionals. This section will strengthen the observation that western education and the Christian doctrinal persuasion did in fact modify the world view of some of the Chichewa-speakers regarding local knowledge and practices. According to the literature (Stuart, 1979; Adegoke, 2001; Pelto and Pelto, 1997) there continues to be a clear conflict between the indigenous belief systems and the 'modern' biomedical information brought to Africa by missionary pioneers. Notwithstanding that traditional knowledge is derided by those who are educated and/or Christians, there is evidence that the local reproductive health knowledge still has an appeal in Chilooko.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Stuart (2007) argued that African traditional systems and values were transformed to suit the requirements of current needs, but in essence they remain enduring symbols of history and identity for the people of Chilooko. What has been observed is the co-existence of different ways of knowing (and sometimes the overlap between them) about sexual and reproductive health and related practices.

A good indicator of this in reproductive and maternal health in the developing world and in sub-Saharan Africa in particular is the continued use of traditional birth attendants, as reported by Kamal (1998). Efforts to ban traditional birth attendants have failed because these local providers meet a need in the local communities, and no alternatives are put in place to accommodate the change in policy. In Malawi, a report expressing similar sentiments as those raised by Kamal (1998) was published by Seljeskog *et al*., (2006). These authors explored factors influencing delivery among pregnant women in Mangochi, a district along Lake Malawi in the southern part of the country. Among the key factors raised was the issue of 'traditional' views on pregnancy and delivery. While all the women involved in this study

attended antenatal care sessions during their pregnancy, the study found that the influence of older women in the family such as mothers, grandmothers and mothers-in-law on the young expectant women was still strong.

Despite having attended antenatal care sessions, in Chilooko the decision to deliver the baby at home was sometimes justified by the fact that a husband might 'disown' (i.e. not provide care for) the new-born if it was delivered at the hospital. The older women needed to oversee the birth and to take charge of the delivery; otherwise the child could be rejected. The old women, mothers and mothers-in-law were also perceived to be knowledgeable and as such their advice proved valuable. The value of the hospital and its antenatal services was limited to screening and treating any health challenges that could obstruct a healthy delivery. The results above showed that the locals did not completely trust the ideas and practices of the biomedical system. The discordance appeared to be further exacerbated by the fact that women were the point of contact of modern health professionals. Married men hardly had personal contact with reproductive health professionals. The former also never discussed reproductive and maternal health issues with the latter. Yet men and women agreed that antenatal sessions were the best source of reproductive and maternal health knowledge for men, to help them improve their spousal support and to clear their misconceptions. The study has shown that women did not have absolute power to influence a change in the values and beliefs of the local community. Women do not make unilateral decisions. Yet dialogue or communication between husband and wife about pregnancy and birth is still rare. The following quote confirms that certain married men, nevertheless, were in favour of personally attending health education sessions (normally called health talks in hospitals) at the antenatal clinic:

> The idea of a man escorting his pregnant wife to attend antenatal care sessions is quite welcome; many men are currently practicing that. Even when a child is sick, men take that child to receive treatment at the hospital. It also happens that some men take their children to access the under-five clinic services. At the hospital, there is no cause for being shy if you are a man and you have met other women. (Key Informant, Male, Chilooko Village, 2013).

This creates the potential for men to engage with health care workers directly. The quote also points out current practices among a small number of married men who take their children for treatment or under-five growth monitoring and vaccination services. But the quote suggests that taking their children for treatment at the hospital in spaces largely patronised by women could be cause for shyness because such care is generally left to mothers.

The work of Kaspin (1993, 1996) in Lilongwe in the Central region of Malawi disclosed the nature of husband and wife communication on sexual and reproductive health matters. Men and women are woven into a gendered universe: the essential framework of rural life. They participate in and have access to gendered bodies of knowledge. Respect for gendered knowledge boundaries is seen as both honourable as well as differentiating between the social spaces of men and women. According to the information inculcated in women and according to the ethics of their *mwambo* certain knowledge should not be shared with men. Reproductive and maternal health knowledge remains a source of power for women.

This situation differs from the assumed relationship between married men and women in the ‘western’ world. In this regard, Burleson and Denton (1997) argue that marital satisfaction in the western world can only be achieved through communication between spouses. They report that communication problems are among the most frequent complaints of couples entering marital therapy. By contrast in Chilooko, reproductive and maternal health issues are not much spoken about between married couples. But a small number of married men and women deviate from the norm to achieve positive maternal health outcomes. This was stressed in a number of interviews with married men as quoted below:

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> But if a wife withholds information about reproductive and maternal health from the husband then it means there is no love between the spouses. Some women are shy to communicate to their husbands when their time is due for delivery. They are free to share their health status to a fellow woman when they go to draw water at the borehole but fail to open up to their own husband. I believe that many things are going the wrong way or getting to a bad ending when husbands and wives withhold information, observations and knowledge from each other in marriage (Individual interview, Male Kapulula Village 2012).

The quote emphasises the unintended consequences of a lack of communication in maternal health issues. The reticence of women to open up to their husbands is not just a personality issue. It is strengthened by the etiquette drilled into women at puberty, to maintain the distinction between femininity and its practices on one side, and masculinity on the other. This study points us to two possible ways to improve the role of men in motherhood. It will require a campaign for strong and consistent behavioural change to break the boundaries between the secret world of knowledge held by married men and women in Chilooko so that they can start sharing crucial sexual, reproductive and maternal health information. This will not only benefit men but families in general. The idea of exclusivity of the social spaces between men and women is even harder to dismantle as it pertains to the core of Chewa life, the foundation and framework of rural existence. It deals with the values of the *dambwe* and that of the women, which give Chewa society its identity. This has been the case for as long as the Chewa survived constant pressure to change to Christianity, western-influenced education and modernisation. The findings preceding this section led to two key points of focus: the dissonance between the knowledge and ideas of the *ntchembere/anamkungwi, alangizi* and health care professionals, and the perceived contradiction between the reproductive and maternal health counsel of the *alangizi* and that of *ntchembere/anamkungwi*. Participants nonetheless said they perceived some synergy between the counsel of the *alangizi* and that of health professionals. This section will strengthen the observation that western education and the Christian doctrinal persuasion did in fact modify the world view of some of the Chichewa-speakers regarding local knowledge and practices. According to the literature (Stuart, 1979; Adegoke, 2001; Pelto and Pelto, 1997) there continues to be a clear conflict between the indigenous belief systems and the 'modern' biomedical information brought to Africa by missionary pioneers. Notwithstanding that traditional knowledge is derided by those who are educated and/or Christians, there is evidence that the local reproductive health knowledge still has an appeal in Chilooko.

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7.8 Married men's peer communication on reproductive and maternal health as a window of opportunity

In the subsections above, the research has illustrated that there is a limited opportunity or potential for men to access antenatal care sessions or verbally communicate with their spousal partners on these issues. The findings show that married men rarely consider reproductive and maternal health matters as important enough for discussion in their

interaction with their wives. The study also shows that it is not the norm among men in Chilooko to engage in productive discussion of reproductive issues in their male interactions. Issues pertaining to reproductive and maternal experience are treated as 'confidential' and restricted to the bedroom. There is peer discussion of reproductive health issues only when a man has a sexually transmitted infection that forces him to look for an immediate cure from friends he can trust to keep a secret. In the quote that follows, it is clear that the tendency to exclude personal reproductive health experiences from the normal conversation is very strong:

> Often you would not hear men discuss these issues when they interact in various public spaces. In rare circumstances, some issues are shared in a '*pabwalo*' (village court) regarding marital problems but the majority of issues are hidden. Men feel that if they talked about issues of reproduction that affect them, they have equally undressed their wife. However, there are other issues which they feel compelled to plead with each other; they are considered to be separate. Such things are discussed between two trusted friends like knowledge of herbs that are traditionally used to treat sexually transmitted infections. (Key Informant, Male, Chilooko Village, 2012).

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The study found that reference is made to injunctions of 'tradition' for men to avoid discussing reproductive issues pertaining to their marriage outside the bedroom. However, the research shows that this tendency is gradually losing its grip among men who are Christians. The research also attributed the change to the impact of radio messages and the community outreach interventions of non-governmental organisations in the area. In a focus group with married men, participants realised that by failing to discuss these matters with their peers, men are possibly depriving themselves of vital reproductive and maternal health knowledge:

> We keep some distance and confidentiality as if each one of us is in his bedroom although we meet in some spaces. We want to keep these secrets between us and our spouses. But maybe we deprive ourselves of some critical knowledge. (Focus Group Discussion, Married Men Mbalame Village, 2012)

The research also established that men do not take reproductive health issues seriously when they meet as peers. For them such discussions are "*zolaula*" (a taboo). Often the topic is raised in mockery or as a joke which is so quickly silenced by others that even a truly curious person would need courage to sustain it. The following quote illustrates how any attempts to raise reproductive issues for discussion are quickly brushed aside:

> Usually such an issue is not debated because there is no one who voluntarily raises it for debate; such issues are perceived as *zolaula*,taboos. You would hear other men say, "Raise that issue with your wife at home". Do not swear at us here, "*sitikufuna kutukwana pano*" (we do not want foul language here). Focus Group Discussion, Married Men Kambiri Village, 2012.

The presentation in this subsection has highlighted that although men professed to have very little knowledge of reproductive and maternal health, they also expressed indifference to the use of the few possible opportunities to obtain such information. Communication on reproductive health information between men is only entertained as jokes or when there is a pressing need for a solution. These findings show that targeting males to reach out to their fellow men with reproductive and maternal health messages would not readily work in Chilooko because men are not interested in discussing it. This finding contradicts what Shattuck *et al*., (2011) Maharaj (2000), Kishindo (1994) earlier asserted, that most men obtain their information from their peers.

7.9 Conclusions

It is the argument of this thesis that competition between indigenous/local and biomedical reproductive and maternal health knowledge and practices is endemic and will persist. The success of health care workers in persuading married men and women to adopt reproductive and maternal health practices rests on how effectively these policies are aligned to the culturally acceptable ideals and practices of their clients. These must particularly be linked to the perceptions of men regarding access to knowledge which is currently limited by indifference to discuss matters with their peers. The study has *raised a ray of hope in* showing that most of the married men generally demonstrated willingness to listen to *alangizi* from the church. The knowledge content of *alangizi* is almost identical to that imparted to the masses by health care workers and what is aired on radio programmes. This shows a shift in

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belief from the indigenous ways to biomedical reproductive health knowledge in line with what Kaplan (1986) observed as a more plausible approach by the missionaries. Conversion to Christianity meant that portions of the local population would adopt a middle ground between indigenous practices and beliefs and pure "Western" beliefs and attitudes. This endowed them with a degree of freedom to select practices that are relevant and convenient for their health and wellbeing. Missionaries have sought to 'cleanse' the traditional rituals of their inherently non-Christian content and mould them to the purpose of the church.

Regarding the targeting of men in an effort to improve maternal health outcomes, this study reiterates the suggestions made by Kishindo (1994) that men be made to appreciate the importance of the issue at hand before suggesting to them that they accompany their spouses to antenatal care sessions or take part in other ways. He argued that a man was more likely to be persuaded by arguments of an economic and social nature than arguments about the health of the mother and the physical quality of the children. The approach should be specific to socio-economic groups and the messages should be tailor-made to appeal to culturally defined roles of males as family heads, providers and decision makers.

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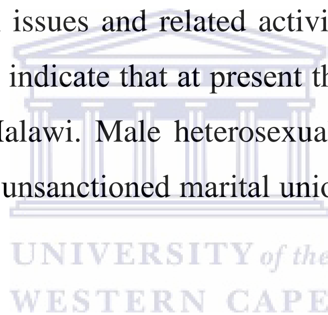
This study has shown that public health policy makers have not acted on the basis of thoroughly documented evidence in making their call upon men. They have merely provided incentives or persuaded selected traditional local leaders to influence their subjects to take a different world view on the welfare of child-bearing women. It is the argument of this thesis that men of a rural community, entrenched in their local ideals and practices but increasingly experiencing exposure to the "western" lifestyle and Christianity, need to be approached differently on this issue compared with those who have a manifest urban lifestyle.

CHAPTER EIGHT: MASCULINITIES AND MATERNAL HEALTH: CONTEXUALIZING MEN'S RESPONSES TO MATERNAL ISSUES IN CHILOOKO.

> Merely accompanying a wife to the first antenatal visit and having HIV test is not sufficient to change the behaviour of men towards maternal health. This requires information targeted at men, women………to stimulate debate on cultural issues related to male involvement. (Kululanga et al, 2012:155).

8.1 Introduction

The quote above demonstrates the need for the health system in Malawi to develop effective strategies that can bring about a change in attitude towards maternal issues among married men and help facilitate supportive behaviour for their pregnant wives. Such efforts should be culturally sensitive. Although current health policy is aimed at 'involving' married men in maternal and reproductive health issues and related activities, it seems not to have had the desired effect. The authors above indicate that at present the notion of male 'involvement' is quite vague and unfocused in Malawi. Male heterosexuality as a key driving force in the formation of "normal" as well as unsanctioned marital unions in Chilooko, were discussed in Chapter 5 (see 5.2 and 5.3).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This chapter focuses on the role of masculinities in reproductive health, especially how the lack of involvement of men impacts on the increasing maternal death toll, and how they can help to solve the dilemma. Its main argument is that the public health drive for the involvement of men in events surrounding pregnancy and birth has not succeeded and might even be somewhat misleading. There appears to be an overemphasis on male involvement (or lack thereof) in antenatal visits and reluctance to undergo HIV-testing as contributing factors to maternal morbidity and mortality during pregnancy, yet extant literature demonstrates that most maternal deaths are linked to health institutions. As the discussion in the chapter unfolds, evidence will be presented in support of this argument. Prior to the presentation of the findings from Chilooko, a synopsis of maternal mortality in sub-Saharan Africa and Malawi is given to set the premise of our discussion.

8.2 The regional picture of maternal mortality in sub-Saharan Africa and Malawi

Maternal mortality is viewed as a recurrent problem of the 21st century. Especially among the poor developing economies, maternal mortality has attracted fresh attention (Ronsmans and Graham 2006). It is internationally defined as the death of a woman while pregnant, or within forty-two days after the termination of pregnancy (irrespective of the age at gestation or locality of the pregnancy) as the result of any cause related to or aggravated by the pregnancy or its management (Boerma 1987; Ronsmans and Graham 2006; Geubbels 2006). Maternal mortality is deemed to be the rate of death of women of childbearing age (15-49 years) per 100, 000 women in a given year (Bisika, 2008).

Data published in late 1980s indicated that maternal mortality in 'developing' countries was estimated at 400 per 100,000 live births whereas the level in most of the developed countries is below 25 per 100,000 live births (Boerma 1987). By the close of the second millennium, Maine and Rosenfield (1999) found that, despite the launch of the Safe Motherhood Initiative in 1987, there was no real evidence that maternal mortality had declined. Effective programmes to help fight the problem were still rare. Just half a decade later, Ronsmans and Graham (2006) observed that the risk of a woman dying as a result of pregnancy was still very high in the poorest parts of the world, compared to northern Europe.

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The picture is worst for sub-Saharan Africa where in the year 2000 the maternal mortality ratio was estimated at around 1000 per 100, 000 live births with a lifetime risk of 1 in 16 women compared to a lifetime risk of 1 in 1,800 women in developed countries. Lifetime risk is the chance of a maternal death during a woman's reproductive years. Abou Zahr (2003) also reported that on a global scale and within the developing countries, maternal mortality ratios were highest in Africa.

In 2004, Malawi recorded the worst maternal mortality rate in sub-Saharan Africa and the third highest maternal mortality rate internationally. The maternal mortality rates doubled between 1992 (620 per 100,000 live births) and 2000 (1,120 per 100,000 live births) but declined to 984 per 100, 000 in 2004. In 2006, the National Sexual and Reproductive Health and Rights Policy reported a lower rate of 807 per 100, 000 live births (Malawi Government, 2009).

According to the Malawi Demographic and Health Survey (MDHS) Malawi has recorded a further decline in maternal mortality, which is now pegged at 675 per 100, 000 (NSO, 2011). However, despite this observed decline, Malawi still does not compare favourably with neighbouring countries like Zimbabwe, Mozambique and Zambia. According to Hagan *et al.,* (2010) Zambia has a maternal mortality rate of 603 per 100,000 live births, Mozambique has 599 deaths per 100,000 live births and Zimbabwe has 624 deaths per 100,000 live births.

The latest trends (1990-2013) in maternal mortality show that globally there is a reduction in deaths. However, sub-Saharan Africa accounts for a substantial proportion of these deaths. The global maternal mortality rate is 210 per 100,000 while that of the developing regions or countries is 230 per 100,000. Sub-Saharan Africa has the highest maternal mortality rate at 510 per 100,000. The maternal mortality rate for Malawi is also 510 per 100,000 (WHO, 2014). According to Ager (2013) while there has been a decrease in maternal deaths over the last two decades, progress has been slow and Malawi still has one of the most unacceptably high numbers of women dying in childbirth. The latest report also shows that the adult lifetime risk of maternal mortality in women from sub-Saharan Africa is the highest at 1 in 38, in sharp contrast to 1 in 3700 among women in "developed" countries (WHO, 2014). Lewycka (2010) shows that Malawi's adult lifetime risk of maternal health is 1 in 15, which is equal to that of Chad but worse off than Somalia's 1 in 18 (WHO, 2014).

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Notwithstanding the above, establishing a more consistent trend of maternal mortality is not possible because of lack of reliable data from Malawi. Maternal mortality is used as a critical marker in the assessment of maternal health, enabling measurement scientists and health systems to judge progress in the achievement of Millennium Development Goal 5: to reduce maternal mortality rates by three quarters and to create universal access to maternal care by 2015 (Ronsmans and Graham 2006). The difficulty in obtaining reliable information on the individual medical causes of maternal mortality is exacerbated by the fact that a large number of maternal deaths occur at home.

Social relations in the home as well as cultural ideologies in the community pose challenges to the health system and public health officials in Malawi, as highlighted by Kululanga *et al.,* (2012). The most recent data from demographic and health surveys in Malawi paint a dark picture of maternal health issues. According to the report, women who had previously given birth demonstrated a higher probability of having a home delivery than those having their

first child. Women residing in the rural areas were more likely to give birth at home than those in urban areas. Women from the 10 districts of the central region such as Dowa, Dedza, Lilongwe, Kasungu and Ntchisi, especially the poorest women with less formal education or none at all, were more likely to have a home delivery than others. In addition, women with a higher number of deliveries were more likely to ignore antenatal care services than the rest (NSO, 2011). This finding raises further questions as to why women who have more maternal experience discontinue the antenatal care provided by public institutions. One reason might be the perception that women have of the public health institutions and the relations they have with the service providers. This is what Geubbles (2006:216) termed "previous experience with the health care system, combined with perceived quality of care." I will attempt to shed more light on this observation later in the chapter.

Besides the challenge of data not being available, it is a reality that even when statistical figures are obtained, different sources of information are neither representative nor comparable (AbouZahr, 2003). The real extent of the prevalence of maternal ill health and mortality associated with pregnancy has not been determined. As Royston and Armstrong (1989) stated, no one knows exactly how many women die each year as a result of pregnancy. The lack of data is worst in the countries where maternal mortality is highest: deaths are rarely recorded and the cause of the death is usually not reflected. This scenario impedes official health system efforts to properly locate the source of the problems and design relevant programmes to reverse the trend.

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8.3 The discourse on the causes of maternal mortality in Malawi

Local and international literatures agree that the causes of maternal deaths are well understood and remarkably similar for developed and developing countries (Maine and Rosenfield 1999; Geubbels 2006). Yet the relative importance of these causes varies depending on the locality. According to AbouZahr (2003), the World Health Organization responded to the challenge of scarce and poor data by restricting the estimate of maternal mortality and morbidity to direct obstetric conditions such as maternal haemorrhage, puerperal sepsis, pre-eclampsia and eclampsia. Byrne *et al.,* (2007) and Karolinski *et al.,* (2010) intimated that it is customary to broadly classify causes of maternal deaths under three headings, namely direct, indirect and coincidental. Direct causes refer to diseases or complications during pregnancy. Indirect causes are pre-pregnancy diseases and physiological complications that are exacerbated by the emergence of the pregnancy. Co-

incidental causes are random events that impact on the pregnant woman. It may include death from fires, drowning, road traffic and other forms of accidents. The specific causes of death include maternal haemorrhage or post-partum haemorrhage, puerperal sepsis, pre-eclampsia and eclampsia. For the benefit and clarity of this thesis, these will be briefly explained as follows:

Maternal haemorrhage is bleeding from the genital tract of a woman during pregnancy, during delivery or after delivery of the child. Puerperal sepsis is the infection of the genital tract after delivery. Women are particularly prone to infection of the genital tract after delivery or abortion. Pre-eclampsia and eclampsia are generally referred to as hypertensive diseases of pregnancy. Pre-eclampsia involves high blood pressure, protein in the urine and swelling of the tissues. Eclampsia is an advanced state and consequence of pre-eclampsia consisting of central nervous system seizures and /or convulsions (Royston and Armstrong 1989; AbouZahr 2003).

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Geubbles (2006) shows that the same causes of maternal deaths that are found globally, are present in Malawi. She added that maternal deaths are characteristic of a chain of events. An analysis of the causes of death from various hospital-based studies in Malawi revealed sepsis, complications following abortion and obstructed labour are three of the leading causes of maternal deaths. From the analysis of a community study, it emerged that haemorrhage and ruptured uterus were also major causes of death (Geubbles 2006). A retrospective observational study by Ratsma *et al.,* (2005) established that sepsis, ruptured uterus and obstructed labour and obstetric haemorrhage were the chief causes of maternal death in 17 health facilities in southern Malawi. She argued that death from sepsis pointed to a lack of infection prevention measures at the health institutions. Obstructed labour and ruptured uterus showed that access to operative delivery care fell short of the standard. This is consistent with the findings of a study by Nyamtema *et al.,* (2011) in Tanzania, that maternal mortality is primarily fuelled by poor health worker practices and substandard delivery of care. Increased morbidity and mortality in 50-61% of women with severe morbidities were directly linked to poor decision- making by health workers and failure to adhere to infection prevention protocols. Ratsma (2005) said that the care women receive in Malawi was below the expected standard and this was the leading avoidable factor in maternal mortality.

In Chilooko, 53% of the deliveries took place in the presence of skilled birth attendants in 2012 (Ntchisi Safe Motherhood Bulletin, 2013). A skilled birth attendant refers to a competent health professional with midwifery skills (Adegoke and van der Broek, 2009). According to Nicholls and Webb (2006) competence refers to fitness to practice as a midwife. It involves skills and personality, includes good clinical judgment and know-how, as well as the ability to effectively communicate with patients, to show compassion, and to be kind and supportive (Nicholls and Webb, 2006:426). But "Skilled Birth Attendance" involves not only skilled health personnel but also an enabling environment, with the required equipment, drugs, supplies and an adequate referral system in place (Adegoke and van der Broek, 2009:33). The Ntchisi Safe Motherhood Bulletin highlighted that an increased number of new-borns were treated for complications at public health facilities and this was due to women delivering their babies with the assistance and under the supervision of traditional birth attendants (*azamba*). The increasing use of local unskilled midwives to supervise deliveries among childbearing women in Ntchisi is part of the anecdotal evidence that suggests women have a negative perception of public health institutions and the service providers. In keeping with the international reproductive and maternal health guidelines, Malawi banned the use and services of local traditional birth attendants in 2009 (Cammack, 2011). This ban was put into effect after government had, for a long time, run a nationwide programme in which traditional birth attendants were trained and registered as frontline providers of maternity care. By then, this programme represented an improvement on delivery by unskilled female relatives in areas under-served by doctors and midwives. But the increased use of "unskilled" local midwives is contrary to the global push for safe birthing and the reduction of maternal mortality.

In addition to the use of unskilled birth attendants, Bicego *et al.,* (2002) provides an additional dimension to the discussions on the causes of maternal mortality in Malawi. He argues that in many countries in sub-Saharan Africa, high levels of maternal mortality co-exist with high levels of HIV-infection among women of childbearing age. This line of thought agrees with Royston and Armstrong (2003) who argued that it was a high risk for the individual woman to get pregnant, and worse still, to give birth. According to Bicego *et al*., (2002) an escalation in HIV prevalence among pregnant and parturient women results in an increase in pregnancy-related mortality. The recorded HIV prevalence among pregnant women in Malawi was approximately 2% during 1986-1992, but it had risen to

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approximately 15% during 1994-2000.This finding has been echoed by Mann *et al.,* (2006). They indicated that 25% of all maternal deaths were due to AIDS between 2003 and the time of this study. Notwithstanding the fact that many maternal deaths take place in regions where HIV is highly prevalent, the exact contribution of HIV/AIDS to maternal mortality is not yet known (Ronsmans and Graham 2006). The following subsection provides a synopsis of the impact that hospital and health care staff have on maternal morbidity and mortality in Malawi.

8.3.1 Hospital based factors contributing to maternal deaths in Malawi

Detailed analyses and audits of the causes of maternal mortality in Malawi suggest that it is due firstly, to the ineffective operation of the health system and its health care providers and secondly, that it is influenced by cultural or community level barriers. This section will focus on aspects relating to the health system. A retrospective observational study on institutional maternal deaths conducted by Ratsma *et al.,* (2005) and an epidemiological review of maternal mortality conducted by Geubbles (2006) identified the failures of the public health facilities as a key contributor to direct obstetric and indirect maternal mortality. These analyses highlight and strongly link deficient hospital and health centre care, an ineffective referral system and inadequate provision of emergency obstetric care as reasons for the rise in institutional fatality rates.

These findings have been replicated in other maternal analyses of Malawi's health institutions. The case fatality rate was 3.4%, indicating poor quality of care, partly attributable to the absence of skilled birth attendants or motivated staff; as well as frequent shortages of drugs and medical supplies (Leigh *et al.*, 2008). Earlier on, Mann *et al.,* (2006) reported these causal factors in assessments of maternal mortality (1994 and 2005). The reviews highlighted, among other things, inadequate infrastructure and communication systems for referral, the poor attitude of personnel towards their clients and a shortage of skilled and knowledgeable personnel as leading institutional contributors to maternal death in Malawi. This finding may seem contrary to the observation by Royston and Armstrong (1989) that health systems already know how to prevent most of the common end-causes of maternal death such as eclampsia, obstructed labour, haemorrhage or sepsis. The question is why deaths from these causes are still on the increase if they are known and how they can be addressed in Malawi.

Given these facts it seems possible to conclude that the strong emphasis on the involvement of men in maternal health issues as a major strategy to reduce the current maternal deaths cannot be justified. Geubbles (2006) argues that women do not use the public health facilities in southern Malawi, because they want to avoid ‘rude nurses’. In some districts women chose to deliver at home because they had in the past been insulted by healthcare providers at the public health facility. Interviews with members of staff confirmed this and the majority of hospital personnel admitted to often being rude to the recipients of their services. Health care workers pointed to their own poor working conditions, inadequate staffing and long working hours as the causes for their actions. In other districts, study participants cited health workers’ unwillingness to provide assistance, physical abuse of patients, impaired judgment due to drunkenness (of health care staff) and lack of privacy and confidentiality as key concerns.

In Chilooko women and men reported that women suffered physical and verbal abuse at the hands of irate health care workers, as quoted below:

> We have heard of women who have been abused by some health workers. During labour some women have been slapped by health care workers when they are struggling with the childbearing process. This is disappointing for a woman. They would rather choose to die in the community than access the services at the hospital. If the healthcare workers do not have a good attitude towards their clients or their reception of patients is bad, women will always desist from going to the hospital. (Key Informant, Female Chilooko Village, 2013).

> There are some health personnel who verbally abuse patients when they report for services; they say ‘Get lost! Look how you are struggling to give birth, stupid! Why did you conceive?’ In reaction to this burden of being despised or abused by the healthcare workers at the hospital, the women become reluctant to access antenatal care services or refuse to deliver their children at the health facility. They also struggle to open up to their husbands and report these abuses and in their resolve they claim ‘If I die, let me die in this pregnancy but I will never visit the health facility again’. (Key Informant, Male, Chilooko Village Head, 2013).

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The above excerpts can perhaps illuminate the Ntchisi District Annual Health Report (2012) which noted that women's antenatal attendance had decreased while deliveries by traditional birth attendants were rising. The report also noted that there had been a drop from 64% to 28% in the number of deliveries conducted by skilled personnel. Staff shortages severely impacted the quality of maternal health care in Malawi. Deliveries in health centres and hospitals were largely performed by personnel with no formal midwifery training or qualifications. This is consistent with Kongnyuy *et al.,* (2009) who found that unskilled hospital workers - such as cleaners and patient attendants – handled some of the deliveries in hospitals (and clinics).

Ratsma *et al.,* (2005) found that the high number of fatalities in most hospitals were consistent with deficient care. Substandard care by health care providers was associated with half of the maternal deaths. She explained that a lack of action to prevent infection was the leading cause of puerperal sepsis, and another challenge was the absence of blood transfusions. Geubbles (2006) added that Emergency Obstetric Care (BEmOc) was grossly insufficient, infection prevention was inadequate and clinical skills were poor. According to the Ntchisi District Safe Motherhood Report (2012) the closest site for BEmOc and the only one in the area, Malomo Health Centre, was not operational because the ambulance had broken down. The report also stressed the knowledge gaps in management of obstetric emergencies among the health care staff. For a considerable period prior to field work for this study (2012), there was no electricity in Chinguluwe labour-ward. This caused difficulty in monitoring complications and essential services could not be provided. This demonstrated that the institutional problems were not merely generalised in Malawi but had a direct impact on the research area in Ntchisi district and the Chilooko Traditional Authority area.

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Referral of maternal cases from the primary level health centre to the district hospital is a critical component in the reduction of maternal deaths in Malawi. It is also an important component of skilled birth attendance, as an enabling environment (Adegoke and van der Broek, 2009). Malawi's health system is a three-tier structure involving a network of government and mission health centres, government and mission hospitals and a few centralised tertiary referral hospitals (McCoy *et al.*, 2004). Health care infrastructure and human resources are unevenly and inadequately distributed in Malawi. Only 46% of the population has access to a formal health facility within a five km radius, and only 20% of the population lives within 25 km of a hospital. According to the 2009 Socioeconomic Profile

for Ntchisi District (Malawi Government, 2009) Chilooko Traditional Authority (TA) and Area Development Committee (ADC) has two health centres, Malomo and Chinguluwe. The travel time to the health facility is short in comparison to other areas in the district, but the high number of households in the area and relatively easy access mean that the health centres serve a large number of people. The district hospital is the main referral facility at district level. The quality and availability of health services is adversely affected by understaffing leading to a low health personnel-to-population ratio.

Access to health facilities is generally poorest in the rural areas of Malawi. Against this backdrop, health centres need efficient communication and transport systems to report and ferry complicated maternal cases to district or referral hospitals. However, in order for the referral system to be implemented efficiently, personnel at the lower levels of the health system require knowledge and a keen judgment to recognise key risk factors in a pregnant woman in order to promptly make an appropriate decision. According to Rosenfield *et al.,* (2006), the inability to recognise women with obstetric complications in time compromises most of the efforts to address maternal mortality. It has been observed that attending a health facility does not guarantee adequate antenatal or intra-partum care (McCoy *et al.,* 2004).

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One reason for this is an overall shortage of skilled nurses, midwives and doctors. Many health centres are staffed by only one enrolled nurse-midwife, at the lowest rank in the profession. But it has been observed that the general characteristic among the health personnel is possession of relatively low skills and a knowledge base that leads to poor and/or wrong diagnoses and incorrect treatment, which result in poor quality care, secondary patient delays and possibly death (Prata *et al.*, 2011; Adegoke and van der Broek, 2009). Geubbles (2006) found that, although the government of Malawi had upgraded radio communication systems for the referral of obstetric emergencies, referral of emergency obstetric care had yet to improve. Transportation of pregnant women with complications improved from 54% to 82% and median travel time had only decreased by an hour.

This subsection demonstrates that an effective system of referral depends on the availability, competence and good clinical judgment of health care staff as well as on effective communication and transportation systems. Malawi has carried out a national needs assessment survey of Emergency Obstetric Care services (Paxton *et al.,* 2006). It is evident from the documented data that most public health centres and hospitals cannot provide life-

saving emergency treatment, which is critical in maternal health care. In some cases, even when equipment and supplies for the delivery of emergency obstetric care are available, health care providers do not know how to administer life-saving treatment. The health system has so far not been able to remedy the situation.

As indicated above, Basic Emergency Obstetric Care (BEmOc) is grossly inadequate in Malawi. Recent assessments of the availability, accessibility, utilisation and the quality of emergency obstetric care services in Malawi paint a poor picture of the situation (Leigh *et al* 2008, Kongnyuy *et al.,* 2009). Leigh *et al* (2008) conducted a nationwide review of hospitals in Malawi and 25% of health centres in all districts. The authors scrutinised maternal records, observed services delivery and interviewed health providers and clients on their utilisation of services. They also assessed the accessing of the service and perceptions of the quality of maternal care. This study established that a minimum level of Comprehensive Emergency Obstetric Care (CEmOc) does exist but only 2% of the recommended facilities are available. This means that the buildings and equipment are there but there are not enough competent staff. Less than one in five maternal cases that required the services had been offered them and the case fatality rate was 3.4%, compared with an acceptable case fatality rate of 1%. This study confirmed that the absence of skilled birth attendants was behind the poor quality of care in the health institutions.

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An in-depth assessment conducted in all health facilities that provide maternal and neonatal health services in three districts of the central region of Malawi reported that the total number of comprehensive emergency obstetric care facilities is adequate. However, the distribution of the facilities is uneven and access is worst in rural areas. There were no functional basic emergency obstetric care facilities in any of the three districts. This essentially meant there were inadequate comprehensive emergency obstetric care services in the rural area. In order to reduce maternal mortality in Malawi, the focus of the health system needs to settle on providing and upgrading basic emergency obstetric care facilities, training staff and providing equipment and supplies to existing facilities, according to Kongnyuy *et al* (2009).

This section accordingly echoes the argument that a primary focus on the involvement of men as a strategy to reduce maternal health challenges does not make sense if institutional shortcomings are not addressed first. However, there are also some culturally influenced

and/or community related factors that affect maternal morbidity and mortality during pregnancy and child delivery. The next section focuses on some of these.

8.3.2 The contribution of community or cultural barriers to maternal deaths

It is widely recognised that institutional and household or community-based factors influence efforts to reduce maternal health challenges. McCoy *et al.,* (2004) clearly stipulated that cultural, social and economic barriers can affect appropriate access to maternal health services. These constraints function mostly at the household or community level. Cultural practices and beliefs cherished by the people in various communities as well as gender imbalances in decision making between couples in marriages and families are among the key issues contributing to maternal deaths outside the health system.

As discussed above (see 1.3.1), childbearing issues are traditionally considered a female domain in Malawi (Kishindo 1994; Malawi Government, 2009; Aarnio *et al.*, 2013). Kishindo (1994) and Mkandawire (2012):14-15 reported that women are socialised into child-bearing and nurturing roles at a very early stage through a number of initiation ceremonies such as *msondo* and *chinamwali (Mkangali).* It would, therefore, appear that in order to get men involved there has to be a complete change of mind-set and of practices, something which will not be easily done. The current research interrogates the unprecedented public health call for male involvement in antenatal care sessions and health facility visits for child delivery, irrespective of the need to first understand men's current understandings and practices of fatherhood.

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Myburgh (2011), for instance, noted that men do not act in a social vacuum: they respect the social construction of the clinic and especially maternity wards as women's spaces. Men find visiting such spaces difficult and embarrassing because they are mainly run by women and serve mainly women and children. As Kululanga *et al.,* (2012) note, maternal health is a gender issue founded on belief systems and social constructions that foster assumptions about appropriate behaviour for men and women, providing meaning and guidance to their roles as well as rights and obligations over the course of life. The learning that young men and women go through, e.g. in initiation rites - and other complementary forms of socialisation - play a role in this process of shaping gender roles. These gender schemas are deeply embedded cognitive frameworks regarding what defines being masculine and feminine. Boys

and girls carry these gender roles into their adult life and especially into their marital life. Therefore, the involvement of men or lack thereof in maternal health activities is really a question of their construction and understanding of masculinities. Kaspin (1993) argued that if a gendered universe is the essential framework for rural life then the bodies of ritual secrets learned at *Nyau,* also known as *mwambo*, are the pre-requisites of that life. It is not only because the secrets define masculinity and femininity but because secrecy reifies the boundary between male and female life courses and spaces. In spite of the observed life experiences cited above (1.3.1) indicating that males keep aloof from maternal activities, men are nonetheless key decision makers in their marriages and over their families.

In previous chapters (5.3.1 and 6.9) we have noted that among the Chewa, the avunculate (mother's brother) or *nkhoswe* is an influential figure as a guardian of the woman - although his guardianship has limitations. Patrilocal residence, Christian ideals and the emergence of a capitalist economy has led to an increased emphasis on the nuclear family, and the husband is gradually being positioned as the head of that family. Kishindo (1994) argues that a woman who has been socialised to defer to her husband, cannot really oppose his decisions. Even in matrilineal systems, the woman's own ideas and choices concerning reproductive and maternal health issues are also up against her position relative to the avunculate (also men). Aarnio *et al.,* (2013) reiterates some of the observations of earlier studies on men in Malawi. She points out that cultural values favour men over women in accessing productive resources, in decision making and literacy. More importantly, men are gatekeepers of cultural ideals and practices in many settings and their influence has a strong bearing on the conduct of women. Connell (2005) emphasised that men often control the resources - including economic assets, as well as political and cultural authority. In significant ways men are gatekeepers for gender equality and whether men would be willing to open the gates to allow major reforms is not always a straightforward question. This chapter and indeed the thesis examines whether men are willing to "open the gates", to what extent and for whom.

In Chilooko, some married men created barriers for their spouse's access to antenatal care services. They demonstrated an excessive use of family headship authority, which compromised the care of pregnancy. In one key informant interview, a local midwife (a traditional birth attendant) commented:

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> Others are blocked by the behaviour of their husbands. When they express an interest to attend the antenatal sessions, they are forced to engage in farm or other household chores. Some men do not have mercy with their own wives. The reaction to these men also depends on the knowledge of the women on what information they have acquired. If the woman really knows what she is supposed to do, she can disregard the ignorant husband and still access the hospital. But such men can be educated on these issues if the women can insist to adhere to what she was advised at the hospital but also shares it with the husband on return from the hospital. (Individual Interview, Female 2012).

The quote above indicates that some husbands force their pregnant wives to do hard farm work. It also shows lack of co-operation and understanding between some couples during pregnancy and illustrates that some women have to seek maternal care in spite of the disapproval of their husband. Such men were either ignorant of the type of support they should offer to their spouses or they were just unwilling to support them.

Malawi is one of the many countries that since the 1994 International Conference on Population and Development have striven to change men's conduct concerning reproductive health, masculine sexuality and fatherhood (Aarnio *et al.,* 2009; Shattuck *et al.,* 2011; Kululanga *et al.,* 2012; Aarnio *et al.,* 2013). The key issues driving these efforts is the realisation that among other things men, even in Chilooko, are the primary decision-makers about family size and the use of family planning (Shattuck *et al.,* 2011) or alternately, that it is men as husbands and brothers who control the fertility of women (Kishindo, 1994). Men can prevent HIV-infection during pregnancy by remaining faithful and advising their spouse of the same (Aarnio *et al.,* 2009) and women do not use or delay using the available maternal health services because the decision is not solely theirs: the husband or other senior members of the family decide on whether they will travel to the nearest health facility (Lunan *et al.,* 2010). According to Kambala *et al.,* (2011), the man gives consent for a woman to access the hospital and provides transportation as well as the material and financial resources for her comfortable stay in hospital. As indicated earlier, the focus is on the role of masculinity in reproductive health, especially how men perceive and construct motherhood, *uchembere* and the role they can and should play in it.

8.4 The recognition of men as *ntchembere* and its consequences on male involvement in maternal issues

We have established that in Chilooko, giving birth is understood as *kuchembeza* and a woman who has given birth is, therefore, referred to as *ntchembere*. As such, in an attempt to explain the number of times or the frequency at which a woman has given birth, people would say *wachembeza kamodzi* or *wachembeza kawiri* meaning she has given birth once or twice. *Ntchembere* was further nuanced to mean a woman who has children but has reached menopause. In other narratives, the term was used to refer to a woman who has given birth to at least six children. She was seen as particularly knowledgeable. Consequently we have concluded that the practice and experience of women in pregnancy and childbirth is locally summed up as *uchembere* or motherhood. But a man, as the progenitor and counterpart of the female *ntchembere*, can also be called *ntchembere* (see 5.3.2 and 5.4). At present, Malawi's health experts refer to efforts aimed at creating a conducive environment within which women receive optimum pregnancy and child birthing care as *uchembere wabwino* (safe motherhood). This includes having access to skilled birthing assistance and comprehensive emergency obstetric care.

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In public health discourse *uchembere* is thus translated in English as the feminine term "motherhood". Yet research found that in Chichewa *uchembere* is gender-neutral and designates a shared responsibility between married women and men. Some of the participants in two separate focus group discussions of married men and married women also recognised married men as *ntchembere,* as explained below:

> They are also *ntchembere* because we share the responsibility of begetting the child. We move along the reproductive process of life together that means we have to be in it together. (Bowa women FGD, 2012).

Men and women are involved in *uchembere* due to the fact that both are partners in conception. The difference between men and women lies in their depth of maternal knowledge because a man does not really know what a woman experiences. A woman, on the other hand, gains knowledge about and has a lived experience of pregnancy and childbirth. As discussed earlier in the thesis (see 6.2), local cultural ideas and practices in relation to *mwambo* is gendered as is the embodied experience of pregnancy and childbearing itself. The

making of a man through *Nyau* and other male socialisation agents inculcates the template of masculinity that influences and guides male conduct and behaviour. One woman explained:

> To tell the husband in detail what the women go through in motherhood is not possible. Men have their own domain and women too have their own domain in life. (Bowa women FGD, 2012).

The quote above reifies the boundaries of femininity and masculinity highlighted by Kaspin (1993) and echoed by Kululanga *et al.,* (2012). The authors argue that culturally, childbirth is a source of power for women and a territory where they would not want men to invade/transgress for fear of losing that power. Women want to protect the maternal wisdom or body of knowledge that gives them value and is a source of prestige. This divide reinforces exclusive gender roles in maternal experience between men and women. Women in particular stress this:

> Men cannot have the same knowledge of reproduction and maternal issues as we experience it. What we only require from them is that they should be supportive to us *mmagawo* (in specific needs and roles). For instance, if I am expectant, I have to inform my husband so that he strategises on providing what I would require in the process. If there are plans to be (going to the hospital) attending antenatal services at the hospital, the husband should be enabling. (Female participant, Bowa FGD, 2012).

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This quote assigns a supportive role to men rather than their active involvement in maternal activities. In many respects this supportive role was summed up as care, as demanded by the specific maternal, social and economic situations of the pregnancy. In this sense men are important for decision-making on health care seeking. This observation resonates with Aarnio *et al.,* (2013) who limited the role of men (in relation to pregnancy) to financial support. The study showed that men influence women's reproductive health outcomes chiefly through their masculine role as 'breadwinner' or provider. Making resources available to the pregnant woman enables her to attend reproductive health services and to cater for her nutritional and other needs- as also emphasised at antenatal care sessions. Men are considered indispensable in women's birth preparedness. The findings in Chilooko also stressed the view among men and women that husbands should provide appropriate food, ensure that their wives get the necessary rest and generally safeguard their health as quoted below:

It is required that as a woman declares to a husband that she has conceived, as smallholder farmers, we need to make sure that we do not overburden the wife with work on the farm or the home. The other issue of concern for the man is to make sure that the right food is made available to the wife at appropriate times even if the household struggles economically, the man should make sure that a selection of necessary food items is occasionally made available for the wife. (Key Informant, Male, Village Head Chilooko, 2013).

8.5 Men's influence for positive pregnancy outcomes

The issue of food and good nutrition dominated the discourse of care during pregnancy among men and women. The latter were reported to especially need *tankhuli* or fleshy foods like beef, fish and chicken. This reaffirms the view of Ndekha *et al.,* (2000) that the future possibility of a positive pregnancy outcome begins already with the provision of good nutrition for women. In general married men are aware of the financial demands of a pregnancy: these include expenses related to food and transport fees for antenatal visits (Aarnio *et al.,* 2013). The current research points to extra costs for maternity wear/clothing. It established that some women are reluctant or neglect to attend antenatal care services because they feel embarrassed if they have to wear old or shabby clothing during clinic visits: as if they were not married. The following quote highlights this

> At the antenatal care sessions, women are urged to buy certain things in advance and this includes the clothing and linen they are expected to use after childbirth. But when the woman realises that the husband has not been able to buy all these things in advance, they are let down and they do not want to expose the poverty of their household to the public. (Bowa women FGD, 2012)

These findings from Chilooko strongly resonate with earlier findings by Kambala *et al.,* (2011) in a study in the Chikhwawa district of southern Malawi. It indicated that lack of resources led to delayed access to maternal health services at the hospital. Women always expected their husbands to provide new linen, new wrappings (*chitenje*) and some new bedding. The need to source and accumulate a number of items for use during delivery as demanded by the hospitals, such as a razor blade for cutting the umbilical cord, thread for tying the knot, baby clothes, nappies, a basin for bathing (Botha *et al*., 2013) as well as food

and money to use while at the hospital dampened the zeal of many well-intentioned, but poor women.

This factor also influenced the strategy of *Chidikiro* or maternity waiting homes which were introduced in most health systems in developing countries to cater for women at special risk of the dangers and difficulties of labour (Royston and Armstrong, 1989). In Chilooko it was found that men who were financially unprepared, disinterested in or unable to carry out household chores and unwilling to sexually abstain (if necessary and when expected) were important determinants that discouraged some women. As a result, women with high-risk pregnancies - or those who lived far away and were thus encouraged to stay in these facilities late during pregnancy - were not using the maternity waiting homes (*Chidikiro*). The quote below illustrates this:

> At the antenatal care session, pregnant women are advised that there is a stage in their pregnancy at which they are not expected to stay in their communities but rather that they should camp or wait within the premises of the hospital. The majority of pregnant women do not abide by this instruction. Some men would not permit their wives to leave the community on the justification that if the woman left the household for an extended period the care of the other children would be compromised. Other men are also very protective, they do not want to be separated from the wife for so long. (Bowa women FGD, 2012)

Study participants strongly condemned married men who were unwilling to assist with household chores or care for children when necessary, especially if it compromised the ability of pregnant spouses to adhere to health counsel. This included the failure/inability of women who might have signs of pregnancy risks, to stay at the maternal waiting homes. As indicated earlier these waiting homes were erected to help reduce unforeseen travel problems among women from distant rural areas. The excerpt below highlights some of the challenges:

> This has led to loss of life of many women. Some of the emergency measures adopted when women are in urgent need of a trained birth attendant at the hospital such as use of an oxcart have proved to be futile. It often takes a while for some form of transport to be arranged when the woman is in critical condition at home. (Bowa women FGD, 2012).

This is consistent with the findings of Aarnio *et al.,* (2013) that few men made transport arrangements beforehand to get their wives to the hospital, or arranged for the wife to stay at the maternity waiting home. Such a facility is within easy reach of a hospital or health centre and provides antenatal care with skilled birth attendants and emergency obstetric care. It is mostly women with high-risk pregnancies or those who live far away who are encouraged to stay in these facilities during late pregnancy (van Lonkhuijzen *et al.*, 2012).
In Malawi, the women have to bring their "guardians" (healthy women escorting and caring for the pregnant woman), their own bedding and cook their own food during their stay at the *Chidikiro* (maternity waiting homes). Therefore, Aarnio *et al*'s (2013) study found, the high costs involved in staying at the waiting home and the poor outcomes of previous confinements influenced men's decisions to not let their pregnant wives stay at the *Chidikiro*. These findings underlined the important role of men in planning a pregnancy, preparing for childbirth and taking over essential household chores when and where needed. The inability of men to prepare for the demands of a pregnancy was closely correlated with many maternal challenges and compromised their role as *ntchembere*.

8.6 Male heterosexuality, birth spacing and family planning

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My research (see 4.4) has shown that male fertility is an important marker of masculinity in Chilooko. Males are not considered to be "a man" until they have fathered a child or if they do not have the reputation of having made a woman pregnant. However, childbearing is one issue that couples do not discuss and plan for, at the formation stage of marriage. Many individual interviews confirmed that people in Chilooko considered children to be "gifts" from God, who also determined how many children a couple should bear, as quoted below:

> I have heard of women who do not buy in the idea of planning child birth, they say, I will bear as many children as God will allow *apo anankonzera Chauta mpamene ndidzalekere kubeleka* (until God makes it impossible) whether I will reach a target of 50 children; that is it! (Married Men, Kambiri FGD, 2012)

This illustrates that couples see pregnancy and children as part of nature and the will of God. In Chilooko there is not much discussion of the number of children a couple wishes to have:

> Here in the village, it is not the tendency among people to think tentatively of the number of children you may have to bear. People as well as marriages are very different. Some of the people in the villages or communities are knowledgeable or civilised, where men can inform or open up their mind to the wife to say". According to the way I view the world and according to my capability and socioeconomic status, I would rather have only four children". Often that depends on the agreement reached between the man and the woman but this practice is not widely prevalent. (Individual Interview, Male, Kapulula Village, 2012).

The quote links the possibility of a discussion on fertility in marriage to being educated and having sufficient relevant knowledge to make an informed decision. The excerpt mentions that some couples possibly *do* discuss fertility. The study participants strongly felt that, generally, many married couples had children 'by chance' and, as a result; they ended up without adequate means to raise them properly. The study showed that the tendency not to plan fertility could not be generalised as a 'problem' created by the man only. It showed that both women and men were responsible for a lack of family planning or discussions on fertility control. In one focus group discussion it was argued that some women were opposed to planned child-bearing because they saw it as their responsibility towards their matrikin and lineage:

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> It is based on individual choices. There are couples who plan to have four children only, others as many as 16. Others vow to say; my tribe has been reduced to only me so I will bear children to replenish the tribe. There are certain women who crave men like nothing else. When the man is showing negligence to her craving, they tend to think that he is having extra-marital affairs when that is not the case but instead you would want to safeguard their own lives. As a result of that tendency certain households have kids as many as mice! (Kambiri FGD, Married Men, 2012).

The study also found that the lack of planned childbearing resulted in many evident and negative pregnancy outcomes. Participants reported that some loss of life among childbearing women was the direct result of frequent childbearing:

> There are other men who have purposed in their hearts that even if they father ten children but are very poor. “I will not be able to raise the children properly”. So they plan to only have the number of children they are capable of taking care of. There are also others who say, *ah, ine akundidziwa ndi Mulungu'*(God will take care) Whatever number of children I father, they will be taken care of by God just like he feeds the birds of the air. These years, motherhood is a very big risk and if you are a man who cares about the health and future life of your wife, you take responsibility of the care of your wife and the children you father. (Individual interview, Male, Kapulula Village, 2012)

The quote above is evidence of the realisation that nowadays childbearing is a ‘very big’ risk to the health and well-being of women. It is realised that men should take the responsibility of planned childbearing. The quote also indicates that there is a careless attitude among husbands towards their reproductive capacity. This is also a reason why women are exposed to maternal morbidity and mortality. In a focus group discussion with men it was argued that the current generation is plagued with ill health, and pregnancy merely exacerbates this. The discussion indicated that people in the rural area of Chilooko were aware of the reasoning behind child spacing, family size and family planning. This finding concurs with the results of the study by Bwazi *et al*., (2014). She argues that knowledge of family planning is almost universal (94%), and this is so among the women of Ntchisi. She also found that in 41% of the cases husbands unilaterally decided for the wife to adopt family planning. In 2.6% of the cases couples did discuss it, although husbands had the most say. The percentage is low, and accords with the study from Chilooko where participants perceived the discussion of fertility issues between husband and wife as rare. But this illustrates the hegemony of males in relation to reproductive matters.

8.7 Men’s view of maternal health challenges in Chilooko

According to male respondents, one of the major reasons for the escalation of maternal health challenges in Chilooko is premature entry of adolescent girls into reproductive life. This assertion is consistent with the findings from earlier work by Royston and Armstrong (1989) who found that delaying marriage and childbearing until women had reached full physical maturity was desirable in public health terms. Results from Chilooko support this observation and highlight the influence of current media and educational discourses on sex education,

particularly among adolescents. The excerpt below illustrates how many people in Chilooko link early marriages to maternity problems:

> We have problems in motherhood because girls are marrying at a tender age and so they commence motherhood very early. The impact of the information they get from school and the radio on sex drives them to try it out. Early marriages are the problem. This is a challenge among women. It is a function of the revelation of sex life issues to our children as opposed to what the tradition was in the past. If a girl marries at the age of 13, it is not the appropriate age. This will be a problem to the parents. It will be a challenge for the parents to ensure that a girl who gets pregnant at age 13 has a safe delivery. There are certain girls who reach puberty without even a show of breasts because they have fornication very early in life (Key Informant, Male Kang'ombe VGE, 2012).

These findings continue to echo previous observations (see 5.2) suggesting that early initiation into sexual intercourse consequently brings early exposure among adolescent girls to the risk of pregnancy. According to the latest Malawi Demographic and Health Survey (MDHS 2010), the median age at first marriage for women in the rural areas of the central region was 18.3 - but the age was lower (16.9) for those without formal education (NSO, 2011). A study conducted by Grant (2012) in Mchinji found that after age 14, girls left school faster than boys. This observation is also commensurate with the onset of heightened adolescent sexual activity. The study showed that even for girls who remained in school beyond age 15, 4.5% of 15 to 19-year-olds and 12.4% of 20 to 24-year-olds became pregnant before they finished primary school (that is, completing Standard 8 in Malawi). This also demonstrated that in rural Malawi it was difficult to keep girls in school as there was always a conflict between educational and marital aspirations. The same study noted the concern of parents that if girls continued to attend school it might limit their chance of matrimony. School subjects were seen as not relevant to the skills required for married life for girls. This finding appears to be a proxy indicator for a situation prevailing among girls in many districts besides Mchinji.

Pregnancy carries a risk (Ratsma 2005; Geubbles 2006), including pregnancy complications and pre-pregnancy health conditions. These are heightened by teenage pregnancy. If child-bearing begins before girls are fully grown, they are more likely to experience obstructed

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labour (Royston and Armstrong, 1989). In addition to early marriages, men in Chilooko connect maternal health problems and death to the effects of “modern” family planning methods, especially “the injection” Depo Provera (or Depot-medroxyprogesterone Acetate injection, DMPA).

This research found that family planning is the springboard of the public health approach in addressing most of the maternal health challenges in Chilooko. Family planning has been presented to the people of Chilooko as a key strategy of the Safe Motherhood programme. Modern methods of family planning have been offered to child-bearing women as the best technique available to help regulate their fertility. However, the majority of the respondents, especially married men, said that once women of child-bearing age adopted modern methods of family planning, they experienced serious problems. These include an inability to conceive after its extended use (especially Depo Provera). Study participants linked modern contraceptive methods to failures to have a normal delivery, an increased number of stillborn babies and deaths of the mothers. Contraceptives, and especially long-term methods (such as injectables), are perceived to have an array of side-effects and are perceived very negatively. The following quote is an example of the perception of married men on the effects of some of these contraceptive methods for women:

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> She becomes unusually plump and her birth passage becomes small or almost blocked. The body is full of fat like a castrated bull. When the woman has sex with her husband, she can conceive but problems start with the foetus not getting implanted properly in the uterus. When the problems occur, that is when a woman dies in labour or at child birth; people might begin to wonder what the problem was. But often it is because of these modern methods of family planning. (Individual Interview, Male Chinguluwe Market, 2013).

The research also found that contraceptives have been made available to sexually active adolescent girls (to prevent pregnancy) at school – if they become pregnant they are often expelled. Most men thought that “modern” contraceptives weakened the emphasis on good premarital counselling for young women. In the past, girls and women were raised to uphold or live according to the instructions of the elders, and parents. They were taught about “traditional” ways for young people to have sex (e.g. so-called “thigh sex”) that did not involve penetration and thus did not end in pregnancy. Young women entered marriage when

they were fully mature and physically able to cope with child bearing. But when the women use injectable methods (Depo Provera) and experience side-effects they see family planning as something bad.

Nonetheless the use of the Depo-Provera injection is popular among women in Chilooko. This is consistent with Harel *et al.,* (1996) who found that many young and older women in America adopted this contraceptive because it was more convenient, effective, coitus-independent and did not require daily use of oral contraceptives or condoms. In Chilooko female respondents stressed that the injection is very effective, gives protection for three months, and is administered in the private space of the family planning clinic – away from male scrutiny and authority.

Contraceptive use (especially Depo Provera) was most frequently discontinued when women experienced irregular menstrual bleeding, weight gain and mood changes (Harel *et al.,* 1996). These findings are similar to a study in the USA which found that the side-effects of Depo-Provera - especially menstrual irregularity and weight gain, were reasons for discontinuing it (Polaneczky and Liblanc 1998). Both studies point to the inability of health care workers to manage side effects as a key obstacle to its continued use. According to Bigrigg *et al.,* (1999) perhaps the most important issue surrounding the use of DMPA is poor patient information. In a study conducted in southern Malawi by Chipeta *et al.,* (2010) it was found that most women and men were not using any 'modern' contraceptive methods. Married men indicated that they were irritated with the prolonged menstruation that usually accompanied the use of Depo Provera. Female respondents feared side-effects like prolonged menstruation, heart palpitations and obesity. Although many realised the benefits of family planning, the side-effects of the pharmaceuticals outweighed the benefits.

8.8 Men's view of attending antenatal care sessions and birth

In response to public health calls on men to get actively involved in pregnancy issues, a small number of men in Chilooko escorted their wives to antenatal care sessions. The majority were somewhat resistant as quoted below:

> My wife has just conceived, so we went to the antenatal care sessions together. I was given access to the examination room. The nurse carried out the examination in my presence. She asked her to remove her top clothing. She touched her around the belly and she said that was what they would like men to witness even during labour and child delivery. The idea is to give men a chance to have a snapshot of the terrible experience women go through in motherhood. It is hoped that having such knowledge men will practice temperance or exercise restraint from any behaviours and practices that might put their wives under maternal risks. (Individual interview, Male, Swaswa VGE, 2013).

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The excerpt above highlights views that being present during a physical examination was a somewhat unsettling experience for men: they were embarrassed by the nudity and invasive examination of their spouses in the presence of a "stranger" or third party. They were also not eager to see the birth itself. The men who were interviewed said that the health care workers' insistence that men should witness their spouses struggling with birth pains, were efforts to influence sexual and reproductive health behaviour that could negatively influence their spouses' childbearing experiences. Through their experience during antenatal visits and in the labour ward men would supposedly become motivated to change. The sentiments were repeated by male focus group discussants regarding health personnel's intentions to encourage male involvement in maternal issues

> I have heard that the main reason behind this call is because men are emphasising on bearing more children in their marriages than caring for them or managing the health status of their spouses. Children are prized above the health of the spouse. It is claimed that men are not knowledgeable of the challenges women face while giving birth. In that case, if men are not aware of the circumstances women experience during labour, then the alternative is to give them object lessons. (Individual Interview, Male, Chinguluwe Market, 2013)

However, despite positive responses by some men, who escorted their spouses to the labour ward, their presence there resulted in deep embarrassment. The quote below provides insight into the confusion and disagreement amongst the health personnel themselves regarding the presence of men in labour wards:

> I remember that at one time when my wife was due to give birth, I was one of the men called to come and attend to the delivery of my child when my wife had a problem. Fortunately that day, there came senior health officials from the district office on a supervisory visit. I was busy processing tobacco at home and they came to call me. When I got to the hospital, just before they took me to the labour ward, one of the seniors saw me and asked; "Where are you going? We have heard that one of the women is ready to deliver her child", I responded and said, that is why they called me. The official expressed surprise and said; "Is it true, is it why they have called you all the way from the village? Are they ignorant of the fact that women have to go through child bearing pains? What do they expect you to see?" I was made to return home right there on the door. This can be verified with the hospital staff if we went with you now. I was amazed to be called to watch my wife giving birth. My question was, what am I going to do to ease the problems my wife will be going through at the time of giving birth? Individual Interview, Male, Chinguluwe Market, 2013.

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This quote indicates that health care workers are themselves not always in favour of having men present. In Chilooko such apparent contradictory ideas among health personnel on the issue of male attendance at the birthing process was confusing. The excerpt also highlights the question of what and how the presence of men in the labour ward can contribute to solving maternal challenges.

This concern is supported by a study about male involvement in southern Malawi (Kululanga *et al.*, 2012). Giving married men access to the labour ward and involving them in childbearing experiences was considered a new 'government' policy. It had been initiated by foreign non-governmental bodies and strengthened by international conventions. Men saw it as contradicting earlier practices of public health in Malawi, which viewed the labour ward as a strictly female space. Married men were only allowed to visit their spouses after delivery in the maternity ward. In this way, public and reproductive health structures reflected "traditional" practices of reverencing or adhering to the customs of *chikuta* (local birthing

house) in the past. Traditionally, in Malawi as in other African settings, women have been attended to and supported by other women during labour and birth.

8.9 Men's longstanding view of women's dignity as defence against the public health call

The majority of men and women in this study strongly disagreed with the public health policy to invite men into the labour ward. This research found that the main reason for this was how childbirth (*chikuta*) was traditionally perceived and managed. The subsequent quote directly touches on perceptions of masculinity and femininity as they relate to gendered reproductive roles. One key female informant said:

> Our tradition does not allow men to have access to the premises, (*mchikuta*), in which a woman is giving birth; women do not allow this to happen because it violates their privacy (Key Informant, Female, Chilooko Village, 2013).

The issue of privacy and upholding women's dignity was thematic throughout the discourse of designated spaces or regions for men and women alike. This was summed up in the term "*kufwala*" (to disgrace), which stressed a deliberate approach to keep the outsiders (men) ignorant of the insider's (women) experience of feminine domains. *Kufwala* means a disgraceful exposure of masked secrets. This is drawn from participation in *Nyau* society: in which the uninitiated are not allowed access to the secrets of *dambwe*. Similarly, women do not allow men into their initiation and childbearing spaces. *Chikuta* (the birthing place) is a socially designated region, bounded by the maternal wisdom also known as *mwambo,* for adult women. In keeping with this line of thought, the research found that women deliberately tried to keep men ignorant of the process and experience of birthing. Women believed that exposing such matters to males would bring disrespect or dishonour to the sacred ritual of childbirth. The following quote sums up a narrative of *Chikuta* as a female space and its traditional observance:

> All along, childbirth was regarded as a female secret. As a result, traditionally only old women were allowed to have access to the birth house (*chikuta*) in which the woman who had just given birth was kept until a few days after giving birth. It took a woman at least seven days to be discharged from that house. After those seven days or more, men were then allowed to enter or even carry the baby. This enabled the women to freely fulfil all the necessary childbirth rituals before the child could be

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handled by a man and ensured that women kept their maternal secrets away from men. (Individual Interview, Male, Swaswa VGE, 2013).

The quote above stresses how people in Chilooko understood and are still inclined to treat gendered spaces. It reifies the constructions of masculinity and femininity as well as male and female roles in reproductive and maternal health matters. It opposes public health policies by the national health systems in Malawi. It also highlights the need for public health (especially reproductive and maternal health) in Malawi to synergise its policies and practices with local practices and understandings. This research found that men also dislike the use of male staff in obstetrics. The gendered nature of childbirth is emphasised by the quote below:

> In our culture here, we do not expect men to intrude in the premises where women are carrying out the childbirth. We only expect the health workers, female health workers to carry out these trusted services. It is not acceptable for a man to be in attendance and observe a woman giving birth, that is unimaginable. If that happened, a man will create an image of the woman in her nakedness but struggling to give birth; it is an image that will traumatise the man and bring in him a disincentive to have sex. Women will in this way be stripped off their honour and respect and they would no longer wish to deliver their children at the hospital since men will have access to their secrets. It would seem better for women to revert to giving birth to their children in the village. In short, when it comes to giving birth that is another domain of life. It is only suitable for women to patronise the spaces in which such activities are performed. I would even encourage that there should only be female nurses there, not male ones. Male health workers are not supposed to work in those premises. (Individual Interview, Male, Chinguluwe Market, 2013).

From the quotes above it becomes apparent that neither men nor women want men to be present at the birth: but the health policy promotes it and, as a result, health care staff have to implement it. The quote also highlights how some men question the involvement of men as professionals in obstetric services. Witnessing a spouse giving birth is perceived and represented as a negative experience. This perception resonates with the findings of a study done in the United Kingdom among first-time fathers. Longworth and Kingdon (2011) observed that in the western world, and more especially in the United Kingdom, societal expectations were now that men should be as involved as much as possible in pregnancy,

during the birth and afterwards. However, this study found a clear gap between such expectations and men's own experiences. Many fathers felt that attending childbirth pulled them out of their comfort zone and thus, out of their ability to control. The study also found that fathers found the birth room quite stressful, particularly at times of crisis. As a result, the birthing women were worrying about their partners instead of focusing on themselves. Even where the practice has become accepted, men still feel out of place in the delivery-room and may even have a negative impact on the experience of birthing for the woman.

8.10 Conclusions

This chapter has clearly identified married men as women's intimate partners in the process of *uchembere* (motherhood). However, it has highlighted that although men are considered partners, they are only expected to take a supportive role. Married men are allowed to acquire a minimal and selective form of maternal knowledge, enough to let them perform that supportive role. Their roles during pregnancy have been illustrated in a number of ways. Men are expected to perform the role of material and financial provider. It is the expectation of the spouse and the entire community that men will also maintain 'sex taboo' periods during pregnancy if necessary. Men are considered to be the traditional gatekeepers of maternal and social ideals. Therefore, as elders in a clan or as husbands, their prompt decisions can facilitate the access of their spouses to maternal and reproductive health services. Men as heads of households and decision makers can also support and enable their wives to follow the recommended maternal health counsel. However, the majority view among men and women is that men should not be allowed access to the feminine space called *chikuta* (birthing place and birthing knowledge sphere). Their presence in such spaces are seen as an intrusion on the privacy and birthing experience of women and as potentially undermining gendered knowledge domains and power.

It is my contention that despite the insistence of health care workers, the presence of men in the labour ward is not perceived by a husband in Chilooko as being at the core of showing care or ensuring the safety of the woman during her pregnancy and labour. Male involvement in childbearing involves a great deal more.

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CHAPTER NINE: CONCLUSIONS AND RECOMMENDATIONS

9.1 Introduction

In this study I set out to investigate men's perceptions of their role in reproductive and maternal health. Although conventional public health literature identifies the importance of male involvement in reproductive and maternal health activities, male involvement has not been elaborated in the maternal health policy in Malawi. This study, therefore, focused on understanding the relationship between local constructions of masculinity, fatherhood and reproductive health. The attempt was to define the local and gendered male roles in pregnancy and childbirth activities and spaces. Using a qualitative research design of investigation and analysis, the study arrived at several conclusions.

The main arguments of the thesis

Using social constructionism as a framework, men's gendered practices were investigated as social products of unceasing interactions among men and women within established social structures and cultural settings. This study has shown that in Chilooko men's gendered roles are socially constructed and enacted in almost a replica of the classical dialectical process of externalization, objectivation and internalization elaborated by Berger and Luckman (1966). Men's gendered practices in everyday life are tied to the importance of their performance of agricultural, domestic and sexual activities. The secondary socialisation obtained by boys in the *Nyau* secret society or exposure to Christian teaching and doctrines also help to shape the construction and performance of these gendered practices. The study also adds to the nuanced understanding of context-specific dominant masculine ideals of males: as bread-winner in the household, hyper-heterosexuality, fertility and being hard-working among many others. It has been shown in the study that among the Chewa in Chilooko, masculinity is both constructed and experienced as a reality or truth. Masculinity is seen as something that men do or perform. In Chilooko, men "do" masculinity through a whole spectrum of related gendered roles in sexuality, marriage, in parenthood and through communication on reproductive and maternal issues with their spouses. In resonance with other studies, the thesis also shows that the local construction of masculinity is complex and shifts from one setting to another. A married man can, for instance take on most of the hegemonic expectations, power and dividends of manhood if he, his wife and children reside with his matrikin – where the

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husband also has authority as a brother or uncle of his sisters (avunculate). If he lives with his wife's matrikin, his manhood is subordinate to that of his wife's maternal uncle or brother. For an individual man the hegemony of a particular masculine ideal can change from one setting to another. For example a manly hardworking married man may not be fertile. As such his manliness might be subordinated to those of men who are capable of impregnating a woman. This study thus shows that there are subordinate ways of being a man – even if one is heterosexually "manly". A man who disrupts local culturally informed ideas about manhood – e.g. by not adhering to "traditional" ways of getting married - arguably also affects the dominant form of manliness. At the same time the study shows that elaborate measures (e.g. the intervention of kin and the payment of a fine) are sometimes put in place to reconstitute subordinate masculinities into "proper" manhood. This thesis shows that, through the formalisation of an ideal marriage in Chilooko, hegemonic ideas of what it is to be manly and to be married can be validated. In this regard the community co-construct an ideal marriage and define what being a good married man is. The various constructions of masculinity discussed, tend to illustrate that its constant self-presentation occurs throughout every social interaction in which a man is involved. This ongoing refining or re-creation is a defining feature of masculinity. This re-invention occurs in the household, at work in the garden, in meetings with other community members and in all other social settings.

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In connection with reproductive and maternal health, my study has highlighted that men in Chilooko have always been involved in women's pregnancy and child bearing experiences. However, men expressed resistance to new maternal health policy requirements that call for the presence of men at childbirth. In a sense, men avoid being involved in maternal and reproductive activities that will subordinate their masculine identity. Masculine constructions, practices and role expectations among men to some extent hinder them from taking up certain roles or limit them to certain activities of maternal importance. The underlying goal of this performance is the assertion of power and dominance which has been discussed as "hegemonic masculinity".

The social constructionist framework also confirms that the ideas of Berger & Luckmann (1966), regarding the process of the production of reality, are still useful and pivotal in the study of the performance of masculinities as real experiences, and not just abstracts. We can still operationalize the construction of reality through externalization, objectivation and internalization. The construction of multiple masculinities demonstrates that in Chilooko,

men can live in multiple realities. Through initiation (*Nyau* and *Chinamwali*) certain masculine constructs are internalized while patterned practices of masculinity are externalized. Marriage enables the masculine constructs of sexuality and industriousness to be fulfilled or objectified. The thesis shows that masculinity is an important lens through which we can understand fatherhood and the paternal roles men are willing to accept, from the time they contribute to conception through to the birth and socialisation of their children in Chilooko.

The study shows that pregnancy is regarded as a liminal state, or even as a "sickness". Male involvement in pregnancy means the man should take over the physically taxing but routine household chores such as drawing water, fetching firewood and, if necessary, cooking. If they do so, they still remain manly in the eyes of the community. Societal expectations of manhood can be flexible. A man who helps his wife at home (when she is not pregnant) can be constructed as "hen pecked", yet another who does exactly the same will still be a "real" man. This equivocation in expected gender practices among men underscores the specificity of the construction and "enacting" of hegemonic masculinities in different cultural contexts. It validates the relevance of the concept of complicity which in this case encapsulates nurturing masculinities or "caring masculinities". It emphasises men's emotional closeness to their pregnant spouse, their children and a man's sharing of the pleasures and effort of caregiving with mothers. As stated earlier (see 2.6) the desire to express or demonstrate masculinity can also be an obstacle that prevents some men from taking up nurturing parental roles. Hegemonic masculinity is tied to manliness most significantly as a demonstration of hyper heterosexuality and the ability to produce a child, not as the conduct of caretaking and nurturing.

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Men construct their involvement in reproductive and maternal health matters within a gendered framework influenced to a large extent by commonly-held ideas and practices of a matrilineal Chewa grouping. This is done in spite of the continued pressure exerted on the matrilineal system from westernised education, Christianity and governance. This study demonstrates that hegemonic masculinity, though variously constructed in different social contexts like Chilooko, is still a a useful analytical tool. The thesis argues that, in the absence of a thorough exploration of the ideas and practices of the men who are to be involved in this regard, the public health policy call on men in Malawi is ambiguous and ill-informed. This

study recommends that a wider study is required in Chilooko to confirm and widen the understanding of fatherhood and masculinity.

9.2 Local Constructions of Masculinity as A Basis for Men's Sexual and Reproductive Health Behaviour

This research shows that the processes and practices men engage in as individuals also position and construct gender differences. Ideally, a 'real' man is expected to embody various constructions and rigorously enact or practice them when and if social circumstances demand it. The construction of masculinity in the research area refers to a wide category of social life and landscapes of knowledge. The study showed that masculinities are constructed within the context of a matrilineal system that is changing due to the influence of Christian and westernised social ideals and under an education system based on a British model.

All constructions of masculinity have flaws, they lack complete control and they may be disrupted or even disrupt themselves. It therefore clearly emerges from the study that manhood or manliness cannot be seen as a distinct static and single category, it will vary with individuals. However, it has been observed in the study that there exists an 'ideal' way of being a man: a construction of masculinity also closely connected to sexuality and reproduction.

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9.3 Male Heterosexuality, Masculinity and Matrilineal Marriage

The study has attempted to show that male heterosexuality is a framework or script: adolescents are socialised into it through, e.g. *Nyau* and are expected to enact it from then on. Constructions of masculinity emphasise dimensions of male heterosexuality such as male sexual performance and fertility. In Chilooko male sexuality is ideally to be channelled through the formation of marriages and the subsequent practices of fatherhood or parenting. Marriage is seen as the ideal even though it is not always the practice. The study also illustrates that the Chewa of Chilooko have a strong sense of their own way of life, their "traditional" ideals and their own rituals and sanctions regarding marriage. Marriage is a special type of social and legal contract governed by well-articulated principles. This research shows that the people of Chilooko still largely adhere to their "traditional" marriage procedures (even if it is sometimes combined with a "church' wedding) notwithstanding external social pressures. It has been shown in the study that male heterosexuality is

sometimes perceived as hasty and irresponsible. When young men are supposedly "sexually driven" they get involved in *Kubachikumu* (assisted theft) and *Kulowana* (matrilocal residence without the necessary sanctions). Legitimacy is however later restored.

9.4 Men's Constructions and Practices of Fatherhood

This thesis has also explored dimensions and involvement of males in reproduction and the maternal well-being of their spouses. An attempt was made to elucidate the involvement of married men in pregnancy. This is one predicator of their level of commitment in caring for their offspring and this research hinged on how men understood fatherhood and the ways in which it was constructed, practised and experienced in pregnancy and childbirth. Pregnancy is an important stage in the life of every woman. There are several Chichewa terms used to describe the state of being pregnant. A husband treats his wife with care and circumspection, as befits someone in a liminal state.

The quest to understand who the father is, and what fatherhood entails, brought into play local terminology used to describe men who have been able to make their spouses pregnant and take it to full term. *Bambo* and *Ndoda* were the two local terms used to designate a "father". There was not consensus on what best and most easily designated a man who has fathered a child. In fact, there was a degree of indifference towards men in the reproductive cycle of life compared with women who have a stable role and a well-known term *ntchembere* from the time they start bearing children. *Uchembere* as a term was constructed as a gender neutral term but it is much gendered in practice. Therefore, although men were recognised as *ntchembere* they are expected only to assume a supportive role.

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This research echoes earlier studies in which the notion of fatherhood is quite variable and dependent on social circumstances that are not only limited to their biological connection as the progenitor. It has also shown that the concept of fatherhood is very current in reproductive discourse but for different reasons. This study found that fatherhood was perceived as a complementary social role to motherhood.

Men are expected to "take care" of their pregnant wives, in several ways. It entails steering clear of sexual taboos. The failure of married men to observe sexual taboos during their wife's pregnancy was perceived as a major contributor to maternal and infant mortality. Besides doing household chores and ensuring nutritional or food security, a married man was

also expected to oversee the overall health status of the woman. As heads of households men should provide guidance and ensure not only the financial well-being of their family members but also their healthy daily living. Men are expected to take the lead in sourcing the relevant information that can boost the health of their spouses during pregnancy or they must seek advice to pass on to her. The current study shows that it is incumbent on the father to socialise his children, especially boys, in preparation for later marriage. Based on the way he has raised his children, a father is applauded or commended by the people of his community or village. A man acquires a good reputation if he manages to inculcate restraint in his children, if they do not transgress the norms of the community, and/or if he sends them to get a formal education and supports them until they have succeeded in this.

9.5 Spousal Communication Habits on Reproductive and Maternal Health Matters

This study also explored the prevailing practices and ideas related to knowledge-sharing about reproductive and maternal health matters among couples. Men and women are excluded from each other's domains because these are gendered. This gendered exclusion from particular social spaces reinforces the discrepancy in reproductive health knowledge between men and women. The difference is further exacerbated by the unequal access to reproductive health and pregnancy education offered by a health professional at antenatal care sessions. Although there are three sources from which men and women can obtain reproductive and maternal health information, antenatal care sessions are the major source. But this research has established that verbal and candid spousal communication, especially on reproductive matters, has yet to become a norm. Although men confess to knowing very little about maternal health during pregnancy and birthing, they also express indifference to the few possible opportunities of obtaining such information. Among men, communication on reproductive health information only happens in situations of joking, or when there is a pressing personal need for a solution. This research shows that it is still possible for men to learn from their spouses and peers if these resources are properly exploited.

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9.6 Men's Knowledge of Women's Reproductive and Maternal Health Risks

The research scrutinised the role of masculinities in reproductive health, especially how men may contribute to changing current poor maternal outcomes and/or how they can effectively contribute to solutions. A part of this objective was the exploration of men's perceptions of the public health clamour for the involvement of men in events surrounding pregnancy. It

was noted that the social relations in the home, as well as cultural ideologies in the community, posed challenges to the health system and public health officials in Malawi. The study found evidence to suggest resentment among a significant number of pregnant women towards the treatment they get and the quality of service they received at the public health facilities. In response, there is an increasing tendency among pregnant women to deliver at home under the care of traditional birth attendants.

However, the study indicates that as gatekeepers, men have the power to determine when a woman will be allowed to leave home or if she will have to continue to carry out certain household activities during pregnancy. Making resources available to the spouse ensures that she is able to attend reproductive health services. Men are considered indispensable in women's birth preparedness. Women expected their husbands to provide the resources and articles necessary for birth –sheets, blankets, baby paraphernalia etc. The study also established that men's financial unpreparedness, disinterest or inability to carry out household chores compromised the extent to which women could heed maternal counsel.

The majority view among men and women is that males should not enter or intrude on the gendered space of birthing, called *chikuta*. Men who did so found the experience embarrassing and disconcerting. They did not feel that it contributed in any way to the health outcome for their birthing wives – neither did the women.

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9.7 Recommendations

1. This research cannot be extrapolated to the general population in Ntchisi but it is a good starting point for understanding the responses of Chichewa speaking men to reproductive and maternal health matters. More in-depth research in this regard is recommended.

2. This research has shown that men have a limited biomedical knowledge of reproductive and maternal health and it is a struggle to get them to access antenatal care sessions where such knowledge is disseminated. There is need for community and male-led knowledge-sharing campaigns to improve their gaps in knowledge.

3. There is a need for further and broader research on the construction of fatherhood and masculinity in Malawi so that public health policy on reproductive and maternal health can be culturally informed.

4. The research also shows that local people do not agree with or are resentful towards public health policies that seem to deliberately disregard locally held beliefs and 'traditions' in favour of 'western' ideals. It is recommended that before policies from international conventions and agreements are implemented in the local context, thorough research needs to be done to gauge their acceptability.

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APPINDICES

APPENDIX A: CONSENT FORM

I am ***Phillip Klemens Kapulula*** a student from the University of the Western Cape in South Africa. In collaboration with the Ministry of Health and Population, I am carrying out a study entitled,

"The role of men in promoting women's reproductive and maternal health in a matrilineal marriage system in Malawi: The case of Ntchisi District".

The aim of the study is to investigate social and cultural issues that shape or influence the perception of fatherhood among men. It will among other things attempt to investigate the knowledge of men on women's reproductive health, examine men's knowledge on maternal health risks, explore men's knowledge on the extent of good parenthood, probe men's preference on parity and family planning and enquire coping mechanisms for a denied access to family planning by married women.

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The study is earmarking married men and women who are willing to inform the investigator on the issues just explained. People have the freedom to take part in the study and express their knowledge on these issues. Participation or lack of it has no relationship whatsoever to one's access to health services. The study is offering nothing in exchange for your participating in a discussion or answering questions. Information that a participant voluntarily wishes to share is welcome and will be kept confidentially to inform the research. Even for those who accept to take part have the freedom to withhold answers or completely stop the interview at any point if they so wish. In order to capture all ideas discussed, I wish to ask for permission to record but the recording will not be used for any other purposes save that of this research and after making a full transcript, the information will be destroyed. You will not be required to mention names so that everyone remains anonymous.

We/I agree to take part,

………………………………,

Signature/Finger print/Verbal consent given.

APPENDIX B: FOCUS GROUP DISCUSSION GUIDE FOR MEN.

The role of men in promoting women's reproductive and maternal health in a matrilineal marriage system in Malawi: The case of Ntchisi District.

A. MEN'S KNOWLEDGE ON WOMEN'S REPRODUCTIVE HEALTH

1. What do we know of motherhood (*uchembere)*?
2. Are men supposed to know what their wives go through to bear a child?
3. What can they do to help their wives safely go through this process?
4. Should men get involved in women's reproductive affairs?
5. Do we as men have knowledge of our own reproductive health?
    a. Follow each question with a probe for clarity.

B. MEN'S KNOWLEDGE OF WOMEN'S MATERNAL RISKS

1. Have any women in this village died during or after child bearing?
2. What could be the reasons leading to such death?
    a. Probe for : delays to seek care, availability of antenatal services, role of culture, beliefs
    b. What do husbands do to help their wives avoid these problems
3. Traditionally, what do husbands do to ensure the safety of their wives in child delivery?
4. How are husbands whose wives die due to child birth treated in this village?

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C. MENS KNOWLEDGE AND PRACTICES RELATED TO FATHERHOOD

1. Who do you consider to be a real man in this village?
2. What do you consider to be the practice of good fatherhood in this village?
    a. What is good fatherhood (*uzibambo wabwino*)
    b. What are the attributes of a good father?
    c. What is the role of good fatherhood in pregnancy and after child delivery?
    d. How does good fatherhood relate to your understanding of masculinity (*uchamuna*)?
        i. What does fathering a child entail?
        ii. What role should men take in raising children

D. MEN'S PREFERENCE ON NUMBER OF CHILDREN

1. How do you decide how many children you want to have in a marriage?
2. Whose suggestion should carry more authority in deciding how many children to bear?
3. How do you make sure that you only have the right number of children?
4. How do you ensure the health of your wife to bear you these children?
5. What is the best length of time to wait before fathering another child?
6. Who decides on the length of the period?
7. What role do you play to make sure you have the right number of children

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APPENDIX C: KEY INFORMANT/INDIVIDUAL IN-DEPTH INTERVIEW GUIDE

The role of men in promoting women's reproductive and maternal health in a matrilineal marriage system in Malawi: The case of Ntchisi District.

A. MENS KNOWLEDGE AND PRACTICES RELATED TO FATHERHOOD

1) What do you expect men to do to be considered real men?
2) What are real men expected to do when they marry?
3) How does uxoricality (Chikamwini) influence the perception and practice of masculinity (*uchamuna*)?
4) What do you understand of fatherhood (uzibambo)?
5) Should married men be involved in motherhood issues?
    a. How should they be involved?
    b. Should men discuss reproductive issues?
    c. Do men discuss with their spouses?
    d. How should real men relate with their wives?
    e. What role should men take in raising children?

B. MEN'S KNOWLEDGE OF WOMEN'S MATERNAL RISKS

1. What problems do women experience during and after child delivery here?
2. What do you think are the causes of such problems?
3. Do you think men have any role to play in avoiding or reducing such problems?
    a. How could men help in solving these problems

C. MEN AND WOMEN'S REPRODUCTIVE HEALTH

1. What do you know about motherhood?
2. How do you get information on motherhood?
    a. Where do men get information about their role in child bearing?
3. Are men supposed to know what their wives go through to bear a child?
4. Should men be involved in child bearing issues at all? Explain.

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D. MEN'S PREFERENCE ON NUMBER OF CHILDREN

1. How do you make sure that you only have the right number of children?
2. How do you ensure the health of your wife to bear you these children?
3. Who should make the decision on the number of children?
4. What factors do you consider to help you decide the number children?

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APPENDIX D: ETHICAL APPROVAL BY MINISTRY OF HEALTH MALAWI

Telephone: + 265 789 400
Facsimile: + 265 789 431
e-mail doccentre@malawi.net
All Communications should be addressed to:
The Secretary for Health and Population

In reply please quote No. MED/4/36c
MINISTRY OF HEALTH
P.O. BOX 30377
LILONGWE 3
MALAWI

17th January, 2012

Phillip Kapulula
University of Western Cape, RSA

Dear Sir/Madam,

RE: Protocol # 974: The role of men in promoting women's reproductive and maternal health in matrilineal marriage system in Malawi: The case of Ntchisi district

Thank you for the above titled proposal that you submitted to the National Health Sciences Research Committee (NHSRC) for review. Please be advised that the NHSRC has **reviewed** and **approved** your application to conduct the above titled study.

- **APPROVAL NUMBER** : **NHSRC # 974**
  The above details should be used on all correspondence, consent forms and documents as appropriate.
- **APPROVAL DATE** : **17/01/12**
- **EXPIRATION DATE** :This approval expires **on 16/01/2013**
  After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the NHSRC secretariat should be submitted one month before the expiration date for continuing review.
- **SERIOUS ADVERSE EVENT REPORTING** :All serious problems having to do with subject safety must be reported to the National Health Sciences Research Committee within 10 working days using standard forms obtainable from the NHSRC Secretariat.
- **MODIFICATIONS**: Prior NHSRC approval using standard forms obtainable from the NHSRC Secretariat is required before implementing any changes in the Protocol (including changes in the consent documents). You may not use any other consent documents besides those approved by the NHSRC.
- **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the NHSRC using standard forms obtainable from the NHSRC Secretariat.
- **QUESTIONS**: Please contact the NHSRC on Telephone No. (01) 724418, 0999218630 or by e-mail on moh@gmail.com
- **Other:**
  Please be reminded to send in copies of your final research results for our records as well as for the Health Research Database.

Kind regards from the NHSRC Secretariat.

FOR CHAIRMAN, NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE

PROMOTING THE ETHICAL CONDUCT OF RESEARCH
Executive Committee: *Dr.C.Mwansambo (Chairman), Prof. Mfutso Bengo (Vice Chairperson)*
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB
(IRB Number IRB00003905 FWA00005976)

UNIVERSITY of the
WESTERN CAPE

APPENDIX E: RESEARCH APPROVAL FROM NTCHISI DISTRICT COUNCIL

NTCHISI DISTRICT COUNCIL

All correspondence to be addressed to:

The District Commissioner,
P.O. Box 1,
Ntchisi.
Tel: 285 326
Tel / Fax: 285 286

Our Ref: NSDC/
Your Ref:
Date: 27th January, 2012.

Kupita kwa : Gogo Chalo Chilooko

Kope : Magulupu onse

KAFUKUFUKU WA ZA UMOYO

Alandireni bambo Phillip Kapulula omwe akudzachita kafukufuku wa za umoyo kudera lanu.

P. Manyungwa
M'malo mwa: **DISTRICT COMMISSIONER**

UNIVERSITY of the
WESTERN CAPE

APPENDIX F: SENATE RESEARCH COMMITTEE'S APPROVAL

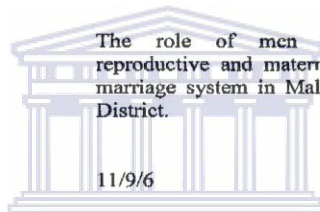
UNIVERSITY *of the* WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

27 October 2011

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by: Mr PK Kapulula (Anthropology/Sociology)



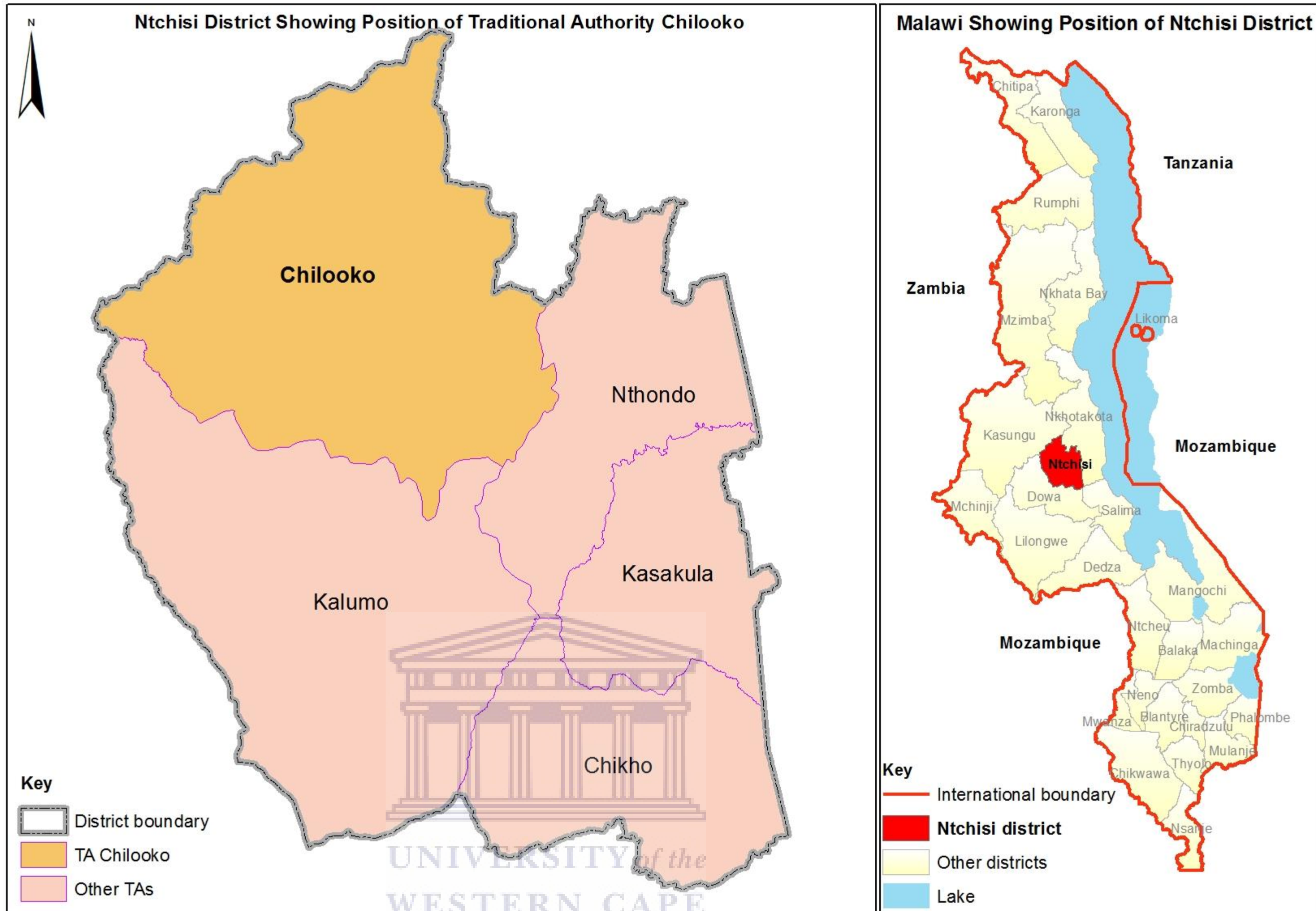
Research Project:	The role of men in promoting women's reproductive and maternal health in a matrilineal marriage system in Malawi: The case of Ntschisi District.
Registration no:	11/9/6

UNIVERSITY *of the*
WESTERN CAPE

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Private Bag X17, Bellville 7535, South Africa
Tel: +27 21 959-2948/9
Fax: +27 21 959 3170
Website: www.uwc.ac.za

APPENDIX G: MAP OF MALAWI SHOWING NTCHISI AND MAP OF NTCHISI SHOWING TRADITIONAL AUTHORITY CHILOOKO.



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