The Condom is an ‘Intruder’ in Marriage:
Evidence from Rural Malawi


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This paper assesses the condom situation within marriage in Malawi with particular attention to people’s perceptions about the compatibility of condoms and marriage. It finds that there is consensus between the views of the general public and reproductive health program planners about condom use and non-use within marriage. Specifically, married men and women consider that condoms are not for marriage, and concurring with this view, some officials in the Ministry of Health and Population (MOHP) advocate the condom as a ‘protector’ for extramarital partners or commercial sex workers and not for spouses.

Primary research findings discussed in this paper are drawn from four sources. First, findings from the 1992 and 2000 Demographic and Health Survey were used to compare levels of condom use among married and unmarried men and women. The other data are qualitative, collected through in-depth interviews and focus groups with married women and men age 15-49 in rural Malawi between 1991 and 2001. The qualitative data include 1) 24 focus group discussions conducted under the Family Life Education (FLE) Project in 1990, which asked respondents about marriage (e.g. reasons for marrying) and contraception; 2) dissertation in-depth interviews in 1998, which asked respondents questions about their AIDS and contraception-related conversations with friends and spouses, focusing particularly on reproductive health and gender relations; 3) in-depth interviews conducted under the Malawi Diffusion and Ideational Change Project (MDICP) in 2001, which asked about the way people perceive sex and Sexually Transmitted Infections (STI) including HIV/AIDS within marriage.

Data analysis involved coding of the interviews, which permits a systematic analysis of these interviews. For this paper, the coded interviews are on such topics as the purpose of condom use, the perceived effectiveness of condoms, and, of central importance, with whom condoms should be used or are being used (extramarital partners or spouses) and why. The analysis pays attention to the content of conversations (e.g. the perceived characteristics of condoms), to the participants in the conversations, to the circumstances in which condom use is considered desirable, and to what is not said as well as to what is said about condom use.
There are four striking findings. First, there is considerable talk about condoms especially among men. Second, virtually all the discussion of condoms is in the context of extramarital partnerships and occurs among male social network partners: there is a small amount of talk about condom use in marriage between spouses but virtually no talk of condoms within female social networks. Third, chatting among married female network partners is focused on sexual satisfaction both in marital sex and extra-marital sex. Fourth, and critical for this paper, is the general belief that condoms are not for spouses and that initiating a discussion of condoms in marriage or bringing the actual condom home is like bringing a ‘prostitute’ into the house.

The paper is presented in three main parts. The first part reviews existing evidence on condom use, including perceptions about condoms, attitudes towards condom use both in and outside marriage and reasons for use and non-use of condoms especially inside marriage. A comparison of literature from developing and developed countries reveals cross-national similarities in people’s assessments about which sexual partner is safe and which is unsafe, therefore justifying condom use. However, slight differences exist in the notion of masculinity, with common views held in Southern African countries. Masculinity in the Southern African context is associated with ‘flesh to flesh’ sex, which is strictly the value attached to marital sex. ‘Flesh to flesh’ sex is considered to be the best sex measured by sexual satisfaction and conception. Issues raised in this literature as influencing condom use either with spouse or other partner include perceived cost of condom use, self efficacy to use condoms, locus of control of the condom, perceived STI/HIV/AIDS risk, trust or lack of trust between partners, desire for children, and value of ‘flesh to flesh sex’.

The second part of this paper examines views of condoms. When men are talking with men, they raise a number of issues about condoms that are critical for those attempting to promote condom use to understand such issues as ‘why use the condom’, ‘how effective is the condom’, and, most importantly for this paper, “with whom to use the condom.” In talking about these issues, married men express a variety of objections to condoms. These objections are similar to those documented in literature for other countries in the sub-Saharan Africa region, and to views
expressed by men and women in the 1990 and to informal discussions collected through journals in Southern Malawi. Even with all these objections, however, men consider condoms to be appropriate in extramarital partnerships that they perceive as quite risky.

The third part of the paper focuses on perceptions of marriage. When asked why people marry, men as well as women concur that it is for sex, within which context, condom use is out of question. A different purpose of marriage is evident among women who also mention that they get married to have a provider. If condom use in marriage were a legitimate option, we would expect that it would be a topic of discussion between spouses or within social networks, and that the same objections to condom use in extramarital partnerships would be voiced. The silence about condom use in marriage, especially among social network partners, suggests something different: that marriage and condoms are perceived as incompatible.

**Literature review**

Many people in Malawi have negative attitude towards condoms (Namate and Kornfield 1997; CPHA 2000; Banda and Dzilankhulani 2000). Most reasons men give for non-use of condoms are related to the social costs associated with condom use (Archarya et al. 1994; McAuliffe and Ntata 1994; Mwangulube 1998; Kornfield and Namate 1997; Hickey 1999; Kaler 2002), low self-efficacy in the use of condoms and external control of condoms (Kachingwe et al. 2001; Thomson et al. 2003).

**Perceived social costs of the condom**

The perceived social costs of condom use include reduction of sexual pleasure, harmful effects on users, ineffectiveness (Thomson 1995; SARYD 1997; CPHA 2000; MOEST 2002) and transmission of AIDS and TB (EU AIDS Project 2000). Other perceived costs are gender-specific. For example, married men and women believe that condoms in marriage could lead to termination of marriage, hurting of spousal feelings, violence, and humiliation (Kornfield and Chilongozi 1997). These perceived costs are grounded in the fact that traditionally, it is a taboo
to discuss sex in Malawian communities. Therefore, discussion of condoms and AIDS is limited (Brown 1994). Reticence to discuss sexual issues is instilled from a young age and adolescents are prohibited from attending talks and plays about reproductive health (Ashwood-Smith 2000). Thus even unmarried young men perceive similar costs of condom use.

People’s perceptions about the costs of condom use are reinforced by their view that sex is a demonstration of manhood (NAC 1999). This notion of masculinity is common especially in the Africa region as young and adult men do not use condoms because fertility has great value in African communities (Preston-White and Zondi 1991; Chimbiri and Munthali 2003). In fact, in Malawi as in most countries in the Africa Region, ideal sex is universally viewed to be ‘flesh to flesh’ because people believe that ‘One cannot eat sweets with the cover on’ (Kaler 2002; Thomson et al. 2003) and further that women do not get semen out of sex with condoms and consequently are deprived of vitamin K (Walden et al. 1996). Traditional values associated with sex have been changing over time. As a consequence, the pattern of sexual relations has been changing from one in which sex occurs as part of a process of marriage and contribution to family and kinship to one in which sex has become an aspect of individual pleasure, gratification (Hickey 1999) and procreation (Alam et al. 1991; National AIDS Commission 1998).

**Self-efficacy to use condoms**

Issues of self-efficacy in the use of condoms refer to one’s capability to negotiate condom use with a spouse. In Kenya, it was found that low self-efficacy to use condoms contributes to lack or limited use of condoms among men (Thomson et al. 2003). The possession of self-efficacy to use condoms has proven to be a significant predictor of subsequent condom use worldwide (Mahoney et al. 1995; Peltzer 2000 in Thomson et al. 2003). Lack of self-efficacy to use condoms is associated with the widespread belief around Africa that men are weaker than women when it comes to sex (Caldwel et al. 1999; Gysels et al. 2001; Voeten et al. 2002). This weakness in men is sometimes associated with drunkenness (Thomsen et al. 2003). The other factors associated with low self efficacy in men include having reached a point of no return in sexual desire, partner having no condom, not wanting to lose a partner, wanting plain sex to
show love, wanting to express a feeling of trust, and believing that a young female student is free of STI and HIV/AIDS (Population Services International [PSI]-Malawi 2001).

Low self-efficacy in the use of condoms is also due to failure to negotiate condom use. Existing evidence emphasizes that condom use is very low because women lack the power to negotiate condom use. Although women are stronger in controlling sexual desire than men, the widely known and available condom is the male condom. Thus the locus of control of the condom lies with men.

*Locus of control of the condom*

From a psychological viewpoint, the locus of control of the condom is understood to be external (Thomson et al. 2003). The condom is exclusively male-oriented, requiring full and voluntary participation of the man. Thus a male sexual partner has more control over the condom in access as well as use. Some studies have also shown that there are age and gender differences in access to condoms with females, younger people and school-going children having less access to condoms than older males (CACO 1997; Medicins sans Frontieres 1997; Kachingwe et al. 2001).

Until recently, the condom in Malawi was an external product procured and distributed by Government, NGOs and the private sector mainly as a method for disease prevention outside marriage and not in stable unions (STAFH 1995). Alternatively it has been distributed as a back-up contraceptive method or a contraceptive method of last resort for adults (Namate and Kornfield 1997). The emphasis Reproductive Health Policy and Guidelines pre- and post-Cairo era has been education, counseling and service provision that push the condom as the best method for non-regular sexual partners or commercial sexual partners and in situations where one sexual partner has STI (Government of Malawi 1996, 2000a, 2000b). To youth, the condom has been and is still offered as the first contraceptive choice (Center for Social Research 1997).
Although the most widely available brand of condom in Malawi has a local name, *Chishango*\(^2\), it is still produced by an international organization. In this context, the condom is still viewed through what Kaler (2002) has called the moral lens of coercive population control. People in developing countries like Malawi associate the contraceptive and condom push by national Governments and international bodies with imperialism. The same bodies that are blamed for coercive population control are also blamed for initiating AIDS and pushing the condom as the remedy for AIDS. The concept of controlling family size therefore preoccupies the social imaginary of potential condom users particularly those in marriage. Therefore Condoms, AIDS and Population Control are fused in a symbolic nexus that has not been well researched (Kaler 2002) or debated. In Malawi, modern contraceptive methods are used within a social context that promotes contraceptive use to ensure the health of mother and child (Chimbiri 2002; Chimbwete, Zulu and Watkins 2002). The condom, however, enters into a social setting permeated with ideas about health, self-protection and risk (Kaler 2002). While condom manufacturers, Governments and NGOs advocate for condom use as the best preventive measure against AIDS and STI, potential users view condom use as risky and disrespectful (Kornfield and Namate 1997). Thus, disentangling condoms from the symbolic nexus in which they are fused with disease, population control and malevolence is an ongoing challenge for HIV prevention (Kaler 2002: 23) especially in marriage where 60-90 percent of sexual contact takes place (Condom Initiative Consultative Meeting 1998).

The other aspect of external locus of control of the condom likely to have an effect on the social imaginary of potential condom users is religious teaching. The religious discourse around condoms is that ‘Condoms are against God’ (Kaler 2002). The stand of Faith-Based Institutions (FBI) on the use of condoms as a means of preventing the spread of HIV has remained negative (CPHA 2000; Banda and Dzilankhulani 2000). Many FBIs in Africa view HIV/AIDS as a consequence of individual sin because in the collective mind of many members of faith communities, HIV/AIDS is associated with immoral sexual behavior. As a consequence, HIV prevention has been reduced to a simplistic emphasis on returning to ‘traditional’ moral

\(^2\) *Chishango* literary means ‘Shield’ referring to a ‘protector item’.
values and standards of sexual behavior (Byamigisha et al. 2002). Faith communities believe that condoms provide a false sense of security and thus behavior will not change and the promiscuity and permissiveness will be reinforced (CPHA 2000; Banda and Dzilankhulani 2000).

Family planning providers and shop owners also have control over condoms. Marketing has focused on the condom as a method of extra-marital sex and therefore the public image of the condom connotes prevention of HIV/AIDS and illicit sex (PSI-Malawi no date). Some studies have found that young clients are not allowed to get condoms at hospitals/health clinics and if they are they are not given comprehensive and proper explanation of their use (Kachingwe et al. 2001). Therefore, gender, marital status and age are the criteria often used to discriminate condom access and some family planning providers and shop owners deny young people access to condoms claiming that they are still school children (Thomson 1995; CACO 1997; Kachingwe et al. 2001). Before offering services, some family planning providers ask clients if they are married (Tavrow no date). This happens despite the fact that soon after the International Conference on Population and Development (ICPD), the Government put in place an open policy that allows anybody to access any contraceptive whenever they seek one (Government of Malawi 1996, 2001). According to findings of some studies, providers’ continued discrimination is rooted in their own attitudes towards condom use and other contraceptives. There is evidence that although service providers advocate condom use, they do not use condoms themselves (Kaler 2002). Even with knowledge of the health discipline, family planning providers also stigmatize condoms, associating them with pre-marital sex, extra-marital sex, promiscuous men and those with STIs (Namate and Kornfield 1997).

The other important locus of condom control is at the couple level but to-date control primarily rests with the male partner. While two partners are fully involved in sexual activity, decision-making about whether a condom should be used or not remains with the man. Bringing the condom into marriage is viewed as a sign of lack of love for the spouse, lack of respect for one’s marriage, and unfaithfulness. Introducing the topic of condoms raises the question of
infidelity and if any discussion of the condom takes place between spouses, it is in the context of why the condom has been introduced (Kornfield and Namate 1997). In fact discussion of the condom is not common among sexual partners (Archarya et al. 1994).

Actual use of condoms among couples including family planning providers is limited or non-existent (Kornfield and Namate 1997). If married men and women report condom use, they use them for different reasons and with different people. Husbands often report using condoms with extra-marital sexual partners whereas wives report most often using them with spouse to protect against disease and as a back-up family planning method (Kornfield and Namate 1997).

Data and Methods

The data analyzed in this paper were drawn from existing studies, the Malawi Demographic and Health Surveys (MDHS) conducted in 1992 and 2000, Focus Group Discussions (FGDs) conducted with men, women and adolescents in 1990, and in-depth interviews conducted with women of age 15-49 in 1998 and 2001. The findings from these data give an overview of the condom situation among married men, especially regarding who they think they should use condoms with, which partner they actually use condoms with, and for what reason they use the condom with a particular partner.

Quantitative analysis of the MDHS data provides percent proportions of married men and those living with a partner who were using condoms at the time of the survey and reasons why they were using condoms with another partner rather than their spouse. Geographically, the demographic and health surveys cover the whole country and are therefore representative of the sampled population segment age 15-49. While both surveys cover a wide range of indicators in areas of population, health and nutrition, the 2000 one attempted to include gender and other social-cultural indicators that would be used to measure or explain behavioural patterns. For purposes of this paper, the MDHS data provide a representative sample since the largest proportion of the survey respondents were married (77.3%) or cohabiting (3.3%). The
information gathered through demographic and health surveys cover socio-demographic and social-economic characteristics and behaviors of individual men and women including the characteristics of households. Thus MDHS data on contraceptive behavior provide indicators of the levels and context of contraceptive use including condom use.

For the quantitative analysis, only male cases that reported to have never been married, to be married and to be living with a sexual partner at the time of the surveys were included in order to compare condom use among men in marriage or cohabitation against men who have never been married.

To contextualize condom use, I used the MDHS data of 2000, which had questions on reasons for using condoms with sexual partners other than the spouse. I therefore hypothesized that Married men are less likely to use condoms than unmarried men. To test this hypothesis, I developed two variables, one on marital status and the other on contraceptive use. The variable on marital status had three codes: never married, married and living together. The variable on contraceptive use also had three codes: using nothing, using condoms and using other contraceptive methods.

The first analysis compared the trend of condom use in the early 1990s and in the new millennium among men and women (age 15-49) married, never married and in cohabitation. This analysis was aimed at assessing whether or not there is an increase in condom use in this AIDS era, especially among couples.

The second analysis was a cross-tabulation of the variables on marital status and contraceptive use. The objective of this analysis was to show levels of condom use among married men, men living with a partner and men who have never been in marital union. Cases of male respondents for the demographic health surveys conducted in 1992 and in the year 2000 were run for this cross-tabulation because reports of condom use were generally non-existent among female respondents.
Further quantitative analysis looked at the reasons for condom use with partners other than the spouse. An analysis of reasons for using or not using condoms with spouse was not possible because the survey did not include this. The analysis only used cases that reported reasons for condom use with one other partner. The optional reasons for condom use included: *non-availability of condom at the time of sexual act, prevention of STD, avoiding pregnancy, and avoiding STD and pregnancy.*

To further substantiate the limited use of condoms among married men and probe the reasons for using or not using condoms, qualitative data were analyzed. These data included 24 focus group discussions conducted in 1990 with married men and women in Southern, Central and Northern Malawi on why people marry, circumstances of marital instability and contraception; 15 in-depth interviews conducted with married women in 1998 in the three regions focusing on gender relations and reproductive decision-making; in-depth interviews in 2001 with the 15 married women from Central Malawi on conversations with network partners and spouses about sexual and reproductive health issues including STD/HIV/AIDS and condom use; and 10 in-depth interviews conducted with married men in 2001 in southern Malawi on conversations with network partners and spouses about sexual and reproductive health issues including STD/HIV/AIDS and condom use.

The qualitative data were coded manually to identify the content of the conversations that married men and women have with their network partners and spouses. The codes included *why people marry, whether or not respondent was using or ever used condoms with spouse, how people perceive condoms, and why people use or do not use condoms with spouses.* Individual respondent’s views and the views of the spouse and network partners were interpreted as people’s perceptions about condom use. Since the content of network partner discussions show that male partners discuss condom use more than female partners, most of the interpretation about condom use was drawn from focus group discussions and in-depth interviews with male respondents. The discussions and interviews with female respondents show
that female network partners discuss marital and extra-marital sex more than their male counterparts, and therefore the views of women about marriage and sex provide most of the explanation of non-use or limited use of condoms in marriage.

Findings

Quantitative and qualitative findings reveal that condom use is very low especially among married men and among those living together with their sexual partners. While there was a significant increase in the proportion of unmarried non-cohabiting men reporting to have been using condoms between 1992 and 2000, a slight decline was recorded among the married men. In 1992, 2.3 percent of the married men reported using condoms whereas only 1.7 percent reported using condoms in the year 2000. Among the unmarried men only 0.95 percent reported using condoms in 1992, while 3.6 percent did so in the year 2000. While 1.5 percent of men living together with their sexual partners reported using condoms in 1992, a slight decline was recorded in the year 2000.

The common reasons given for use of condoms are prevention against STD and pregnancy. According to results of the demographic health survey conducted in the year 2000, prevention of STI ranks high among the reasons motivating married men to use condoms while a combination of disease and pregnancy prevention are the push factors for condom use among
unmarried men. While 14.6 percent of the married respondents reported to have used condoms with a partner other than their spouse to avoid contracting STI, only 2.4 percent reported to have used condoms with another partner for pregnancy prevention only and 4.9 percent for prevention of both pregnancy and STI. The largest proportion of condom users, the unmarried men (33 percent), reported to have used condoms with other partners for prevention of both STI and pregnancy (See Table 1). Existing quantitative data on whether or not respondents used condoms with spouse and reasons for using or not using condoms with spouse are not available because the demographic health survey did not address this.

Table 1: Proportion of men having had sex with other partner and reason used condom by marital status, MDHS 2000

<table>
<thead>
<tr>
<th>Reason for condom use</th>
<th>Never married (%)</th>
<th>Married (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not use condom</td>
<td>58.3</td>
<td>78.0</td>
<td>73.6</td>
</tr>
<tr>
<td>To prevent STI</td>
<td>8.3</td>
<td>14.6</td>
<td>13.2</td>
</tr>
<tr>
<td>To avoid pregnancy</td>
<td>-</td>
<td>2.4</td>
<td>1.9</td>
</tr>
<tr>
<td>To avoid pregnancy and STI</td>
<td>33.3</td>
<td>4.9</td>
<td>11.3</td>
</tr>
<tr>
<td>Other</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0</td>
</tr>
</tbody>
</table>

However, qualitative interviews conducted in the 1990s and at the beginning of the new millennium do give some indication that the issue of condoms is thorny in marriage. Condom use in marital sex has not been the subject of discussion between spouses or among social network partners. Although as early as the 1980s, condoms were being provided at health clinics and hospitals as a back-up family planning method for couples (Government of Malawi 1996), husbands generally refuse to use condoms with their wives. To-date, when wives are given condoms at the health center or hospital they are rarely used, and instead either end up in the pit latrine or are burnt.

Spousal communication about condom use in marriage

The Malawi public generally conceptualizes contraceptive techniques as post-partum abstinence, withdrawal, contraceptive herbs and modern contraceptive methods (ie. pills and injections). Couples rarely use the condom as a contraceptive method but instead it is used to
avoid contracting STI from extra-marital sexual partners and not from spouses. Therefore in couple discussion about contraception, the condom is not usually a subject for discussion except when a wife is given condoms at the hospital or when husband brings condoms home. Spousal conversations about condom use are usually disagreements, in which women question why condoms have been brought into marriage and men complain about the social cost of their use.

The following excerpts are drawn from in-depth interviews with rural married women in central Malawi. A 45-year old woman narrates the conversation she had with her husband regarding contraception and the possibility of using condoms. This is followed by another older woman who tells her story about how she burnt the condoms that she collected from the hospital.

**Interviewer:**
Regarding number of children you wanted to have, did you discuss it with your husband?

**Respondent:**
I reached six just because it is a ruling in the house. I for one wanted only four children. The close births I used to have would have killed me. With a few children who are well spaced, I would have been able to do a lot of work.

**Interviewer:**
So how did you start using the contraceptive method?

**Respondent:**
“My husband started it in a way. However, at the time he brought the idea, I was already having these modern contraceptive methods secretly. He did not notice what I was doing. I would wait for three years and then I would stop taking the contraceptive method and then I would get pregnant. I would tell him: ‘Ah, this time my back has taken some time. I think the strength of one’s blood changes as one grows older’.

Then he said: ‘I understand there are family planning methods at the hospital. I saw those methods on a film that was shown. I understand there are tubes, an injection and a loop for women’. I asked him if we could use condoms. He said: ‘No, me, I cannot use condoms. You should go to the hospital and choose a method for yourself’. After three days, I asked him if I could go to the hospital to collect the contraceptive method. He said I should wait, he would tell me when to go. He did not know that I had already started using those methods’.

…..when my husband told me to go to the hospital to collect contraceptive method, I told him that I will go one of these days. Later, when he asked me if I had been to the hospital, I said: ‘Yes’. He asked which method I had chosen. I told him: ‘I had chosen the injection’. …..So, according to my husband, I had my first injection. I told him that the hospital had given me condoms to use during the first days before the contraceptive injection starts working. He said he could not use the condom. Then I told him that we
will have to wait for some time. Then he said: ‘Ok, let’s use the condom’. After the first use, he said: ‘It was as if I did not have sex. I will never use the condom again.’ (*Reproductive Decision-Making, 1998: Central rural old woman, 45 years old*).

**Respondent:**
At one time, I found condoms inside the pockets of my husband’s pair of trousers. So I asked my husband: ‘What are these things for?’ He said: ‘I just move with them’. I asked him: ‘How do you do that?’ He replied: ‘Ah, in case I grab a woman who surrenders herself to me, I do not want to contract any sexually transmitted disease’.

At one time, I got annoyed. I took all the condoms and burnt them. When he asked me where I had left the condoms, I told him: ‘I had thrown them away. I had burnt them’. Then he said: ‘So you want me to contract an STD and then we will both yet you already have two wives? If you want a woman, you should just come have it’. I said to him: ‘Why do you need these condoms? Why should you do that and to one of us. If you feel that we do not satisfy your sexual desire, why don’t you just leave us?’ Then he said: ‘Ok’. But after sometime, I just realized that he brought some more condoms. (*Let’s Chat, 2001: Central rural old woman, 37 years old*).

Based on 1998 in-depth interviews on family planning and gender relations, husbands and wives talk about contraception for the purposes of child spacing and family size limitation but not for STD prevention. According to these interviews, the condom is rarely the focus of spousal communication. In the few conversations where the condom is mentioned, AIDS is the contentious issue. In such discussions, a wife often urges her husband to use condoms with other sexual partners. Some wives plead with their husbands that if they cannot control their sexual desires when they travel, they should always use condoms to avoid contracting HIV/AIDS. A young married woman aged 26 from northern Malawi points out that men are not able to hold their sexual desires and therefore should always use condoms. She indicates that there is a collective stand among married women in her area regarding husbands who travel a lot. According to her narration, wives advise their husbands to take care of themselves and remember *Chishango* (Protector condom) whenever they travel.

**Interviewer:**
Regarding AIDS, do married women complain about their husbands here?

**Respondent:**
Many do. We get worried particularly when your husband goes out and comes back in the early hours of the next day. You become suspicious…So we advise our husbands, but men are not easy to convince….
So what exactly do you tell them?

Respondent:
We tell them that it is better these days. We remind them that there are the Chishango condoms. They need to know the importance of using the condom because some of them go to work away from home for months. Men cannot stay without a woman. So they should use the Chishango there. They really should protect themselves. (Reproductive Decision-Making, 1998: North rural young woman, age 26).

The general view among couples, which is affirmed by male and female network partners, is that spouses should remain faithful to each other and in that context condom use is out of question. When couples talk about AIDS, the focus is on faithfulness. Condom use is rarely mentioned. If the topic of condom use is introduced, it is often wives who propose it. For example, the following two women talk about the conversations they had with their husbands regarding their fears about STI and AIDS. The first woman, 28 years old from a rural village in north Malawi, emphasizes on the need for her husband to hold himself. The second woman age 44-year old living in a polygamous union in rural central Malawi asks her husband to use condoms with her after she and other wives had contracted a venereal disease, but her husband argued that they could use condoms only if the wife knew that she had been unfaithful.

Interviewer:
When you and your husband once talked about AIDS, what did you talk about?

Respondent:
I told my husband that ‘My husband, the world is now dangerous.. With this state of affairs, one should hold himself or herself... if you go out with this woman and that woman, these children will be left nowhere. What is required is to hold oneself. (Reproductive Decision-Making, 1998: North rural young woman, age 28).

Respondent:
My co-wives and myself including our husband had developed sores on our private parts. When we talked to our husband about the infection, he said that he had slept with a certain woman in Lilongwe who put acid inside her vagina. And that’s what caused his sores, which he spread to us.

When I told him that I wanted us to use condoms, he said: ‘If you are not sure about yourself, it’s up to you. For me, I like nyama kwa nyama (plain sex). If you know that you are ‘movious’, we better use the condom but if you know that you are not movious, then there is no need to use condoms. (Let’s Chat, 2001: Central rural woman, 44 years old).
**Condom discussion among social network partners**

In this AIDS era, from late 1990s, men’s views about condoms are gradually shifting from negative to positive. There is a collective establishment of new norms of behavior, as social networks become stronger advocates of certain sexual and reproductive behaviors. Male network partners, especially among younger ones, discuss condom use more than spouses and female network partners. In fact, peer pressure to use condoms is common among younger male network partners as evidenced from this in-depth interview with a young married man from a rural village in southern Malawi.

**Interviewer:**
Tell me about some of your friends with whom you have once chatted about sexual life?

**Respondent:**
There are about four or five friends with whom I chat. Some of them are working and others are not working. Some of these friends are working as health surveillance assistants.

**Interviewer:**
Can you tell me about some of the chats you once had with these friends of yours?

**Respondent:**
Most of the times, we do talk about the dangers of the world today. We do say that the world nowadays is dangerous and these are not the days to be having extra-marital affairs besides your wife. It’s time that a man should depend on his spouse and the spouse depending on her husband and trust each other…If you fail to resist, it’s better to be using condoms when sleeping with these extra-marital sexual partners.

**Interviewer:**
Does it mean that your friends are the ones advising or rather telling you or you are the one telling them what to do?

**Respondent:**
No, everyone tells each other. They can tell me and advise me by seeing that if I am not moving well and I do the same sometimes advising them when I see that they are not moving well.

**Interviewer:**
Now, please tell me one story about how it went with you when may be your confidants took the initiative or challenge to advise you or rather criticize you?

**Respondent:**
It happened one day that I went to the house of a certain woman at night. My friends saw me and said: ‘You did not do a good thing last night. It would have been better if you used condoms with her because she does not move well’. They continued to say: ‘It’s even better to stop going out with her as you are now married. You should respect your wife. Don’t be silly with these stupid girls – you
Contrary to couples, there is positive discussion of condom use among male social network partners. Any discussion of condom use among married male social network partners is often within the context of extra-marital sexual relationships with groups of women that men consider high risk. Network partners advocate condom use as a secondary measure for disease prevention. Primarily, the general feeling among network partners is that the best way married men and women can avoid contracting any sexually transmitted infection is through being faithful to their spouses.

Similar to spousal talk about prevention of sexually transmitted diseases, male network partners stress putting a stop to having extra-marital sexual partners and remaining faithful to spouses or using condoms with extramarital sexual partners if they cannot control their sexual desire. They talk about the best way to protect themselves from contracting STDs in extra-marital affairs.

**Interviewer:**
Can you tell me who you talk with about sexual life issues?

**Respondent:**
I do talk with friends. I do tell them that if you get married, just rely on your wives, then you will live long because if you get used to having many sexual partners, you can’t know who is infected. I do give them such advice……Some of my friends say that one can gets tired of one’s house wife. In that case, you have to go out and have sex with other partners. *(Let’s Chat, 2001: South Rural Young Man, 26 years old).*

**Interviewer:**
What do people say in this area about preventive measures from contracting sexually transmitted infections?

**Respondent:**
People know and say that to avoid such infections one should refrain from engaging in casual sex and trust one partner only. Say if you are married, trust your own spouse and if you cannot refrain from casual sex, then it’s better to use condoms.

**Interviewer:**
What about using condoms with your spouse?

**Respondent:**
No, but using condoms with any other partner whom you are sleeping with besides your wife. *(Let’s Chat, 2001: South rural young man, 24 years old).*

**Sex and marriage**

In Malawi, marriage is a contract between two lineage groups and through this contract sex is legitimized and control is transferred from one lineage to another through reproduction (Chimbiri 2002). As evidenced from focus group discussions and in-depth interviews with married men and women, the main purpose of marriage is sex, especially for men. Most male participants said: *It is natural to marry. …One marries in order to satisfy one’s sexual desires.*

According to female respondents, women marry in order to have a companion and a provider. This is probably the reason why married women have extra-marital sexual relationships when their husbands fail to provide for their wives’ needs. These needs refer to money and material things including clothes, but they may also refer to sexual and reproductive needs. Existing evidence shows that female partners more often discuss their sexual experiences in marriage and outside marriage. They share problems that arise in marriage due to poor sexual performance, failure to conceive and failure of husbands to provide for basic needs.

Married women also share their sexual experiences with extra-marital partners. Extra-marital sex is a key subject matter for network partner discussions especially when a wife feels that her husband does not satisfy her sexually and does not provide adequate financial and material support. According to qualitative data collected from a few villages in southern, central and northern Malawi, wives engage in extra-marital affairs to secure funds for their basic needs and to keep up with fashion. Contrary to male network partners, female network partners do not talk about condom use when talking amongst themselves about extra-marital sexual partners.

**Interviewer:**
Why do married women have extra-marital sexual relationships?

**Respondent:**
They say that they have extra-marital relationships when things are difficult in the family….like having no soap….so they go to other men so that they can give them some money and they can buy soap to wash with.

**Interviewer:**
Mmmm, not because of anything related to sexual life in marriage?

**Respondent:**
Some of them claim that it’s because their husbands have nothing to offer….meaning that they are sterile. Some say their husbands do not know how to make love…some men know how to make love but their sperms are useless….some women even say, their husbands do not make them have orgasm.

**Interviewer:**
So wives say that, what about husbands?

**Respondent:**
They say: ‘We go for other women because styles are different….One does not eat the same relish all the time’. These men claim that their wives do not know how to lift them: ‘moving up and down….the woman taking the man from here to Mchinji then to Lilongwe, from there she brings him back here and then he reaches orgasm’. *(Let’s Chat, 2001: Central rural young woman, 34 years old).*

The behavior of having extra-marital sexual relationships develops during adolescence, girls and boys engage in pre-marital sex to practice and experiment marital sexual life. This is the type of teaching they receive during initiation ceremonies. The youth argue that *practice makes perfect* and for men, impregnating a girl even before marriage is proof of one’s masculinity (Chimbiri and Munthali 2003). Men and women therefore engage in pre-marital sex and most of them continue having many sexual partners after marriage. Reasons given for men and women to continue having many other irregular sexual partners after marriage include having developed a habit of having many sexual partners, wanting to have a different sexual style and satisfaction, and searching money and other material things especially for women.

**Interviewer:**
Why do husbands continue to have other sexual partners besides their wives?

**Respondent:**
There are many different things. It happens that a sexual partner outside marriage shakes her body very much during sexual intercourse while the house wife doesn’t know how to shake her body. She just sleeps. Moreover, extra-marital sexual partners do have a lot of beads around the waist while the house wife does not have them. If you tell your wife that you want beads, she tells you that she does not want beads. As such, the husband gets satisfied with the sexual partner outside marriage who shakes her body and also has beads. So you go to that other partner often. When you come back home you do quarrel with your wife but you do not let her know her problem. You just look at her. *(Let’s Chat, 2001: South rural young man, 21 years old).*
Interviewer:
What about women, do they stop having many sexual partners when they get married?

Respondent:
Most of them don’t stop because they get used to having more than one sexual partner at a time. …..They want money from the other sexual partners. (Let’s Chat, 2001: South rural young man, 21 years old).

Discussion

The findings of this paper show that change is taking place in the perceptions, attitudes and behaviors of men and women in Malawi about condom use. This is reflected in the context of condom discussion, views of men about condom use, reasons for using condoms, and notions about who condom use is legitimate. Spouses discuss condom use within the context of contraception and AIDS prevention whereas male social network partners discuss condom use more within the context of extra-marital sex. Female network partners do not talk about condom use at all, but converse a great deal about sexual experiences both in and outside marriage. There is virtually no spousal communication about sex, which is likely to be because men feel embarrassed to discuss sex with women (Hickey 1999). Men are however open with their social network partners in talking about extra-marital sex.

Regarding spousal communication, there is considerable talk about condoms, which is usually initiated by wives because they are worried that they might contract AIDS from their husbands who have the habit of having several sexual partners. Wives emphasize the need for their husbands to use condoms with extra-marital sexual partners. When wives feel insecure with marital sex, a few have the capacity to negotiate condom use. The hospitals or health centers that give women condoms empower them to negotiate condom use with their husbands since condom use as a back up control method is a government policy. They use the reasons given by family planning providers for condom use to convince their husbands to use condoms. This pattern is similar to the pattern of spousal communication and negotiation about other contraceptive use. Often, wives initiate the talk about modern contraceptive use because they are worried about the impact of close and many childbirths on their health (Chimbiri 2002).
From the evidence discussed in this paper, therefore, the common denominator in spousal communication is sexual and reproductive health of the mother. However, if sexual and reproductive health is the main concern of married women, it would be expected that wives would be open to talking with their husbands not only about contraception and STI/AIDS prevention, but also about sexual satisfaction in marriage as a mean to prevent men from seeking other partners. The silence about marital sex is evident among spouses and among male sexual partners. Discussion of sexual issues with the opposite sex is prohibited through cultural norms and values that are passed on from one generation to another through the construction of gender roles (Chimbiri 2002). This confirms the argument that traditionally elders kept the gap between spouses deliberately wide to weaken both their emotional relations and their capability to make independent decisions (Caldwell 1982).

However, there is evidence that changes in societal attitudes towards male-female relationships are taking place. Due to pressure from social and economic changes, emotional relations between spouses become stronger with consequent agreement that the needs of children come first (Caldwell 1982). In this paper, we have found that the AIDS crisis is also strengthening emotional relations between spouses as they are forced by their worries about AIDS to talk about safer sex and faithfulness. The institutionalized old-to-young counseling about sexual and reproductive issues is increasingly being replaced by wife-to-husband communication and social networking.

Among couples, it is wives who have taken the initiative to counsel their husbands about the practice of safer sex outside marriage so that it has a multiplier effect inside marriage. However, among social network partners, the focus is different between male social network partners and female social network partners. Male network partners put much emphasis on counseling each other to be faithful to one’s spouse and on using condoms if one cannot avoid having extra-marital sexual partners. Females, however, are silent with each other on condom use for either marital or extra-marital sex. In fact, they do not engage in counseling talks that are typical of
their male counterparts, but instead tend to share their sexual experiences in and outside marriage as well as reasons for engaging in commercial sex.

Female network partners adopt new behaviors through copying from friends just like the youth do. According to most young people, peer pressure has a great impact on youth sexual and reproductive behaviors including health-seeking behaviors such as condom use (Chimbiri and Munthali 2003). Similarly, female network partners choose a particular family planning method due to peer influence (Chimbiri 2002). Although there is no clear evidence that married women engage in extra-marital sex due to peer influence, this cannot be ruled out completely because of the strength of gender-based kin networks (Chimbiri 2002). These patterns of counseling and communication about sexuality issues suggest that gender and age-based networks are keys to pre-marital and post-marital sexual and reproductive health behaviors.
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