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Abstract

In development contexts, safe reproductive health practices are crucial to general health, which is the prerequisite for social, economic and human development. Even though many organisations work on improving sexual and reproductive health in these contexts, it is often the case that whilst knowledge, attitudes and skills are adopted, behavioural changes and practices do not follow. This dissertation aims to sociologically understand and theorise the disconnect or the space between attitudes, skills and knowledge on the one hand and behaviour on the other with regards to sexual and reproductive health among young people in Malawi. Based on fieldwork data consisting of semi-structured, event-based interviews with 40 participants of NGO Theatre for a Change (TfaC) (20 women in sex work and 20 student teachers (male and female)), and drawing on the theoretical framework as set out by Orlando Patterson on the impact of culture and norms, this study argues that observational social norms are more powerful in determining sexual behaviour than injunctive social norms. More specifically, crucial in understanding sexual behaviour of Malawian youth are (i) the ways in which transactions are fundamental for relationships; (ii) the vibrant, secretive and sexually unsafe culture of polygamy; and (iii) the dominance of men in decision-making around sex and the relevance of gender roles. These findings are significant not only for informing TfaC's specific programme approaches – the intention of this Work-Based Placement study - but they can also challenge more widely held scholarly and policy assumptions that structural education (knowledge, attitudes and skills) directly impacts behaviour that is solidly fuelled by culture.

Keywords: transactional relationships, polygamy, gender roles, condom use, sexual health, social norms;

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACVC	Attribute-Consequence-Value Chain
GbSE	Girls who have Been Sexually Exploited
HIV	Human Immunodeficiency Virus
KAS	Knowledge, Attitudes and Skills
NGO	Non-Governmental Organisation
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TfaC	Theatre for a Change
TfD	Theatre for Development
USA	United States of America
WISW	Women In Sex Work

Chapter 1: Introduction

1.1 Motive, Method and Argument

In development contexts, safe reproductive health (SRH) practices are crucial to general health, which is the prerequisite for social, economic and human development. Unsafe practices impair personal development on multiple levels, such as physical, emotional, mental and social well-being, and can negatively impact future generations too (WHO, 2006). There are a number of programs across developing countries that work on these issues, trying to raise awareness, knowledge, attitudes and skills around family planning, the prevention of Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV), prevention of maternal and perinatal mortality and morbidity, unwanted pregnancy, unsafe abortions and gender-based violence. Examples are TARSHI (India), Promundo (Brazil) and FHOK (Kenya).

Yet, whilst knowledge, attitudes and skills (KAS) are adopted, behavioural changes and practices frequently do not change or are slow to follow, especially with regards to young people (Fenny & Laas, 2014; Norbu et al., 2013; Faimau et al., 2012; Lou & Chen, 2009; Tavory & Swidler, 2009; Odu, et al., 2008; Maswanya et al., 1999;). Recently, for example, Theatre for a Change – a non-governmental organisation (NGO) working with women in sex work, girls who have been sexually exploited (GbSE), student teachers (both male and female) and marginalised young girls to improve their SRH in Malawi and Ghana – found a significant challenge in turning changes in KAS towards condoms into practice. While project respondents showed significant positive changes in their KAS towards using a condom, only 42% reported using them regularly (Stahnik, 2014).

The experiences of this NGO, among many others, suggest that there may exist a gap between KAS on the one hand and behaviour on the other. However, most academic literature so far mainly focused on a programs' ability to improve KAS without regarding its effect on actual behavioural change (Borawski et al., 2015; Van der Geugten, 2015; Agha, 2002; Hobfoll et al., 1993). In order to effectively improve SRH practices, and so realize social change, it is important to better understand this problem and to critically evaluate the assumption that improved KAS lead to behavioural change. This project seeks to explore the sociological mechanisms underlying the gap between improved KAS and actual behaviour.

I explore this through a Work-Based Placement and field research I conducted with 'Theatre for a Change' (TfaC) in Malawi. TfaC aims to improve SRH by equipping vulnerable and

marginalized groups with KAS through interactive theatre workshops. Two main projects are 1) the Teacher Training project, as part of the education program, in which a year-long series of workshops for pre-service teachers in Teacher Training Colleges (TTCs) are provided, and where KAS can consecutively be passed on by the teachers themselves to the youth; and 2) the Nzotheka project, as part of the general community program, in which various workshops are provided to women in sex work (WISW), their clients and GbSE. One of the ways to realize improved SRH within these target groups is TfaC's goal of increasing the consistent use of condoms of all sexually active respondents. However, as mentioned above, improved KAS have not yet lead to consistent condom use. A better sociological understanding of this KAS and behavioural nexus might therefore contribute to better development policy regarding sexual practices.

Therefore, the research question is as follows:

How can we sociologically understand the disconnect between knowledge/attitudes/skills on the one hand, and behaviour with regards to sexual and reproductive health on the other, among young people in Malawi?

There are two research sub-questions that will help to answer the main research question, namely:

- 1) Why and when do young people in Malawi use or not use condoms?
- 2) How can TfaC improve its programs to realize increased condom use?

1.2 Structure of the Dissertation

The structure of this dissertation follows the actual research project course, wherein qualitative findings from the field were guiding in the selection of relevant topics for the literature review. After this Introduction, Chapter 2 outlines the methodology used in conducting this research and describes the sampling strategy, the interview approach and guides. Chapter 3 presents the findings based on the in-depth interviews and provides an implication matrix detailing the value patterns that underly the decision-making processes around condom use among the research respondents. Chapter 4 presents a literature review that outlines the theoretical foundations and gaps of existing academic knowledge that serve as the framework to understand the findings in the present study. Chapter 5 analyses the relevance and value of these findings in light of the nexus between observational and injunctive social norms, global modernity and romantic consumerism. In addition, the

findings are also discussed in light of the TfaC program and its approaches and assumptions. The dissertation also includes a final chapter outlining the project diary for the Work-based Placement, in which I have reflected upon my academic and personal progress and learning development while on Placement, and based on reflections drawn every two weeks while in the field. A description of the research environment can be found in Appendix 1 and an initial setup for the research is lined out in the Research Matrix in Appendix 2.

Chapter 2: Research Methods

The current study explores what makes condom use inconsistent and how TfaC can improve its programs based on the collected data. This chapter will elaborate on the methods used to conduct research of the current study.

2.1 Sampling, Interviewing Strategy and Analysing Data

For the current study, a sample of 40 TfaC respondents were interviewed in 40-50 minute long semi-structured, event-based interviews in May and June 2016. Twenty respondents, 10 females and 10 males, were selected from the Teacher Training Colleges (TTCs) in Lilongwe (8), Kasungu (6) and Blantyre (6). These twenty respondents are also educated to become primary school teachers, and have also joined the TfaC Education program called “Tiphunzitsane” (Let’s Teach Each Other). The other twenty respondents were selected women in sex work (WISW) that have participated in the “Nzotheka” (Community) programme called “Tithandizane” (Let’s Support Each Other) in Lilongwe (6), Kasungu (7) and Salima (7). The abovementioned locations were chosen to cover differences in geographic location and because of their well-established experience with the TfaC projects. Respondents of these two target groups were selected based on their availability and in collaboration with the TfaC Malawi office and the TfaC facilitator of the specific TTC, after establishing a lack of data and the urgency of problems within these specific communities. All interviews were sound-recorded. In addition, all respondents signed a consent form in which they agreed to participate in this research (see Appendix 5). Ages of respondents varied between 17 and 44, with an average of 23 years old.

The interviews with student teachers were conducted in English, as all respondents were fluent in this language. Interviews with WISW were conducted in the national language Chichewa with the help of a TfaC colleague. This translator was extensively briefed about the aims of the research and the design and strategy of the interview. Several semi-structured sections about sexual behaviour were immediately summarized for the researcher to check if all necessary questions had been asked. Often all the information shared already formed valuable data for the research, showing the experience and success of the specific translator and interview strategy. The interviews conducted in Chichewa have been translated and transcribed by another TfaC colleague, whereas those in English by the researcher himself

In addition to the interviews, this study also contains observations through the use of ethnography by living in the midst of the local culture and environment (Lilongwe) for a period of two months in May and June 2016. All collected data were analysed by the researcher and relevant patterns of normative behaviour, motivational schemes and value indicators were identified

The approach of semi-structured, event-based interviews was chosen to gain the trust of the interviewee before tackling deeper, sex related questions, in order to have a more personal, open conversation. This interviewing strategy was necessary to create a safe and informal environment, facilitating the complete and accurate reporting of sexual experiences. The sensitivity of the research topic along with the often violent behaviour of men toward women, made the first half of the interview essential for the collection of relevant data in the second half, in which interviewees were asked to reflect upon their last sexual experience both with and without using a condom. Themes in the early (up to 20 minutes) stage of the interview were to comfort the interviewee by letting him/her tell about him-/herself, such as family, friends, religion, a fun event, etc. The second, more intimate part of the interview comprised questions about relationships, and slowly shifted away from general, non-private topics to sexual habits and behaviour toward more specific. Several prepared questions steered the interview in order to answer the research questions properly, including (and in the following order) demographics, rapport (e.g. elaboration on a recent good day), home and living, TfaC experience, life aspirations, relationships, access to condoms, safe sex, unsafe sex and sex rights (see Appendices 3 & 4 for interview guides). The WISW interviews also included questions with regards to the practicalities of their sex work and their sources of income to create a better understanding of their life standards. Follow-up questions based on the respondents' intimate experiences determined the course of most interviews and served as the basis for the most significant collected data.

After the first five interviews with student teachers in Lilongwe some minor changes were made to the interview guides, but the strategy and semi-structure of the interviews worked well. Based on a preliminary analysis of the data collected after completing half of all interviews, more specific questions about transactional relationships, love and trust were added to the interview guides.

2.2 Problems in Researching Youth and Sensitive Topics

There are several implications when it comes to conducting research with youth on sensitive topics. Firstly, the themes in question mainly deal with issues of shame and privacy. Partaking in these in-depth conversations can cause both positive and negative intense self-reflection (Bourne & Robson, 2015). Therefore, these interviews have “the potential to cause physical, emotional or psychological distress to respondents or the researcher” (Elmir et al, 2010, p. 12). In addition, as sensitive matters are often kept private, such research is inherently and entirely reliant on self-reporting, which often means an incomplete disclosure of all intimate behaviour (Auchter & Backes, 2013; Ogan, 2006; Romer et al., 1997; Solberg, 2014; Testa et al., 2005). Secondly, besides conducting research on a difficult topic, youth as a target group come with difficulties as they have a lack of experience, short attention spans and little cognitive development (compared to adults). For these reasons an appropriate approach is necessary (Romer, 1997; Ogan et al., 2013). Specifically, those studies that regard both sensitive topics and youth, are required to consider personal histories and environments in order to prevent overlooking confounding elements and structures of the specific behaviour (Rana et al., 2015, p. 1065; Tang, 2006).

Clearly, the above-mentioned issues require an appropriate research design that incorporates both the implications of researching sensitive topics and vulnerable adolescents, while still collecting accurate data that can answer the research question at stake.

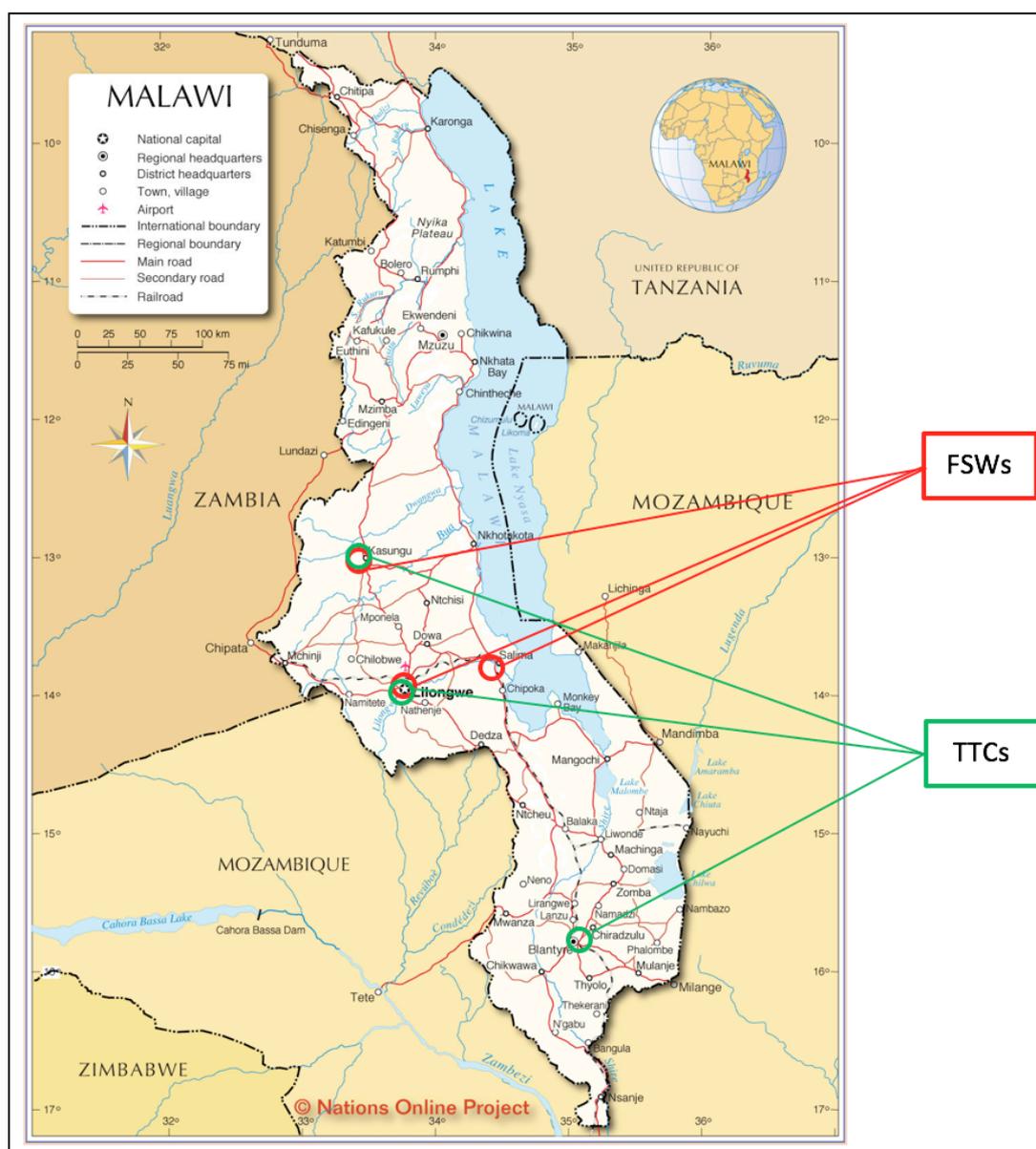
2.3 Coding and Analysing

Based on the data collected through the interviews attribute–consequence–value chains (ACVCs) have been created. Although the ACVCs do not expose detailed stories of personal experiences, they do neatly summarize interviews and identify themes. Whereas attributes indicate what a person likes or dislikes about using a condom, consequences specify what impact this would have on his/her life, and core values explain why this is important to him/her. Thus, an ACVC for a female student teacher that speaks about her latest experience of sexual intercourse when using a condom can look as follows: Protection against diseases and pregnancy (A) → Staying in school (C) → Dealing with exclusiveness uncertainty in a partner (C) → Independence (V) → Personal security (V). By coding these identified themes, implication matrices were built to display all ACVCs per target group in one model and to specify the strength of the relationships between the different elements. This technique has

been used by many others (see Jung, 2014; Pieters et al., 1995). The implication matrices can be found in Appendices 6 and 7, and a manual to properly read them is outlined in Appendix 5.

2.4 Fieldwork Sites: Lilongwe, Blantyre, Kasungu and Salima

Interviews were conducted in the areas of Lilongwe, Blantyre, Kasungu and Salima (see map below). These locations were selected not only because TfaC had respondents in those areas and was thus able to function as a gatekeeper to relevant interviewees, but also because it would be more valuable to collect data from different regions in the country. In addition, the research sites included two urban (Lilongwe and Blantyre) and two more rural (Kasungu and Salima) locations. Although Lilongwe is Malawi's capital city and the largest city in the



country (approx. 1.1 million inhabitants), Blantyre has a more city-like feeling and is the country's centre for business and finance. Kasungu is a town in the North of the Central Region with a population of 60.000 and Salima is a town in the East of the Central Region, close to Lake Malawi, with about 40.000 inhabitants.

2.5 Literature Review

In order to maintain an open mind and start the research with a “blank slate”, all interviews were conducted before much academic literature had been reviewed. By being relatively uninformed without a specific aim or focus, I was able to discover and investigate what was actually there instead of being steered in a certain direction. Based on my findings, relevant literature was selected and reviewed in order to understand the collected data of the current study. In line with this process, the findings from the interviews will first be presented in the next chapter and the relevant literature will be discussed in chapter four.

Chapter 3: Findings from the Interviews

With data revealing the self-reported motivations and values regarding sexual behaviour and condom use of forty Malawian student teachers and women in sex work, it is possible to generate a proper understanding of the gap that exists between KAS on the one hand, and sexual behaviour on the other. This chapter provides, in two separate parts, the collected data that is relevant to these issues. Section 3.1 addresses transactions as the base for sexual relationships and interactions since this theme was relevant throughout all interviewees' considerations and determinants of condom use. Section 3.2 specifies respondents' motivations and determinants of condom use with regards to their most recent sexual experience and discusses these in subsections of 'with' and 'without condom'. Within these subsections student teachers and WISW are also outlined independently. Both implication matrices (Appendices 6-8) and personal anecdotes are discussed in detail. Pseudonyms are used in order for respondents to remain completely anonymous. Please note that the phrased anecdotes are literal quotes of the respondents and are sometimes difficult to grasp. Follow-up questions and context are used to clarify respondents' statements.

3.1 Relevance of Transactions in Relationships

One of the themes that will not explicitly come forward in the implication matrices and only appears twice in the interview transcripts, is that of transactions. It appears to be relevant throughout all collected data. During the first interviews, it soon became clear that a relationship between boy- and girlfriend or husband and wife partly implies that the former provides the latter with money, food or gifts in indirect exchange for sexual activities. Indirect, because the giving of money or gifts is irregular and not parallel with sexual intercourse. Having noticed the relevance of the local definition of a relationship after several interviews, questions about respondents' definition of a relationship, its associated expression and respondents' expectations were included. Most respondents expected to receive love, be accepted the way they are, and help each other whenever one of them was in trouble. When females were asked how their partner is expected to express these things, the response was often through money or material possessions. Men, however, often revealed an expectation for women to behave according to their needs and desires. Most men admitted to be in a race for the most beautiful lady and to use monetary means to convince a girl they love her, even if this might not be true. This certainly does not mean that women are powerless in these kinds of relationships (with the exception of violence and sexual abuse): women view men's

provision as a strict minimum and fundamental part of a relationship. When they are left unsatisfied with what they receive, it means the end of a relationship, as Helen (21), a WISW from Salima, clearly points out:

Researcher: You said your partner gives you money right...he gives you 2000 or 2500 Kwacha this week and again the other week?

Helen: Mm.

Researcher: If he stopped giving you money, would the relationship continue or would it end?

Helen: It would end because it wouldn't make sense being in a relationship with someone who cannot provide for me.

3.2 Determinants of Condom Use

In this section interview findings will be discussed in detail. Again, transactions are not often mentioned, but are relevant throughout all respondents' behaviour.

3.2.1 With Condom

3.2.1.1 Student teachers

Most student teachers, both male and female, showed great knowledge of the effects of condom use. In addition, their attitudes appeared to be positive and all indicated to be able to use a condom. When asked about their motivation to use a condom in their latest sexual experience, almost all of them indicated that they wanted to protect themselves from both diseases (STIs and HIV) and pregnancies in order to stay in school. For both female and male student teachers this was important, as they wanted to become self-sufficient and not become dependent on someone else if they get ill or become a parent. Often having high ambitions and well-defined future plans, a condom helps them in remaining on their independent path of personal development. The implication matrix in Appendix 7 demonstrates the relevance of 'independence' as a core value with a high abstractness score of 0.19 for female students and 0.24 for male students. When asked about their life aspirations and their ideal imagination of life in 5 years, one of the male student teachers from Lilongwe (24) replied:

Harry: I wish I could become a doctor. And I am still fighting for that to happen. There are some chances to be selected to the University of Malawi, so I did not have that chance so far. But I know I will manage and I will do it. So, I will be a teacher

and after being a teacher here, I will come back to class for my doctor's degree and do what I want in my life.

A significant distinction of the motivations behind condom use for female and male student teachers is the difference in the relevance of pleasure. For males, pleasure seems to be as equally important as independence, whereas only a few girls indicated pleasure was of value. More importantly, when female student teachers did indicate pleasure was significant, it was never for their personal pleasure, but solely to please the man. Although it is often indicated that condom use reduces physical pleasure and psychological intimacy, without condoms girls often refuse to have any sexual intercourse at all. Here, condoms can be understood as a mediator between safety for both, but pleasure for him ('pleasure' scores equally high on abstractness as 'independence' for male students). Sylvia (24), a female student teacher in Blantyre, told a story about her boyfriend waking her up multiple times to have sex while she was asleep and did not want to. Nevertheless, eventually she gave in provided that he would use a condom:

Sylvia: So I asked him, "Do you have a condom?"

[...] Researcher: So why did you still feel it was a bad experience, why was it not nice?

Sylvia: (laughs). Sometimes he is like a incomprehensible...

Researcher: Okay, so did you feel unsafe?

Sylvia: Of course I felt safe. But somehow, (pause) I don't feel comfortable. To feel his body, with the HIV.

Researcher: And perhaps also because you wanted to sleep initially?

Sylvia: Yeah, but he did it for the sake for how he felt.

Researcher: Yes, and he was really excited?

Sylvia: Yes.

More important for girls than 'pleasure' is 'inner harmony' (see abstract levels in Appendix 7). Meaning, even when female student teachers are not keen to have sex, they would use a condom as they know it is the right thing to do. Remarkably, four out of the eleven female student teachers interviewed, indicated to have never had sexual intercourse with a condom. Reasons included marriage and only having had sex without a condom in the past.

3.2.1.2 Women in Sex Work

For women in sex work (WISW), knowledge of the risks of unprotected sexual intercourse is often sufficient in making them almost always use condoms with customers. TfaC's program changed WISW's sexual behaviour with customers, as they all regard these men as untrustworthy. Nevertheless, the financial incentive of having sex without a condom and alcohol intoxication can make their behaviour pattern inconsistent, which negatively impacts their SRH (women would often be propositioned to have sex without a condom for 4 to 8 times the price of intercourse with a condom). Sexual behaviour with partners remains inconsistent for WISW as trust in a boyfriend is often more dominant in determining whether or not to use a condom.

Compared to female student teachers, WISW have a very different pattern of reflecting on their past sexual experiences and decisions with regards to condom use. Not only is the economic status of WISW incomparably lower to that of student teachers, the social status of WISW makes them even more marginalised and vulnerable. They are often regarded as inferior and repulsive by others in Malawian society, especially by those from urban environments. WISW are usually forced into sex work because they do not have the means to provide for themselves and their children due to (rural) poverty or unexpected divorce. Therefore, as the data on the implication matrix indicates, most women are more concerned with their personal and family security than with their independence. With an irregular income ranging between 3,000 – 15,000 Kwacha per week (\$4.17 - \$20.93 per week) for the WISW in the current study, they are often in serious need of money to pay the rent, and for food (maize, relish, salt), clothing and soap. Evidently, many WISW's different environment and life perspective greatly influences their sexual behaviour and health, and makes contemplations of independence or inner harmony of secondary importance.

An interesting and significant contrast in the conversations with WISW exists between their experiences with their partners and their customers when using condoms. When speaking of protected sexual experiences with partners, WISW regard personal security (staying healthy and alive) as far more important in determining their decision to use a condom than family security (providing food and shelter for children). For example, Dora (44) from Kasungu explains that she uses a condom with her partner because she does not trust him and wants to protect herself:

Researcher: Why did you use a condom?

Dora: Lack of trust in each other since we both have sexual experiences with other people outside the relationship; so there is really no hope for plain sex or we'd be putting our lives at risk. None of us really knows if their partner is using protection or not; I mean personally I would be protecting myself but still what is he doing out there.

When asked about the possible consequences of not using a condom with partners, most WISW replied that it might impair their individual health. Although family security is not irrelevant with regards to determining condom use, WISW indicated to treat sexual relationships with their partners with more personal considerations compared to sexual intercourse with customers, as the latter is seen purely as an act of work and family provision. The following excerpt comes from a conversation with Sophie, a WISW from Salima (26), that illustrates how protected sex work is often related to family security:

Researcher: What would happen if you do not use a condom?

Sophie: What happens is that... If I contracted STIs it means that I will burden my family because firstly they look up to me, so if I lay down for two or three days, it means that my children will not eat and they will end up beginning in other peoples' houses. In turn, I become a laughing stalk; people will be saying things like "she is a sex worker for nothing". This could ruin my CV and once the news gets to my customers, not a lot of them will come back

3.2.2 Without Condom

3.2.2.1 Student teachers

The stories that lie behind not using a condom are often more complex and diverse. They were frequently told with more emotions and embarrassment, as all participants were aware that they did have the right knowledge, attitudes and skills as promoted by TfaC. The safe interviewing environment allowed for detailed stories and rendered the discrepancy between the lives of women and men unmistakably clear.

The reason female student teachers' most often cited for not using a condom was their full trust in their partner and their eagerness to experience sweetness and 'real sex'. Whereas the

former explains the high numbers in the implication matrix (Appendix 8) indicating ‘maximizing intimacy, romance and sex’, the latter points to the high level of fear that women live with and the dominance of men in determining the course of sexual interaction. While sex without the use of a condom is commonly based on the full trust they have towards their partner, being exclusive and faithful does not seem to be part of that trust equation. Most respondents, including male student teachers and WISW, are very aware that their partner might have another sexual partner somewhere else. Evidently, however, this is something that is usually not openly discussed within a relationship. Julia (21) from Kasungu demonstrates the way almost all respondents viewed the exclusivity/faithfulness of their partner:

Researcher: Is he the only one that you consider a partner or do you have multiple partners?

Julia: The only one.

Researcher: And are you also the only one for him?

Julia: Yes, if he is honest yes, I can say that. Because I am here, he is there. I cannot say that, maybe he is having someone now apart from me, but as I see it, I am the only one.

Another female student teacher from Kasungu, Fanny (24), who also indicated to have doubts about the faithfulness of her new husband, explains that intimacy and a strong feeling of safety were the determinants for not using a condom. Being pregnant and recently testing negative on HIV added to her connectedness with her partner, which caused “the fire to come” (e.g. to become aroused).

Nevertheless, most female student teachers indicated to have either been convinced or threatened by their male partners to have sexual intercourse without a condom. As bringing up a condom is predominantly interpreted as a sign of mistrust or unfaithfulness, women are not inclined to indicate that they want to use one. On the other hand, male student teachers often indicate that sexual intercourse without a condom feels better and signifies their strong and authentic relationship. For them, these are indicated as the core values of ‘mature love’ and ‘pleasure’ on the implication matrix (see Appendix 8). The significant fear that women experience when a male partner does not want to use a condom is striking. Dominique (22) from Kasungu discloses a story of her boyfriend tricking her into coming to his house and expresses her fear in declining unprotected sex:

Researcher: And do you remember why you did not use a condom back then?

Dominique: No, because it is like I don't remember, but sometimes I think I would regret, because he said let's meet in my house today, but to me I was thinking chatting, but to him he was already thinking I will have sex with this woman. Then when I realized this day is not only chatting but also sex, it was too late.

Researcher: So if you wanted to use a condom then, you should have known before, so you could've bought it?

Dominique: Yeah.

Researcher: So, do you think if you had a condom on you and you wanted to use it, how would he have reacted you think?

Dominique: I think he could not allow me to use a condom.

Contrary to female student teachers, male student teachers indicated that 'having the real experience' or 'experiencing the real sweetness' was the main motivation for them not to use a condom in their most recent sexual encounter. One of Malawian sayings, that many respondents used in their interviews, expresses this train of thought best: "Suwiti sakoma pepala" ("You can't taste the sweetness when eating a candy with the wrapper still on it"), referring to the lack of joy you have when using a condom. In addition, the consideration of using a condom really only regards their personal enjoyment of the sexual activity. Marcus, a twenty-three-year-old from Lilongwe, clarifies his motivation to not use a condom:

Researcher: What was your train of thought about the condom use? Why did you make the decision to not use the condom?

Marcus: I wanted to feel good. [...] In my mind, I said already that if I use this I won't feel good. But without it, it will be good to me. So I had a negative mind-set with that.

Apart from maximising the sexual experience, male student teachers also preferred unprotected sex because of romance and intimacy or maximizing the social position. In explaining why these things were important, respondents indicated the core values of 'pleasure', 'social recognition' and 'sense of success' (see Appendix 8). Guys are often pushed by their friends to have unprotected sex, this being the real form of sex. Although male student teachers do have the right knowledge, the social status they have or could receive is often a stronger determinant for having unprotected sexual intercourse.

A male student from Blantyre, David (29), told his story of being dumped by multiple girls because he did not want to have sex. After some time, David felt like a failure and wanted to prove he was a man. This decision was not solely based on his personal motivation, but was strongly encouraged by his friends:

David: Most of my friends said that maybe I have a health problem, a reproductive problem, because they were saying that a person like myself can have a girl without having sex just once. It might be a problem that the girl will dump me. So they were using those facts and those points, to encourage me to have someone whom I can do sex with, without thinking about protection. Because I was surrounded by people who were only looking at the weaker part of me, they only see me as someone weak. They did not even find someone who said this is a bad thing. Because if I had someone who said that to me, I don't think I would have done that.

3.2.2.2 Women in Sex Work

With regard to unprotected sex, the difference between partners and customers is similar for WISW. Again, the dominance of males becomes relevant.

Firstly, this becomes evident in the motivations of WISW to not use a condom with their partner. Similar to student teachers, WISW claim that full trust in partners and having been tested together are main reasons for not using a condom when making love to their partner. Interestingly, for WISW also alcohol intoxication is often claimed to be a reason not to use a condom, as they are often too drunk to take charge of their behaviour. Here, again, the role of the man is determinant in the actual behaviour of WISW: although the main motivation behind having full trust in their partner is to experience mature love ("the real experience"), all other instances are because men insist on having unprotected sex. In the implication matrix these behaviour patterns are reflected in the high (blue) numbers in 'pleasure for him' and 'personal security'(see Appendix 8). The former is similar to what female student teachers reported: a one-sided motivation to create pleasure for the male. Performing unprotected sex with a romantic partner was not based on trust, love or romance, but on fear for losing the relationship. When males so persistently insist, females often experience great fear to decline unprotected sexual intercourse, as they might lose their partner. One example is Daisy from Salima (21) that wants to give him pleasure.

Daisy: We both went to a Nyau festival where we met by chance and he told me that he wanted to have unprotected sex with me that day. When I asked him why, the response I got was “you do not eat a sweet whilst it’s still in its wrapper” and asked how I’d feel eating a sweet from its wrapper and I told him I wouldn’t taste anything. That’s when he said it was for the same reason that he wanted to do it.

Researcher: And you accepted?

Daisy: Yes, we went to have sex at his mothers’ house.

Researcher: Why did you accept then when all along you had been using condoms?

Daisy: I just accepted what he wanted so that I can feel what he wanted to feel.

In more extreme cases, male partners are threatening the female sex worker to have unprotected sex, which sometimes results into verbal and physical violence. However, often WISW are aware of this risk and seek to avoid their partner to become violent by accepting unprotected sex, which is indicated as ‘personal security’ in the implication matrix. The following illustrating excerpt is from a story of Jessica (22), a WISW from Lilongwe, whose boyfriend insisted on having sex without a condom:

Jessica: He was angry.

Researcher: What did he say he was angry with?

Jessica: That I was refusing to have sex with him plain, that I was doubting him. So I just accepted.

Researcher: So you accepted that you should...

Jessica: Make him happy.

Secondly, the male dominance in decision-making power is palpable in the motivation pattern of WISW’ most recent unprotected sexual experience with customers. Although in approximately half of the instances WISW have a strong financial incentive to engage in unprotected sex with a customer due to the higher compensation, they are often taken advantage of when they are heavily intoxicated with alcohol (see high numbers at ‘d) Alcohol intoxication’ in Appendix 8). Alcohol appears to take up a central role in the lives of many WISW, as most of them flirt, drink and party in the bars to meet customers, and drinking has often also infiltrated life outside of work.

Violence and abuse from customers is unfortunately not uncommon for most WISW. WISW seem to experience very high levels of fear in interactions with customers, especially in comparison with partner situations. Melissa from Salima (23) tells about her most recent

experience, the day before the interview, when her customer told her he had a condom but admitted in the rest room not to have one. She indicates he forced her to sleep with him:

Melissa: So, I said if you don't have a condom, allow me to go. So he seemed to be powerful, so I failed to not cooperate.

Researcher: Did he use force? Did he touch you?

Melissa: Yes, he touched me, telling me I won't get out of the room until we have sex, even without condom because it's our duty; that we are supposed to have condoms, not him. So I asked him why he said he has a condom; how come you are here saying you don't have a condom? So that's why it happened that he had sex with me, because he was like threatening me. I accepted.

Chapter 4: Literature Review and Theoretical Framework

Now the data has been collected, it is important that the right framework will be established to analyse the findings. Much research has been dedicated to understanding the HIV epidemic and sexual behaviour in sub-Saharan Africa, where the virus has had its greatest impact. In aiming to improve sexual and reproductive health (SRH) and tackle this research problem, studies from many academic fields have been conducted, including economics, anthropology, geography, politics and biomedicine (UNRISD, 2005). With regards to the aim of this project, however, sociological research could offer the most interesting insights in understanding condom use in Malawi.

This chapter first examines the empirical literature on the determinants of individual decision-making with regards to sexual behaviour by focusing on the authority of KAS as compared to behavioural social norms. This partition will also be the basis of the conceptual/theoretical framework that I have used to structure this research project. Consecutively, in order to understand the fundament of most relationships of Malawian youth, transactional sex is placed in a macro-level scope that considers global modernity, individuality and consumerism. Only after, the implications of condom use in the local setting of Malawi are considered. Finally, the effectiveness of Theatre for Development in realizing social change and improving SRH is discussed.

4.1 The Authority of Knowledge, Attitudes and Skills in Individual Decision-Making

Most research on sexual health and behaviour has focused on improving KAS in order to reduce the prevalence of STIs and HIV (Borawski, 2015; Campbell et al., 2011; Tang et al., 2011). This approach is based on the idea that when an individual knows what to do, and why, when, and how to do it, it seems logical that he/she will display exactly that behaviour. Here, the underlying assumption is that individual factors are more powerful in determining behaviour than socio-economic and cultural elements (normative structures). Studies by van der Geugten (2015) in Ghana, by Tang et al. (2011) in China and by Campbell et al. (2011) in the USA, all highlighted the importance of improved KAS in aiming to reduce risky sexual behaviour. However, in none of the abovementioned studies, as with many others (see Borawski et al., 2015; Agha, 2002; Hobfoll et al., 1993), empirical evidence was provided of any actual behavioural change with regards to SRH practices.

It is not only assumed that a correlation exists between KAS and sexual behaviour, but also that the former directly leads to the latter. This assumption is often evident in the

academic literature, but also in the approach of many NGO's in the development sector. For instance, TfaC's vision is to "see vulnerable and marginalised groups empowered with the knowledge, awareness and skills to positively transform their lives", while their goal is to "improve the sexual and reproductive health of vulnerable and marginalised groups" (TfaC, 2016).

Conversely, and in contrast to this line of argument, more and more studies in the past couple of decades have sought to investigate this causality. They have established a strong empirical basis on which to say that it is not individual, but socio-economic, cultural and normative elements that seem to be more powerful determinants of sexual behaviour (see Fearon et al., 2015; Ali & Dwyer, 2011; Paul-Ebhohimhen, 2008). In elaborating the nature and dynamics of cultural processes and their influence on decision-making conduct, the sociologist Orlando Patterson (2016: 32-34) explains the relevant difference between values and norms: whereas values express our desires and apathies, norms prescribe and proscribe scripts and schemes of social order for us to behave appropriately with regards to a reference group. He distinguishes between injunctive and observational norms: "norms may be injunctive – prescribing what we ought or ought not to do – or observational (also called "descriptive" by some psychologists), our conception of what is normal, based on the observed behaviour of others" (Patterson, 2016, p. 33, emphasis added). It is not unusual to find a discrepancy between people's behaviour and their reported attitude towards that behaviour. For example, Fosse (2016) found that black youth in the United States reported to feel positive about work and education (injunctive norms), but evaluated specific elements of work and school negatively (observational norms). In addition, in a study among 150 youth in Baltimore (Maryland) on the struggle to resist "street culture", it was found that although many men allegedly rejected the often violent and criminal domination of street activities, they often remained loyal to the streets in order to maintain social networks, and thus maintain a greater sense of safety and social mobility (Rosenblatt et al., 2016). More specific to this dissertation, Limaye et al. (2013) show that even though having concurrent sexual partners was perceived to be extremely common in Malawi (observational norm), concurrent sexual partnerships were at the same time heavily disapproved of in public and were, therefore, often conducted in secrecy (the injunctive norm).

It is possible, then, that observational norms (norms based on others' behaviours) are often more powerful in determining someone's behaviour than are injunctive norms (individual attitudes, but also skills and knowledge). If this is empirically accurate, the sociology of

injunctive/observational norms might also challenge much of the underlying rationale for development policies around SRH practices.

4.2 Understanding Transactional Love in a Globalized World

So what are the key observational norms surrounding sex, love and relationships in a globalized development context? This section first examines transactional sex as the foundation of relationships among Malawian youth; then it discusses global modernity, individualism and capitalism as idealized macro-trends that have generated this behaviour. These trends allow a better understanding of romantic consumerism as a driving force regarding injunctive and observational norms - and the operation of competing norms - and how they function as putting competing pressures in the Malawian context.

4.2.1 Transactional Sex and Relationships

In understanding the observational or descriptive norms around sexual behaviour, it is important to explore how relationships are established and what the local milieu of flirting, dating, and loving looks like. “As socially constituted behaviour, the meanings, values and motivations ascribed to sexual expression vary widely across cultures as well as within particular populations”, argues one scholar (Leclerc-Madlala, 2003, p. 213). Previous research indicates that a significant number of relationships in sub-Saharan Africa are founded on financially-based sexual transactions — the act of women and girls engaging in sex for material and/or financial gain (Caldwell et al., 1989). The cash and/or gifts are usually to provide girls and women for their basic needs: school fees, rent, groceries, and clothes. The reported proportion of sexually active women ever having engaged in transactional sex varies from 2% to 27% per sub-Saharan country (Onoya et al., 2011; Chatterji et al., 2004; Dunkle et al., 2004). Studies and data collected in Malawi in particular show that transactional sex not only forms the foundation of many premarital relationships, but also of sexual intercourse interactions unrelated to love relationships. For example, Poulin’s (2007) findings based on 54 in-depth interviews with Malawian youth aged 15-24 reveal the entwining of intimate relationships with money:

Of the ever-sexually active women reporting their current or last partner to be “casual” (28%), 61% reported that money/gifts had been exchanged at last sex. Of those reporting their current or last partner to be a “steady boyfriend” (43%), 55%

said they had received money/gifts, and of those reporting a chitomelo or fiancée (29%), 59% received money or gifts at last sex. (p. 2387)

Based on data from ethnographic field journals collected in rural Malawi, Swidler & Watkins (2007) also provide extensive evidence of the strong base that financial transactions take in determining relationships and sexual behavior, concluding that, “in Malawi, as elsewhere, the dynamics of transactional sex depend on the idea that women need money whereas men have it” (p.150). This also hints at gender and patriarchal dimensions of the issue, further discussed below.

Clearly, then, transactional relationships play a significant role in the everyday lives of Malawian youth, but how can we sociologically understand these social ties and systems of dependence? In applying a normative framework, Poulin (2007) found that there exist powerful sets of rules and strict guidelines fundamental to the structure of relationships: young women expect and are expected to be giving sex (not necessarily without pleasure), while young men see it as their duty to provide their partner in her basic needs, and they are also normatively expected to do so. In addition, the public aspect of transactional sex and relationships appears to be very important, as money and gifts can be used to improve the social status of both partners through luxury items such as body lotions or sweets. In contrast, an absence of money and/or gifts will lead to public disgrace. Transactions are even so fundamental to a relationship that, if a man fails to provide sufficiently for his girlfriend, the relationship would end and the woman would want to find someone else. And as Poulin notes, “these expectations are powerful, and stipulate that men who do not provide money send clear messages to their partners: would-be recipients are not really valued” (Poulin, 2007, p. 2388). This is important for this project and its argument about competing norms because it suggests that the interdependent observational norms of transactions are predominant in determining love and sexual behavior, even though one might individually prefer to express him- or herself differently.

Importantly, however, this does not mean that transactional sex and its relationships are similar to prostitution or sex work; important differences exist. Material or financial gifts are not solely about meeting the financial needs of women or the acquisition of sex for men, but they are mainly an expression of love, trust and security in Malawi (Poulin, 2007). In South Africa, too, material gifts and/or payments are found to be the most decisive symbol representing love, commitment and faithfulness (Hunter, 2015). Independent from factors such as violence or the level of material gains, these relationships are also framed in terms of

love, but they are simply expressed differently. Hunter (2015) elaborates and hints at one of the difficulties in studying relationships and love in these contexts:

Of course, the presence of 'love' does not signal equality – almost always it is men who give gifts to women. And neither is there a single meaning of love in existence, especially across a diverse range of South Africans. Love can be represented by a woman's commitment to a lover who is not able to support her, a sense that 'love conquers all' evident in common notions of romantic love [...]; yet love can also be expressed in men's gifts to girlfriends, a scenario that might be called provider love. (p. 370)

In reviewing academic literature on transactional relationships and the context of AIDS in sub-Saharan Africa, Caldwell (1989) also confirmed as early as 1989 that, although relationships were transactional, they were not purely commercial. Therefore, he stressed, it is extremely difficult to draw the line between prostitution and the lover relationship (Caldwell, 1989, p. 218-219). Thus, these transactions should be understood as a system of valuing the relationship and a system of dependence, not merely as a valuing system of sexual intercourse.

The critical relevance of transactional relationships also becomes clear when it is studied in relation to sexual behavior and health, and specifically the use of condoms. Much research shows that, while women do take the initiative in engaging in transactional relationships, they often experience significantly less power in negotiating the use of condoms due to age (Luke, 2003) or economic asymmetry (Onoya et al., 2011; Hunter, 2002), and attempts to challenge these often result in a (sexually) violent partner response (Gilbert & Walker, 2002). These findings suggest that even though women do want to use a condom in transactional interactions because they realize it will protect them from diseases and unwanted pregnancies (injunctive norms), they are often limited in initiating its use due to socio-cultural constraints and risks (observational norms). These and other factors play a significant role in the decision-making around condom use in sub-Saharan Africa, including Malawi, and are discussed in more detail in the next sections.

4.2.2. Global Modernity, Individualism and Consumerism

To better contextualize the operation of norms in decision-making, transactional sex and relationships should be placed within a wider sociological framework. A proper macro-level understanding of the data will provide relevant insights into why and how transactional relationships came into existence in sub-Saharan Africa.

Here, the concept of globalization is essential, as globalization has led to the spread and entwinement of economics, social and cultural practices and perspectives. One element globalization has brought to sub-Saharan Africa is that of modernity, which can be described as the collection of socio-cultural norms, values and behavioural patterns that finds its existence in the Western World and is characterized by freedom, individualization, rationalization and science (Omodeo, 2014). Through a study of Kenyan studio photography, Behrend (1998) shows that African modernity is constructed by opposing the traditional and colonial African past by using African's other (i.e. European, Indian or Arab norms), which is expressed through the loving, romancing and the intimate couple in a more consumptive system of conduct. Leclerc-Madlala (2003), who interviewed 60 women in South Africa similarly acknowledges that transactional sex is shaped by macro-level forces, such as liberalization, privatization and media promotion of consumption, which confirms that global norms are relevant in understanding transactional sex and relationships. In this specific study, women had sufficient supply of food, shelter and other necessities, but "the commodities of modernity" were now transformed into new sets of (luxury) needs (e.g. mobile phone) - and therefore new norms and normative social pressures - that could be acquired through transactional sex and relationships. As Leclerc-Madlala (2003) concludes:

Women who consciously choose multiple partners and engage in transactional sex are seeking to assert themselves and further their own interests. [...] Using their sexuality to access goods and services is construed as a pragmatic adaptation to modern and costly urban life. Maintaining such material expectations in sex provides important incentives for partner change and condom-less sex, both contributing to putting women and their partners at high risk for HIV. (p.228).

So individualism, consumption and emancipation might also be identified as transnational ideals of modernity that are expressed through transactional sex and relationships (Barlow et al., 2005, 247). For example, in Malawi spontaneous marriages of young women follow a traditional logic of selecting a partner on the belief that romantic love can transform

someone's social mobility. Here, the influence of modernity and globalization are perhaps not dominant and direct, but strikingly significant in defining the love life of Malawian youth (Bertrand-Dansereau & Clark, 2016). In studying Malawians' narratives of love, some scholars suggest that, "romantic love is not associated only with modernity and individualism, it is also linked to the capitalist mode of production and consumption" (Bertrand-Dansereau, 2013, p. 34). Dating, one of the most common practices of Western romantic love and consisting mainly of activities within gastronomy, culture and tourism, requires the liberal fundament of capitalism, explicit wealth and spare time. Thus, love is expressed through these forms of "romantic consumerism" which find their basis in global modernity, individualism and capitalism.

However important, these elements of globalization can only partially contextualize some transactional sex and relationships, as many Malawian girls and women are simply in desperate need of providing for their basic needs and not luxury or 'modern' ones. More generally, then, three relationship scripts can be identified that govern the sexual and love behaviour of Malawian youth: Christian marriage, Chewa marriage and romance (Bertrand-Dansereau, 2013, p. 36-40). Within this framework, romance signifies the most modern path, Chewa marriage the traditional orientation, and Christian marriage includes elements of both. Based on this perspective, Esacove (2010) rightly stresses that AIDS prevention in such a setting should therefore not be based on assumptions of modernity:

The public narrative of AIDS prevention in Malawi is replete with inconsistencies, oversimplifications, and faulty logic. [...] Beyond current understandings of (Western) heteronormativity, the narrative also rests on a logic of modernity. This logic is expressed by who the narrative tells us can enter into the inner circle of normal, natural, and healthy sexual relationships; "healthy" sexual actors are autonomous, rational, and informed by fact-based knowledge. AIDS prevention interventions, therefore, attempt to create these "modern" actors, as well as control the forms of relationships they enter. (p.103).

This line of argument will be helpful in analysing the interview findings, and in evaluating TfaC's programs. More specifically, I will show that by using a logic of modernity and in attempting to create a modern actor, most AIDS prevention programs, such as TfaC, tend to ignore significant injunctive norms as a dominant determinant for sexual behaviour.

4.3 Condom Use, Its Connotations & Polygamy

Now a proper understanding of transactional sex in a globalized world has been established, it is important to see how condom use fits into this social system. Although the extensive use of condoms has prevented the spread of HIV globally, it appears to be less successful in sub-Saharan Africa where condom use remains low and inconsistent, particularly in “ordinary” relationships (Shelton, 2006; Hearst & Sanny, 2004). Within sociology, different approaches have been used and various factors have been identified to better understand this resistance, including both individual-level (e.g. knowledge, attitudes, skills) and societal-level dimensions (economy, gender roles/patriarchy, cultural values and norms). Although most HIV prevention programs are focused on individual-level concerns, much research indicates that decision-making regarding condom usage is determined by elements of contextual culture (Conroy, 2014; Freeman, 2012; Lee, 2012; Tavory & Swidler, 2009). In studying the dominant resistance to condoms in sub-Saharan Africa, for instance, Tavory & Swidler (2009) collected data from more than 600 diaries that comprised of recorded conversations of Malawians talking about AIDS and related topics. Their analysis boiled down to three main conclusions with regards to the relevance of condom semiotics:

First, local understandings of sensual pleasure as dependent on the “sweetness” of bodily fluids shape sexual experience differently than do Western sexual metaphors. For Malawians, condom use is a more radical obstacle to sensual pleasure than it is in cultures where sexual metaphors focus primarily on friction and heat [...]. Second, taken-for-granted knowledge of the dangers of condom use (e.g., sores or cancer) confounds the contrast between rational self-protection and irrational self-indulgence [...]. Finally, questions of trust invoke two intertwined and potentially opposed meanings. (p.184)

Freeman (2012), who studied older adults’ experiences of ageing, sex and HIV infection in rural Malawi, also shows that one of the main barriers to the use of condoms is the importance of the exchange of sexual fluid. The transfer of semen is highly valued, as it represents healthy, pleasurable sex for both women and men (p. 314-315). Hunter (2002) indicates that Malawian understandings of condoms are related to bad or fake sexual intercourse and unfaithfulness in most sub-Saharan countries (p.109). Indicating the preference for using a condom harms the ties of trust in a relationship in a similar fashion as bringing up the preference for going to HIV testing (Conroy, 2014). Finally, Hunter (2015) explains that the ethnographic record clearly indicates that love is often the most important

reason for the non-use of condoms, and this critically ties in with previous findings on transactional sex and relationships:

Indeed, today both monetary gifts from unmarried men to women and condomless sex can signal love in important (and dangerous) ways. These meanings are not of course wholly new; they echo long-standing emotional and physical bonds that rested on husbands supporting wives. But while love has always had a material dimension, today it is typically instituted outside of marriage, since economic circumstances make marriage so difficult. (p. 370).

Besides sociocultural constructs and semiotic meanings, solid empirical evidence exists that the prevalence of polygyny and polygamy, a common practice in sub-Saharan Africa, heavily impairs the SRH of both women and men through the increased vulnerability to STIs and HIV (Limaye, 2013; Steffenson et al., 2011; Bove & Vallengia, 2009; Adeokun & Nalwadda, 1997). Both polygynous marriages (Ickowitz & Mohanty, 2015) and polygamous relationships (Archampong, 2010) are also associated with domestic violence towards women and children, fundamental separation of the sexes and gender differences (Caldwell, 1989), and sexual coercion and rape (Bohl, 2006). Understandably, this socially constructed gender imbalance in love is also relevant in studying relationships and sexual behaviour in Malawi. Here, the normative construct of social expectations and appropriate behaviour with regards to condom use links to my theoretical framework that considers the tensions between social injunctive and observational norms.

4.4 The Effectiveness of Theatre for Development

How might these sociological understandings of the relationship between KAS and behaviour, then, help to inform specific policy and practice? As this dissertation aims to provide practical improvements and solutions for Theatre for a Change (TfaC), it is also relevant to review what the academic literature says about the effects of Theatre for Development (TfD) and its work in general. TfD is applied theatre, the practice of drama and theatre-based activities, including “a range of theatre and drama-based activities, projects or interventions with a focus on providing awareness and provoking a response to social issues” in a development context (Dalrymple, 2006, p. 202). TfaC also uses TfD to bring about social change, and specifically to empower their respondents (e.g. sex workers and training teachers) to improve their SRH. Although a theatre-based approach to HIV prevention in a

developing context is not new (see Low, 2010), TfaC has modified its Tfd program to the local environment, as Hahn (2010) elaborates:

Malawi's unique cultural character and history have led to the emergence of a new participatory drama technique, adapted from the Forum Theatre model, known as Touch-Tag Theatre. Touch-Tag Theatre encourages experiential learning and initiates a process of behaviour-change in the respondents. (p. 318).

But how effective are these forms of Tfd in realizing actual social and behavioural change? On what assumptions are they based? Impact measurement is proven difficult because 1) causality is hard to verify - social change is only evident in the long-term and discrepancies exist between unintended (but beneficial) impacts, and set goals (Etherton & Prenkti, 2006), and 2) many NGOs' monitoring and evaluation departments are required to find any proof of impact to maintain vital relationships with funding and donor relationships, which could corrupt the NGO's intentions and/or data (Dalrymple, 2006, p. 202-203). In addition, when impact analyses have been made of NGOs that use Tfd aimed at improving SRH, empirical evidence does indicate that improved knowledge, attitude, artistic growth, emotional growth, and future planning exists; but there are few signs of actual behavioural change or improved sexual health (Grewe et al., 2015; Johansson, 2010; Dalrymple, 2006; Denman et al., 1995).

Although some studies do manage to show positive sexual behavioural change after several years of intervention (see, for example, Pelto & Singh, 2010), it has still remained impossible to conclude Tfd has significantly caused or impacted this change. It is hoped, therefore, that the data from the current study can be valuable in understanding the impact that Tfd can have on SRH in a development context.

Chapter 5: Discussion

From the literature review it is now clear that KAS are often not sufficient by themselves to change someone's behaviour due to the force of socioeconomic, cultural and normative structures. It has also been shown that sexual behaviour and condom usage is intertwined with the local definitions, expressions and environment of love and relationships, which are significantly influenced by a globalized modernity, individualism and capitalism. Lastly, Tfd has proven to be a successful approach in changing KAS, but empirical evidence lacks with regards to realizing actual social and behavioural change.

In order to better understand what creates the actual nexus between KAS and behaviour and to better be able to improve sexual health, the current study conducted and analysed forty in-depth interviews with Malawian youth in collaboration with Theatre for a Change (TfaC). TfaC was able to improve KAS, but struggled to realize significant behavioural change in condom use. This chapter will discuss how we can understand and connect findings from the interviews with our knowledge from the literature review, and what is new. Section 5.1 outlines an analysis in which the interview findings and literature review combined provide an understanding of Malawian transactional relationships at a macro level through the entrenchments of global modernity. Consecutively, associated risks for SRH because of these transactional relationships are accounted for at the micro level by stressing the relevance of the semiotic meanings of condoms, secretive polygamy and the dominance of men. Section 5.2 outlines possible limitations of the current study and suggestions for future research. Finally, in section 5.3, a conclusion is provided in which the research questions will be answered and brief recommendations for more appropriate NGO approaches in the relevant field are made.

5.1 Analysis

Besides factors determining condom use as identified in the ACVCs, several themes appear to be predominant in determining sexual behaviour of student teachers and WISW in Malawi. The main theme is that of transactional relationships, which is intertwined with patterns of semiotic meanings of condoms, the dominance of men, and polygamy.

In line with previously conducted research in Malawi, transactional relationships form the very fundament of premarital relationships in all resesarched areas. Not only does it say much about the difference in socio-economic status between women and men and about the strength that material and monetary gains have in improving females' position in society, it

also confirms Poulin's (2007) normative notion that the transaction directly represents how a male values the female. In her paper she concludes:

Girls interpret receipt of money from their partners as loving gestures, and boys intend it to be interpreted in the same way. [...] Money takes on semiotic meaning, where money transfers, as gifts, indicate a woman's value. A sudden absence of or a decline in the relative amount given may show her lack of worth to the man, and, in all likelihood, would be the end of the relationship. (p. 2391).

This was exactly confirmed by the interview findings of the current study. In fact, in comparing the transactional relationships with transactions as performed between WISW and customers, which are often characterized by fear, the current study provides more solid indication for the existence of a normative structure of love and caring within transactional relations. As mentioned before, a transaction does not imply that girls are powerless or less powerful in this value system; in contrast, the competitive market functioning of demand and supply means that women are also constantly seeking for someone who can provide them in a better way.

Transactional relationships in the Malawian environment can properly be understood when connecting them with modernity and romantic consumerism. As outlined in section 4.2.2, many sub-Saharan African nations seem keen to break with traditional norms that represent underdevelopment and poverty, while replacing them with key elements of modernity, such as individualism, rationality and capitalism (Bertrand-Danserau, 2016; Leclerc-Madlala, 2003; Behrend, 1998). Based on the findings of the current study, romantic consumerism can also be considered as one of modernity's main entrenchments in Malawi's youth environment. Both women and men expect that men express their affection, care and love towards their partner in monetary and/or material means in exchange for women's sexual activity, which constitutes a direct, transactional valuing system and stands at the very base of most premarital relationships in Malawi. In addition, as marriage is perceived as old-fashioned and non-modern, the findings indicate there are more short-term relationships that exist to serve pleasure on the male's end and basic needs on female's end (and social recognition on both ends). These transactional relationships, as Bertrand-Danserau (2013) argues, can be understood as the blend between the modern form of romance (verbal intimacy, emotions, and individuality) and the traditional Chewa marriage (fertility and material subsistence), which result in 'gifts' and 'easy separation' (romantic consumerism) (p. 36-40).

Although transactional sex and relationships do not pose a problem in themselves, there are three key issues in Malawi that, as an intertwined greater issue, significantly increase the risks for youth's SRH: 1) local connotations and semiotic meanings of condoms and their usage, 2) the dominance of men and poverty of women, and 3) secretive polygamy.

Firstly, condoms are often understood as a barrier to experience real sexual intercourse and taste the actual sweetness. More specifically, the exchange and mixture of both partners' bodily fluids is important for the sex to have any kind of value (Lee, 2012; Tavory & Swidler, 2009). In addition, Freeman and Swidler (2009) also indicate that many misconceptions still exist in Malawi about the effects of condoms, especially with males (e.g. inability to ejaculate or remain erect, risks of getting sores or diseases from condoms and/or its lube, painful to wear condoms, etc.). Nevertheless, for almost all respondents in the current study, these misconceptions did not exist anymore due to acquired knowledge. More interestingly, the value of sweetness and mixed bodily fluids seems to have been outweighed by the importance of protection that a condom provides. Although this protected sexual behaviour is often inconsistent, the improved knowledge, attitudes and skills (KAS) do seem to have some effect.

Nevertheless, inconsistency in condom usage means that SRH is still at high risk, especially in an environment where HIV is so prevalent. This inconsistency is often created through local connotations of condoms with regards to trust. Even though many people do want to use a condom with their partner for proper protection, a condom represents either mistrust in their partner or ambiguity about the faithfulness of the one requesting the condom him- or herself. This was also evident in Hunter (2002) and Tavory & Swidler (2009). The results of the current study confirm this notion. Although initiating condom usage would be challenging for any relationship, the dominance of men and secretive polygamy make the Malawian context extra difficult and, as a result, condom use remains low and inconsistent among respondents of TfaC.

Secondly, it has become evident that the dominance of men affects all facets of daily life in Malawi. Findings of the current study are in line with the gender imbalance that is evident in women's economic marginalization (Hunter, 2002), in the past and current political arena (Bohl, 2006) and social norms and family habits (Luke, 2003). Many interviewees of the current study indeed indicated, both explicitly and implicitly, the robust male dominance and patriarchal standards in Malawian society. This was true for both females and males. In

addition, the findings of the current study confirm the gender-based inequality specifically in the determination of sexual interactions and love life – generally due to noticeable male dominance –, and are in line with previously conducted research (see Bohl, 2006; Hunter, 2002; Luke, 2003). This has been shown through the many personal stories and quotations by both males and females. Also the implication matrices show the numerical evidence for male dominance. This explains the high levels of fear that women often experience, not only for their physical and mental health but also for sustaining their relationships, and clarifies their reluctance to initiate condom use (even though one might have the proper KAS).

Thirdly, it is noteworthy to mention the relevance of polygamy among Malawian youth. Although only a few of the respondents admitted to have been unfaithful to their partner, it was clear that this was a common feature in Malawi's love life. All WISW that indicated to have a partner, also said their partner to be married with someone else. Student teachers rarely stated to have (had) multiple partners, but stressed the relevance of polygamy in their environment. So, supporting Limaye et al. (2013), although the relevance of polygamy definitely seems to be significant, it also appears to be a reserved and perhaps completely private topic. This explains the extreme ambiguity when interviewees answered the question about whether or not their partner had other partners besides him or her. All answers were as follows: "He/she tells me I am the only one. But I don't know; he/she is there, I am here". On the other hand, trust was never an issue, which is why faithfulness appears not to be included in its local definition (here, trust seems to define the confidence that someone will help you with all your problems, both psychologically and financially). Whenever a respondent did talk about having a sexual experience(s) with someone else besides his/her partner, it was often to fulfil pleasure (student teachers) or gain financially (WISW). Thus, even though polygamy might be highly prevalent, the emotional attachment appears to always be monogamous.

It is also here that condom use poses an issue, as its introduction might provoke a couple to speak of the unmentionable: other partners. Whenever it does happen, the one who initiates the condom use is often blamed for mistrust or unfaithfulness him/herself. Therefore, in order to avoid a discussion, mistrust or the end of a relationship, the option of using a condom is often ignored, even though both people might be fully aware of the risks that unprotected sex comes with.

5.2 Limitations

Although ethical considerations and the obtainment of accurate and complete data was optimally balanced, the current study also comes with limitations. These have had the potential to impair the process of the research conducted and the quality of the data collected. There are three main limitations: research design and strategy, language, and personal biases.

Firstly, as has been stressed in the chapter two, the research design and strategy depends entirely on self-reporting. One of the most significant dangers of doing interviews, particularly on sensitive topics like sexual experiences, is that the information provided is inaccurate and/or incomplete. In order to avoid collecting insufficient data, all respondents that were perceived to tell untruthful or incomplete sexual experiences were asked about experiences of friends and relatives. Although these stories are not about the respondents themselves, they can 1) often reflect a respondent's personal sexual history as not directly talking about oneself might free that person from shame and embarrassment, and 2) tell us a lot more about the general values, norms and behaviour of the respondents' environment, which is relevant for this study too. Another limitation is that the current study used a convenience sample and might therefore not be completely representative for Malawi's youth.

Secondly, the language barrier could have posed a problem for the interviews with both the student teachers and the WISW. For the because English was not their native language, meaning they were perhaps not able to easily and/or fully express themselves. In the latter case the interviews were completely conducted in Chichewa through a translator. Even though this TfaC colleague was fully trusted and experienced, and the transcribed interviews looked appropriate, the background knowledge and motivation could have been different compared to the researcher. However, as the entire research was also conducted in order to collect data to improve TfaC programs, there exists confidence that all translated interviews and transcribed data is accurate and complete.

Lastly, and perhaps most importantly, personal biases also pose several limitations to the current study. As is true for all field studies, it is better to be fully aware of one's positionality (socially, politically, culturally, economically, etc.) than to ignore it. Being a white, tall, English-speaking male, I was clearly an outsider in Malawi and was associated by people on the street, several colleagues and my respondents as 'the other'. Being called a "mzungu" (literally aimless wanderer, but meant to say he/she with white skin) on a daily basis was a clear confirmation of this expectation. In addition, being raised with Western

norms and values, it was important to constantly be aware that some very fundamental social structures, such as love, trust and relationships, would be different than that of my own.

5.3 Conclusion: Answering the Research Questions

Ultimately, also this study provides further evidence and support to debunk the assumption that KAS directly and/or solely lead to behavioural change. Although all respondents enjoyed the TfaC program and felt they had changed, their experiences of some behaviours often told otherwise.

It has become evident that there are some situations, in which the woman is as dominant as the man, protection is valued most and condoms are negotiable, and openness about polygamy exists (or partners are faithful), that acquired and improved KAS are useful. However, in most cases the socio-economic environment and cultural norms are significantly more dominant in determining sexual behaviour of Malawian youth than are injunctive social norms. The transactional element, resulting from global modernity trends, stands at the very base of almost all sexual interactions and relationships in Malawi and is essential in understanding sexual behaviour. Most importantly, the identified issue is that discussing the use of condoms has become part of this transaction in Malawi due to its semiotic meaning in a context of gender imbalance and secretive polygamy, which creates a very risky environment for Malawian youth's SRH. From a sociological perspective, this can properly explain the gap that exists between KAS on the one hand and sexual behaviour on the other. In this case, cultural practices and pressures (behavioural social norms) seem to have more authority in determining behaviour compared to knowledge of what is desired, but stigmatized.

In brief, three points of recommendation towards TfaC, and all other NGOs working on improving SRH by using Tfd, can clearly be derived from this conclusion. Firstly, TfaC should equally (if not more) involve young Malawian men in its programs, while maintaining its participatory and collective approach. As it has become clear that observational social norms are the most powerful set of norms in determining sexual behaviour, the aim should be to replace these norms by a new normative structure and expectation scheme. As males are dominant in Malawian society, it seems logical to focus on them so that free space is created in which women can properly use and practice their KAS with regards to condoms.

Secondly, it should openly be recognized that transactions and polygamy shape the landscape of love and sex in Malawi to a very large extent. In implementing this in TfaC's workshops, it can become clear that discussing condom use should not be part of a transaction. By guiding people to openly acknowledge that transactions are fundamental to relationships, they might realize themselves that condoms are non-negotiable and should be used at all times, especially since everyone knows about the polygamous sex interactions.

Finally, the use of alcohol plays a central role for Malawian WISW both during working hours and leisure time, and should be addressed in the Nzotheka program. As almost all unprotected sexual experiences of WISW (and of some student teachers too) involved severe alcohol intoxication, a lot can be learned about the indirect effects of alcohol on someone's SRH.

Project Diary

Project Diary – Part I (30 April – 13 May 2016)

The start of my WBP has been a very enjoyable and smooth process, both personally and academically. Although only two weeks have passed by now, I feel very prepared to conduct a proper research in Malawi.

The first week has mainly consisted out of many meetings, introductions and enough time to absorb all the new information and impressions. Jennifer Benton, the head of the Monitoring, Evaluating and Learning department of Theatre for a Change (TfaC) in Malawi, had set up multiple meetings for me with herself and most of her colleagues so that I could get acquainted with TfaC's programs and the people that manage them. I had immediate access to all data and manuals and was able to ask questions right away. This induction was very useful and fits well in the overall aim of this research placement, as I will eventually evaluate TfaC's programs (their objectives, their practices, etc.) in comparison to the data I will collect (behavioural change concerning condom usage). The working environment of the TfaC office is very pleasant and my colleagues have treated me like a family member since day one.

In the second week there was more time to focus on developing a proper research plan, including details such as research area, research methods, sample size, hypotheses, etc. Communication with both Jennifer and Liliana Riga (academic supervisor at the University of Edinburgh) is running smoothly and all of us feel confident about the progress I am making with regards to the research. The easy access to all other TfaC colleagues is especially handy in assessing what research plans are realistic and which are not. For example, due to their personal experiences and interactions in providing workshops and medical help to the women in sex work (WISW) in the Nzotheka program, one of my target groups, I was able to exchange ideas about the best way to conduct in-depth interviews and hypothesize possible outcomes. As the WISW and the student teachers of the Teacher Training program, my other target group, are all participants of TfaC, there do not exist any obstacles with regards to gatekeepers or accessibility. This leaves more time for me to properly prepare the interviews (e.g. semi-structured interview manuals) and write parts of the methods section for my dissertation already.

The relatively short stay in Malawi pushes me to not only rapidly adapt to the different lifestyle and culture, but also to quickly develop an exhaustive research plan and understand

how TfaC functions. So far, I feel like I have gained skills in thinking critically with regards to what research design would be most appropriate, realistic and useful to apply, something that is going very well. For one, with regards to positionality, it is important for me to realize that I am a white, privileged male and that this is the exact opposite of my participants. Secondly, although this is not a target group anymore, research on sensitive topics (such as sexual behaviour) with minors not only requires great ethical considerations, but also an appropriate approach to maximize data quality and response rates (e.g. focus groups vs. interviews). Thirdly, my data should eventually help TfaC to improve its programs and realize positive behavioural change with regards to condom use. All these elements have cautiously been incorporated in the current study design.

At the same time, the short time to properly adapt and understand a new environment, both academically and professionally (but also individually), has been demanding. I have noticed that it is essential to prepare well for meetings, document everything properly and communicate clearly with everyone. Although there have not been any issues so far, it is important that I continue to make the most out of the working days and rest well in the evenings and weekends. Although I have made great progress with my research project already, a quarter of my stay has already passed, so there is really no time for delay.

Project Diary – Part II (14 May – 27 May 2016)

In the second quarter of my WBP, my data collection has officially taken off. In my third week I have mainly processed the feedback I received on my research design and interview guides and have read more specific academic literature relating to social norms and behaviour. In my fourth week I conducted my first interviews with eight student teachers, three males and five females. So far, I believe I have a solid interview guide and technique that creates a safe environment for participants to open up about sensitive topics and personal experiences. Especially in this last week, I have really come to many valuable insights, but I have also developed more questions.

One of the insights that will be most useful for my research was the observation that the cultural and social norms are most dominant in determining one's behaviour. In most of the interviews it became clear, that although the participants clearly knew why and how to use a condom, it was the environment that made him/her decide to do otherwise. One of the issues

that comes into play is that pressure from partners and peers that do not feel positive about condom use keeps participants from applying them. There seem to exist many misconceptions about condoms, such as that the condom lube will get you cancer or that one will not be able to ejaculate with a condom, but one of the main issues is trust. When one would buy a condom in the shop he/she is seen as a prostitute or promiscuous and one indicating his/her preference for using a condom is mistrusted for being promiscuous him- or herself or not trusting his/her partner. So, even though one might know what he/she should be doing, the cultural and social norms of how people behave around him/her tend to be more powerful than the knowledge and attitude of an individual.

These issues are especially hard to deal with for women, as men are so dominant in Malawian culture. One interview in particular indicated how inferior women's position is, especially when it comes to sexual behaviour. Although she wanted to prevent a pregnancy, which seems to be more important than avoiding HIV and STIs for most participants, she felt bad for her partner for not giving him what he wanted. Due to the weak socioeconomic status of women in Malawi, many depend on men and it is very common for men to bring gifts and financially support their girlfriends (most men have multiple partners and tend to be on a continuous sexual exploration to find the best woman).

These insights come with many questions, as TfaC mainly focuses on empowering vulnerable women and girls to improve their sexual and reproductive health (SRH). But how can teaching and improving knowledge, skills and attitude (KAS) be sufficient to empower girls when a change in culture is necessary? Especially in a culture where males are dominant and hold most of the decision-making power with regards to nearly all facets in life, the focus on empowering women seems illogical. Although negotiating skills, assertiveness and other skills and knowledge are an important step in improving women's empowerment with regards to SRH, the problem's origin seems to be located somewhere else. The cultural structure and social norms and values that exist are most dominant in determining social behaviour and these are the elements that need to transform in order to create positive social change.

However, taking the perspective of an NGO in international development, aiming to improve tangible issues makes sense in order to maintain financial funding. Concrete results show that goals can be successfully achieved and create more and/or prospects for (financial) support in the future.

Project Diary – Part III (28 May – 10 June 2016)

In the past two weeks I have stumbled upon some really interesting insights and some fascinating cultural differences. I have currently conducted half of all of my interviews and the data collected so far looks very promising. I have become more efficient and better in conducting the interviews over the last two weeks, not only because I have become really acquainted with the content and goal of the interviews, but also because I have developed a better understanding of the context and environment that the participants live in. I sincerely think that by absorbing as much information as possible while I am on this placement (by listening, reading, observing, and simply living here), the value of the data collected during the interviews increases significantly because I feel I can properly understand and level with the interviewees.

I have started my interviews with the women in sex work (WISW), for which I am being helped by a TfaC colleague. After a couple of meetings to properly prepare, we decided that she would do the entire interview in Chichewa without directly translating, but by briefly summarizing specific sections of the interview. I could then decide if I wanted to retrieve more information on a certain issue and she would directly ask the participant. I am very glad we were able to maintain a good flow throughout all interviews, which is also reflected in the translated and transcribed version of the interviews that I have already received.

Unfortunately, besides the success in the logistics part and collecting the right data, there were some very intense stories of rape, forced unsafe sexual intercourse and abuse. The amount of fear and insecurity that is part of most of these women's daily life is very shocking.

One of the most interesting observations I made so far, something that came to me more like an epiphany, was that my definitions of trust, relationships and love are different from how they are understood here. One of the women in sex work assured me she had a monogamous relationship, even though she performed sex work, her partner was seeing other people, and she was also having sexual intercourse outside of their relationship and her work. Another such conflict exists when I asked questions about the relation between trust and condom use; almost all participants say they fully trust their partner, but they are inclined to use a condom, because when his/her partner is somewhere else you can never know what he/she is up to (i.e. avoidance of contracting of HIV and STIs as the partner might have been unfaithful). What does trust mean for them? How do they conceptualize a relationship? What do they expect

from their partner, how do they behave and what do friends around them do? I think a big part in comprehending condom use and sexual behaviour is based in a proper understanding of what love, trust and a relationship means for Malawians, especially since my own conceptualization seems to fail in explicating this behaviour.

Another very valuable insight is the culture of giving gifts that appears to shape the foundation of a relationship here, which is especially relevant to TfaC as this issue is not mentioned in any of the projects. Men feel the need to show that they can provide and the giving of gifts is a way to demonstrate they are ready to support a family/marriage. Women have a low socioeconomic status and see the gifts they receive as a sign of love and that they should trust their partner. This functioning of demand and supply seems to enhance some sort of competitive environment for both men and women to do their utmost to find a fitting partner; a battle that often results in vibrant and risky (sexual intercourse) atmosphere. For example, when I asked female participants what they would do with their relationship if he would stop giving gifts, they answered they would stop seeing them and find someone else. Especially interesting is the case of WISW, where there seems to be such a thin line between how customers and partners treat the women in sex work, as both give them some sort of compensation (cash, shelter, rent, groceries, clothes, etc.). What, then, makes the partner a partner, and the customer a customer? Again, what defines a relationship? And what, then, is a constantly returning customer?

[Project Diary – Part IV \(11 June – 24 June 2016\)](#)

After two months of absorbing information from my interviews and partaking in Malawian culture and daily life, it is now time to go home. My experience here has been amazing, both academically and personally. I feel privileged to have worked with so many great and clever people, to have had such open conversations and interviews about love, relationships and sexual intercourse, and to have experienced real poverty, draught, and gender imbalances from up close. All in all, a truly unforgettable experience.

In my 20 interviews last week my questions were aimed more on figuring out where these transactional relationships come from or what they are the result from. None of the participants indicated that this is something that their parents used to do; most relationships and sexual activities are actually kept a secret from parents, who believe that you should only

invest in a partner that is or will become your wife/husband in the future. Finding a job or some source of income first seem to be a priority. Transactional relationships definitely seem to be something that only Malawian youth are active in. A PhD dissertation by Anaïs Bertrand-Dansereau, called "Love in the time of HIV prevention: An exploration of young Malawians' narratives of love through peer interviewing", provides a very interesting and useful explanation from a sociological perspective. Romantic love, she states, is not only related to modernity and individualism, but is also connected to the capitalist mode of production and consumption. This form of romantic consumerism, an originally Western form of dating, seems to have influenced the lives of young Malawians and serves as a useful insight in understanding local love and relationships.

In a presentation I gave on the last day in the office about my research, I also provided some preliminary analyses of the data collected. One of the most striking findings is how powerful observational social norms are (the socio-economic and cultural environment of behaviour) in relation to injunctive social norms (that include KAS). This observation was a new insight for the organisation, which would only be made using a sociological scope of research. Another valuable finding that TfaC will include in their future programming, is the relevance of the giving of gifts and how this is such a fundamental feature of a Malawian relationship. It is especially useful to see how this factor determines sexual behaviour of women in sex work with regards to customers, partners and regular customers. The level of fear seems to be most important in explaining the different levels of trust and relationships for this target group. Lastly, it was found that alcohol consumption is a basic feature of the everyday lives of most women in sex work, which has not been a focus point in TfaC workshops before.

I feel confident that, based on the data collected and my experience while on placement, I can produce an academic dissertation that both provides great insights with regards to sociological elements of SRH and behaviour in Malawi, and improve TfaC programs, projects and workshops in a practical and tangible sense.

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Appendices

Appendix 1: Research Environment of Malawi

Malawi is a country in the southeast of Africa, landlocked by Mozambique, Tanzania and Zambia. It covers over 118,000 km², of which 20% is taken up by Lake Malawi. Almost 17 million people live in Malawi (United Nations, 2015; World Bank, 2016). With a large rural population (approximately 85%), the economy is heavily based on agriculture, with such crops as tobacco, tea and raw sugar beet; but it depends heavily on foreign economic and development aid. Having a poverty rate of over 50%, a Human Development Index of 0.418 and being ranked as the 18th least developed country in the world, Malawi faces severe challenges in improving education, health care, and its economy more generally (UNDP, 2016).

As importantly, Malawian life expectancy is extremely low and infant mortality high, mainly caused by the high prevalence of the HIV virus. Although the number of those that are infected with HIV has been reduced in the past fifteen years, it still affects more than 10% of the population, amounting to one of the highest national HIV prevalence rates globally (Stachnik, 2014; UNAIDS, 2015). And yet, despite generally poor educational and health institutions and expertise, paradoxically, knowledge with regards to the HIV virus and AIDS is relatively high among both urban and rural Malawians (Barden-O'Fallon, 2004).

Appendix 2: Research matrix

Across all of its major programmes TfaC aims to promote the use of condoms for all sexually active participants. In reviewing recent evaluations and feedback, TfaC has discovered a significant challenge in turning changes in knowledge and attitude towards condoms into practice. While project participants showed significant positive changes in both their knowledge and attitude towards using a condom, only 27% reported using them consistently in their relationships. TfaC would like to therefore conduct research with current TfaC participants to really explore the factors and considerations that lead to condom use and why use is still limited despite changes in attitude and knowledge. In particular, TfaC is keen to think about innovative ways to conduct the research and how TfaC can incorporate a participatory method where possible. TfaC would also like the research to incorporate some choice based questioning and methods, as a way of exploring the different times people do and do not use condoms to help inform TfaC's curriculum development and explore these scenarios.

Main Issues	Key subthemes	Specific research questions	Data/method/collection
A: TfaC's Programs	A1: The Teacher's Training College and the Nzotheke Project ('It's possible')	A1: How are the goals of each program outlined and how are those ought to be achieved?	A1: Literature review
	A2: Efficiency of Goals and	A2: Is there a difference in the intended goals and practices on the one hand, and practices in reality on the other?	A2: Literature review
	A3: Effectiveness of TfaC's Programs	A3: What has been achieved through TfaC programs with regards to TfaC participants' condom knowledge, attitude and use?	A3: Literature review
B: Researching Condom Use	B1: Researching Condom Use with Young Adolescents	B1: How has condom use with young (female) adolescents been researched in the past?	B1: Literature Review
	B2: Obstacles and Hurdles in Using Condoms	B2: What are the main hurdles and obstacles for young (female) adolescents in including condom use in their sexual behaviour?	B2: Literature review, Interviews and observations

Main Issues	Key subthemes	Specific research questions	Data/method/collection
B: Researching Condom Use	B3: The Road from Attitude and Knowledge to Sexual Behaviour	B3: How do young adolescents experience different sexually charged social interactions with regards to decision-making and self-agency? How can we describe and identify these moments and momentum?	B3: Literature review, Interviews and observations
C: Incorporating Findings in TfaC's Programs	C1: The Teacher's Training College C2: The Nzotheka Project	C1: How can the Teacher's Training College program be improved based on the findings obtained? Indicate the lacking gaps and practical solutions! C2: How can the Nzotheka program be improved based on the findings obtained? Indicate the lacking gaps and practical solutions!	C1: Analytical Incorporation C2: Analytical Incorporation
D: Project Diary (3000 words)	D1: Description of the work undertaken D2: Analysis of how this fits into the overall aims and objectives of the placement D3: Description and analysis of obstacles encountered in fulfilling aims and objectives D4: Description and analysis of the attempts made to overcome these obstacles	D1: Describe the work undertaken? D2: Analyse how this fits into the overall aims and objectives of the placement? D3: Describe and analyse the obstacles encountered in fulfilling these aims and objectives? D4: Describe and analyse of the attempts made to overcome these obstacles?	D1: Self-reflection D2: Self-reflection D3: Self-reflection D4: Self-reflection

Appendix 3: Interview Guide Female Sex Workers

Interview Guide for Semi-Structured Interviews with women in sex work (WISW)

Instructions

Introduction: My name is Sil Scholte and today I am working for a research project. I am a researcher for Theatre for a Change and I want to better understand how you make your decisions in life. We specifically want to know how you make decisions with regards to your sexual behaviour in order to make the Nzotheka a better project. These are NAME TRANSCRIBER AND TRANSLATOR.

Timing: I would like to ask you some questions about your life, your experiences with sexual intercourse and your thoughts on the use of condoms. This interview should take around 45 minutes.

Confidentiality: Your answers are PRIVATE and CONFIDENTIAL. I PROMISE that I am not going to tell anyone what we speak about today or link any information to you personally.

Sensitivity: You do not have to answer any questions that you do not feel COMFORTABLE with. If you do not want to answer a question, please let me know! I will immediately JUMP TO THE NEXT ONE. This interview can FINISH any time that you want to.

Voluntariness: However, your honest answers to these questions will help us to understand about what it's like be in your shoes. It is still voluntary to participate.

Consent: Would you be WILLING to take part in this interview? (If respondent disagrees, resample).

Interview Details

Location:

Date:

Start time:

End time:

Interviewee number:

Staff:

Notes:

Demographics	<ol style="list-style-type: none"> 1. Can you tell me your name? 2. How old are you? 3. Are you religious? 4. How long have you been at Nzotheka? 5. How long have you been involved with TfaC?
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Rapport	<ol style="list-style-type: none"> 6. Can you tell me about a good day you've had recently? 7. What were the three best parts of that day? 8. <i>(Continue to ask questions using phrases the woman uses, this will demonstrate that you are listening intently and that you understand what she is telling you.)</i>
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Home and Living	<ol style="list-style-type: none"> 9. Can you tell me where and how you woke up this morning? (i.e., can you tell me where you live)? 10. Who was the first person that you saw? 11. Who do you live with? 12. How many people live at home? 13. Do you have children? 14. Are there any people who depend on your income? How many?
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TfaC experience	<ol style="list-style-type: none"> 15. How do you feel about the topics we have covered in the TfaC program? Do you miss any topics that you would like to see in the program? 16. What do you like most about being in our program? 17. What do you like least? 18. How, if at all, do you feel you have changed so far? 19. How do you use the TfaC's education in your life? 20. Where do you think you would be now, if you had not enrolled with TfaC? Why? 21. Would you be headed for or changed your behaviour eventually anyway? Why? 22. Have you received support from another NGO?
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Life aspirations	<ol style="list-style-type: none"> 23. Where do you see yourself in five years from now? 24. How do you see yourself getting there? 25. What do you need in order to get there?
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Relationships	<ol style="list-style-type: none"> 26. Are you currently in a relationship? 27. If no, when was your last relationship? 28. If yes, how long have you been in that relationship? 29. Are you in a monogamous or open relationship? 30. Do you have a sexual relationship? 31. When was the last time you had sexual intercourse with your <u>partner</u>? 32. Was it with your current or previous long term <u>partner</u>?
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	33. Do you get paid for sex with your <u>partner</u> ? In cash or kind? (PROMPT: kind as in favors, food or shelter)?
Access to Condoms	<p>34. How do you feel about condoms? Are you positive or negative about condoms?</p> <p>35. Would you recommend using condoms to someone else? Why?</p> <p>36. Do you know how to use a condom?</p> <p>37. Have you ever had sexual intercourse with a condom?</p> <p>38. Have you ever had sexual intercourse without a condom?</p> <p>39. Is it easy for you to get condoms? Why? PROBE: Any other reason?</p> <p>40. What would be the best place for you to get condoms? PROMPT: What would be the easiest most accessible way?</p> <p>41. Who's task is it to get condoms?</p>
Sex Work	<p>42. What is your main source of income? How big of a part is the sex work you do in relation to all of your income?</p> <p>43. How many customers do you have on an average week? How much money do you make on an average week?</p> <p>44. Where do you usually meet your customers? Where do you usually perform sexual intercourse with your customers?</p>
Sex Rights	<p>45. Can you decide who you sleep with? PROMPT: Do you have control over the clients you take or not (and where and when)?</p> <p>46. Can you say no to sex if you did not want to have sex at the time?</p>
Safe Sex	<p>47. Can you tell me about the last sexual experience you had when you DID use a condom? Why did you use a condom? x2 partner vs. client <i>(Probe for reasons: why is that important to you, and why is that important to you – keep probing until exhausted options)</i></p> <p>48. Did you use a male or female condom? Why?</p> <p>49. When is it okay to use condoms?</p> <p>50. When is it the right moment to indicate you want to use a condom? When is it the right moment for your partner/customer to do so?</p> <p>51. Is it normal or strange to use a condom? Why?</p> <p>52. Do most of your friends use condoms?</p> <p>53. Are there certain people you do not trust and therefore use condoms? Why?</p> <p>54. What happens when a sexual partner does not want to use a condom?</p> <p>55. What if a sexual partner compensates if you don't use it? What do you do?</p> <p>56. Can you use a condom whenever you want? [If NO] Why not?</p> <p>57. Are there times you cannot use a condom even when you have it? Why (e.g., does intoxication play a role)?</p>

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58. Are you doing something to avoid pregnancy? [If YES] What are you doing? [IF NO] Why not?
59. Are you doing something to avoid STIs and/or HIV? [If YES] What are you doing? [IF NO] Why not?
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Unsafe Sex

60. Can you tell me about the last sexual experience you had when you DID NOT use a condom? Why didn't you use a condom?
x2 partner vs. client
(Probe for reasons: why is that important to you, and why is that important to you – keep probing until exhausted options)
61. When is it okay NOT to use condoms?
62. Is it normal or strange to not use a condom? Why?
63. Do most of your friends have sexual intercourse without condom?
64. Are there sexual partners you trust enough not to use condoms? Why?
65. What happens when a sexual partner does not want to use a condom?
66. What if a sexual partner compensates if you don't use it? What do you do?
67. Can you use a condom whenever you want? [If NO] Why not?
68. Are there times you cannot use a condom even when you have it? Why (e.g., does intoxication through drugs or alcohol play a role)?
69. Are you doing something to avoid pregnancy? [If YES] What are you doing? [IF NO] Why not?
70. Are you doing something to avoid STIs and/or HIV? [If YES] What are you doing? [IF NO] Why not?
-

Sex Rights

71. Can you decide who you sleep with? PROMPT: Do you have control over the sexual partners you take or not (and where and when)?
72. Can you say no to sex if you did not want to have sex at the time?
73. Have you ever felt you are not in a position to decide upon sexual intercourse? Why was that the case?
74. Do you feel you have the skills to negotiate sexual intercourse?
-

 **Closing:** Thank you very much for speaking with me today and for being so honest and smart! I know that I have asked you some very personal questions. The information that you have given me will be very useful. Remember that nothing of what you've told will be linked to you personally as it will all remain confidential. **Do you have questions for me?**

Appendix 4: Interview Guide Student Teachers

Interview Guide for Semi-Structured Interviews with Student Teachers from TTC core groups

Instructions

Introduction: My name is Sil Scholte and today I am working for a research project. I am a researcher for Theatre for a Change and I want to better understand how you make your decisions in life. We specifically want to know how you make decisions with regard to your sexual behaviour in order to make the TTC a better project. This are NAME TRANSCRIBER AND TRANSLATOR.

Timing: I would like to ask you some questions about your life, your experiences with sexual intercourse and your thoughts on the use of condoms. This interview should take around 45 minutes.

Confidentiality: Your answers are PRIVATE and CONFIDENTIAL. I PROMISE that I am not going to tell anyone what we speak about today or link any information to you personally.

Sensitivity: You do not have to answer any questions that you do not feel COMFORTABLE with. If you do not want to answer a question, please let me know! I will immediately JUMP TO THE NEXT ONE. This interview can FINISH any time that you want to.

Voluntariness: However, your honest answers to these questions will help us to understand about what it's like be in your shoes. It is still voluntary to participate.

Consent: Would you be WILLING to take part in this interview? (If respondent disagrees, resample).

Interview Details

Location:

Date:

Start time:

End time:

Interviewee number:

Staff:

Notes:

Demographics	<ol style="list-style-type: none"> 1. Can you tell me your name? 2. How old are you? 3. Are you religious? 4. How long have you been at TTC? 5. How long have you been a TfaC core group member?
Rapport	<ol style="list-style-type: none"> 6. Can you tell me about a good day you've had recently? 7. What were the three best parts of that day? 8. <i>(Continue to ask questions using phrases the interviewee uses, this will demonstrate that you are listening intently and that you understand what she is telling you.)</i>
TfaC experience	<ol style="list-style-type: none"> 9. How do you feel about the topics we have covered in the TfaC program? Do you miss any topics that you would like to see in the program? 10. What do you like most about being in our program? 11. What do you like least? 12. How, if at all, do you feel you have changed so far? 13. How do you use the TfaC's education in your life? 14. Where do you think you would be now, if you had not enrolled with TfaC? Why? 15. Would you be headed for or changed your behaviour eventually anyway? Why? 16. Have you received support from another NGO?
Life aspirations	<ol style="list-style-type: none"> 17. Where do you see yourself in five years from now? 18. How do you see yourself getting there? 19. What do you need in order to get there?
Relationships	<ol style="list-style-type: none"> 20. Are you currently in a relationship? 21. If no, when was your last relationship? 22. If yes, how long have you been in that relationship? 23. Are you in a monogamous or open relationship? 24. Do you have a sexual relationship? 25. When was the last time you had sexual intercourse? 26. Was it with your current or previous long term partner?
Access to Condoms	<ol style="list-style-type: none"> 27. How do you feel about condoms? Are you positive or negative about condoms? 28. Can you explain why one should use a condom? How? 29. Would you recommend using condoms to someone else? Why? 30. Do you know how to use a condom? 31. Have you ever had sexual intercourse with a condom? 32. Have you ever had sexual intercourse without a condom? 33. Is it easy for you to get condoms? Why? PROBE: Any other

reason?

34. What would be the best place for you to get condoms? PROMPT:
What would be the easiest most accessible way?
35. Who's task is it to get condoms?
-

Safe Sex

36. Can you tell me about the last sexual experience you had when you DID use a condom? Why did you use a condom?
(Probe for reasons: why is that important to you, and why is that important to you – keep probing until exhausted options)
37. Did you use a male or female condom? Why?
38. When is it okay to use condoms?
39. When is it the right moment to indicate you want to use a condom?
When is it the right moment for your partner to do so?
40. Is it normal or strange to use a condom? Why?
41. Do most of your friends use condoms?
42. Are there certain people you do not trust and therefore use condoms? Why?
43. What happens when a sexual partner does not want to use a condom?
44. What if a sexual partner compensates if you don't use it? What do you do?
45. Can you use a condom whenever you want? [If NO] Why not?
46. Are there times you cannot use a condom even when you have it?
Why (e.g., does intoxication play a role)?
47. Are you doing something to avoid pregnancy? [If YES] What are you doing? [IF NO] Why not?
48. Are you doing something to avoid STIs and/or HIV? [If YES] What are you doing? [IF NO] Why not?
-

Unsafe Sex

49. Can you tell me about the last sexual experience you had when you DID NOT use a condom? Why didn't you use a condom?
(Probe for reasons: why is that important to you, and why is that important to you – keep probing until exhausted options)
50. When is it okay NOT to use condoms?
51. Is it normal or strange to not use a condom? Why?
52. Do most of your friends have sexual intercourse without condom?
53. Are there sexual partners you trust enough not to use condoms?
Why?
54. What happens when a sexual partner does not want to use a condom?
55. What if a sexual partner compensates if you don't use it? What do you do?
56. Can you use a condom whenever you want? [If NO] Why not?
57. Are there times you cannot use a condom even when you have it?
Why (e.g., does intoxication through drugs or alcohol play a role)?
58. Are you doing something to avoid pregnancy? [If YES] What are
-

you doing? [IF NO] Why not?

59. Are you doing something to avoid STIs and/or HIV? [If YES]
What are you doing? [IF NO] Why not?

Sex Rights

60. Can you decide who you sleep with? PROMPT: Do you have control over the sexual partners you take or not (and where and when)?

61. Can you say no to sex if you did not want to have sex at the time?

62. Have you ever felt you are not in a position to decide upon sexual intercourse? Why was that the case?

63. Do you feel you have the skills to negotiate sexual intercourse?

 **Closing:** Thank you very much for speaking with me today and for being so honest and smart! I know that I have asked you some very personal questions. The information that you have given me will be very useful. Remember that nothing of what you've told will be linked to you personally as it will all remain confidential. **Do you have questions for me?**

Back-up Questions List (when interviewee not yet sexually active):

1. *All relevant 'Access to condoms'-questions!*
2. Is there a specific reason you did not have sexual intercourse yet? (i.e. religion, relationship status, shame, etc.)
3. In what situation might you use a condom? When is it okay to use a condom? Why?
4. When would be the right moment to indicate you want to use a condom? Why?
5. Do most of your friends use condoms?
6. Can you describe a situation of one of your friends/family in which he/she did not use a condom, but you would have?
7. In what situation might you not use a condom? Why not?
8. Can you describe a situation of one of your friends/family in which he/she used a condom, but you would have not?
9. Would you do something else to avoid STIs and/or HIV and/or pregnancy?
10. Can you decide who you sleep with? PROMPT: Do you have control over the sexual partners you take or not (and where and when)?
11. Can you say no to sex if you did not want to have sex at the time?
12. Have you ever felt you are not in a position to decide upon sexual intercourse? Why was that the case?
13. Do you feel you have the skills to negotiate sexual intercourse?

Appendix 5: Consent form

Consent Form
WBP Research – TfaC Interviews
 May & June 2016

Purpose of Study: The purpose of this research is to determine how you make certain decisions with regards to your sexual behaviour, specifically with regards to condom use. This study aims to collect valuable data on the behaviour of both Teacher Training College's core group members and female sex workers involved with Theatre for a Change in order to improve the respective programs.

Voluntary Participation: Participation in this assessment is completely voluntary and she/he may choose to stop participating at any time.

Confidentiality: All the information that will be supplied during this interview is strictly confidential. The entire interview will be recorded for validity purposes of the research. Participants will not be identified by name in any reports. All collected data will be written up in an academic Masters dissertation according to the rules and regulations of the University of Edinburgh. Photos of the interview and the participant can be taken and used in final reports upon specific consent below.

Risks and Discomforts: Participants may be asked questions about their experiences, opinions and beliefs on issues outlined above.

Benefits to Participants and Society: Participation will provide Theatre for a Change with valuable information on how to develop programmes for TTC's and female sex workers across Malawi that will improve sexual and reproductive health and change behaviour accordingly.

Questions: If you have any questions about the research in general or about your participation in this study specifically please contact Jennifer Benton, Head of TfaC's MEL Department at +265 993850192 or jennifer.benton@tfacafrika.com

Consent:

I _____, consent (to my school) participating in Theatre for a Change's WBP Research. I have understood the nature of this assessment and wish to participate. My signature below indicates my consent and that I have received a copy of this form for my personal records.

I approve of photos being taken of me during the interview which can be used in this research report (encircle your answer): Yes, I approve / No, I do not approve

Signature: _____ Date: _____

Name of TTC or city: _____

Appendix 6: Manual Implication Matrices

The current study uses a method for analyzing interviews as proposed by Bagozzi & Dabholkar (1994) and Pieters *et al.* (1995). As Jung (2014) clearly explains, in understanding someone's motives of behavior, in-depth interviews exist mainly out of many 'why' questions that can be summarized in Attribute-Consequence-Value Chains (ACVCs). The answers to these questions can be structured hierarchically by identifying what elements are asked how many times as a means or as an end within the ACVC. In the current study, the implication matrix in Appendix 7 summarizes the responses of scenarios about protected sex (with condom), whereas Appendix 8 displays those scenarios of unprotected sex (without condom). The elements marked as red symbolize responses of female student teachers, those in green indicate male student teachers' responses, blue represents responses of WISW when talking about their partners, and yellow indicates WISW' responses in context of their customers. Using the same example as in section 3.3, we can see that female student teachers indicated that protection against diseases and pregnancies (b) is important because they want to stay in school (C1) a total of four times, and staying in school is important because they want to remain independent (C19) a total of three times (see Appendix 7).

In order to get more insights with regards to the responses, Jung advises to use the following factors:

The approach uses out-degrees and in-degrees in order to estimate the abstractness level of each element. The out-degree of a particular element refers to the number of times the topic serves as the source or origin (means) of linkages to other elements (i.e. the row sum of the element in an implication matrix); whereas the in-degree of the element indicates the number of times the topic serves as the object or end of linkages with other elements (i.e. the column sum of the element in an implication matrix). Abstractness of an element is the ratio of in-degree divided by in-degree plus out-degree of the element, and ranges from 0 to 1. Elements with high abstractness scores are regarded mainly as ends, whereas ones with low abstractness scores are thought of primarily as means. [Centrality] represents the degree to which the element has a central role in the structure. Centrality is calculated by dividing total degree (in-degree plus out-degree) of a particular topic by the sum of all active cells (no-blank cells) in the implication matrix. (p. 308)

For the conditions with condom use (Appendix 7), responses to the first questions were classified into three categories (protection from infections; protection from infections and

pregnancy & transaction tool (mentioned explicitly). For the conditions for unprotected sex (Appendix 8), these responses were divided into eight categories (full trust in partner, tested, having real experience/sweetness/social pressure, alcohol intoxication, financial incentive, lied about the presence of the condom/threatened, transaction tool & unaware of risks). As these were considered as initial origins, they do not have an in-degree value. Similarly, all elements considered only as ends (the 'core values') do not have an out-degree value. Therefore, all indicated core values have an abstractness value of 1.00. In order to calculate the centrality value, the sum of all active cells in the implication matrix "with condom" (Appendix 7) is 174, whereas there are 205 active cells in the implication matrix "without condom" (Appendix 8).

Appendix 7: Implication Matrix – with condom

Implication matrix: without condom Red: female student teachers Green: male student teachers Blue: WISW partners Yellow: WISW customers	C1	C2	C3	C4	C5	C6	C7	C8	V9. Mature love	V10. Salvation	V11. Personal security	V12. Pleasure	V13. Pleasure for him	V14. Social recognition	V15. Sense of success	V16. Family security	Out-degrees
a) Full trust in partner	3 1 6	1		1		2	1										4 2 9
b) Tested (either negative or positive)	2 3	1				3											2 7
c) Having real experience/sweetness/social pressure	3 3	1	1	2	1	2											5 8
d) Alcohol intoxication	1	3	1			1	1										2 6 5
e) Financial incentive		2						4									6
f) Lied about presence of condom and or threatened		2				1		1									4 7
g) Transaction tool (in exchange for money/gifts)	1	1															2
h) Unaware of risks (HIV is not for me, but for prostitutes)	2	2						1									4
C1. Maximizing intimacy, romance, sex									6	1	2	1	3	2	2		
C2. Ignorance									7		3	1	5				
C3. Forced sex									2	1	1	1	4		1	1	
C4. Maximizing social position									4		2	1	4				
C5. Trust (towards me)									1			1					
C6. Dominance of male partner/fear of female									1		1	1	2				
C7. Married or future prospect of marriage									2		2		4				
C8. Financial need									3		1		1				
In-degrees									9	2	4	1	5	4	4	4	
Abstractness									2	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
Centrality									17	0.05	0.11	0.03	0.14	0.14	0.14	0.13	
									1.00	0.24	0.13	0.14	0.07	0.22	0.01	0.13	
									0.07	0.25	0.23	0.01	0.13	0.14	0.14	0.13	

Appendix 8: Implication Matrix – without condom

Implication matrix: without condom Red: female student teachers Green: male student teachers Blue: W/SW partners Yellow: W/SW customers	C1	C2	C3	C4	C5	C6	C7	C8	V9. Mature love	V10. Salvation	V11. Personal security	V12. Pleasure	V13. Pleasure for him	V14. Social recognition	V15. Sense of success	V16. Family security	Out-degrees
a) Full trust in partner	3	1		1		2	1										4
	1	6															2
b) Tested (either negative or positive)	2	3				3											9
	3	1															2
c) Having real experience/sweetness/social pressure	3	1	1	2	1	2											7
	3	1	1	1	1	1											5
d) Alcohol intoxication	1	3	1		1	1	1										8
		5															2
e) Financial incentive		2						4									6
						1	1										4
f) Lied about presence of condom and or threatened		2				2											7
																	2
g) Transaction tool (in exchange for money/gifts)	1	1															4
	2	2						1									2
h) Unaware of risks (HIV is not for me, but for prostitutes)	2	1															4
																	2
C1. Maximizing intimacy, romance, sex									6	1	2	1	3	2	2		
									7	3	3	1	5	2	2		
C2. Ignorance									2	1	1	1	4	1	1	1	
									4	2	2	1	4				
C3. Forced sex									1			1					
									1			1					
C4. Maximizing social position																	
C5. Trust (towards me)									1			1		2	1		
									1			1					
C6. Dominance of male partner/fear of female									1		1		2				
									2		2		4				
C7. Married or future prospect of marriage									3		1		1				
									1		1		1			3	
C8. Financial need									1		3		1				
In-degrees									9	2	4	1	5	4	4	4	
									2	9	9	4	15	4	4	4	
Abstractness									17	7	7	1	4				
									1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
Centrality									0.24	0.11	0.03	0.14	0.14	0.14	0.14	0.13	
									0.07	0.13	0.14	0.07	0.22	0.14	0.14	0.13	
									0.25	0.23	0.01	0.13	0.13	0.13	0.13		

