

## = HIV / AIDS in Malawi =

As of 2012 , approximately 1 @, @ 100 @, @ 000 people in Malawi are HIV @-@ positive , which represents 10 @. @ 8 % of the country 's population . Because the Malawian government was initially slow to respond to the epidemic under the leadership of Hastings Banda ( 1966 @-@ 1994 ) , the prevalence of HIV / AIDS increased drastically between 1985 , when the disease was first identified in Malawi , and 1993 , when HIV prevalence rates were estimated to be as high as 30 % among pregnant women . The Malawian food crisis in 2002 resulted , at least in part , from a loss of agricultural productivity due to the prevalence of HIV / AIDS . Various degrees of government involvement under the leadership of Bakili Muluzi ( 1994 @-@ 2004 ) and Bingu wa Mutharika ( 2004 @-@ 2012 ) resulted in a gradual decline in HIV prevalence , and , in 2003 , many people living in Malawi gained access to antiretroviral therapy . Condoms have become more widely available to the public through non @-@ governmental organizations , and more Malawians are taking advantage of HIV testing services .

Due to several successful television and radio campaigns by the Malawian government and non @-@ governmental organizations in Malawi , levels of awareness regarding HIV / AIDS are high among the general population . However , many men have adopted fatalistic attitudes in response to the epidemic , convincing themselves that death from AIDS is inevitable ; on the other hand , some have implemented preventative techniques such as partner selection to try to reduce their risk of infection . Although many women have developed strategies to protect themselves from HIV , women are more likely to be HIV @-@ positive than men in Malawi . The epidemic has affected sexual relationships between partners , who must cooperate to protect themselves from the disease . In addition , many teachers exclude HIV / AIDS from their curricula because they are uncomfortable discussing the topic or because they do not feel knowledgeable about the issue , and , therefore , many children are not exposed to information about HIV / AIDS at school . Finally , the epidemic has produced significant numbers of orphans in Malawi , leaving children vulnerable to abuse and exploitation .

## = = History = =

The first case of HIV / AIDS in Malawi was reported at Lilongwe 's Kamuzu Central Hospital in 1985 . President Hastings Banda , who was in power at the time , responded with several small @-@ scale prevention initiatives and created the National AIDS Control Programme , a division of the Ministry of Health , to manage the growing epidemic . Banda believed that issues relating to sex , including HIV transmission , should not be addressed in the public sphere ; during this time , it was illegal for Malawian citizens to discuss the epidemic openly . In 1989 , Banda introduced a five @-@ year World Bank Medium Term Plan to combat the epidemic , but HIV prevalence had already increased drastically at this point .

In 1994 , when Bakili Muluzi became president , he addressed the nation 's need for a coordinated response to the HIV / AIDS epidemic . In 2000 , Muluzi introduced another five @-@ year policy known as the National Strategic Framework , but , like Banda 's five @-@ year World Bank Medium Term Plan , this plan was largely ineffective . In 2001 , in response to problems within the National AIDS Control Programme established by Banda , Muluzi created the National AIDS Commission . Unlike Banda , who prevented the public from accessing information about the epidemic , Muluzi ensured that information about HIV / AIDS was available on the radio and television , in newspapers , and on billboards . However , despite Muluzi 's efforts , HIV prevalence was already significantly influencing national agricultural productivity during this period , and Malawi experienced an AIDS @-@ related nationwide famine in 2002 .

Malawians gained access to antiretroviral drugs in 2003 , and , with a donation from the Global Fund to Fight AIDS , Tuberculosis , and Malaria and the election of new President Bingu wa Mutharika in 2004 , government interventions increased substantially . However , soon after his election , Mutharika experienced tensions with Muluzi after implementing an anti @-@ corruption program , which distracted the government from addressing the nation 's food and HIV / AIDS @-@

related crises . Despite these obstacles , Mutharika successfully developed a National AIDS Policy and appointed a Principal Secretary for HIV / AIDS during his presidency .

= = Awareness and risk perception = =

Despite Malawi 's limited health and educational infrastructure , knowledge regarding HIV / AIDS is high among many people living in both urban and rural Malawi . According to a 2004 study by Barden @-@ O 'Fallon et al. involving 100 households , women in Malawi are most likely to learn about HIV / AIDS through radio and television , health workers at local clinics , and female members of their social networks . Men are also likely to access information about HIV / AIDS through radio and television ; however , unlike women , they are not likely to gain information about HIV / AIDS from their male friends . When 57 Malawian men were interviewed in 2003 , 100 % of them said they had heard about the HIV / AIDS epidemic on the radio , and 84 @. @ 2 % of them said they had learned about HIV / AIDS during their visits to local health facilities ; this supports the fact that many people in Malawi have access to information about the epidemic , both through the radio and other sources .

Personal traits such as age , gender , location , and education correlate , either positively or negatively , with HIV / AIDS awareness levels . For example , older women have demonstrated higher levels of knowledge regarding HIV / AIDS than younger women in Malawi . Because men typically have greater access to education and other social resources , they are often more knowledgeable about HIV prevention and transmission than women . While men are , on average , able to list 2 @. @ 2 ways to prevent HIV transmission , women are only able to list 1 @. @ 5 ways . Only 38 % of women surveyed in 2003 @-@ 2004 understood that their husbands would be less likely to contract HIV if they used condoms during intercourse with prostitutes and other women from high @-@ risk groups . In addition , men who are raised in urban environments are , on average , more informed about HIV / AIDS than men who are raised in rural environments , presumably because urban children typically have greater access to educational resources than rural children . Among both men and women , higher levels of education correspond to increased knowledge about HIV / AIDS : men and women who have received secondary school educations are significantly more likely to understand complex aspects of the disease , such as the fact that people who appear healthy can still be HIV @-@ positive , than those who have not . Finally , people who have lost friends or family members to the disease are likely to have greater knowledge about HIV / AIDS due to their personal , firsthand exposure to the problem .

The aforementioned study by Barden @-@ O 'Fallon et al . , which surveyed 940 women and 661 men , indicated that , despite their knowledge and awareness , many people in Malawi do not feel personally susceptible to HIV infection . On average , only 23 % of the adults who were surveyed during this study , both male and female , believed that they were likely to contract HIV and die of AIDS . Greater HIV / AIDS awareness among men does not seem to correspond with increased perceived risk ; on the other hand , increased levels of knowledge about HIV / AIDS do correlate positively to perceived risk among women . Another study conducted in rural Malawi between 1998 and 2001 by Kirsten P. Smith et al. indicated that concerns about personal vulnerability to HIV / AIDS declined during this four @-@ year time frame , probably because the increased use of preventative strategies gave people a sense of control . In fact , many participants in this study claimed that they were " not at all worried " about HIV / AIDS ; unless they had simply adopted a fatalistic standpoint towards the epidemic , these respondents probably felt that they had successfully reduced their risk of exposure through personal behavioral changes .

= = Education = =

Students in Malawi have expressed high levels of dissatisfaction regarding the HIV / AIDS @-@ related education and support they receive at school . According to a survey of students in Malawi , most secondary students do not believe that the HIV / AIDS curricula at their schools provide them with an adequate understanding of the disease . Although the Malawian government and non @-@

governmental organizations have conducted many campaigns to improve awareness about HIV / AIDS in schools , there is still a significant shortage of age appropriate audio and visual educational materials relating to HIV / AIDS available to instructors , particularly in rural areas . In addition , most teachers cannot identify the students in their classes who have been personally affected by the epidemic , either through friends or relatives , which suggests that school based support for HIV / AIDS is minimal . However , despite this lack of support , surveys indicate that children who have been affected by the epidemic do not usually experience HIV / AIDS based discrimination at school .

Most teachers are required to address HIV / AIDS in their curricula ; although instructors are , for the most part , committed to helping their students understand and avoid the disease , they face many obstacles that prevent them from informing their students about HIV / AIDS in productive ways . For example , some teachers cannot advise their students to remain faithful to their sexual partners without seeming hypocritical because they engage in extramarital sexual relations themselves . Others feel uncomfortable discussing sexual matters with their students , and some believe that , due to their limited training , they are not knowledgeable enough about HIV / AIDS to direct classroom discussions about the disease . In addition , many teachers feel unsupported by community members , who often either deny the extent of the epidemic or believe that HIV / AIDS should not be addressed in the classroom .

= = Affected groups = =

Although the HIV / AIDS epidemic has affected men , women , and children in Malawi , certain factors such as sexual orientation , gender , and age influence infection patterns . In Malawi , HIV / AIDS is usually transmitted through heterosexual sex , but the epidemic has also significantly impacted the homosexual male population in Malawi . In addition , women in Malawi are more likely to be HIV positive than men , suggesting that women are particularly vulnerable to HIV / AIDS . Finally , the disease has affected children and young adults both directly and indirectly ; 170 000 Malawian children were HIV positive in 2011 , and the number of orphans in Malawi has increased dramatically since the epidemic began in 1985 .

= = = Men = = =

Due to the vast scope of the HIV / AIDS epidemic , many Malawian men believe that HIV contraction and death from AIDS are inevitable . Older men in particular often claim that the HIV / AIDS epidemic is a punishment issued by God or other supernatural forces . Other men refer to their own irresponsible sexual behaviors when explaining why they believe that death from AIDS is inevitable . These men sometimes claim that unprotected sex is natural ( and therefore necessary and good ) when justifying their lack of condom use during sex with extramarital partners . Finally , some men identify as HIV positive without having undergone testing for HIV , preferring to believe that they have already been infected so they can avoid adopting undesirable preventative measures such as condom use or strict fidelity . Because of these fatalistic beliefs , many men continue engaging in extramarital sexual relations despite the prevalence of HIV / AIDS in Malawi .

However , despite these widespread feelings of fatalism , some men believe that they can avoid HIV contraction by modifying their personal behaviors . Men who decide to change their behaviors to reduce their risk of infection are unlikely to use condoms consistently , particularly during marital intercourse ; instead , they usually continue engaging in extramarital sexual relations , but alter the ways in which they choose their sexual partners . For example , before selecting extramarital sexual partners , men sometimes survey their peers to determine whether their potential partners are likely to have exposed themselves to the virus . Men who choose their sexual partners based on external appearances and peer recommendations often believe that women who violate traditional gender norms by , for example , wearing modern clothing are more likely to carry HIV , while young girls , who are perceived as sexually inexperienced , are considered " pure . " Because of this perception , many people are concerned that schoolchildren in Malawi , particularly girls , are becoming exposed

to the virus through sexual harassment or abuse by their instructors .

== = Women == =

According to traditional gender roles in Malawi , men operate primarily in the formal work sector and are responsible for supporting their families through paid labor , whereas women , who are valued for their domestic skills , are responsible for agricultural labor and care work ; this gender @-@ based division of labor decreases women 's autonomy , thereby increasing their vulnerability to HIV / AIDS . Even within the home , women often lack bargaining power because they have limited access to education , formal employment , and other resources that could give them a sense of financial and personal independence . Women who are able to work in the formal sector typically earn significantly less money than men , even when they are completing the same tasks , making it difficult for them to elevate their status .

Many women are convinced that their husbands are putting their lives at risk by engaging in extramarital sexual relations without using protection ; however , because of their secondary status , they are often unwilling to initiate discussions about HIV / AIDS in the home . Most women in Malawi do not view divorce as a viable option , even when their husbands are HIV @-@ positive and refuse to protect them from the virus by wearing condoms during marital intercourse . Because they lack the education and training needed to seek gainful employment , women are not usually able to support themselves and their children outside of marriage without resorting to commercial sex work for money .

However , despite their vulnerability , some women in rural Malawi believe that they do , to a certain extent , have control over their own health and well @-@ being . They tell their husbands that the HIV / AIDS epidemic has made sexual infidelity extremely dangerous and encourage them to refrain from engaging in extramarital sexual contact . In addition , many women are convinced that , by appealing to the vulnerability of their children ( who will probably be orphaned if their parents contract HIV ) , they can convince their husbands to use condoms consistently during extramarital sexual encounters . Other women seek support from their friends and family members when they believe that their husbands ' unsafe behaviors are putting their lives at risk . Finally , as a last resort , women might warn their husbands that they will visit the ankhoswe , or traditional marriage counselor , and demand divorce if their husbands refuse to remain faithful and actively prevent the transmission of the disease .

== = Children == =

The number of orphaned children in Malawi has increased dramatically since the HIV / AIDS epidemic began in 1985 , with certain surveys indicating that more than 35 % of schoolchildren have experienced the death of at least one parent due to HIV / AIDS . Because HIV is transmitted sexually , married couples who engage in unprotected sexual relations put their children at increased risk of becoming double orphans , or children who have lost both parents to HIV / AIDS . Older children who have lost both parents to HIV / AIDS often become responsible for the care of their younger siblings , and many double orphans drop out of school or migrate to urban areas to try to support themselves and their siblings . Girls who have been orphaned by HIV / AIDS have unusually high rates of school absenteeism in Malawi .

When parents die of HIV / AIDS , extended family members usually become the children 's primary caregivers : in Malawi , 44 % of double orphans are adopted by grandparents or other close relatives . Extended family members often provide crucial support to HIV / AIDS orphans ; however , some sources indicate that extended family members mistreat orphans whose parents have died from HIV / AIDS . For example , family members who are unable to support adopted children often arrange early marriages for female orphans , who may then become victims of domestic violence and sexual abuse .

Evidence suggests that schoolchildren in Malawi are at risk of being exposed to HIV by their teachers , who sometimes value them as sexual partners because they believe that children have

not yet been exposed to the virus . Children are particularly vulnerable to exploitation by adults who offer them money in exchange for sex ; because they are often unable to afford basic necessities , they might feel compelled to accept gifts in exchange for sex out of desperation . Interviews indicate that teachers and school administrators in Malawi often misinterpret the definition of sexual assault , as some believe that sexual relations between teachers and students are appropriate as long as the children have consented . Although most schools have strict policies against sexual abuse , children are often hesitant to accuse adults of wrongdoing , and many administrators are unwilling or unable to investigate the truth behind the accusations .

#### = = Marriage and relationships = =

Although couples are starting to use condoms during extramarital intercourse more frequently , condom use during marital sex is still viewed as inappropriate by many Malawians ; in 2000 , only 2 @. @ 3 % of people reported using condoms regularly during sexual intercourse with their spouses . Some people believe that condoms are only necessary during sex with high @- @ risk partners such as sex workers , and that condom use during marital sex implies infidelity . Others believe that marital condom use violates the religious purposes of marriage : sexual pleasure and reproduction . In a study published in 2007 by Agnes M. Chimbiri , men claimed that they use condoms with their wives for the sake of avoiding unwanted pregnancies ; on the other hand , they were more concerned about sexually transmitted infections when discussing condom use with extramarital sexual partners .

Many different sources of information can motivate discussion about HIV / AIDS among married couples . After hearing information about HIV / AIDS at local health facilities or during conversations with friends or family members , people are more likely to address the risk of HIV contraction with their spouses . In addition , women are more likely than men to mention the dangers of HIV / AIDS when they suspect that their spouses are engaging in extramarital sexual relations . According to a 2003 study by Eliya Msiyaphazi Zulu and Gloria Chepngeno , although higher levels of education do correspond to greater knowledge about HIV / AIDS , education levels do not significantly impact the likelihood that couples will discuss HIV @- @ related prevention strategies .

#### = = Economic impact = =

A 2002 study conducted by CARE International across three districts in the Central Region of Malawi considers how HIV / AIDS has affected economic well @- @ being in rural Malawi . When skilled laborers are infected with HIV , they are usually unable to work ; therefore , they often shift agricultural production on their land to less labor @- @ intensive crops , sacrificing the opportunity to grow more profitable , labor @- @ intensive crops such as tobacco . When family members fall ill with HIV / AIDS , their relatives invest time in their treatment and care , further reducing household productivity . In addition , when family members are infected with HIV , households often use the money they would normally invest in agriculture to cover medical expenses , further decreasing economic stability at the household level . Finally , when adults contract HIV , their children often remain home from school to work in the fields , threatening long @- @ term productivity and economic advancement in Malawi .

CARE International proposes several strategies that might reduce the destructive economic impact of HIV / AIDS on rural households . They recommend introducing new technologies that improve productivity to allow households affected by HIV / AIDS to continue supporting themselves through agriculture . Women in patrilineal / patrilocal villages are often unable to support themselves and their children when their husbands die of HIV / AIDS ; therefore , helping women acquire traditionally masculine agricultural skills might decrease their vulnerability while improving agricultural productivity at the household and community levels . CARE International recommends increasing cooperation at the community level by establishing labor and food banks in areas that have been devastated by the HIV / AIDS epidemic . Finally , CARE International highlights the importance of increasing access to information about HIV / AIDS in Malawi to help families prepare for and cope

with the economic burdens associated with the epidemic .

= = Impact on health services = =

The HIV / AIDS epidemic in Malawi has been characterized by drastic declines in the number of health workers available to provide treatment and care and increasing strain on health services : more than half of all hospital admissions in Malawi are related to HIV / AIDS . However , Malawi currently faces a significant deficit in human resources : only 159 doctors were practicing in Malawi in 2007 . The World Health Organization 's Essential Health Package recommends placing at least three health workers at every health facility in the country , but the vast majority of Malawi 's health facilities fail to meet this standard .

While migration to more developed countries in search of better opportunities , also known as " brain drain , " is partially responsible for the shortage of health care workers in Malawi , many health care workers have been personally affected by the HIV / AIDS epidemic ; in fact , an average of 48 nurses die of HIV / AIDS in Malawi every year . The HIV / AIDS epidemic has resulted in high levels of absenteeism among health workers in Malawi , who often leave work to spend time with HIV @-@ positive friends or relatives , and the Malawian government has failed to respond to the declining number of full @-@ time employees working in the health sector . Health workers who are not chronically absent frequently abandon their jobs because they are unable to cope with the heavy patient loads or because they are afraid that working in a medical environment will increase their risk of becoming infected with HIV .

Malawi has adopted task shifting strategies to overcome the shortage of workers available for HIV / AIDS treatment and care . Task shifting , which has been successful in many other regions , involves training less specialized health workers to perform health @-@ related tasks that do not require professional training , such as the initiation of antiretroviral therapy . For example , at Thyolo District Hospital , health workers spend one week learning how to initiate antiretroviral therapy in a classroom setting and an additional two weeks practicing their knowledge in a supervised clinical setting ; after completing this course , they are legally ( under Ministry of Health guidelines ) allowed to initiate antiretroviral therapy . Another form of task shifting involves training health @-@ oriented counselors in HIV testing and counseling , which relieves nurses of this additional task .

= = Interventions = =

Malawi has taken many steps towards slowing the spread of HIV / AIDS , such as increasing access to condoms and improving testing services and treatment options . Many of these efforts have been funded by international donors including the World Bank , the Global Fund , the World Health Organization , the President 's Emergency Plan for AIDS Relief ( PEPFAR ) , and the Joint United Nations Programme on HIV and AIDS ( UNAIDS ) . The World Bank has lent \$ 407 @.@ 9 million to Malawi , the Global Fund has agreed to give \$ 390 million , and PEPFAR has donated \$ 25 million for prevention and treatment campaigns .

= = = Antiretroviral therapy = = =

The number of people using antiretroviral therapy in Malawi has increased dramatically in the past decade : between 2004 and 2011 , an estimated 300 @,@ 000 people gained access to antiretroviral treatment . In addition to improving access to antiretroviral therapy , in 2008 , Malawi introduced the World Health Organization 's treatment guidelines for antiretroviral therapy , which improved the quality of treatment available to Malawians . However , Malawi 's proposal for a new antiretroviral treatment plan in 2011 , which would have cost \$ 105 million per year , was rejected by the Global Fund , threatening Malawi 's ability to continue expanding access to antiretroviral treatment .

In 2000 , Malawi 's Ministry of Health and Population began developing a plan to distribute antiretroviral drugs to the population , and , as of 2003 , there were several sites providing

antiretroviral drugs in Malawi . The Lighthouse , a trust in Lilongwe that fights HIV / AIDS , provides antiretroviral drugs at a cost of 2 @, @ 500 kwacha per month . Queen Elizabeth Central Hospital in Blantyre provides antiretroviral therapy through its outpatient department , and Médecins Sans Frontières distributes antiretroviral drugs to patients for free in the Chiradzulu and Thyolo Districts . Many different private providers sell antiretroviral drugs , particularly in cities ; however , very few patients can afford to receive drugs from the private sector in Malawi . In addition , private providers are not currently required to obtain certification before selling antiretroviral drugs , and , therefore , this practice is not closely monitored . Finally , some employees receive access to antiretroviral drugs through the health insurance policies provided by their employers , but this practice is not widespread .

Due to the advent of antiretroviral drugs , HIV / AIDS has become a manageable disease for people who can access and afford treatment ; however , antiretroviral therapy remains largely unaffordable and inaccessible to most people in Malawi . For example , the South East region of Malawi has disproportionately low access to antiretroviral drugs . In many rural areas , poor health infrastructure combined with widespread famine have made sustained , high @-@ quality antiretroviral therapy difficult or impossible . In addition , donations from the Global Fund to Fight AIDS , Tuberculosis , and Malaria were used to fund antiretroviral therapy programs that distributed medication on a " first @-@ come , first @-@ served " basis , making the drugs more accessible to the male , urban , educated population . Because there are no explicit policies regarding the fair distribution of antiretroviral drugs in Malawi , individual health care workers often become responsible for deciding who will receive treatment , which inevitably leads to inequitable distribution .

= = = Condom distribution = = =

Although condoms effectively prevent the sexual transmission of HIV , several factors have limited widespread condom distribution and uptake in Malawi . People living in non @-@ urban areas often have difficulty accessing condoms , and condoms are not typically available at bars and other social locations where they could have a significant impact on HIV prevention . Many people oppose condoms because they believe that condoms make sex less enjoyable or because they question their ability to prevent the transmission of HIV . However , despite these factors , many unmarried couples have started using condoms more consistently as concern and fear about the HIV / AIDS epidemic have increased .

Non @-@ governmental organizations such as Population Services International ( Malawi ) , an organization that strives to improve the health of Malawians , and Banja La Mtsogolo , an organization that distributes information and resources related to family planning , have conducted campaigns advertising condom use as an effective form of protection against HIV / AIDS . Banja La Mtsogolo provides condoms to both men and women , and has significantly improved the availability of condoms for women in particular . Because of efforts by Population Services International , Banja La Mtsogolo , and many other organizations , condoms have become more widely available to many people in Malawi .

= = = Voluntary counseling and testing = = =

People living in areas with high rates of HIV / AIDS face several psychological barriers when deciding whether to undergo testing for HIV . For example , people may prefer not to know if they are HIV @-@ positive because , due to the obstacles they often face in gaining access to antiretroviral drugs , many view HIV / AIDS diagnoses as death sentences . Others may simply believe that they are HIV @-@ negative , either because they practice strict monogamy and consistently use condoms during sexual intercourse or because they are in denial about the prevalence of the disease . However , despite these barriers , both mobile and static testing services have become more widely available in Malawi recently : 1 @, @ 392 testing and counseling sites existed in 2011 . Certain non @-@ governmental organization such as the Malawi AIDS Counseling and Resource Organisation ( MACRO ) provide door @-@ to @-@ door counseling and testing

services , which have drastically improved the accessibility of HIV testing .