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THE ROLE OF THE MUSICAL ARTS IN HIV/AIDS INTERVENTION IN MALAWI

By

GRANT MACLOLY MOLOKO NTHALA

A THESIS SUBMITTED IN ACCORDANCE WITH THE REQUIREMENTS FOR THE PHILOSOPHIAE DOCTOR DEGREE IN THE FACULTY OF THE HUMANITIES, ODEION SCHOOL OF MUSIC, AT THE UNIVERSITY OF THE FREE STATE

JANUARY 2013

PROMOTER: PROFESSOR GREGORY F BARZ

DECLARATION

I declare that the thesis hereby handed in for the qualification PhD in Music at the University of the Free State is my own independent work and that I have not previously submitted the same work for a qualification at another University or in another Faculty.

Grant MM Nthala

DEDICATION

This work is dedicated to my family: my wife Cecilia and our four children, David, Deborah, Angela-Vincentia and Daniella whose priceless contributions in my life I will forever cherish.

CONTENTS

Abbreviations and Acronyms vii

Figures and Tables ix

List of Transcriptions x

Acknowledgements xi

Chapter One: Study Background and Research Outline

1.1 Introduction 1

1.2 Motivation 1

1.3 Problem Statement 3

1.4 Rationale 4

1.5 Research Objectives 5

1.6 Methodology 5

1.7 Theoretical Framework 10

1.8 History of HIV/AIDS in Malawi 13

1.9 National Responses to HIV/AIDS 13

1.10 General HIV/AIDS Statistics and Demographics in Malawi 14

1.11 Cultural Beliefs, Attitudes, Practices and Music 16

1.12 Degree of Existing Knowledge 18

1.13 Some Contextual Concepts 19

1.14 Structure of the Thesis 21

1.15 Value of the Thesis 21

1.16 Delimitation of the Thesis 22

1.17 Notes on Vernacular Terms 22

Chapter Two: Review of Literature

2.1 Introduction 23

2.2 Music Participation and HIV/AIDS 23

2.3 AIDS, Poverty and Music 26

2.4 Music, HIV/AIDS and Culture 28

2.5 HIV/AIDS Crisis in Southern Africa 30

2.6 Music, Healing and Religion 32

2.7 Music as Therapy 36

2.8 Music and Medicine 40
2.9 Music, Language and HIV/AIDS 42
2.10 Summary 47

Chapter Three: HIV/AIDS Musical Interventions in Malawi
3.1 Introduction 49
3.2 HIV/AIDS Traditional Musical Interventions 50
3.3 Funeral Songs 51
3.3.1 Spontaneous Funeral Songs 52
3.3.2 Memorial Functions 53
3.4 Wedding Songs 54
3.4.1 The *Chikamwini* Tradition 57
3.4.2 The *Sisiliya* Wedding Tradition 58
3.4.3 Songs for *Kutula Mkwati* Ceremony 61
3.4.4 The Wedding Day 64
3.5 Shepherd Songs 68
3.6 Music in Storytelling 74
3.7 Spontaneous Duet Music 81
3.8 Musical Arts Intervention Projects 84
3.8.1 The Malawi Annual Choral Workshop 85
3.8.2 The Youth Music Workshop 89
3.8.3 Make Art Stop AIDS Project 93
3.9 Rural Group Interventions 95
3.10 HIV/AIDS Messages and Metaphor 107
3.10.1 HIV/AIDS Metaphor in Rural Communities 112
3.11 Conflicting Messages in Songs about HIV/AIDS 114
3.12 Summary 119

Chapter Four: Field Reports and Discussions
4.1 Introduction 121
4.2 Foundation for Community Support Services 121
4.2.1 Structure of the Weekly Meetings 125

4.2.2 Music Structure, Style, Content and Contexts 130
4.3 Self-Help Africa 136
4.3.1 Self-Help Africa's Kalembo Project 139
4.3.2 Music as HIV/AIDS Intervention for Self-Help Africa Projects 142
4.4 Music and Drama AIDS Prevention and Care Project 144
4.4.1 HIV/AIDS Ideas Gathered 146
4.4.2 Project Evaluation 152
4.5 Music at Antenatal Clinics 154
4.5.1 Antenatal Health Education 155
4.5.2 HIV/AIDS Antenatal Song Examples 156
4.5.3 Other Antenatal-Based Intervention Songs 158
4.6 The Church, Music and HIV/AIDS: A Case of Holy Ghost and Evangelism Ministries 160
4.6.1 Holy Ghost and Evangelism Ministries 162
4.6.2 Church Music and HIV/AIDS: The Healing Process 166
4.7 The Mhango Salvation Singers 171
4.7.1 Mhango Salvation Singers Music Journey 171
4.7.2 Leadership Roles and Influence 173
4.7.3 HIV/AIDS Music Examples 174
4.8 Summary 178

Chapter Five: Conclusions
5.1 Introduction 180
5.2 The Arts-Based Forums 181
5.2.1 Whither Malawian Arts-Based Forums? 184
5.3 Rural Arts-Based Interventions 185
5.4 Urban and Popular Music Cultures 187
5.5 Religious Institutions 189
5.6 Training and Advocacy 191
5.7 Summary 193
Appendix 1: Glossary of Terms and Expressions 195

Appendix 2: Definitions of Local Terms 198
Appendix 3: The Research Questionnaire 201
References Cited 204
Abstract 212
Opsomming 214

ABBREVIATIONS AND ACRONYMS

ADD	Agricultural Development Division
ADMARC	Agricultural Development and Marketing Corporation
AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti-retroviral Drugs
CBD	Central Business District
CCAP	Church of Central Africa Presbyterian
CD	Compact Disc
CHAM	Christian Hospitals Association of Malawi
CIC	Christ-Citadel International Church
CIIMDA	Centre for Indigenous Instrumental Music and Dance Practices of Africa
CONGOMA	Council for Non-Governmental Organisations in Malawi
COSOMA	Copyright Society of Malawi
CRECCOM	Creative Centre for Community Mobilisation
DJ	Disc Jockey
DVD	Digital Video-Disc or Digital Versatile Disc
FBOs	Faith-Based Organisations
FOCUS	Foundation for Community Support Services
FONYODE	Forum for Non-Governmental Organisations in Youth Development
FPA	Fine and Performing Arts
GMAM	Gospel Musicians' Association of Malawi
GoM	Government of Malawi
HBC	Home-Based Care
HESP	Health Education and Sanitation Programme
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling

HOGEM	Holy Ghost and Evangelism Ministries
IGA	Income Generating Activity
MAM	Musicians' Association of Malawi
MANASO	Malawi Network of AIDS Service Organisations
MAT CELL	Musical Arts Action Research Team Cell
MBC	Malawi Broadcasting Corporation
MCP	Multiple and Concurrent Partnerships
MHRC	Malawi Human Rights Commission
MICS	Multiple Indicator Cluster Survey
NBTS	National Blood Transfusion Service
NAPHAM	National Association for People Living with HIV/AIDS in Malawi
NGO	Non-Governmental Organisation
NICE	National Initiative for Civic Education
NSO	National Statistical Office
OSISA	Open Society Initiative for Southern Africa
PCCs	Pentecostal and Charismatic Churches
PASMAE	Pan-African Society for Musical Arts Education
PLWHA	People Living With HIV/AIDS
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
PSSP-SFP	Primary School Support Programme –School Fees Pilot
SADC	Southern African Development Community
STI	Sexually Transmitted Illness
TA	Traditional Authority
TB	Tuberculosis
UCLA	University of California, Los Angeles
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
US	United States
UNAIDS	Joint United Nations Programme on HIV/AIDS

VCT	Voluntary Counselling and Testing
VSL	Village Savings Loan

FIGURES AND TABLES

Chapter Three

Figure 1	Elderly men demonstrating mat weaving skills	99
Figure 2	Elderly women showing a pot made by the Tikondane HIV/AIDS Club	99
Figure 3	*Mganda* dancers performing an AIDS song	100
Figure 4	*Chimtali* women dancers of Tikondane HIV/AIDS Club	100
Figure 5	Tikondane HIV/AIDS Club members playing *bawo*	101
Figure 6	*Mganda* dancers of Cholwe village	103

Chapter Four

Figure 7	Namasalima HIV/AIDS Support Group Centre	125
Figure 8	Members of Namasalima Support Group and NAPHAM Officials outside the Support Group Centre	126
Figure 9	NAPHAM officials presenting a lecture	127
Figure 10	Support Group Members listening to a presentation	127
Figure 11	Workshop poster notes on advocacy and empowerment	128
Table 4.1	Namasalima HIV/AIDS Support Group lessons	129
Figure 12	Chichewa Workshop notes on Palliative Care	130
Figure 13	Namasalima Support Group members preparing to sing and dance	133
Figure 14	Church members captured dancing during Praise and Worship at CIC	164
Figure 15	Pastor Allan Jiya of HOGEM preaching at an Interdenominational Afternoon Service	169
Figure 16	HOGEM Praise and Worship Team members	170
Figure 17	Jane Mhango-Msosa of Mhango Salvation Singers	178

LIST OF TRANSCRIPTIONS

Folk Song: *Daisi Mandele* 77

Folk Song: *Titi Mbale* 81

AIDS Composition: *Kuli Zii* 91

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Chapter One

Study Background and Research Outline

1.1 Introduction

This thesis documents innovative approaches that lead to the alleviation of the effects and impact of HIV/AIDS on individuals and communities through the musical arts in Malawi.[1] Musical arts as a concept encompasses the sonic aspect of the expressive arts culture which defines all the musical activities performed for entertainment, education, spiritual enrichment and ritual. These include urban music, instrumental music, indigenous music dances, narratives, praise poetry, choral music, melodrama, and story songs. The social, psychological, physiological, and economic values inherent in the musical arts are critical features of this research. Music is all too often considered as entertainment, yet my research underscores the awareness that has been attached to music over the years regarding healing, and specifically regarding HIV/AIDS interventions in Malawi.

The achievement of available health care for all as advocated by African governments is significantly compromised by the challenges posed by HIV/AIDS. Nevertheless, years of research and numerous interventions have helped to reduce considerably the prevalence rate and impacts of HIV/AIDS on Malawian society. The success story attributed to the southern African country of Malawi is not similar to many other sub-Saharan nations which are statistically most affected by the pandemic. Notwithstanding the significant reduction of the HIV prevalence rate in the Malawian scenario, it has become imperative to sustain the gains and to target a much lower or zero HIV/AIDS prevalence in the medium to long terms using non-traditional alternative interventions that holistically address this national crisis.

1.2 Motivation

My interest in conducting research and documenting reflections on the role of the musical arts in HIV/AIDS intervention in Malawi is a result of my background as a pastor, a composer, and an educator. As a pastor, I have been involved in counselling different individuals on

[1] The concept of "musical arts" was introduced by Meki Nzewi to reference to the performance arts disciplines of music, drama, poetry and costume art. According to Nzewi, each branch of these arts resonates and reinforces the logic, structure, form, shape, mood, texture and character of the other, such that in the African musical arts matrix, the music reflects the dance, language, drama and/or costume. The dance bodily translates the music, language, drama and/or material objects; the drama enacts the music, dance, language, costume and/or material objects; and the material objects, costume and scenery highlight the music, dance, drama and/or language. "As such in the African indigenous musical arts milieu, a competent musician is likely also to be a capable dancer, visual-plastic artist, lyricist, poet and dramatic actor" (Nzewi, 2003:13)

various social and psychological issues. Key among these issues is the effect of HIV infection on the counselling clients and their families. Years of engaging, morally supporting and spiritually encouraging infected individuals and their relations raised a personal awareness on the need to scale up efforts of mitigating the pandemic using socially friendly methods. Consequently, church-organised youth seminars, singles' workshops, and couples' retreats began to incorporate topics on HIV and AIDS. In order to widen the participants' knowledge of HIV/AIDS, external speakers were engaged. Workshop facilitators also included experts from different non-governmental organisations. Workshop activities often included role playing, quizzes, question and answer sessions, teachings, and preaching.

As a composer, I wrote a number of choral songs in the past to serve different functions. These functions included my home university's anniversary celebration, graduation ceremonies, choral competitions, and Christian jubilee celebrations. I have also composed a variety of songs for youth music workshops that carried themes on education and HIV/AIDS.

Further, as an academic, I have been involved in a number of music-related activities since I first received training in music upon entering the University of Malawi. The four-year bachelor's degree training followed years of music making from primary school through secondary school in the areas of choral singing, conducting, basic music reading, and instrumental performance. For a number of years after my undergraduate education, I was involved in music teaching in secondary schools; creation of music clubs, choral groups, and dance ensembles; performing in a church band; and offering private tuition in piano and guitar. I eventually joined the University of Malawi as a part-time instructor and later a full-time lecturer through which I have had the opportunity of organising music concerts, cultural dance concerts and choral evenings in addition to teaching music theory, African performance, ethnomusicology, music research, African drumming, and guitar. Since 2004, I have been a leader of a Musical Arts Action Research Team Cell (MAT Cell) group composed of primary school music educators, which was a Pan-African Society of Musical Arts Education (PASMAE) project aimed at sharing music education knowledge for the effective classroom delivery of the indigenous musical arts by creatively using locally available teaching and learning resources.

Through my teaching and research, I developed interest in musical issues affecting communities. My studies in ethnomusicology at the master's level explored this interest further. I view indigenous African music and all the music-related arts as instrumental in

addressing community challenges. One of the major global crises is the HIV/AIDS pandemic, which the musical arts can address in many ways. Therefore, research into the role of the musical arts as an intervention for HIV/AIDS is critical in achieving the uplifting of the human condition through music.

As a young scholar, I have published an article on the concept of the mask tradition as a cultural device for Chewa people's music and dance performances. My conference paper on music as metaphor in songs about HIV/AIDS has also been recently published. Works in progress include a book chapter on performance of cultural interface in post-colonial Malawi through the Chewa hybridised dance traditions, and an article on acculturation as translation through the aspects of mimicry, satire and resistance in Chewa dances. A book titled "*Singing in Harmony: Malawi's Popular Christian Choral Songs of the 1980s*" is also ready for publication. These publications signify the importance of music interaction and participation at the Malawian local level.

Different societies interpret music in different ways. However, in order to share ideas, joy, memories, suffering, pain, and spiritual ideals, Malawian societies both in urban and rural communities use musical activities as a unifying element for the achievement of predetermined goals. Participation in such music forums often results in individual and community transformation as far as the propagated messages are concerned. It is therefore a common contemporary phenomenon that different dance groups, individuals, choirs, music ensembles, and storytellers incorporate health education messages in their songs. In these songs, HIV/AIDS messages frequently take centre stage.

1.3 Problem Statement

Whereas several intervention efforts have been designed, developed and implemented to address the impact of HIV/AIDS in Malawi in particular, no data is yet available to indicate the involvement and promotion of the musical arts in the effective and sustained fight against the pandemic at national governmental and non-governmental policy levels. In Malawi, for example, three approaches to public health intervention are currently applied by HIV/AIDS organisations, namely awareness, mitigation, and care and support for those infected and affected by HIV/AIDS. While various intervention activities are implemented by using these approaches, the musical arts currently only play a role in awareness campaigns organised by such organisations.

In rare instances the musical activities can be regarded as temporary sources of income, such as when performing groups are hired for a short-term fee. Even in such cases, musical performances are only used as entertainment for awareness-campaign guests and participants.[2] No training in music as a government or private sector policy is available for the HIV infected and affected individuals as a means of creating sustainable incomes, engaging communities in activities that promote positive self-images, imparting skills, and fostering social change in addition to promoting awareness.

1.4 Rationale

In 2001, Heads of State and Government, including Malawi, assembled at the UN General Assembly Special Session on HIV/AIDS (UNGASS).[3] At that meeting they agreed as a matter of urgency to address the problem of HIV/AIDS in all its aspects, and acknowledged that since no cure for HIV/AIDS had yet been found, there was a need for further research. Therefore, the leaders committed themselves to, among other things, investment in and accelerating research on HIV vaccines; building nation-specific research capacities; evaluation of all research protocols; developing and evaluating suitable approaches for monitoring treatment efficacy; developing multi-sector policies, plans and strategies; integrating prevention, care, treatment, support, and mitigation priorities into development planning; reducing HIV prevalence among the youth aged between 15–24 by 25% by the year 2005; and establishing clear national prevention targets to be tracked by all stakeholders.

The governmental leaders committed themselves to addressing the HIV/AIDS pandemic by focusing on the key aspects of leadership, prevention, care, treatment and support, resources, research and human rights. During the 2005 World AIDS campaign, the Malawi Government outlined its 2001 commitments, achievements made so far in fulfilling such commitments, outstanding areas, and shortfalls. Notwithstanding the many achievements registered in the intervention efforts, Malawi nevertheless developed and implemented programmes that would economically empower vulnerable groups, intensify community mobilisation programmes, and involve young people in the design, planning and implementation of HIV/AIDS programmes.

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[2] Ms Tendai Mayani, HIV/AIDS and Gender Coordinator, Self-Help Africa, telephone interview conducted on 28 August 2009.
[3] New York, 25-27 June 2001.

The 2005 World AIDS campaign report shows a supply of financial and material resources to groups and individuals engaged in the fight against the effects of the pandemic. Such groups include FBOs (faith-based organisations), NGOs (non-governmental organisations), human rights organisations, and gender equity activists. It is not yet known to what extent the resources targeted the support of music artists or musical activities. Yet music is a critical "language" that is understood by different social, economic and political groups. Music cuts across cultures, races, creeds and sex while simultaneously re-inscribing such units of identity. The musical arts may thus be seen as a highly effective tool for disseminating a variety of messages, inspiring collective responsibility, generating behaviour change and building healthy societies.[4]

1.5 Research Objectives

The aims of this thesis are four-fold:

1. To identify existing HIV/AIDS intervention programmes in Malawi;
2. To investigate and document musical activities involved in current intervention programmes in order to determine further implementation challenges;
3. To assess and evaluate perceptions with regard to the existing interventions and advance alternative musically-informed approaches in response to any notable challenges through the documented research;
4. To document and analyse further potential uses of the musical arts as a medical intervention in regard to HIV/AIDS based on the analysis of the study's aims presented above.

1.6 Methodology

The specific research methodology supporting this thesis is designed to document Malawi's HIV/AIDS intervention practices and their effectiveness through a qualitative method of inquiry and data collection. This is a mixed-method qualitative study with an ontological bias based largely on empirical evidence that employs the following methods: contextual analysis, ethnographic research, literature review, participant observation, audio-visual documentation, case studies, and face-to-face semi-structured interviews.

[4] The studies of Barz 2004; Barz 2006; Allen 2004a; Allen 2004 and DeNora 2000 in particular confirm this.

Literature review as a method of data collection in this research allows for the consolidation of information gathered over an extended period of time and over a wide geographical area in Malawi. Examples of relevant literature sources on HIV/AIDS and music in Malawi include works by John Lwanda (2003 and 2011), and Jack Allison, Lawrence Brown and Susan Wilson (2011). Unstructured face-to-face interviews allowed the informants' responses to influence the direction of the interview and encourage a probe in new areas of knowledge. Personal observation and interpretation of participants' responses, gestures, and voice tones provided me as a Malawian citizen with greater depth in the analysis of various aspects of the research questions.

The field research involved engagement of various stakeholders in soliciting information on current HIV/AIDS statistics and existing intervention programmes. These included the Ministry of Health personnel, NGOs, the National Statistical Office (NSO), academic departments, FBOs, and cultural practitioners. In order to document available evidence on efforts made to utilise the musical arts in the intervention of HIV/AIDS, I relied on interview responses from a variety of music artists, educators, and researchers. I further relied on documented live and recorded music related to HIV/AIDS and performed by different groups of people. Individual perceptions regarding behaviour, practices and songs about HIV/AIDS were determined through responses from a sample of rural, urban, and peri-urban communities.

The project areas of local NGOs: National Association of People Living with HIV/AIDS in Malawi (NAPHAM), and Self-Help Africa, in Zomba City and Balaka Town respectively serve as main study locations. Prevalent risky cultural practices among other challenges contribute to the high HIV/AIDS situation in the communities found in these study locations; and these provide representative scenarios for other cultural groups in Malawi. National music projects such as the defunct annual Choral Workshop and the Youth Music Workshop organised by the University of Malawi are viewed in this study as examples of case studies of musically-informed interventions.

A review of literature on HIV/AIDS that relates to both local and global situations, as well as research findings on the impact of the musical arts on individuals affected by the disease was conducted. Archival material such as reports and strategic plans from the different stakeholder institutions form a significant resource of this secondary data material.

The theoretical frame of reference for the research draws on the thought of Abdullahi Ahmed An-Na'im (2002)[5] based on the premise that culture profoundly affects the articulation and implementation of human rights and livelihood in all societies because of its formative and constant influence on human motivation and behaviour. While this does not mean that culture is the sole determinant of all human activities, the ability of members of a cultural tradition to take alternative courses of action is conditioned by the broad parameters of their culture. Pertaining to the present research, both the idea that individuals are generally predisposed to act in culturally sanctioned ways and have the ability to act as agents of change in the transformation of their own culture is taken as theoretical and philosophical point of departure.

In order to gather first-hand responses, I developed a semi-structured questionnaire and adapted it for use with a variety of research participants. The participants included medical personnel, HIV/AIDS coordinators, academics, institutional managers, and music directors. An interview schedule was employed to elicit information on HIV/AIDS policies; project-based HIV/AIDS interventions; district, regional and national HIV/AIDS statistics and trends; and an evaluation of existing HIV/AIDS interventions. Key informants were selected according to key areas of service provision and intervention with regard to HIV/AIDS. Religious leaders, people living with HIV/AIDS (PLWHA), musicians, dancers, and theatre artists were also interviewed.

It is also significant to note that the results of this study are a culmination of field research, oral interviews, and electronic interviews conducted over the period between June 2008 and January 2009, and July 2010 and October 2012. The main field research was conducted among people living with HIV in the Nsondole area of Chief Kuntumanje in the Zomba district. With the assistance of NAPHAM, I made field recordings of discussions, music performances, interviews and workshop proceedings of members of the Namasalima support group operating in the Nsondole area. For ethical reasons, sensitive information and names of concerned individuals are withheld in this thesis. Further field recordings were made earlier in the areas of Chief Dzoole and Chief Kalumo, in the Dowa and Ntchisi districts respectively. Earlier recordings of music dances and drama presentations were made in these districts for

[5] Abdullahi Ahmed An-Na'im, a Charles Howard Candler Professor of Law at Emory University and former executive director of Human Rights Watch/Africa, is a widely acclaimed authority on human rights, Islam and African politics, as well as human rights in cross-cultural contexts. He has taught human rights and comparative law in universities in Europe, North America, and Africa.

my masters' research, which I have adapted to this study because of the relevance of the findings.

Traditional dancers and local actors from Cholwe, Jere, Chitete and Kayaza villages located in these two traditional authorities provided songs and plays some of which discussed HIV/AIDS. A semi-structured questionnaire was administered especially in Chitete, Cholwe, and Jere villages to document responses from community members regarding such performances.

In-depth interviews were conducted at the University of Malawi, Chancellor College with various academic experts. A drama and media specialist, a cultural arts specialist, a music demonstrator, a sociology senior lecturer, and a professor in theatre arts were interviewed from the viewpoint of their areas of expertise with regard to HIV/AIDS. Responses from most of these specialist participants are included in this thesis as general comments and statements without necessarily citing their source. A registered nurse who is a national HIV/AIDS trainer of trainers based at the health centre of Ntaja in Machinga District, Ms Gladys Chimombo, was interviewed in order to solicit practical information regarding the HIV/AIDS situation, government intervention efforts, rural involvement and participation through performances at health clinics. The HIV/AIDS and Gender Coordinator of the Balaka-based NGO Self-Help Africa was interviewed about the history of HIV in Malawi, HIV prevalence rates, statistical trends, national comparative ratios, the NGO's mission, prevailing interventions, and any available musical arts interventions. Ntaja town, Machinga, Zomba and Balaka districts were geographic targets for my field research due to their high HIV prevalence rate at an average of approximately 19%, which is much higher than the recently reported national prevalence rate of between 10% and 12%.

The recording of a live church service at the Holy Ghost and Evangelism Ministries (HOGEM) in Zomba was conducted with permission from the church's assistant pastor. This was followed by an extended informal interview with the senior pastor after the service. I targeted the church's interdenominational afternoon service, which attracts attendees from different church backgrounds in order to obtain a wider scope of observation regarding the function of music in a multi-faceted community. As an interdenominational healing service, HOGEM's afternoon meetings involve teachings, after-service counseling, and prayers for the sick and oppressed individuals. During the after-service interview the pastor reported to me

that a majority of his prayer and counselling clients are people living with HIV/AIDS, their spouses, or their family members. Music is used intensively in the services as a component of worship, healing and restoration, and members of the worship team spend long hours every day composing, arranging, and practicing songs for their normal weekly service and the afternoon interdenominational service. Through my interview, I established collaboration between the music as an activity of the healing intervention and its impact on the healing and/or client counseling. The interview helped to establish perspective regarding health, healing, wellness, sickness, suffering, and HIV/AIDS from the church's point of view and how spiritual music is perceived by church-based organisations to play a role in dealing with human crises.

Aysha Hattas (2009:51) maintains that HIV/AIDS cannot be separated from the complex views that people have about religion, disease, infection, and sex, and connections among them. Religion in particular is often conceptualised as playing a role in structuring society, as its nucleus, and as an important constituent that holds communities together through a "unified system of beliefs and practices relative to sacred things, set apart and surrounded by prohibitions [beliefs and regulated practices] that unite its adherents in a single moral community" (Hattas 2009:49). The interdenominational nature of the church service under study provided a wider scope in terms of community and church representations. In this regard, Hattas further contends that the ultimate role of religion is to act as a guide for people through its cohesive function as a creation of society that is eminently social and consists of collective representations:

> Religion conveys shared aspects and truths that belong to the community. The role of religion, therefore, is to stimulate, sustain or recreate people's way of thinking within a particular society, and as such, maintain social cohesion. [...] issues are approached in a way that is common to all, as religious facts, as social affairs, and the product of collective thought. (Hattas 2009:49)

The stimulation, sustenance, and recreation of people's way of thinking enhanced by religious activity are critical elements in approaching common issues and maintaining social cohesion. Through this cohesion, society is capable of speaking with one voice and sharing common values. With regard to HIV/AIDS, when informed messages are shared in religious gatherings through teachings, preaching and reflection on musical performances, a religious community has great potential in addressing the HIV/AIDS challenges.

1.7 Theoretical Framework

This study aims at investigating and documenting findings of ethnographic research from an ethnomusicology perspective. Emerging from this perspective are three key study terms,[6] namely: ethnography, observational research, and narrative inquiry which are used interchangeably. Observational research studies cultural, racial, and sociological groups using interpretive and naturalistic approaches. It relies less on the experimental elements associated with scientific research as a systematic inquiry into the nature or qualities of observable group behaviours. Updated accounts of observations on multiple levels of group interactions occurring on temporal and continuous bases are thus given, thereby attempting to identify and explain complex social structures within the study group.

Allan Johnson (2000:111) defines ethnography as a descriptive account of social life and culture in a particular social system based on detailed observations of what people actually do. This definition encompasses the purpose (to describe), the means (observation of behaviour), and the target (people in a social system) (Bergman, 2003) on which the study is based. Ethnography thus assumes that the principal research interest is primarily affected by community cultural understandings. As such, ethnography is a form of research focusing on the perception of meaning based on close field observation of socio-cultural phenomena that help to define aspects of group identity.

Ethnic populations have unique ways of making music with great variation from population to population. The academic discipline of ethnomusicology documents such variances in local and global human musical experiences. In the context of the current study, music is made, experienced, and consumed by different Malawian tribal groups; social groups; religious groups; in different forms; at different geographical set-ups; and for different purposes within the boundaries of the same nation. According to George List (1979:4) ethnomusicology involves the study of humanly produced patterns of sound that the members of the culture who produced them or the scholar who studies them conceive to be music. Thus, ethnomusicology studies song texts, the making and playing of musical instruments and the kinetic activities that occur simultaneously with the music, which is also the scope of this study. As List further observes,

[6] The foregoing discussion of the three study terms is adapted from Writing@CSU of Corolado Sate University on http://writing.colostate.edu/guides/research/observe/com2d4.cfm [Accessed on 4 March 2011]

> [Of] particular interest are the concepts held by the members of the culture concerning the music they produce. The ethnomusicologist studies them in order to gain a greater understanding of various aspects of music. These non-musical activities are of course of interest in themselves but the ethnomusicologist studies them in order to get a greater understanding of various aspects of music. (List 1979:2)

Ethnomusicology not only documents the musical performances; it seeks to answer critical questions that will help facilitate a better understanding of the cultural practice and life ways of the population being studied. In this study a number of song texts are analysed in order to extract the intended meaning advanced by the song creators themselves. This study also critically investigates vital questions related to HIV/AIDS and the musical arts in general in order to obtain clearer understanding of the local interpretations associated with such phenomena. Key among these questions:

- How are the musical arts defined in the Malawian context?
- In what contexts has music been performed in Malawi both currently and historically?
- What are the roles of the researcher, the scholar, the religious leader and the traditionalist in the utilisation of music to address issues of HIV/AIDS?
- In addressing the pandemic how can we strike a balance between the literate and the illiterate, the religious and the secular, the urban and the rural, the privileged and the underprivileged, and the well-informed and the not-so-well-informed of the society?
- How can we best express a scourge or a plague through the utilisation of existing musical arts?

In the Malawian context, an incorporation of music, dance, choral songs, drama, folk songs, fables, chants, paintings, drawings and posters inclusively form the musical arts. These are seldom separated in creative thinking and performance practice especially in sub-Saharan African contexts. According to Meki Nzewi (2007:13), each branch of these arts resonates and reinforces the logic, structure, form, shape, mood, texture, and character of the other. Nzewi further explains that:

> The term "musical arts" reminds us that in African cultures the performance arts disciplines of music, drama, poetry, and costume art are seldom separated in creative thinking and performance. However each has distinctive features with unique theoretical or descriptive terms in every culture area." (Nzewi, 2003:13)

My field research revealed the existence and integration of music-dances and theatre-dances as song, dance (movement), instrumentation (music), and dramatisation (demonstration and

acting) that were packaged together in one event. Motivational talk, narration, and prayer within songs were also common. Clothing other than usual dress (i.e. attire or costume), message placards, and facial and body paintings were incorporated in certain dances. Each of these helped to convey messages and content meanings. Figures of speech as language within performance are a key element in the delivery process of these arts-conveyed messages.

Traditionally, music and dance activities in Malawi take place at religious functions, puberty rites functions, wedding ceremonies, political gatherings, festivals, memorials, funerals, beer gatherings, birth celebrations, village competitions, and work-related activities such as communal farming, fishing, maize pounding and graveyard clearing. Urban musical performances in Malawi include contemporary music genres such as reggae, rhythm and blues, dance hall, Afropop, jazz, hip hop and others. Aspects of these music varieties are discussed in some detail in this thesis as local historical and contemporary means of discussing and performing HIV/AIDS and similar epidemics.

In the urban contexts, musical activities take place at entertainment places, during competitions, national and local festivals, album launches, and in concert halls. Music societies exist in urban centres where music making becomes a shared experience. The societies often incorporate theatre in their attempts to interpret both local and international musical concepts. Acoustic instrumentalists and electronic music performance groups are also common in both urban and rural areas.

A variety of messages are presented and exchanged at indigenous and urban music making occasions. Clearly such occasions offer participants opportunities for the dissemination and sharing of meaningful, entertaining, and life changing messages through tactful musical dialogue. While such opportunities are seized by the participants in rare instances, familiarity of issues tackled and weak packaging of such important messages often result in undesirable responses. This also leads to an inadequate impact on the targeted audience, which includes the disseminators themselves. A call for behaviour change, for example, is always received with the expectation of role modelling to be demonstrated by those promoting it. With respect to discussing HIV/AIDS through the arts, issues of role modelling are seriously considered in the local contexts as audiences often study the lifestyles of musicians to determine if they match with what they preach about.

1.8 History of HIV/AIDS in Malawi[7]

The first case of HIV in Malawi was reported in 1985 at Queen Elizabeth Central Hospital in Blantyre. The first person to be diagnosed was a nurse working at Queen Elizabeth. Hospital authorities had difficulties handling the case due to limited knowledge about HIV at that time. As a result, they quarantined the nurse until her death. Since then HIV prevalence increased significantly, particularly among those between the ages of 15 and 49. The national HIV prevalence rate rose to 16.2% in 1999, before slowing down and stabilising at around 12% since 2004 (2004 Malawi Demographic Health Survey; UNAIDS 2008; Malawi National HIV Prevention Strategy 2009-2013). The 2009 Malawi HIV and AIDS Monitoring and Evaluation Report indicated that 840,156 adults and 111,510 children were living with the virus.

Recent government estimates indicate that Malawi's HIV prevalence rate remains at 12% against a total population of about 15 million. Additionally, more recent estimates place the HIV prevalence rate at 10.6%[8] and AIDS-related mortality as a percentage of the overall deaths at 3% from 11% five years ago. Clearly this is an encouraging downward trend. However, considering the actual figures that these percentages represent and the likelihood of unreported cases, there are still many HIV infected individuals in Malawi and a considerably high number of individuals dying from AIDS.

1.9 National Responses to HIV/AIDS

The first case of HIV brought about increasing awareness of the virus through workshops and training of health personnel. Initially, the nation received the news about the existence of HIV, a virus which was then associated with Western countries, with great shock and denial before the Malawian government eventually and gradually adopted strategies aimed at combating the epidemic. Life prolonging drugs for the infected (anti-retroviral drugs – ARVs) were first administered in the year 2000. The drugs were too expensive for poorer patients until the Malawian government decided to subsidise them. Currently, ARVs are free for all HIV-positive individuals, and over 500 000 of these are reportedly now on treatment.

[7] Information contained in this section bases on oral interviews and anecdotal observations. In particular, I also wish to acknowledge contributions made by Self-Help Africa's HIV/AIDS and Gender Coordinator regarding the history of HIV/AIDS in Malawi. The history of HIV/AIDS in Malawi is different between the different sources that I consulted and in all the sources it is based on undocumented reports.

[8] This percentage is contained in the State of the Nation Address by the President of Malawi Joyce Banda during the opening of 2012/2013 Budget Meeting on 18 May 2012. See also George Mhango's (2012) article "Human dignity can avert HIV infection."

The Malawi government has put a great deal of emphasis on HIV prevention and care strategies. There is a significant shift from viewing HIV/AIDS issues as being a health-personnel or health-sector-related challenge. Currently HIV is mainstreamed in all government departments such as agriculture, health, education, defence, and security. The private sector and civil society organisations have each designed their individual HIV/AIDS policies in support of government efforts. The implementation of these policies has brought about awareness on HIV prevention, treatment and care in the areas of operation of these organisations. Key to this awareness is an emphasis on behavioural change and the prevention of mother-to-child infection as well as eradication of risky behaviours.

1.10 General HIV/AIDS Statistics and Demographics in Malawi

The work of NGOs in mitigating the impact of HIV is particularly critical. With regard to the pandemic, NGOs focus on creation of awareness, prevention, health care, counselling, outreach, community-based care, information, the arts, political advocacy, participatory decision-making, nutrition, and orphan care among other focus areas. HIV/AIDS affects all socio-economic groups including professionals and economically active adults. This has serious implications on the national economy and general livelihood of individuals and families. In general, AIDS impacts infected individuals through opportunistic illnesses, hospitalisation and psychological trauma; older family members through the need to provide home-based care and moral support; children through reduced parental care and orphanhood; and government through provision of drugs, hospital space and nutritional support. The work of NGOs significantly alleviates these outlined challenges.

Women are particularly vulnerable in regards to HIV infection due to a variety of risky cultural practices related to cleansing rituals. For example, a number of Malawian cultural groups practice puberty rites requiring teenage girls to have pre-arranged sex with a man as an indication of maturity, a few days after their first menstruation. Often the same man performs this ritual with a number of maturing girls in a particular village or community thereby increasing chances of transmitting HIV. Cleansing rituals also include sexual activity between a widow and a deceased's relative (frequently a brother) during the mourning period. Lastly, as a way of perpetuating the deceased's wealth, widows are forced to marry a brother-in-law or other close relative as a second wife. If the cause of the deceased's death was AIDS-related, the HIV virus is transmitted to the new marriage partner, affecting the other couple in

the process. Awareness campaigns have typically aimed at discouraging these risky cultural practices with positive outcomes over the years.

Due to labour migration, HIV/AIDS is highly prevalent in urban areas, peri-urban areas, districts with holiday resorts such as lakeshore districts, and districts with agricultural estates. Male migrant labourers often leave their spouses in their rural areas to take up employment away from their home towns. Pressures of loneliness force these men to look for temporary sexual partners who often exchange several men in their quest for economic gains. With few employment prospects in urban centres for women, female job seekers are compelled to remain in rural areas. Those who relocate to urban centres often earn their living as commercial sex workers.

As a consequence of the health challenges associated with labour migration, HIV/AIDS intervention programmes typically aim at undertaking widespread HIV testing, AIDS education, condom distribution, and recruiting peer educators. Blood donations meant for those who are critically ill are screened for HIV by the National Blood Transfusion Service (NBTS). Often students are targeted for the blood donations because of their willingness to donate blood. Peer educators have been recruited in cities and towns as well as in commercial farmlands to reach vulnerable groups such as commercial sex workers. Programmes include AIDS counselling at health clinics, community outreach programmes, and condom distribution at business premises such as beauty salons, taverns, and guest houses.

There are signs that the AIDS prevention campaign is producing changes in the sexual behaviour of adults who have been exposed to AIDS education and awareness programmes. The AIDS education and awareness campaigns have also contributed to a reduction in stigma and discrimination against infected individuals. However, health financing remains a critical issue as the rise of AIDS-related opportunistic infections such as tuberculosis, diarrhoea, and pneumonia increases the load of already strained health facilities. Recent government interventions for HIV/AIDS prevention and control stress a multi-sectoral approach through an NGO and donor coordinated network. Initiatives by faith-based organisations include moral and spiritual support, education and counselling, home-based care, development of AIDS training materials for care givers, and establishment of self-help groups. As a sign of serious commitment to fighting the spread and effects of AIDS, the office of the president established a coordinating office to manage HIV/AIDS and nutrition nationally.

Orphanhood has been one of the direct social consequences of the HIV pandemic resulting into a considerable number of orphans in Malawi. Vulnerability has also increased as a result of children living in households that have a chronically ill parent or that have lost a chronically ill guardian. Inevitably, owing to an overstretched social fabric, some of these orphans and vulnerable children have been left destitute or without proper care and support which leaves them at risk of abuse and exploitation that may ultimately bring them into the HIV vicious cycle (Multiple Indicator Cluster Survey–MICS 2006, 2007:30). Recent estimates put the Malawian orphan population at 1,164,939 out of which 436,503 were due to AIDS (Sentinel Surveillance, Ministry of Health, 2007).

According to the Malawi HIV Prevention Strategy 2009-2013, factors facilitating the transmission of HIV include multiple and concurrent sexual partnerships; discordance in long-term couples (one partner being HIV-negative and the other HIV-positive) where protection is not used; low and inconsistent condom use; suboptimal implementation of HIV prevention interventions within clinical arenas including the provision of HIV testing and counselling (HTC); late initiation of HIV treatment; and TB and HIV co-infection. In addition, the following cross-cutting determinants have been noted: transactional sex related to income and other social and material benefits; gender inequalities and imbalances; risky cultural practices; and stigma and discrimination.

Statistical and demographic information about HIV/AIDS such as that cited above is relevant for the formulation of new ideas and further implementation of ways to effectively deal with the pandemic. As far as the current status of the disease is concerned, social dynamics are accompanied by cultural complexities that help to exacerbate the situation. This is where music as a cultural device and a universal "language" plays a vital role in mobilising communities towards a shared understanding of and responsibility towards contemporary challenges that are familiar to all.

1.11 Cultural Beliefs, Attitudes, Practices, and Music

Numerous common cultural practices that have a bearing on HIV transmission prevail in many parts of the country. These practices include *kulowa kufa* or *kupita kufa* in the Lower Shire region in which a widow is culturally obliged to engage in sexual intercourse with the deceased's relative as a cleansing ritual, in order to protect the family and the entire

community from misfortunes and to pacify ancestors; *chokolo* (wife inheritance by a brother-in-law following death of a husband); and *fisi* (hyena), in which a man is hired to give children to the wife of a childless couple or to introduce sex to newly initiated girls. While some studies have reported a decline in most of these cultural practices because of the massive campaigns on HIV/AIDS and gender-based violence, such practices continue to exist underground as perpetrators seek to avoid humiliation because such behaviour is no longer socially acceptable (MHRC 2005).

All rituals associated with the different forms of initiation incorporate music and the arts in general. Communities frequently make use of these arts in HIV/AIDS interventions. For instance, Chanunkha states that music is taught and learnt in the Malawi's Yao tribe's initiation camps as a means of achieving cultural competence. He further observes that among the Yao people,

> [m]usic helps children to remember cultural norms and ideas, and it facilitates cooperation and oneness among them in the process of enculturation. They make sounds for listening to, to accompany a dance, celebrate, glorify God or the spirits. (1999:3)

Music accompanies all the activities of the daily Yao people initiation camp schedules (Chanunkha 1999:4–6). For example, initiates sing as they wake up before sunrise; during the sunrise ritual; during the *kapemba* (bathing) ritual; during the sunset ritual; and when receiving instructions. Visitors to the camp perform specific songs to identify themselves in order to be allowed to see their relatives who are undergoing the initiation. Yao initiation music and dance is accompanied by hand clapping and the use of simple music instruments such as sticks and sets of drums. All such music making is a part of the enculturation process, which may also be used as a forum for inculcating HIV/AIDS mitigation through songs as this study seeks to propose.

Additionally, since all cultural groups in Malawi have some form of initiation for boys and girls as a way of introducing them to adult life, and since all the lessons taught at the initiation are emphasised through the use of music, drama and other creative art forms, I wish to argue that incorporating HIV/AIDS messages in such expressive arts will help to promote awareness and stimulate behaviour change among both the initiates and their instructors. HIV/AIDS lessons contained in such initiation songs will also help to transform society's

mindset regarding risky cultural practices associated with puberty rites such as the *fisi* tradition. In addition, the general initiation practice that forces young initiated girls to indulge in premarital sex because of lessons they get from *chinamwali* (initiation) ceremonies, since the thrust of the lessons hinge on sexual pleasing of men and good sexual performance in general (Matinga and McConville 2004; Malawi Human Rights Commission 2005; Kadzandira and Zisiyana 2006), can be checked through the HIV/AIDS music lessons. This position is supported by the academic findings reported in Chapter Two of this thesis on, for example, music and culture (see Roseman 2008) and music, healing and religion (see Schuetze 2008). Currently, there is no documented evidence that initiation music lessons incorporate issues about HIV/AIDS. Joseph Kuthemba Mwale (1977), Gehard Kubik (1987), David Kerr (1998), Christopher Kamlongera, Mike Nambote, Boston Soko and Enock Mvula (1992), and Chanunkha (1999) are some of the authors that have discussed Malawian initiation practices from the musical and other perspectives representing a variety of Malawian cultural groups. None of these authors have indicated the existence of HIV/AIDS content in the Malawian initiation music practices.

1.12 Degree of Existing Knowledge

Knowledge about HIV/AIDS history, statistics, cultural practices, and existing interventions presented in this chapter is critical for any further musically-informed intervention. In order to formulate ways of scaling up current interventions through the musical arts, it is imperative for artists to understand medical, cultural and social issues regarding HIV/AIDS. Often music composers emphasise outdated and irrelevant aspects of HIV/AIDS leaving out critical information. Therefore, there is a need for musicians and other creative artists to remain updated on current HIV/AIDS issues and trends in order to be relevant to society.

The musical arts aim at entertaining, informing, reminding or discussing what people already know or live with. As such, music in its various forms seeks to offer hope, inspire change, and create an atmosphere for soul searching and aesthetic evaluation. Hence, relevance of messages is a key element in achieving these goals.

Benjamin Koen, Jacqueline Lloyd, Gregory Barz, and Karen Brummel-Smith (2008:5) recognise the interrelationships between the biological, psychological, social, emotional, and spiritual broad domains of human life that contextualise health, healing, illness, and disease.

The musical arts in particular have the potential to transcend each of these human life domains, thereby contributing to the health, healing or cure, and possibly increase the efficacy of treatment. Taking into account the Yao initiation example cited earlier, knowledge about the need to link cultural practices and HIV/AIDS by local communities is crucial for ensuring a reduction in the spread of the pandemic. Related to this need for knowledge is the demonstration by the traditional leadership at local level to discuss openly issues about HIV/AIDS and how communities can further communicate these at the initiation camps.

1.13 Some Contextual Concepts

HIV/AIDS has forced many local Africans to address the question of expressing a scourge or plague personally and communally by bringing together expressive art forms around them (both visual and sonic) to present AIDS in moral, social, medical, religious, local, and transnational terms (Cf. Gregory Barz and Judah Cohen 2011:3–4). Though the disease has become theoretically manageable through use of increasingly convenient drugs, changes have not come easily as health interventions face challenges along cultural, social, political, and economic lines. Interactions between people and medical providers change over time, requiring more than "mechanical treatment" (Barz and Cohen 2011:4). As a result, people strive for meaningful ways of expression through relationships, knowledge and health discourses, thereby expressing the scourge. Through music and other art forms, it is possible to give HIV/AIDS a voice, a sound, and an image (*ibid*):

a. Through communication of sentimental ideas, thereby allowing people to get out the message musically as a participatory communication tool
b. By creating a "soundscape" to be heard by all concerned
c. By creating a brand image with which people will identify

Artistic movements globally have intensified efforts aimed at achieving these objectives through songs, activist films, visual art, fiction, theatre productions, demonstrations, memorial handcrafts, rituals and campaigns (Barz and Cohen 2011:4) to emphasise the reality of HIV/AIDS as human suffering. Thus, expressive arts have the potential to play a significant role in alleviating human suffering holistically. HIV/AIDS and other epidemics create sickness of the mind, the body and the community. In addressing sicknesses of this nature communities become aware of their talents. Often parallels are drawn by communities between their talents and the human suffering: the talent helps to ease the suffering. Lack and

misuse of these talents are often viewed in many ways as poverty, just as communally unacceptable behaviours are. From a cultural viewpoint, this human poverty (lack or abuse of talent and unacceptable behaviour) is the cause and perpetuation of the human suffering. This idea is supported by words contained in a song about HIV/AIDS performed by Vilimina Nakiranda of Uganda (Barz and Cohen 2011:1):

> The whole village is full of diseases; that is why we suffer.
> People suffer from poverty, from ulcers, from coughing.
> But God gives us talents you cannot see.
> God gave me the talent to play the *endongo* [plucked idiophone].
> Listen to what it says; my *endongo* talks.
> Our children die while suffering from polio; now AIDS came to finish us.
> It kills the beautiful, the young and all of us who are poor.
> Where are we going to run?

According to this song, while the whole village is sick and suffering, "God gives us talents". The musician draws a parallel between suffering and God-given talents. The talent eases the suffering as it communicates messages of warning and hope that may lead to personal transformation in the context of HIV/AIDS.

Communally organised creative responses to epidemics such as HIV/AIDS and human suffering in general have also recently often been used to reinforce connections between human activity, medical research and health care, "forging public opinion, lobbying for research funding, recreating the meaning of being HIV-positive from within the community, and demanding access to available treatments" (Barz and Cohen 2011:4). In particular, HIV-positive individuals use creative art forms such as music as a collective to reference local practices and traditions, and for self-definition in order to discourage negative attitudes and articulate the need for community acceptance and support. The mobilisation of human and material resources to avert continued social, psychological and physical suffering of HIV-positive individuals is further supported by the creative participation of popular musicians who have helped to create a culture of AIDS through a network of expressing their own ideas and senses of meaning regarding the various aspects of the pandemic. For this purpose, dedicated musicians have used their talents to represent national musical cultures through music CDs, music videos, and competitions to address sexual health and behaviour.

Through the aforementioned socio-cultural contexts it has become possible to speak out a global crisis, sing a syndrome, dance a pandemic, and act out a medical condition. As

audiences listen to, participate in, memorise and repeatedly meditate on the products of these musically-informed arts interventions, order is restored amidst the HIV/AIDS chaos. Of particular importance with regard to these interventions is the wide variation of the messages or performance content covering political, social, religious, moral, resource, behavioural, and gender-related factors connected to the pandemic. This ability to address a pandemic holistically is a unique characteristic of music in its various forms.

1.14 Structure of the Thesis

This thesis is organised in five chapters. Each chapter is divided into sections and contains a summary at the end of each chapter. Chapter One discusses the research background and an outline of the thesis through introductory material, research questions, theoretical framework, methodology and significance of the study. Chapter Two explores, with evidence from published sources, the realities of HIV/AIDS in local Malawian contexts and within the greater Southern African context. It also discusses ways in which the musical arts play a role in defining and addressing these realities from social, cultural, economic and bio-medical points of view. Chapter Three documents examples of HIV/AIDS intervention through music-related projects and cultural scenarios in Malawi. The chapter provides a detailed analysis of song types and lyrics which contain messages about stopping the spread of HIV/AIDS in Malawi. The chapter further discusses the efficacy of these documented music examples. Weaknesses and challenges consistent with arts-based health education interventions are highlighted as largely due to inadequate knowledge, cultural biases, lack of training, lack of consistency, and insensitivity. Chapter Four is a discussion of field research findings. It discusses participants' responses, ideas, perceptions, interpretations and practice of the musical arts as intervention for the HIV/AIDS crisis at individual, community and institutional levels. Chapter Five summarises the main points of the thesis and draws conclusions aimed at pointing towards proposals for further research.

1.15 Value of the Thesis

The outcomes of this research propose and emphasise effective ways of utilising the musical arts with the aid of established institutions and sustainable programmes to not only directly bring about awareness, mitigation, and support and care for the HIV infected and affected individuals, but also to empower vulnerable communities with skills and livelihoods that will help avert infection. This will assist in justifying the use of the musical arts as an effective

supplement to other HIV/AIDS intervention activities in Malawi. Decision-makers in government and non-governmental organisations, academic institutions, and future researchers will find this documented evidence helpful for the purpose of implementation and as resource material.

While the economic approach in dealing with HIV/AIDS by seeking to reduce poverty and financially empowering vulnerable groups through the musical arts is viewed in this study as being of critical importance for addressing the effects of the pandemic among vulnerable groups in Malawi, the research findings may be applied also in a wider international context. They may form part of reference material to be included in the curricula of both undergraduate and post-graduate studies at academic institutions worldwide, and they may also be utilised for purposes of comparative research on similar topics.

1.16 Delimitation of the Thesis

This thesis is compiled based on published sources, telephone communication, social media interaction, interviews, and field recordings and observations. During live field recordings I became aware that my presence and specific requests for AIDS-related songs and change of story time, where I felt necessary, affected the data gathering process because such songs were often performed outside the normal function of the particular music events. Such particular requests were made for my own analysis of the song lyrics and for recording convenience. The request for songs about AIDS was made during one field research visit among PLWHAs, who by the nature of their activities do perform songs about HIV/AIDS. Challenges consistent with these requests are reported in the thesis.

1.17 Notes on Vernacular Terms

Vernacular terms used in this thesis are in Chichewa, although few of these reflect a variety of local linguistic contexts. There are more than ten major languages in Malawi. However, the Malawian government declared Chichewa as a national language and English as the official language in 1968. As such, Chichewa is spoken and understood by a majority of Malawians. Hence the Chichewa terms used in this thesis represent a standard local understanding of such terms to a large extent. A glossary of the Chichewa terms appears in Appendix 2.

Chapter Two

Review of Literature

2.1 Introduction

This chapter represents an evaluative report of the information from a number of academic sources related to music as an intervention for health improvement and healing of various ailments including HIV/AIDS that I consulted in order to obtain a theoretical base for my research and to determine the credibility of my findings. This literature review describes, summarises, evaluates and clarifies the literature in question in relation to the findings of my ethnographic field study. The literature helped me to develop a specific context for the research; illustrate how and how far similar studies have been conducted; take note of similarities with my own research, and existing gaps and differences within the literature findings; and refine or refocus my area of study.

2.2 Music Participation and HIV/AIDS

The realities of everyday life concerning HIV/AIDS grimly underscore the fact that research regarding the virus should no longer be in an ivory tower–not in our time, and especially not in any given African context. The dynamic modernity underlying the HIV/AIDS pandemic poses considerable challenges to academic scholarship. The groundbreaking work of Gregory Barz (2006), whose efforts to mitigate HIV/AIDS in East Africa has earned him the nickname of "the musical doctor," demonstrates ways in which HIV/AIDS approaches must extend beyond the Western model of medicine and that the disease should be understood as a culturally-defined and socially-determined problem. Furthermore, Jean Baxen and Anders Breidlid (2009:3) argue that research in HIV/AIDS should take into consideration the social and cultural embeddedness of the disease beyond economics, medicine and epidemiology. They suggest that the context in which messages, knowledge, experience and practice are produced, reproduced and expressed should not be neglected.

Creative participation in music actively promotes positive self-image and self-awareness (Susan Hallam 2010:278)[9] which most cultural systems tend to suppress. These are achieved when music participants receive positive comments about their performances. Musical

[9] Susan Hallam is professor of education and the author of several books including *The Power of Music* (2001), *Music Psychology in Education* (2005), and co-editor of *The Oxford Handbook of Psychology of Music* (2009).

experiences thus instil positive attitudes; create a desire in individuals to achieve excellence; establish co-operation and group cohesiveness among participants; and stimulate the ability to set goals for future performance success. In addition, music allows individuals to better understand themselves and have a sense of self-awareness in the community through musical involvement and interaction with others. Furthermore, participation in music promotes the development of healthy bodies, productive minds, and successful communities that can easily respond to positive change and promote social cohesion, factors that are all of crucial importance in the fight against HIV/AIDS.

As a summary of the role of traditional music and traditional music education and participation in particular in the Malawian context, African Studies Abstracts Online (2003:146) describes the academic work of Malawian scholar Robert Chanunkha as follows:

> Using views of musically informed Malawians on the subject, the author stresses the importance of traditional music and traditional music education: music is a vehicle for self expression; it transmits and preserves culture; it provides enjoyment; it can be a source of income; it encourages creativity and imagination; it promotes social development.

The self-expression, sense of enjoyment and social development that music participation enhances are critical elements for human development and well-being. Jan Parker and Julie Ballantyne (2011:165) explain that there are health and well-being benefits involved in music participation throughout a person's lifetime. Citing a variety of other authors, Packer and Ballantyne observe that:

> The health benefits of musical engagement extend across the lifespan (Cohen, Bailey & Nilsson, 2002), with research documenting developmental and quality of life outcomes in childhood (Baney, 1999), adolescence (Laiho, 2004) and senior adulthood (Hays & Minichiello, 2005), and positive impacts on resilience within individuals and communities (Dillon, 2006). Music theorists suggest that active participation in music contributes to identity development by providing a medium for self-expression, mood enhancement and spiritual functions (Sloboda & O'Neill, 2001), terms and symbols for self-identity (DeNora, 1999), and opportunities to create individual, virtual worlds (Blacking, 1995). Music can also contribute to the development of a sense of place and belonging (Duffy, 2005), help people participate actively in social activities (Davis, 1992), feel accepted, valued and needed (Kahn, 1999), and participate in lifelong learning (Small, 1996). (Parker and Ballantyne 2011:165)

Thus, music participation contributes positively to a person's social, psychological, spiritual and personality development through self-expression. In addition, music participation helps individuals to achieve excellence in academic subjects, according to the above report. In particular, Bernard Nchindila (2011:120) observes that in contemporary societies music enhances academic achievement, especially in reading and mathematical skills. Thus he posits that music study generally enhances cognitive development, particularly in aiding the acquisition of reading in a second language. Singing of the national anthem by Grade 1 learners in English rather than in the vernacular is given as a specific example of systematically introducing English as a second language through music in order to ensure that the delay in introducing learners to English does not result in a negative mother tongue interference with the acquisition of English in later years.

Yim-Chi Ho, Mei-Chun Cheung, and Agnes Chan (2003:439) of the Chinese University of Hong Kong agree with Nchindila when they state that children with music training develop a far better memory and vocabulary than children without such training. According to them, studying music stimulates the left cerebral hemisphere of the brain,

> [Improves] overall brain function and [permits] the brain to do better at other tasks, such as verbal learning. [...] Those [with] musical training could recall significantly more words than those untrained. [...] The longer they continued musical training the better their verbal learning performance was. (Ho *et al.* 2003:440)

This group of researchers conducted verbal and visual memory tests on ninety students between the ages of six and fifteen. It is among these that those who had musical training managed to recall more words than those students who had no music training. Chan, the group leader, remarked that this was like "cross-training for the brain" and she concluded that those who study music "will probably find it easier to learn in school". When these children were followed up after a year, those who had begun or continued music training demonstrated significant verbal memory improvement. Students who discontinued the training did not show any improvement. Consistent with their previous findings for adults, the results suggest that music training systematically affects memory processing in accordance with possible neuroanatomical modifications in the left temporal lobe. In the context of HIV/AIDS, good memory is critical in the retention of behaviour change and awareness messages. Through music participation, memory is developed and improved, according to the study results cited above.

Given a significant position in the intervention efforts of HIV/AIDS and based on the findings reported in this section, music participation can play a vital role in addressing the impact of the pandemic on those infected and affected both as individuals and as societies through self-expression, social interaction, self-confidence, and mental fluency. As observed in this section, individuals that are exposed to music can easily memorise musical messages and through participation in music performances they are able to absorb social and health tenets intelligibly that can lead to their personal transformations.

2.3 AIDS, Poverty, and Music

One of the factors blamed on the spread of HIV/AIDS is poverty, especially in the sub-Saharan region. According to a 2005 survey,[10] 52.4 percent of the population in Malawi is poor and 22 percent exists in extreme poverty.[11] These levels of poverty frequently encourage risky behaviours such as prostitution or casual transactional sex with the intention of earning a living.

Not always easy to define especially on a cross-cultural basis, prostitution in the African context involves a continuum between offering gifts for sexual services and more commercially-oriented sex work (Peter Forster 2000:1). In the case of Malawi, prostitution is understood in terms of women simply soliciting money in exchange for sex. Hence the term "prostitution" describes all forms of sex trade as a profession including temporary or long-term illicit relationships. Rarely are the men involved described as prostitutes. Forster comments on the Malawian concept of prostitution as follows:

> Prostitution, which is also described as 'sex work,' is not an easy phenomenon to identify or to define. Some form of exchange of sexual services for money is implied; this can be a purely episodic transaction, but much more can also be involved. Some women make their living solely by commercial sex, while others may use sex work as only one possible source of income. Some women who exchange sex for money are selective about their partners. There are some who provide services additional to sex, while others will have regular rather than casual customers. (2000:2)

[10] Poverty in Malawi: Second Integrated Household Survey 2005, Extract of findings by The Ministry of Economic Planning and Development, National Statistical Office and The World Bank.

[11] In 2005, the World Bank defined extreme poverty as living on less than US$1.25 a day. In 2012, this means surviving on less than the equivalent of US$1.50, ZAR10.00 or Malawi K375 per day.

With regard to the Malawian scenario, Forster observes that payment for sex can sometimes be in kind, or in form of subsequent favours (such as professional advancement), rather than directly in cash. Commercial prostitution (i.e., professional sex work) is recognisable as a high-risk occupation. There are risks of violence, police arrests, and conventional sexually transmitted diseases associated with commercial prostitution. More significantly, prostitution is widely regarded as one of the major contributing factors to the spread of HIV among Malawian adults as Forster further points out:

> The spread of AIDS, however, has added a new dimension to the situation, as an incurable, fatal disease spread by the very activity in which prostitutes specialise. This is especially problematic in a country such as Malawi, where AIDS is mainly heterosexually transmitted and by 1991 had become the leading cause of adult death. (Forster 2000:1)

Hilary Kinnell (1991:79) observes that prostitutes have been the focus of social control in sexually transmitted epidemics since at least the sixteenth century. Kinnell's study on HIV and prostitution concluded, among other things, that unsafe sexual practice between prostitutes and their clients continued to place many women at risk of contracting and spreading HIV. The study further indicated that in Africa, where condom use had not been a traditional feature of prostitutes' working practices, prostitution itself constituted a strong risk factor for HIV. In general terms and as has been observed earlier, poverty is the driving factor for the rising prostitution in the Malawian context.

There are numerous causes and indicators of poverty both at individual and household levels. The Malawi 2005 survey on poverty cited in the introduction to this section was conducted in order to determine levels of local poverty using the following indicators: poverty and location; income inequalities; poverty and gender of the household head; poverty and age of the household head; poverty, household size and dependence ratios; and poverty and education. Several conclusions can be drawn from the finding presented in this survey:

1. The overall youth literacy rate (in the 15–24 age bracket) is 74.9 percent and is significantly higher than the adult literacy rate;
2. There is not much literacy disparity between young females and males. However, the youth (both male and female individuals aged up to thirty years) from non-poor households are more literate (100 percent) than those from poor households (85 percent);

3. More poor youth tend to enter the labour market earlier than their non-poor counterparts;
4. Wage employment is prevalent among non-poor individuals with urban individuals having more wage employment opportunities than rural individuals; and wage employment being more likely among males.

Since the challenge of HIV/AIDS prevalence is directly related to poverty levels, among other factors, intervention programmes should typically include the arrest of poverty through community empowerment and wealth creation. Different research findings have shown that the impact of HIV/AIDS is greatest among those in the 15–24 age-group, which fortunately in Malawi is the most literate (as the 2005 survey results above indicate), the most economically active, and therefore well prepared to take on new challenges for self-advancement. Thorough research on the utilisation of music in Malawi, which targets this most productive and economically active age group of the population, will thus assist in addressing the problems of unemployment and encourage the transfer of skills and will encourage the dissemination of behaviour change messages, empower this most vulnerable population group, and eventually arrest the further accelerated spread and impact of the HIV/AIDS pandemic in Malawi.

2.4 Music, HIV/AIDS, and Culture

Koen *et al.* (2008:3) suggest the need for innovative thinking to approach music, health and healing through an integration of knowledge from diverse research areas and human life domains in order to improve quality of life, prevent illness, and cure ailments. Additionally, they argue that medical ethnomusicology, a discipline that draws together music, medicine and culture, strengthens the course of integrative, complementary, and alternative medicine by bringing an understanding of music and sound phenomena in their multiplicity and diversity of practice, to bear within the frame of culture, where music itself and other sonic expressions are assigned highly personal, culture-specific, and culture transcendent meaning that can increase health and facilitate healing. As shared knowledge and schemes created by a set of people for perceiving, interpreting, expressing, and responding to the social realities around them (Lederach 1995:9), culture indeed deals with human interactional issues in ways well understood by all for their common good and shared responsibility.

Concerning music and culture, Marina Roseman (2008:19) observes that people use music in their daily lives to inspire, motivate, remember, forget or situate themselves in relation to their

internal and external landscapes. According to Roseman (2008:20) music is thus able to effect a transformation from illness toward health, and this transformation can be experienced, evaluated and accomplished in indigenous, ethnographic and biomedical terms.

Toyin Falola and Matthew Heaton (2008: xxviii) highlight the therapeutic effects of self expression inherent in the arts as a cultural entity. For example, the musical arts (*ngoma*)[12] in particular involve therapeutic release from traumatic events through public dance-songs. In addition, musical discourses about disease in many societies have therapeutic values in that:

> [t]hrough discourse, the ill and their friends and relatives can mitigate the psychological trauma of disease by blaming third parties or seeking support and offers of help. [...] Through various linguistic techniques speakers manage to circumvent social customs to convey their intended meanings concerning their illnesses or those of friends and loved ones. (Falola and Heaton 2008: xxix)

In support of the above observation and in relation to the Malawian scenario, cultural expressions in music about HIV/AIDS are often presented as tropes to inspire curiosity in the audience. Such allegorical expressions include allusions, hyperboles, metaphors and ironies aimed at provoking serious thought and leaving lasting mental pictures about the pandemic. Music as metaphor in songs about HIV/AIDS in Malawi is discussed in greater detail in Chapter Three of this thesis. One major observation regarding self expression through metaphor in songs about challenging medical conditions is the therapeutic ability that is derived from the open discussion of illnesses associated with psychological trauma and social stigma.

As Falola and Heaton (*ibid.*) further contend, through various linguistic techniques singers manage to circumvent social customs to convey their intended meanings concerning their illnesses and those of friends and loved ones. These cultural means of expression and language communication through performance are formally and legally prescribed at the Malawian indigenous level and they form part of the sanctioned deeply-embedded cultural beliefs among the local people. As such, they are understood by all, rendering them as one of the most powerful ways of indigenous knowledge exchange. In this way, music, culture and health conditions such as HIV/AIDS should be treated as concepts that can co-exist and be

[12] *Ngoma* is a proto-Bantu term used throughout southern and eastern Africa in specific and general terms to reference the drum, i.e., object in eastern Africa; the collective arts or performance event; and the dance. However, this does not apply to the Malawian context whereby the term refers to a specific dance of the Ngoni people.

almagamated by local communities in order to understand, interpret and convey meanings to challenges of HIV/AIDS.

2.5 The HIV/AIDS Crisis in Southern Africa

Countries in the Southern African Development Community (SADC) of which Malawi is a member are the hardest hit by the HIV/AIDS epidemic. At the end of 2002, it was estimated that 29.4 million out of 42 million people living with HIV/AIDS, lived in sub-Saharan Africa (Nompumelelo Zungu-Dirwayi, Olive Shisana, Eric Udjo, Thabang Mosala and John Seager 2004:7). At the end of 2009 global HIV infections increased significantly to 38 million out of which nearly 67 percent lived in sub-Saharan Africa (Barz and Cohen 2011:34). From the first documented cases in the mid-1980s the rate of HIV infection in Africa has become the highest in the world, the cost of biomedical treatment of AIDS very high, and national per capita spending on health care significantly increased.

Some of the negative economic impacts of HIV/AIDS at household level in Southern Africa include neglecting of crops and animal herds due to a decreased work force (Rasmussen 2008:18). It is important to note that most of the Southern African economies are agro-based and so human survival is greatly compromised by the effects of AIDS through the abandonment of agricultural activities. Tanja Müller (2005:37) explains that since the first studies on the potential and observed impact of HIV/AIDS on agriculture and rural livelihoods in sub-Saharan Africa, labour availability and allocation shortages due to premature adult morbidity and mortality have been at the centre of debate:

> The first response of an afflicted farming household has been to 'downshift' agricultural activities and reallocate labour. (Müller 2005:37)

Huge disparities in wealth in the region have also contributed to poverty, hunger, and subsequently spread of HIV. Malawi is not spared of these challenges. As a result of economic pressures, young girls and women work as domestic workers, bar waitresses, and casual prostitutes where they are also sexually exploited. According to recent media reports, there is increasing incidence of HIV/AIDS among fishermen along Malawi's lakes as the fishermen and business women exchange fish for sex (Kadewere, 23 May 2012).

Commenting on the effects of HIV/AIDS on culture in Southern Africa, Adam Kis reports the changes in mortuary practices and funeral attendance patterns especially in Malawi due to rising death rates from AIDS. It is observed that Malawians face increasing difficulty in

attending every funeral in their villages as custom requires, "a predicament that produces selectivity in funeral attendance," (Kis 2008:339) opting for prioritisation based on underlying cultural values. Some try to fulfil their obligation to attend every funeral by attending a small portion of the multiple funerals within their vicinity:

> This show-your-face-and-leave strategy is itself a change in custom, even while paying lip service to the custom of attending every funeral. (Kis 2008:341)

Culturally, Malawian burial ceremonies typically involve detailed and strict protocol: every community member attends every funeral in the area, learning in nearby schools is cancelled or shortened, farming is postponed, and shops are temporarily closed. The frequency of AIDS-related funerals has reversed this tradition in many parts of Malawi as people seek to survive economically. Community leaders who are mandated to ensure that everyone respects the traditionally prescribed funeral norms have recently opted to understand the few elements of default in terms of funeral attendances. Some families have begun to attend funerals in shifts among the family members–between wives and husbands, or children and parents–to ensure that traditional funeral requirements are adhered to.

At the professional level, the high AIDS prevalence in Malawi has contributed to high turnover in the country's workforce. Professions offering essential services are among those most affected. In a study carried out by Happy Kayuni and Richard Tambulasi (2007) in order to ascertain the extent of AIDS on teachers and health workers in Malawi it was revealed that among the teachers TB was the cause of 27% of deaths, chronic illness 49%, and acute illness 25%, and all these were linked to HIV/AIDS.

In 2004 the number of deaths for secondary and primary school teachers had risen to 1,200 (*Malawi Press Review* 2004). Speaking at a press conference a year later, the Principal Secretary for Education, Simeon Hau (2005), stated that most of the teachers were dying due to HIV/AIDS and other related diseases. Hau further reported that between 1999 and 2005 the ministry's payroll indicated that 6 071 teachers were deleted due to deaths linked to HIV and AIDS translating to six per cent attrition rate in the education sector alone. Between January and June 2005 over 900 secondary and primary school teachers died of HIV/AIDS-related illnesses (GoM 2005).

Baxen and Breidlid (2009:8) agree that teachers are affected by the HIV/AIDS pandemic at different levels: their students' infection and the spread of the disease in their communities on

one level; and their own infection and the infection of their family members and colleagues on the other. Nevertheless, teachers are well "positioned as deliverers of uncontested body of HIV/AIDS knowledge within spaces (schools and institutions) that are unproblematic" (Baxen and Breidlid 2009:8). They have students and learners at their disposal with whom they are able to creatively engage at social and academic levels as they move together from social depression towards healing through the arts.

Music making is particularly critical in the attainment of positive goals between teachers and students. Music examples that include information about HIV/AIDS can be selected and performed by teachers and their learners as a reminder of the effects of the pandemic. Rehearsal times can also be productively used to discuss AIDS before engaging in the actual music preparations. Such pedagogical materials can easily be understood as one of the revolutionary ways of eradicating and reducing the impact of AIDS among professionals.

2.6 Music, Healing and Religion

The understanding that physical illness comes from a diverse range of causes is part of the reason why healing in Malawian contexts is so thoroughly pluralistic and varied. For example, local issues of HIV/AIDS are viewed differently from cultural, social, and religious perspectives. Such different views stem from pre-existing cultural groupings based on tribe, generation, class, and profession, such as adults versus youth, medical versus non-medical, male versus female, literate versus illiterate, urban versus rural, religious versus secular, and sub-groupings within these segmentations. An array of specialists, practitioners, healers, herbalists, and preachers all act on healing seekers by their choice and conviction about what works for them. However, the domain of healing transcends mere physical illness into a matrix through which psycho-social life itself is "established, examined, critiqued, and transformed" (Schuetze 2008:34).

Different parties have different cultural values associated with health and disease. From the religious viewpoint, healing is a holistic act. It encompasses the restoration of body, mind and spirit. Accordingly, religion often views physical illness as the result of mental, emotional or spiritual illness. Medical doctor Daniel Fountain[13] propounds this position when he explains

[13] Fountain is a faculty member of the Christian Medical and Dental Society and a recognised authority for his work with AIDS patients. He is the founder and former director of several health programmes and hospitals in Africa; he serves as an international consultant for MAP International, and is a recipient of numerous awards for

that people find more complete healing when treated as integrated persons with minds as well as bodies, emotions, muscles, spirits and skins. From the Malawian cultural perspective, my personal observation on how different cultural groups especially in rural communities interpret causes of illness including AIDS directly linked to the following questions:

- What is regarded as the cause of illness?
- How do local creative artists address prevailing views concerning the causes of illness in their communities?
- How do the different health interventions address religiously-held community views regarding causes of illness?

As Mjomba Majalia (2011) suggests, health education and in particular HIV/AIDS communication strategies should not ignore the people's local knowledge, ideas, feelings, cultural values, and messages especially in Africa. Commenting on people's belief systems that may militate against new interpretations and meanings of health occurrences such as AIDS and their medical interventions, Majalia states that there should be:

> [...] a clear understanding of the cultural undercurrents and local myths that militate against introducing anything labelled "hybrid" as local residents allege the initiative is a way for government to implement family planning measures. (Majalia 2011:112)

Questions of culture and views concerning the causes of illness (including AIDS) in Malawi as raised above are responded to in similar ways by a number of different cultural groups. For example, for the Sena people of the Nsanje and Chikhwawa districts, the major cause of any serious sickness is *tsempho,* a health condition characterised by fever and loss of weight due to failure by the sick individual, his or her parents, or the village head to observe certain fertility rites. The concept of *tsempho* is a common phenomenon in other cultural groups as well such as among the Chewa where part of my research was conducted. Although a number of complex reasons or practices are believed to cause *tsempho,* the underlining guiding principles against contracting the illness are all linked to sexual abstinence over a certain period in order to respect ancestral instructions regarding especially rites of passage such as birth of a child, puberty and death.

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community health service. President of Project MedSend, David Topazian describes Dr. Fountain's work as "whole-person medicine."

Since AIDS symptoms are similar to the culturally- and religiously-held descriptions of *tsempho,* culturally-defined healing solutions are often immediately sought by communities on the behalf of HIV-positive individuals who are viewed as having contracted *tsempho*. The healing may take a variety of forms since it is not only the sick individual who is intended to be healed, but his or her entire family is also involved in order to appease the ancestors. Hence, the healing process may include the condemnation of the *tsempho* "culprit" through reprimand for having defied ancestral laws, or the engagement of a traditional healer to exorcise the negative spirits working in the AIDS/*tsempho* patient. Believers in the *tsempho* concept justify their superstitious view regarding causes of AIDS because as they realise through HIV/AIDS campaigns, the major method of HIV transmission is through [unprotected] sex which to them is the forbidden sexual activity during the rites observation period.

There are different levels of the *tsempho* scourge, making beliefs surrounding the concept quite complex. For example, women during their menstrual period are thought to cause *tsempho* for anyone who eats their food if they decide to add kitchen salt or bi-carbonate soda in the food that they cook. To avoid this, a different person is asked to make use of such additives on her behalf. Also, parents who do not abstain from sex when there is a birth in a relative's family may cause *tsempho* in the new born. In addition, parents are also required to abstain sexually during the initiation period of their child; otherwise, the child will contract *tsempho.* Such abstinence applies to chiefs, family heads, and marriage counsellors as well; whose failure to abstain may cause *tsempho* in the entire village, in a family, in a couple, among the youth, in specific individuals, or in a particular unfortunate person. Thus, it is easy to understand how communities always seem to find ways of explaining why one has become a *tsempho* victim.

One of the most common local views regarding causes of illness in individuals is the widespread belief in witchcraft. Sicknesses that seem to defy basic medical therapy are often linked to witchcraft attacks on a sick person. Many rural households have basic knowledge of curing ailments through the administration of pain killers from grocery shops and the use of herbal medicines. When these methods fail, going to the hospital is not an option for the majority of rural-resident (sometimes also urban-resident) Malawians. Instead, many consult a medicine man or traditional healer to determine who caused the sickness and to seek traditional medical help. In fact, a majority of individuals in the rural areas of Central Malawi

where I conducted part of this research believe that anyone who becomes hospitalised eventually dies, or is prematurely discharged and left to die at home (Moloko, telephone: 26 May 2008). Hence, according to them it is safer to consult a well-known traditional healer for serious and chronic illnesses than receive Western medicine whose effectiveness has not been authenticated by the local community. The HIV home-based care (HBC) system propagated by health care givers is thus viewed by such communities as failure by Western medicine to cure witchcraft-related illnesses through hospitals.

Due to limited knowledge about certain medical conditions, herbalists and traditional spirit healers tend to make wrong diagnoses, often blaming witchcraft for most sicknesses. Numerous religious groups operating in smaller communities also perpetuate the belief that witchcraft or some kind of spell is the ultimate cause of illness. Such religious groups often discourage their sick members from going to hospital but rather receive prayers. Other unaffiliated community members also visit these local religious practitioners as an alternative to traditional healers. Most AIDS patients die at such local healing clinics or prayer centres, while some decide too late to go to hospital. Clearly, these culturally-embedded socio-religious practices continue to pose a great challenge in the fight against HIV/AIDS in Malawi.

In line with these and similar culturally sensitive challenges, Majalia makes a critical observation as follows:

> Lack of proper knowledge about AIDS may lead to decisions on sexual health and partnerships that are based on superstition, harmful gender stereotypes [...] or some other form of non-scientific information. (Majalia 2011:116)

The question remains, how are local community artists empowered to address superstition, risky cultural practices, and gender stereotypes among other challenges, from a well-informed platform in the context of HIV/AIDS? I believe that further research aimed at producing effective culturally-responsive arts interventions in remote areas of Malawi should be viewed as an ongoing critical process. As I illustrate in Chapter Three of this thesis, only superfluous, socially segmented and externally prescribed and sanctioned messages currently dominate the HIV/AIDS musically-informed awareness initiatives promoted by urban musicians and various NGOs in rural communities. Such initiatives often fail to tackle deeply rooted cultural beliefs, views and practices holistically by engaging communities through participatory communication.

As Majalia (2011:113) also insists, indigenous participatory communication modes are still alive and vibrant in many rural communities. These communication modes can be utilised creatively in order to effect social change. As a social process, participatory communication brings together people of common interests to define who they are, what they want, and how they can obtain what they want through the construction of messages for improving their existential situation and changing undesirable social structures.

Barz and Koen (2011:4) cite long-time advocate of medical humanities H. Martyn Evans to resituate music's place within the framework of medical discourse by indicating that medicine belongs to music in the sense that music names the imaginative creation or restoration of order amidst chaos in communities. This intriguing statement is premised on their observation that the arts and medicine have co-existed over the years through increased visibility of medical anthropology and its sub-fields of narrative medicine, medical humanities, and medical ethnomusicology (Cf. Koen *et al.* 2008). Hence, communities understand easily the language of music when it is presented in precise, polite, friendly, and non-confrontational ways while allowing the communities' active participation, contribution, interpretation and definition of relevant aspects of their daily life.

2.7 Music as Therapy

One of the projects that I conducted in the final year of my undergraduate music studies investigated the ways in which music could contribute to health improvement of psychiatric patients in the rehabilitation ward at Malawi's only mental institution, the Zomba Mental Hospital. The outcomes of this project as detailed in the following section 2.8 are relevant to this study in connection with AIDS patients who are also frequently affected mentally.

Joanne Loewy and Kristen Stewart (2004:191) assert that music has been used by humanity virtually since the beginning of time. According to them, the Bible portrays David soothing Saul with a harp as a musical therapeutic process towards Saul's mental healing;[14] ancient tribes have integrated music into shamanistic ritual healing practices; and music chants have been an essential component in the treatment of illnesses in certain religious circles.

[14] This is recorded in 1 Samuel 16:14-23.

Oliver Sacks (1996:22) notes that whatever other effect it may have, the primary impact of music is emotional; however complex or abstract its structure may be. Citing the Bible story of David and Saul as well, Sacks acknowledges the therapeutic power of music in restoring one to oneself and to reality. In today's world, music is also used to heal emotions and other human disorders, educate, and entertain. Music can consciously unify an antagonising audience or a gathering such as in the singing of a national anthem prior to a sports event. The national anthem itself is an embodiment of national pride and history which is often associated with trauma and struggle for freedom in many modern states. As people with opposing political ideologies and contrary views sing the national anthem together, there exists unity of purpose that leads to relational restoration, albeit temporary. Music helps people to pray, as in hymns sung during a religious or spiritual service, in order to come to terms with their own reality through divine connection. Music also easily provides a sense of community in our everyday passages, and particularly in times of need.

Loewy and Stewart (2004:192) broadly define music therapy as the use of music to restore, improve or maintain health and well-being. Thus, they add that music therapy is used to relieve anxiety and stress. Moreover, Rosalie Pratt (2004: 827) observes that the healing nature of creative therapies has been primarily reported in anecdotes that describe a way of restoring wholeness to a person struggling with either mind or body illness. Hence the underlying philosophy of a medical music psychotherapy approach is that music and music therapy interventions can provide a safe means of accessing an individual's unconscious process and offer a way to learn about his or her inner coping capacity as it relates to illness (Loewy and Stewart 2004:193). Similarly, the HIV/AIDS pandemic has the potential to create emotions of fear, confusion, anger, grief, sadness and terror all of which can be relieved or eradicated through music.

Music therapy may also take the form of spirituality. As observed above, music helps people to pray through hymns, choral songs and choruses. In Chapter Four I give detailed findings of the research that I carried out during a live church service in the Zomba City to illustrate therapeutic and healing effects of music from a Pentecostal Christianity point of view. In support of this, therapist Maddy Cunningham (2004:337) explains that spiritual practice for some people is a way to access a place of inner calm amidst the tumultuous storms of life. He defines "spirituality" as referring to the ways in which individuals find meaning in the events

of their lives, or to the sense that there is something larger or beyond an individual's own experience. Spirituality is a personal commitment to a process of inner development and restoration that engages human beings in their totality.

In contrast, Cunningham explains that "religion" on the other hand involves belonging to, belief in and adherence to the doctrines of a formalised institution. This, according to Cunningham, is contrary to spirituality, which consists of a contemplative attitude, a commitment to living life fully, and a searching for meaning that originates from the heart. It is in the context of spirituality that music is received more as a therapeutic and healing tonic. Music and other expressive arts play a central role in religious experience and spirituality as a cultural expression. According to ethnomusicologist Harold Koenig (2008), there are interrelationships between religion, spirituality, health and the experience of illness. Koenig discusses recent studies on the connection between religion and health which indicate that religiously involved people are healthier. Drawing conclusions on the outcome of the research involving a varied sample of individuals, Koenig observes that:

> [s]ome show that those who attend church, synagogue or mosque are healthier than those who do not. Others present evidence that religious participants live longer than their non-religious counterparts. (Koenig 2008:47)

The studies suggest that religious involvement or participation may influence physical health through the immune system because there is a connection between immune functioning and religious-spiritual involvement. Further studies indicate interrelationships between religious participation and mental health, physical health, and use of health services. The studies conclude that religiously involved people are less likely to be admitted to the hospital, stay in the hospital shorter times, and are less likely to see doctors (Koenig 2008:48). Koen agrees with Koenig when he observes that there is:

> Relationship between science and religion, [and] dynamism between the physical and the spiritual, and the roles that music, the mind, prayer, and meditation play in bridging these domains of the human experience when health and healing are the goals. (Koen 2008:93)

Hence, Koen further sees a connection between music and healing within the dimensions of music-prayer-meditation dynamics. According to him, culture-transcendent or universally spiritual principles and processes undergird and facilitate health and healing; especially– as also observed through this research– devotional music, prayer, and meditation are key elements in the maintenance of health and healing. One of my research participants,

Charismatic pastor Allan Jiya strongly believes that the most powerful element in the music-prayer-meditation dynamics is music. According to him, taking music out of prayer and meditation renders healing impossible:

> If any person opens up, music can heal all sicknesses including HIV/AIDS. That is why our healing services are full of music: songs of praise and worship cover eighty percent of our services. The answer to HIV/AIDS lies with the individual, not science. If God inhabits music, and we know Jesus is the word and the name above all names, even the name HIV bows down [to Him]. Praise music lifts this name high, and opening up to that music allows this name to work through your life. (Jiya, interview: 8 January 2012)

Views expressed by Jiya are further shared by Koen regarding healing contexts which consider the supernatural to be critical to the success of any intervention which virtually includes some form of music, specialised sound, and prayer (Koen 2008:99). As Koen concludes, in diverse religious contexts music is almost always an essential part of worship, culturally determined and expressed. Music itself is a form of prayer, or prayer is offered in a musical form. Thus, the role, kind and quality of music or sound can change the individual's experience entirely and activate the potential power of prayer leading to a variety of healing experiences. In this case, one can conclude that for prayer to be effective it depends on the music. In addition, meditating on the music before making the prayer is an essential ingredient for the healing. It was also observed through this research that meditation was sometimes interchanged with prayer especially in the prelude to the healing service. In such cases, music was used as meditation and meditation became the music itself.

Koen (2008:100–101) developed a model which he referred to as *music-prayer dynamics* in order to conceptualize and explore music and prayer in diverse contexts of healing and daily human experience, as well as ethnographic and health science research. This model was developed against his argument that the interactive and affective relationship between music and prayer in the context of healing ceremonies and in clinical studies requires holistic consideration. He thus bemoaned the little exploration of the relationships between music and prayer in healing in both ethnographic and health research. He further noted that ethnographic research concerning musical healing conveys the cultural context, meaning and lived experiences of individuals and their practices, while on the other hand biomedical research focuses on the decontextualised body and its physical processes. There is therefore need for integrative methodology of ethnomusicological field research and physiological experiments to explore holistically aspects of spirituality and physiology regarding music-prayer healing.

Koen's music-prayer dynamics model is designed to explore the question of efficacy and to investigate the extent to which the effect of music-prayer is culture dependent or culture transcendent. In agreement with my observations during field research, Koen bases his music-prayer dynamics model on four parameters which operate through binary relationships at different intersections of music and healing, and prayer and healing (or meditation and healing as a replacement of prayer and healing). The four parameters comprise (a) music alone (b) prayer alone (c) music and prayer combined and (d) unified music-prayer. His conclusion was that the confluence of music and prayer in the context of healing is "potentially the most efficacious" (Koen 2008:100).

As observed above, the role of music as a therapeutic spiritual intervention involves a diversity of cultural expressions (musically, prayerwise, and otherwise). In this regard, religious entities should be viewed as cultural groupings since they follow established traditions, customs, norms and political ideologies that govern their individual systems. It is in the context of this socio-cultural religious environment that music is actively used for individual and corporate spirituality purposes that lead to the healing of the body, soul and mind. This healing becomes critical *vis-a-vis* HIV-positive individuals who participate in such music-healing services. The music opens the individuals up for physical and other forms of healing as they meditate on the song texts, embrace their values and apply their meanings in their own situations. This assertion is discussed further in Section 4.6.2 of this thesis.

2.8 Music and Medicine

Music has been used in religion, spirituality, culture and other aspects of human life for health and healing as findings in the preceding sections indicate. However, one of the fascinating areas where music has played a major role is in medicine according to a number of studies. For example, Loewy and Stewart (2004:191–215) discuss how music has been utilised in trauma patients. They unravel the concept of trauma as a medical condition characterised by physical compromise, in which feelings of fear become expressed through interactions of the mind and body. For trauma patients, music has been used to relieve anxiety and stress of hospitalised individuals thereby making them ready to respond to conventional medical dosages.

Loewy and Stewart further report that the field of music has made an impact in health care and medicine particularly in the areas of rehabilitation, anxiety reactions to illness, pain management, and neonatology. They cite Stewart and Schneider (2000) to illustrate that music has been effective in neonatal intensive care units where the sound environment has been quieted through selective application of music. In some cases, rhythmic programming has often been used to increase speed in patients with walking difficulties.[15] Additionally, pain associated with needle-based procedures has been considerably reduced when such procedures were accompanied by music. [16]

The power of music to animate and regulate brain activity is particularly spectacular in patients who lack normal motor regulatory activity. Citing the work of Friedrich Nietzsche regarding the relationship between music and physiology, Oliver Sacks (1996:5) notes that music relates to physiology and bodily function through its power to arouse the nervous system in physiological and psychological ways. To this effect, music has dynamic powers through its ability to elicit, drive and regulate movement owing to its rhythmic force. According to Nietzsche's theory, rhythm has the ability to propel and articulate the stream of movement and emotion through the mind, especially when naturally expressed in form of dance.

Normal responses to music were also witnessed even in the most regressed and dilapidated mental patients who had spent almost a lifetime in a psychiatric institution through my student project mentioned earlier in section 2.7 above. Clear speech developed in those who had only managed to mumble words at the beginning of the project due to their mental illness. Some patients began to smile and laugh after long periods of showing indifference during their time of hospitalisation. Most long-time hospitalised patients regained their lost memory of the events that lead to their mental condition after involving them in group music activities for a number of weeks. Perhaps the major breakthrough of the project was the achievement of high mental coordination and group cohesiveness that were demonstrated through a joint music concert between our university team of students and ninety five percent of the mental patients who were involved in our project. The concert was attended by hospital staff and other tameable mental patients.

[15] The work of Thaut and McIntosh (1992) is particularly significant in this regard.
[16] See also Turry (1997) and Malone (1996).

Of particular interest was the fact that in the course of the project, the patients often lamented the extant trend of receiving medicine without accompanying major physical, creative, and social activity. The music lessons, practical assignments, and rehearsals helped to bridge the medical-physiological gap that had existed and resulted in positive outcomes as far as the patients' mental restoration was concerned.

Mandy Pratt and Michelle Wood (1998: ix) admit that the contribution of creative experience to the quality of life of individuals who are sick is the foundation for the use of the arts in health care. They further explain that the arts environment, social arts stimulated interactions, and personal applications of the arts in health care are linked by the recognition that there is an inherently life-promoting force at work. Those who are sick look for the promotion and improvement of their lives in health institutions. The role of music in providing life promotion and improvement for the sick as observed by Pratt and Wood and as discovered through the personal research project cited should be considered seriously as a complementary and alternative medical intervention in the wake of HIV/AIDS.

In Chapter Four of this thesis, I discuss further specific examples of how music is used medically in Malawi's antenatal clinics as a device for education, healing, and disease prevention. Of particular significance are songs about child immunisation (*katemera*), hygiene (*ukhondo*), family and reproductive health (*kulera*), and more significantly HIV/AIDS.

2.9 Music, Language and HIV/AIDS

Fountain (1999:48) explains that words can act as an intervention for healing. According to Fountain, what heals the heart is simply a word spoken to the depths of a sick person's spirit. Healing occurs through a key word or phrase that the person's spirit understands in such a way as to resolve the psycho-spiritual problems–the fear, conflicts, anxiety, guilt, and despair. When this word heals the inner pain, the entire inner self is restored. Paradoxically, negative words can also lead to depression in a sick person. Songs are vehicles for conveying words and for experiencing self-expression verbally. Words in songs communicate messages, hence rendering music as language for communication. It is this language that becomes meaningful to sick individuals including those suffering from AIDS.

Appropriate music-language as positive communication has the potential to provide HIV-positive individuals with the capacity to transcend their seemingly hopeless situations and help them to gain new perspectives on themselves and their lives. Language tools have been a significant means of communication about AIDS in a variety of performative arts such as drama, dance-song, talk-singing, poetry and popular music to brand the disease in ways that are often respectful, non-threatening, entertaining and stimulating. Nevertheless, meanings of certain AIDS-related words contribute to stigma and discrimination.

Through allegorical or proverbial figures of speech medical, technical and scientific HIV/AIDS terms are transliterated and coined into compound phrases that local populations understand. These new phrases are also packaged in the expressive arts to inform, remind, warn or educate about the dangers of AIDS. Commenting on the use of proverbial phrases to describe AIDS-related terms in Malawi, Eckhard Breitinger observes that:

> [t]ranslating a medical/scientific term into a figurative or proverbial phrase reduces the rationality, i.e. the "coldness" of the scientific fact and infuses an emotional and effective quality of compassion to the HIV effect. (Breitinger 2011:139)

Indeed, in the Malawian scenario, as elsewhere in Africa, proverbial and figurative descriptions of HIV terms not only reduce the scientific rationality of the disease, but also allow local people to express the pandemic in more vibrant and culturally synoptic ways. In line with Breitinger's observation, several HIV local terms have emerged in Malawi since the first HIV/AIDS case was reported. It is critical to reflect on localised knowledge about HIV/AIDS in order to obtain an understanding of why musicians and the general Malawian population respond in particular ways to those people who have been infected by HIV. In some cases, local terms used to describe HIV/AIDS are adopted in arts-based performances for purposes of awareness and education through the strong meanings that they convey. A description of examples of Malawian local HIV terms follows in the forthcoming sub-sections:

a. *Kachilombo*

This most commonly used term stands for "virus." Literally translated, *kachilombo* means "tiny harmful organism" or, as Breitinger rightly puts it, "small monster." In ordinary local language, *kachilombo* stands for any tiny biting insect or any tiny harmful organism that can hardly be seen or cannot be seen by the naked eye. Breitinger describes the term *kachilombo*

precisely when he states that "[it] is something that you cannot see at first glance but something of whose presence you should always be aware and beware" (2011:139).

b. *Magawagawa*

This term describes HIV as something that is spread through a chain of people–when one gets it he/she will pass it on to another. *Magawagawa* literally means "something that is continuously given or freely handed out" as in gift handouts among different individuals, and as also compared to a relay race in which one baton changes many hands. Although the root word (infinitive) "*kugawa*" in this term carries the positive meaning of "to share" or "to distribute," *magawagawa*[17] as a plural noun is often negatively associated with sexually transmitted infections or pandemics.

c. *Kaliwondewonde*

The term *kaliwondewonde* describes AIDS as a disease that causes wearing out of the body. The term literally means "gradual thinness" and is derived from the root *wonda* (become thin). Footnote 17 below further discusses important features contained in this term and the local ways of defining complex maladies.

d. *Matenda a masiku ano*

The expression *matenda a masiku ano* describes AIDS as a modern disease. Modernity in this case signifies "strangeness" or the foreign nature of the disease. It also stands for an invading or intruding illness, something that local society is not familiar with. The theme of "stranger" with reference to AIDS is consistent in local Malawian songs as observed in some examples contained in Chapters Three and Four of this thesis. *Matenda a masiku ano* is literally translated as "sicknesses[18] of these days," or "the disease of nowadays" or simply "the modern disease." This is an expression of disapproval or one containing unwelcoming sentiments as it is also used with reference to new religious movements in a community when

[17] The term *magawagawa* contains the morphemes: *ma-*, *gawa*, and *gawa* divided as follows: *ma*=plural form; *gawa*=to share/distribute. The plural nature of the word signifies the fact that many people or various means are involved in the sharing/distribution process. Note that *gawa* is repeated to show the frequency or repetition or cycle of the sharing/distribution of AIDS involved as a process. A similar observation can be made in the related AIDS term *kaliwondewonde* that follows in 2.8b and contains the morphemes *ka-*(small thing); *liwonde* (that causes thinness). Again, the repeated expression *liwondewonde* defines the intense, repetitive or gradual thinness that the virus (tiny thing) causes in HIV-positive individuals.

[18] Although the word *matenda* (sicknesses) is in a plural form, it is also used in its current plural form as a singular word for "disease." In the local medical terms, the singular form for this word which is *nthenda* (disease) is almost always used to refer to an STI.

locals often describe such movements as *mipingo ya masiku ano* (churches/denominations of these days) or *mipingo yobwera* (churches that [have just] arrived).

e. *Matenda a Boma*

This AIDS-definition expression is translated as "the government disease." John Lwanda makes a critical observation regarding the origin of this expression in reference to AIDS. Partly quoting Malawian prolific novelist and poet Steve Chimombo, Lwanda notes that:

> [w]hen the dead bodies of early AIDS victims were transported to burial, they were typically escorted only by "doctors, government officials, even police and prisoners, with strict instructions for burial, without the ceremony of viewing the body [and] only prisoners [were allowed to bury] the body." (Lwanda 2011:385)

It is this early involvement of government personnel in the management of AIDS-related deaths that apparently gave rise to the new disease being called "government disease." Although all new and seasonal epidemics in Malawi such as cholera, smallpox, and leprosy have been managed with the full involvement of government, I do not recall as a Malawian citizen when police officers and prisoners were instructed to bury bodies of AIDS victims without the ceremony of viewing the body. Therefore, I do not fully agree with the assertions made by Chimombo in Lwanda regarding the origin of this term.

Nevertheless, prisoners have always been involved in the burial of fellow prisoners regardless the cause of death, especially if the deceased's relatives did not claim the body in a long time. On the other hand, the prevalent health practice regarding deaths caused by highly contagious diseases such as cholera, involves strict hospital burial instructions that forbid mortuarial rites such as wake-keeping, body viewing, body washing, and serving of food to funeral attendees. In spite of the strict hospital regulations, this does not qualify cholera to become "government disease" in the Malawian viewpoint. Therefore, the commonly held view about AIDS being branded "government disease" is that it is the only disease that has received government attention of unequalled magnitude through awareness campaigns. The term *matenda a boma* is hence used locally as euphemism for AIDS. David Eaton makes a similar observation regarding local ways of discussing AIDS respectfully:

> In this region of Africa, however, it is congruent with a widespread reluctance to refer specifically to AIDS or to identify individuals as suffering from its effects. (Eaton 2008:321)

Such practices reveal not only respect and denial, but also the delicacy of the "social pragmatics of discussion" (Eaton 2008:321) of the disease. For example, it is common for Malawian elders to refer to AIDS as *matenda a boma* in the presence of curious children to avoid scaring the children who have learnt to associate AIDS with death.

f. *Matenda a mgonagona*

This description of AIDS carries two possible related meanings. Loosely translated, *matenda a mgonagona* means "a long-term disease" or "a chronic disease" to signify a disease that remains in a person for a long time. This description is based on the fact that HIV-positive individuals suffer over a long period before they eventually die. Many people are affected in the course of taking care of AIDS patients over extended periods of time, making AIDS a historic disease–historic in the sense that family members keep narrating the condition of the patient to visitors and neighbours unceasingly. The expression *mgonagona* comes from the verb *gona* (to sleep), or in this context "to sleep over and over again" (*gona-gona*), hence taking time to die.

The second possible meaning of this description of AIDS is connected with the consistent lying down that AIDS patients are involved in due to the illness. Because they repeatedly lie down, AIDS is described as a disease that causes its sufferers to spend their time lying down. In the Chichewa language, the same word *ku-gona* is used to mean "sleeping" and "lying down".

f. *Mdulamoyo*

The term *mdulamoyo* describes AIDS as "someone who cuts life short". This description is based on the understanding that people die younger or prematurely due to the AIDS pandemic. This term is so widely used in Malawi that it is often also applied to any individual or thing that has the potential of cutting short another person's life. For example, young and good looking women are called *mdulamoyo* among young men as a way of warning each other against the temptation to have sexual relations with them in view of the AIDS pandemic.

Unrelated to HIV/AIDS, this term is also used to describe minibus taxis due to the often reckless driving by minibus drivers. As a result of the reckless driving, minibuses are known for regularly causing death of passengers through accidents, thereby cutting short their lives.

Therefore, *mdulamoyo* is a locally-inspired analogy that compares AIDS to minibuses. Hence, language about HIV/AIDS in Malawi has been extended to other unrelated aspects of life, thereby making its continued use a reminder of the seriousness of the pandemic. As can be expected, popular musicians adopt this modern way of using language to discuss HIV/AIDS in their song compositions.

Most of these local terms used to describe HIV/AIDS are gradually in the process of being culturally phased out and replaced by modern urban, Western terms which are yet to gain ground. For a detailed discussion of these and newer terms refer to Chapter Three (section 3.10) under music as metaphor.

2.10 Summary

In this chapter I have reflected on the role of music in enhancing healing and maintaining health. Music plays the role of healing in different human aspects both at individual and community levels. The understanding and activation of this role by individuals and societies is critical in a variety of ways in the context of chronic and incurable illnesses including AIDS. It is also clear from the academic evaluation in this chapter that music as an art form shares with science the objective of seeking order in complexity and creating unity in diversity as far as human wellness is concerned. This is well defined by the interface that exists between biomedicine and music as observed in the preceding discussion.

The psychotherapeutic use of music, movement and dance contributes positive effects on healing seekers as individuals engage creatively, religiously and spiritually in a process to ameliorate their emotional, cognitive, social and, more importantly, physical healing and health. Perhaps the best summary of what music can achieve in a sick individual is what is contained in the words of Oliver Sacks:

> To those who suffer or are neurologically impaired [...] music is no luxury, but a necessity, and may have a power beyond anything else to restore them to themselves, to restore them to health, at least in the precious few minutes that it lasts. (Sacks 1996:1)

Music as a necessity restores hope to those who are suffering from chronic sicknesses, and relieves them of negative emotions through song words and fine harmonies. As my research established, members of Foundation for Community Support Services (FOCUS) HIV/AIDS support group in Namasalima area of Zomba reported their consistent use of music in

palliative care to cheer one another and to comfort those that showed advanced signs of AIDS, often leading to improved conditions and positive responses to medication (Further details about this support group appear in Chapter Four of this thesis in section 4.2ff). Regarding the power of music on those who suffer from different health challenges, Sacks quotes German poet Novalis as follows: "Every disease is a musical problem, and every cure is a musical solution" (1996:3). This statement correlates with the FOCUS research participants' report mentioned above.

Chapter Three

HIV/AIDS Musical Interventions in Malawi

3.1 Introduction

Discourse of illness and healing has been expressed in a range of performative genres in Malawi even before the advent of modern media. Such discourse aimed to document and analyse critical messages and their meanings through ritual performances, masquerades, religious music, and dances. Recently such discourse has circulated in video and educational announcements on radio and television, warning the Malawian general public about specific health risks. The advent of print media has promoted the culture of information dissemination and consumption especially among urban dwellers. Videography and audio music productions have thus become important as media for social change. Urban music has thrived with such opportunities, clearing pathways for seemingly unlimited communication in the process.

Media health education or to invoke a commonly used term, "edutainment," assumes that audiences identify with media models and then imitate their behaviour. As Rasmussen also observes, when audiences are satisfied or inspired by media characters, they easily get involved and positively respond to the educational content carried in a particular media art form:

> Media edutainment promotes para-social involvement with the story characters or media phenomenon in which they are embedded. (Rasmussen 2008: 22)

The social involvement and audience identification with media characters or their brands are critical with regard to HIV/AIDS education as audiences easily develop loyalty to a particular media brand. They may then begin to assimilate and apply the education content in their favourite medium of entertainment, which may have a lasting impact on their lives.

At the traditional level, local storytelling represents a more therapeutic and educational process in ways which often surpass formally structured performances. For instance, through storytelling the older generation in Malawi uses *chantefables* in order to teach young people good morals and to instil in them caution concerning a variety of human issues. Traditionally, such stories are told at night around a fire. A majority of these stories carry and convey messages through the vessels of songs that encourage the participation of both a narrator and an audience. The setting (time and place) for this oral tradition is critical in a number of ways. For example, as I have noted elsewhere:

> [t]he fire around which they sit is the symbol of security and community, while the darkness behind their backs plays the role of wise counsel that can be rewarding to the obedient and harmful to the disobedient child. (Nthala 2009:67)

For those living in rural communities, storytelling helps them to acquire, recall, store and retain important life lessons. The accompanying songs in storytelling, often presented as a summary of the whole story, help audiences to memorise the lessons learnt or personalise the moral of the story. As Barz (2008:166) points out, musical performances facilitate the cultural process of "memorying," which is the purposeful application of giving memory to an idea, a thought or a message. Story songs containing health themes are particularly important with regard to behaviour change, prevention and cure. In the context of the HIV/AIDS pandemic, general health themes in storytelling become applicable as memory tools, cautionary devices and health education strategies.

3.2 HIV/AIDS Traditional Musical Interventions

Different traditional settings and activities in Malawi (as is true elsewhere in sub-Saharan Africa) employ music as an intervention for encouragement, social support, moral support, emotional uplifting, and to alleviate trauma and stress. Typical social settings for such musical interventions include funerals, memorials, animal grazing, weddings, communal work, village arts-based competitions and hunting. Through music, healing of emotions, bad memories, and relationships; promotion of self images; and the alleviation of hardship are achieved as individuals and communities express themselves, interact, and discuss experiences and shared challenges through the medium of sound.

Among the different traditional music forms existing in rural communities is the music for self-delectation as solo performances, music for social mobilisation, and music aimed at communicating current affairs. In this section I attempt to describe these different music forms and platforms from a Malawian perspective in order to demonstrate how culturally embedded performative expressions are linked to health and healing and are applicable to the HIV/AIDS intervention. Although some of these musical performance examples have no direct link to HIV/AIDS, I believe that the understanding of the traditional ways of communicating health messages, behaviour change norms, and epidemic sentiments through music is relevant and applicable in the contemporary HIV/AIDS context as a meaningful and effective transitional path leading to current intervention efforts. As Barz (2008:173) also

indicates, there should be interaction between traditional systems of knowledge, cultural and performance practice, and Western-influenced medical interventions and sensibilities.

3.3 Funeral Songs

The organisation of funerals in Malawi varies among different culture groups. Significant variations also occur between religious groups. Christian funerals are typically conducted differently according to the mandates of specific churches, denominations, synods, and their belief systems. What is common among such religious communities, however, is the ways in which music is used when observing different rituals during each funeral.

Malawian mortuarial ceremonies typically last one or two days. Upon announcement of a death, community members gather at the home of the deceased in order to show solidarity and to express sympathy to the family of the deceased. Most deaths occur at home rather than at hospitals since chronic illnesses (common among these especially nowadays are HIV-related) are usually referred back for home-based care due to inadequate hospital space and to allow for family support. Sometimes relatives request hospital authorities to discharge a chronically ill relative so that they can simultaneously care for their sick relative at home and engage in day-to-day economic activities. In spite of where the death occurs (in hospital or at home), and whether the body is at the deceased's home or elsewhere away from home, the community still gathers at the deceased's house within minutes of hearing about the death.

In some areas of Malawi (especially in the Central Region), the official initial mourning known as *kubuma* starts when a village head or his representative or a church official certifies the death through observation upon being invited. The gathered community members cry simultaneously in this *kubuma* ritual for some minutes to signal the beginning of mourning before dispersing to prepare for wake-keeping. Moments later the community members converge again to spend the entire night at the deceased's house in wake-keeping. Songs are sung throughout the night to comfort the bereaved as they mourn their loss. For a church funeral, community choirs frequently take turns in singing songs of hope, comfort and encouragement based on Biblical themes. In most cases, a small group of church members sing from church hymnals throughout the night, interspersing their singing with short periods of preaching and prayers offered by different individuals.

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In the Malawian context, almost all churches have hymns and choruses dedicated to funerals known as *nyimbo za pamaliro* (songs for funerals). Sometimes, tunes are created for general hymns to suit them for funerals, and these are termed *chuni cha pamaliro* (tune for funerals). Most funeral choruses are locally composed and do not exist in official church hymnals. Singing at funerals continues until burial takes place later in the afternoon.

Significant for this study is the spontaneous funeral music that is performed especially by women mourners. This music, which I discuss in the next section, has fascinating characteristics associated with the cause of a particular death such as raising consciousness and awareness; provoking debate; appealing for justice; demanding explanations; raising questions; and, significantly for AIDS-related deaths, appealing to morality and the need for self-preservation.

3.3.1 Spontaneous Funeral Songs

Mothers, aunts and grandmothers of deceased individuals often mourn throughout the night of wake-keeping with spontaneous chants. These chants are melodic creations for grieving the loss, releasing anger or bitterness, and self comfort. They may take the form of narrating circumstances leading up to the death or providing a comprehensive complaint about the loss. The good deeds of the departed individual, the curtailed expectations of the mourning relative from the deceased, and the blame targeted at death (as a force or an organism) or suspected foul play are common issues discussed in this type of songs.

Although names of individuals may be mentioned in the songs as suspects for the death either through negligence or witchcraft, no one is allowed to interfere with the mourner. In other words, the mourner is free to express her feelings for as long as she wants until she cools down in line with a local proverb *wolira samugwira pakamwa* (it is not good to gag a mourner). Spontaneous funeral songs take hours, and in many cases the performer stops only after being overcome by fatigue and sleep.

It is important to note that culturally it is only female relations of the deceased who cry throughout the funeral. Male relatives cry briefly (although a bit longer than the rest of the male community members) during the *kubuma* ritual and sporadically during the face viewing ritual (*kuona nkhope*) as well as at the actual burial during the farewell ritual. Therefore,

spontaneous funeral songs are rarely associated with male mourners. Additionally, due to the spontaneous nature of this particular category of funeral songs, it is not possible to cite specific, observed examples in this writing.

Funeral rites do not end with the burial of the deceased. Usually the burial ceremony is followed by cleansing rituals, tomb construction, and memorial service, which take place at different culturally prescribed times within the year. Although music is not performed in some of these post-burial rituals, memorial services often take the nature of the actual funerals as a way of reliving and recalling the pain associated with the loss. Hence similar funeral songs are performed during memorials but with reduced intensity. The following section describes typical Malawian memorial functions.

3.3.2 Memorial Functions

In many rural communities memorial functions take place one year after a death. Depending on the financial ability of the family members, tombstones are erected at this time after the soil on the grave has been allowed to settle for a year to prevent the tomb itself from sinking into the ground. A good number of families do not have the financial means required to erect such a tomb stone; in such cases, memorials take place without the tombstone ceremonies. A number of rituals are associated with such memorials including the official marriage dissolution ceremony known as *kusudzula* in which a widow or widower is officially declared free to remarry.

Throughout the memorial ceremony, which takes place over two or three days culminating in the "tomb unveiling,"[19] family members engage in sporadic mourning. Funeral songs also form part of the entire process. Prayers, short preaching, village or community announcements, and reminders about development projects, and especially nowadays, issues related to responsible behaviour in the face of HIV/AIDS are typical activities at traditional memorial ceremonies.

[19] This expression is hereby borrowed from the urban tradition for the sake of clarity. After construction, tombs are not veiled in the rural areas, hence there is no tomb unveiling. Therefore, the best description of this function is "tomb viewing" whereby memorial function attendants inspect the newly constructed tomb by way of appreciating the work and paying the very final respects to the deceased.

Family members have their own caucuses after members of the community return to their homes. As a show of solidarity and to discuss pertinent matters, close relatives from distant places remain at the deceased's compound for one week, chatting, joking and singing together every evening to help erase the memories of loss in those who are most affected by the death. The same process is followed after the actual burial. Kis describes this process as "social care system":

> Several villagers [stay] at the house of the bereaved family for up to a month following the ceremony to show support and provide assistance adjusting to normal life again. Now people typically spend only a few days to a week showing support in this way, because the volume of funerals is too great to do otherwise, and it is placing too much strain upon this social care system. (Kis 2008:342)

Through songs of encouragement and comfort during these memorial functions music continues to serve as intervention for emotional healing of those affected by the death. This is particularly important in the context of this thesis considering that most deaths nowadays are AIDS-related. The surviving family members can either be HIV-positive as spouses or children or can simply be indirectly affected by HIV/AIDS being related to the deceased. Those involved in the comforting of the deceased's relations during funerals and memorials are often aware of these facts, and so their music is carefully selected to offer the much-needed hope to those who mourn.

3.4 Wedding Songs

Another key area where traditional music is performed for social interaction, moral education, and, especially nowadays, health education is during weddings. An analysis of most wedding songs indicates a deliberate incorporation of specific texts aimed at teaching, reminding and warning those that are getting married as well as the general public on a variety of contemporary issues in addition to the cultural and religious matters. Such contemporary issues include human rights, gender-based violence, economic empowerment, and HIV/AIDS. In this section I discuss typical elements of a traditional wedding and wedding song examples that may be considered relevant as culturally motivated HIV/AIDS intervention.

Traditionally, wedding songs are performed at different stages of local marriage ceremonies. Different culture groups have different marriage or wedding customs and practices involved in those ceremonies. For example, the Ngoni people of northern Malawi and virtually all tribes in the Northern Region follow the tradition of paying *lobola,* the bride price, in the form

of herds of cattle or a cash option. The Asena of the Lower Shire region in southern Malawi also practice the *lobola* tradition, although the money involved is much lower than the amount that the cultural groups of northern Malawi pay.

The Achewa of certain parts (especially the northern part) of central Malawi have a unique version of the *lobola* known as *chiongo* (token of thanks). Usually one cow is demanded by the bride's parents or its cash equivalence, calculated at traditional value. The Achewa occupying southern parts of the central region and other parts of Malawi do not follow the *chiongo* tradition; most Ngoni who occupy the central and southern regions do not follow the *lobola* system; and all the other tribes do not follow any of the two systems but their own versions which are varied. For some tribes, a mere chicken is used as a wedding token, or the prospective groom is only required to partake of a customary meal at the prospective bride's home.

Another key difference in marriage customs is the observation of an engagement ceremony by certain cultural groups months or weeks leading up to the full wedding. Local terms for engagement are *chinkhoswe* (the meeting of marriage advocates) and *kutula mbeta* (spinster handover ceremony). Where the engagement ceremony is followed, a number of activities take place: a large group of people gather from both sides of the prospective couple; sumptuous food and drinks are served to participants; open counselling is given by elderly individuals; and music and dancing also take place. Instructions on hygiene, mutual respect, domestic violence, fidelity, gender roles, finance management, in-law interference, conflict management, and recently HIV/AIDS are given during the engagement ceremonies. The climax of the ceremonies is the exchange of symbolic gifts between the assigned advocates of both sides of the families: often a cock is exchanged for a hen, representing the handover of the prospective husband and wife respectively by family representatives. Kitchen utensils and farming tools may also be exchanged symbolically to represent the woman and the man respectively.

Each speaker (public counsellor) at the function openly presents a symbolic gift in line with his/her address. For example, if they talk on personal hygiene, they may give a bar of soap; if they advise on prayer, they may present a Bible; and so on. The gifts are meant to function as symbolic reminders to the prospective couple on the particular shared topic.

Music is, as might be expected, the most critical element of the engagement ceremonies. At every stage of the ceremonies, relevant songs containing appropriate messages are played or sung functioning both as a framing device as well as a vehicle for the event's central message. The advent of HIV/AIDS has contributed to compositions for such functions to tackle issues of HIV prevention, care, support, stigma, testing, and gender-based violence. This is critical in the sense that such messages are a reminder not only to the prospective couple, but also the other participants.

Malawian cultural groups that follow the *lobola/chiongo* tradition do not conduct engagement ceremonies. The mere negotiation meetings for the bride price by representatives of both sides are viewed as engagement. The local term used for the marriage negotiations is *kufunsira mbeta* (official proposal for a hand in marriage). Only a few people, usually uncles or elder brothers, are typically involved in the negotiations; a meal is shared after an agreement on the price; there is no music or dancing; and the discussions are largely private. Negotiations take place at the woman's home in the absence of the suitor, but the prospective bride appears temporarily to answer a few questions and affirm that the negotiations should proceed.

The Achewa of southern parts of central Malawi's *kutula mbeta* (spinster hand-over) engagement ceremony is organised as a half wedding or mock wedding. Presentation of a wedding dress, music, dance, feasts, gifts, and formalised speeches are all part of the elaborate function. The prospective wife is handed over to the man within the context of this large ceremony; the couple symbolically walks together to an arranged destination amidst shouts and celebration and later gets separated again on the same day until the wedding day. The musical content, the speeches, and the symbols are similar to the other engagement ceremonies.

For different reasons, some families stop with the engagement and do not hold full weddings. For example, families that are not committed to the Christian faith may view weddings as religious activities and so leave them out for those people who are religiously committed. Weddings may also prove to be quite expensive for some families. However, most people who follow through with the proper cultural channels of engagement are usually also religious. The young man and his fiancée may belong to a church in town while their parents are not committed Christians. Since churches require observation and completion of due traditional marriage agreement processes (whatever form they may take) in order to obtain

parental blessing before joining the couple in holy matrimony, the prospective couple is obliged to act by the church requirements. For certain parents, an engagement is considered marriage as far as they are concerned, as long as the *lobola* or other cash token is paid. This position often creates conflict between church or religion and deep cultural traditions.

Where fully fledged engagement ceremonies are not observed, the couple benefits from the church's premarital counselling arrangements, which run over a three months' period in some churches prior to the wedding. Topics discussed during the counselling sessions are very much similar to the instruction received at engagement ceremonies, with a strong focus on scripture admonition and examples. Culturally, similar marriage related instructions are given as part of puberty rites from which the prospective couple also benefited in the course of their growing up.

"Engagement" ceremonies are followed by weddings, months or weeks later. Days before the wedding are full of wedding related activities and customary ceremonies. Music and dance are common occurrences during such ceremonies. Due to the diverse nature of the pre-wedding ceremonies involving music and dance, I will only discuss pre-wedding events associated with the Achewa of northern central Malawi where part of this research was conducted. The discussion of pre-wedding events at this moment is relevant in this study as it also links well musically with the focus of this thesis in terms of the music's various aspects of healing. Although some aspects of the pre-wedding events have no direct medical ethnomusicology connections, they nevertheless help to clarify the transition leading to the actual wedding.

3.4.1 The *Chikamwini* Tradition

The *chikamwini* ceremony is the first pre-wedding tradition observed by the Chewa people. Before a man is allowed to marry, he is obliged by tradition to perform *chikamwini,* a form of work interview at the future bride's home enacted to determine whether the young man is capable of providing for his wife economically. This tradition is observed after the *chiongo* negotiations have taken place. The young man, together with one or two friends, is expected to spend a week or two at the bride's home to help in farming and other male-designated jobs under observation, in order to prove himself before his potential in-laws as a well-trained worker.

The young men announce their arrival to the hosts through songs such as:

Kamunda nkoti? Kamunda nkoti?	Where is the garden? Where is the garden?
Kamene m'mandiitanira, aye	That you summoned me for, aye!
Kamene m'mandiitanira, aye	That you summoned me for, aye!
Kamene m'mandiitanira, aye	That you summoned me for, aye!
Kamunda nkoti?	Where is the garden?

- Dzoole Singers (1975): Courtesy of MBC Radio 1

This song is a challenge issued by the young man that he is ready for any type of work assigned to him during the *chikamwini.* It is a demonstration of his physical prowess. The *chikamwini* tradition is sometimes extremely tough on the part of the suitor as the young man also undergoes endurance tests by being denied some meals by the hosts or being made to work for long hours. Sometimes the hosts give varied work assignments such as constructing a granary, roofing a house, or building a pit latrine in order to ascertain whether the young man is well-rounded workwise. The young man and his team learn survival skills in the process, such as privately keeping supplementary foods. This apparent ill-treatment of the suitor by the prospective in-laws is also aimed at testing the suitor's character as some suitors give up the marriage altogether on the feeling that the in-laws have natural cruelty. When the suitor perseveres through such "cruelty" he is treated with much respect as a capable future husband.

3.4.2 The *Sisiliya* Wedding Tradition

Following the *chikamwini* tradition, there are other small-scale pre-wedding traditions that rarely involve music. Nevertheless, the next most prominent pre-wedding tradition among the Chewa is the *sisiliya.* A traditional wedding announcement ceremony, *sisiliya* is performed on each day following the initial official wedding announcement at the church. The church makes three wedding announcements to the congregation in the four weeks leading to the wedding day. Several other wedding-related activities take place during this announcement period. Church members have the opportunity to challenge the legitimacy of the forthcoming wedding based on evidence, which they may privately communicate to church authorities in order to protect the prospective husband or wife.

At village level, a similar tradition is followed in what is known as *kucheta* or *mcheto*. Individuals who claim to know the man or the woman well travel to the village of either of them to warn the prospective couple's close relatives against going ahead with the wedding by citing convincing reasons. Some of the reasons may not be convincing enough and are thus ignored and judged as coming out of jealousy. The *mcheto* tradition is not necessarily based on honesty, as it is also used to test the seriousness of the prospective couple. At the church level, a wedding can be cancelled based on a number of factors, such as an existing secret love relationship, and unacceptable secret habits or behaviour that contravenes the church's doctrine. The couple is informed about the decision to cancel the wedding and is given the opportunity for self-defence before the wedding is actually cancelled.

During the *sisiliya* ceremony, villagers hold evening door-to-door visits of the prospective couple's close relatives while singing and dancing. As they visit each house in small ensembles of men only, women only, or combined young teenage boys and girls, they expect monetary and other gifts from the hosts. The hosts are always financially prepared for the *sisiliya* ceremonies by keeping enough changed money for these monetary tips. The *sisiliya* ensembles are *ad hoc* and spontaneous. The participants organise themselves at dusk, silently walk to a targeted house, and start the singing and dancing right at the house's door step to catch the hosts unawares. This is meant to determine how prepared they are and to make the tradition exciting. The hosts join in the singing, the dancing, and the celebrations, and give out some money to every member of the *sisiliya* group before they leave for another house. The following *sisiliya* songs are common in all Chewa communities where this research was conducted:

Odi! Kuli zii	Knock! Knock! It is quiet
Zikomo kuli zii, inde bwanawe	Hello there! It is still quiet, yes my friend
Inde bwanawe, nsima sinkudya ine	Yes, my friend, I do not eat *nsima*
Angakhale kazota, shuwa shuwa, bwanawe	Even blackjack[20] veggie, sure, my friend
Ndi ayani yawa?	Who are these people?
Nzimene aganiza mumtima msuweni wawo	That is what the cousin thinks about
O nanga ntani ndakwatiwa n'chilombo	Oh what can I do? I have married a beast

[20] *Kazota* or *chisoso* (blackjack) is a leafy wild plant which is used as a very common vegetable. As part of relish, it is also specifically grown in irrigated gardens. It has needle-size spiky fruits that often stick to clothes upon contact. Its bitter taste is believed to have medicinal properties against fever, but traditionally it is considered as one of the lowest class vegetables.

This song text describes a young man who had been harbouring feelings for a recently married female cousin. He knocks at the cousin's door to coerce her into leaving her husband. He suggests that he is not looking for anything else from her, not even food, apart from her as a whole individual. In other words, he is starved for her. The mention of *nsima* (staple food) and blackjack, a locally common wild vegetable (which he claims he does not eat–or he does not like), symbolises this metaphoric starvation. He then states that he despises the woman's husband by saying "who are these people" or of what good use is this kind of man to you? By saying "what else can I do," the woman indicates that she has no choice but to elope with the cousin because her husband is indeed a beast.

Traditionally, matrilineal cultures such as the Chewa permit marriages between cousins, as long as their parents are related as brother and sister. Children born to people who are related as brothers or sisters are considered as brothers and sisters as well, and thus marriages between such cousins are forbidden. While the song seems to encourage marriage breakdowns through cousin interference, it also serves as an advice to married women to remain faithful to their husbands, and married men to treat their wives well because getting married is a privilege. This kind of message to couples is especially critical in the context of HIV/AIDS in which faithfulness and mutual respect between couples are preached as ways of preventing the spread of HIV.

The expression "knock, knock" is used in the song as a parallel for the cousin's knock at the woman's door and the *sisiliya* people's knocking at the hosts' door to announce their arrival. The next *sisiliya* song suggests that there are delicacies (or a feast) at the prospective bride's mother's home.

Kwa amake a mwana	At the bride's mother's house
Kwa amake a mwana	At the bride's mother's house
Ndiko kuli madyera	That is where the feast is
Kwa amake a mwana	At the bride's mother's house

- Khuwi Village Singers (2008)

This song announces the arrival of the *sisiliya* performers, and declares expectation to receive something from the hosts. Apart from money, raw food is given by the hosts in form of peanuts or dry maize cobs. Often *sisiliya* performers protest such gifts through song, and insist that they be given cash as the next song shows.

Toto	Oh no
Ine n'funa wani tambala	I just want one *tambala* (smallest money coin)
Chimanga dzino	Maize causes toothache
Ine n'funa wani tambala	I just want one *tambala*
Nsawa nseru	Peanuts cause nausea
Ine n'funa wani tambala	I just want one *tambala*

- Khuwi Village Singers (2008)

The mention of the smallest coin money is used figuratively as a humble request and not a command.

Over the years, *sisiliya* songs have developed both in meaning and content. It is common to hear songs addressing community ills and contemporary issues. Such songs continue to use figurative language in keeping with the *sisiliya* and the general wedding tradition. Thus, the *sisiliya* tradition offers a musical discourse platform for emerging social issues. Individuals who attain the marriage age are considered mature enough to learn to communicate through and understand proverbs and riddles. Communicating through allegorical language also ensures retention of the lessons or morals by concerned individuals as they draw parallels from the songs and meditate on their analogies with real life. Additionally, since wedding functions are attended by both young and old people, elders tend to utilise metaphors to cover up exclusively adult issues in order to avoid "shocking" the young ones in what is commonly known as *kulawula* (speaking before children private adult matters which are not suitable for their age).

3.4.3 Songs for *Kutula Mkwati* Ceremony

On the eve of the wedding, a bride handover ceremony locally called *kutula mkwati* takes place. This ceremony is full of music performances through a variety of educational and entertainment songs. In the Chewa culture as is the case in other matrilineal societies, weddings take place at the bride's compound. On the night of the *kutula mkwati* ceremony, the bride is symbolically handed over to the groom as a confirmation that the wedding will take place the following day. Scores of singing and dancing people march into the compound from a secret house within the village, where the bride had been kept the whole day and where she will spend the night before the wedding for her adornment. Upon hearing the sound of singing, people from the groom's side who have converged in the compound during the day and are busy with feast preparations, go out with the groom to meet the bride's team with

their own songs and dancing. They meet halfway and return together to the bride's compound amidst singing and dancing, before the bridal party returns with music to the secret house.

The *kutula mkwati* songs discuss a number of relevant social issues; however a key element in these songs is competition between the bridal and groom's parties, and showing off of their children. As a result, the two parties attempt to outdo each other by singing at the top of their voices two different songs in a competition. Sometimes one group changes the words of the other group's song to suit their own intended words. When the groom's party joins with the bridal party, the bride stops walking until she is given monetary gifts in a *kusupa* tradition by the groom's people. She takes few steps each time she is given the money and stops again until they reach the compound. The groom's party is expected to be financially prepared for this part of the ceremony by keeping enough money on hand. It is not uncommon for the groom's party to force the bride to walk by secretly pinching her amidst the noise. Although this is a rude gesture, it is also part of the fun associated with the ceremony. Brides are trained to be uncooperative during this ceremony in order not to appear cheap, and also to raise as much money as possible.

Three examples of the bride handover songs are given below in order to illustrate their content and meaning. All the songs were performed by members of Group Village Headman Khuwi in Ntchisi district:

Mwatenga wolima/wophika	You have taken a good farmer/cook
Wolima/wophika mnyamata/msungwana	A good farmer/cook this young man/lady
Mwatenga wolima/wophika	You have taken a good farmer/cook
Wolima/wophika mnyamata/msungwana	A good farmer/cook this young man/lady
Wolima/wophika yo yo yo	A good farmer/cook yo yo yo
Wolima/wophika mnyamata/msungwana	A good farmer/cook this young man/lady
Wolima/wophika yo yo yo	A good farmer/cook yo yo yo
Wolima/wophika mnyamata/msungwana	A good farmer/cook this young man/lady
Tatenga waulesi	We have taken a lazy one
Waulesi mnyamata/msungwana	A lazy young man/lady
Tatenga waulesi	We have taken a lazy one
Waulesi mnyamata/msungwana	A lazy young man/lady
Waulesi yo yo yo	A lazy one yo yo yo
Waulesi mnyamata/msungwana	A lazy young man/lady
Waulesi yo yo yo	A lazy one yo yo yo
Waulesi mnyamata/msungwana	A lazy young man/lady

In the above song, each one of the forthcoming marriage couple's sides praises their own child as a hard worker while discrediting the child's future husband/wife as a lazy person. This praising and discrediting is a cultural way of promoting their "product" (in this case a daughter or a son) to the in-laws. In the course of this "commodity promotion", the different parties sing their own version of the song in order to outdo the other party. Either party may also sing mocking songs suggesting to the other party that they have lost an asset of a daughter or a son by allowing them to marry one of their own. In such instances, the song above is changed as follows:

Talanda wolima/wophika	We have snatched a good farmer/cook
Wolima/wophika mnyamata/msungwana	A good farmer/cook this young man/lady
Talanda wolima/wophika	We have snatched a good farmer/cook
Wolima/wophika mnyamata/msungwana	A good farmer/cook this young man/lady
Wolima/wophika yo yo yo	A good farmer/cook yo yo yo
Wolima/wophika mnyamata/msungwana	A good farmer/cook, this boy/girl
Wolima/wophika yo yo yo	A good farmer/cook yo yo yo
Wolima/wophika mnyamata/msungwana	A good farmer/cook this young man/lady

Certain songs are specifically sung by the groom's family and friends or the bride's side because by nature they exclusively discuss the bride or the groom respectively. For example:

Amake mwana m'kudyanji?	Daughter's mum, what will you eat?
Chikupha chimgaiwa	You will die of unrefined flour
Amake mwana m'kudyanji?	Daughter's mum, what will you eat?
Chikupha chimgaiwa	You will die of unrefined flour
Talanda, talanda	We have snatched, we have snatched
Chikupha chimgaiwa	You will die of unrefined flour
Talanda, talanda	We have snatched, we have snatched
Chikupha chimgaiwa	You will die of unrefined flour

This song discusses the value of having older girls in the family as far as domestic work is concerned. In every family, a mature daughter helps her mother with pounding of grain and making of fine flour[21] for the family. In the song above, the groom's side derides their counterparts that they will rely on the unfavourable coarse flour (*chimgaiwa*) now that they are giving their daughter for marriage. Thus the groom's side boasts that they have snatched

[21] In Malawi there are two types of maize flour: coarse flour and fine flour. Fine flour (or white flour) which is preferred for making the staple food is produced through a lengthy process. The process involves pounding the maize grain, de-husking it using a winnower, soaking it for three days, drying it in the sun, having it milled at a maize mill to produce the fine flour, and finally drying the flour for a day or two before storing it. Even before the flour is used to make any food it is sieved to refine it further. The support of daughters is thus critical in the whole process. On the other hand, maize used to produce coarse flour is never pounded, soaked, dried or sieved in any way–it is milled directly and used to make meals.

away a very important person in the home, and in so doing, appreciates the prospective daughter-in-law's hardworking spirit which will contribute to the care of her new family.

Songs discussing health and moral issues are also exchanged during the *kutula mkwati* ceremony. A wide range of health issues are discussed in songs and these include personal hygiene, childcare, and HIV/AIDS. Moral issues include marital fidelity, care of orphaned children, and financial and general transparency. Issues of gender-based violence, generosity, hospitality, and mutual respect between the in-laws are also contained in such music performances. Regarding wedding songs about HIV/AIDS, research participant Foreman Moloko (telephone: 28 January 2013) reported that nowadays people are shy to sing about AIDS because many people are affected by the disease. By this statement, Moloko suggested that singing songs about AIDS at weddings can be interpreted by some as judging those HIV-positive individuals who participate in such weddings. The songs about AIDS may also spoil the celebratory mood of the wedding occasion and become offensive to some people. Nevertheless, in a telephone conversation Moloko (28 January 2013) indicated that dancers of *mganda* and *chimtali* perform songs about HIV/AIDS during weddings as they also provide entertainment. In support of his statement, provided examples of songs about AIDS that are performed during weddings on which I reflect at the end of the next section.

3.4.4 The Wedding Day

HIV/AIDS themes are performed directly and indirectly through songs during Malawian contemporary weddings. Such themes may not be explicit at indigenous Malawian weddings due to cultural barriers (See Moloko's comment in Section 3.4.3) but they are nonetheless implied in a variety of wedding songs. Other themes such as domestic violence which are profoundly related to the spread of AIDS are also incorporated in most wedding songs. These AIDS songs are largely performed at the wedding reception following the church officiation. A combination of other different messages and marriage themes are also contained in the songs. Music covering the church function on the wedding day includes hymns, choruses and choral songs depending on the officiating church. Traditional dances fill the whole day as part of village celebrations before and after the church function. Songs and dances also accompany the different stages of the wedding proceedings: as the couple return to the village from church, and during the gift presentation ceremony called *perekani-perekani* or *kusupa ukwati*. Christian views and ethics are also expressed through these songs and dances.

The following wedding song, composed and recorded by musician Lawrence Mbenjere, became popular at urban and rural weddings around 2005. In general, the song addresses issues of domestic violence at family level. In the song, a bride's mother is pleading with the groom's mother to ensure the safety of her daughter. The song verses discuss at length various marital and relational themes; however, the chorus is a good summary of the sentiments raised in the verses:

Sewere mumlange mwanayo	In-law, discipline your son
Osati wathu mkapande, yayi	Do not resort to beating our daughter, no
Milandu achita kuweruza	If there are disagreements, we have judges
Nzochepa izo	These are small matters
Musakanchekere pakhosi	Do not cut her throat
Ndi m'modzi yemweyo	She is the only daughter that I have
N'dachita kusala zakudya	I had to fast to have her
Masabata folo	For four weeks
Sewere ndiyemweyu wanga ine	In-law, this is my only one

- Lawrence Mbenjere (2005)

The bride's mother asks the groom's mother to instruct her son well against abusing his new wife. The common expression used for "advise" is *kulanga* (to discipline), a term which is also associated with instructions given at the initiation. It often signifies sternness or scolding, rebuking, reprimanding or admonition. The term is used here to indicate the seriousness of the need for this particular advice. In other words, the vernacular for a lighter term could have been *kulangiza* (to advise), as opposed to *kulanga* (advise sternly or discipline). Most wedding songs contain similar strong terms to speak against traditionally unacceptable behaviours or personality traits in a bride, a groom or in-laws.

In the song above, the term "judges" refers to marriage counsellors who play a significant role in offering post-marital counselling and resolving marital conflicts in the new marriage. The counsellors are specifically identified and recognised as representatives of the bride and the groom throughout the marriage process, such as during the bride price negotiations; during church wedding registration; during signing of the church marriage register; when informing the chief about the impending wedding, a birth or death; conducting burial rites and other liaisons; speaking in public on behalf of the couple; and resolving conflicts in the family. The counsellor carries the title of *nkhoswe,* which entails that he or she is the "marriage advocate" or lifetime "mediator".

The song's description of the pain endured by the bride's mother in order to have a daughter (fasting over a period of four weeks as a religious act), who also happened to be the only child, is a demonstration of how serious her message is to the in-law. Hence, her message can be summarised as follows: marriage is a good thing, a happy union and a hopeful experience, which should not end in the untimely death of the wife through acts of violence perpetrated by the husband.

Indigenous Malawian music defines a variety of other social ideals through the call for change of negative tendencies and a perpetuation of positive characteristics. For example, another wedding song aims at describing beauty based on good works and not outward appearance.

Mwana wamwamuna/wamkazi iwe	Young man/woman
Iwe tengeretu	Take me before it is too late
Usampenye kudaku	Do not look at my dark skin
Iwe tengeretu	Take me before it is too late
Kudaku sikuwola	This darkness is not decay
Iwe tengeretu	Take me before it is too late
Talanda wolima/wophika 3X	We have snatched a good farmer/cook
Aye, tengeretu	Aye, take me before it is too late

- Khuwi Village wedding song, Ntchisi

In this song, a young lady or young man suggests to a prospective spouse to urgently marry her/him because other young people are on standby waiting for a chance to marry the same woman or man. The song discourages the giving of insignificant excuses to delay one's marriage. Such excuses may be based on the physical appearance of the young man or woman. According to the song, outward appearances do not count for anything in matters of marriage but one's good works. In the song, the "good farmer" represents the groom and the "good cook" represents the bride to emphasise the concept of good works. Either side of the families sings this song by choosing "farmer" (the bride's side addressing the groom's family) or "cook" (the groom's family addressing the bride's parents) in their own version of the song. The privilege of having their child marrying this particular man or woman means that they have deprived the other family of someone they depended on (in terms of farming or cooking) as evidenced in the statement "we have snatched". In essence, through this song each of the two families appreciates the coming in of a new in-law in their family.

While this song discourages the young man/woman from changing his/her mind regarding the forthcoming wedding and looking somewhere else for a different woman/man, it also aims at reminding the bride and groom to remain faithful to each other throughout their marriage even when their appearances change with time and they become unattractive. As the couple remains faithful to and mutually appreciate each other based on good character and good works, they avoid extramarital sexual affairs that may lead to the contraction of HIV. This is a typical indigenous way of indirectly communicating a variety of messages through one song.

Although Moloko (telephone: 28 January 2013) observes that performing songs about HIV/AIDS during weddings is currently a culturally sensitive matter, especially in Malawi's rural communities, due to the enormous number of HIV-positive people attending the weddings, Moloko acknowledges the existence of forums at such weddings where songs about AIDS are sanctioned. Hired indigenous dance groups freely perform songs about AIDS without causing embarrassment or provoking offense. Perhaps this is because members of the hired dance groups do not have close relationships with the ordinary wedding participants since they are hired from distant places. Culturally, people who are related are not free to talk about issues linked to sex and chronic illness. The first example of HIV/AIDS songs performed during weddings is discussed below:

Anyamata, asungwana	Boys, girls
Ikumalizani Edziyo	This AIDS will wipe you out
Ikumalizani Edziyo	This AIDS will wipe you out
Edziyo sisankhula	AIDS does not segregate
Imatenga anyamata	It takes away boys
Imatenga asungwana	It takes away girls
Ikumalizani Edziyo	This AIDS will wipe you out
Edzi sisankhula	AIDS does not segregate

- Local Mganda Song, Khuwi in Ntchisi (2012)

The song is addressing boys and girls, warning them about the dangers of AIDS. By choosing to address young people, the performers of this song represent prevalent local views about the serious nature of HIV transmission among the youth. This view may be erroneous because after almost three decades of the existence of AIDS, the challenges of the pandemic are no longer limited to age. Without giving more details, the song is a serious warning to young people that their generation will be wiped out by AIDS. This danger of losing an entire generation to AIDS is emphasised by the words: "AIDS does not segregate" between boys and girls and that either sex is vulnerable.

Performed at weddings, this song contributes to the ongoing HIV/AIDS awareness campaigns. The next example of Malawian songs about AIDS performed at weddings in Ntchisi is slightly different from the previous one in the sense that it addresses AIDS itself as a dangerous disease.

Edzi sendera iwe	AIDS give us space
Edzi sendera, sendera	AIDS give us space, give us space
Tilere ana	So we can raise our children

- Local mganda song, Khuwi in Ntchisi

Performers of this song request AIDS to give them space so that they can raise their own children without dying early themselves or their children dying of AIDS. The word *sendera* (give space) is adopted from a situation where one asks another person to shift a bit so that they can share a seat. This demand for sharing a seat signifies the desire to be equally in charge of personal affairs. The local understanding is that AIDS has taken over control and directorship of people's lives, which the performers of this song demand back.

Songs such as the one under discussion represent local frustrations and desperations caused by the effects of AIDS. This particular song implies the aspect of orphanhood which has a great impact on Malawian families especially those living in rural areas where resources needed to care for the orphans are limited. Hence, HIV/AIDS music discourses at weddings not only contribute to awareness campaigns but also interpret local sentiments about the pandemic. In addition, they allow participants to express their emotions and concerns about the impacts of this deadly disease.

3.5 Shepherd Songs

Another common music tradition exists among members of the Malawian society who live secluded lives. This category of society includes field guards and shepherd boys. I refer to songs performed by these two groups of individuals inclusively as shepherd songs. The term "field guards" describes young people (often boys) who are hired to watch over cereal crop gardens against marauding birds or monkeys. Usually a single boy is stationed on a raised hut to supervise the garden and scare away the intruding birds and animals by making noises with bells, gongs, whistles or screams. He spends the entire day in the field until sunset, surviving on little or no food and keeping himself company with music.

The music performed by field guards is either solemn or exaggeratedly joyful in keeping with the individual shepherd's prevailing psychological state and physical conditions. The music is characterised by creativity, resourcefulness, ingenuity, fortitude and expertise. It may be grouped as music of self-delectation performed for singular entertainment, casual recreation and personal stimulation. Though not directly linked to HIV/AIDS, this category of music is important for discussion in this study in order to substantiate the claims that music serves as a therapeutic intervention for loneliness, depression and rejection since these emotional characteristics are also present in HIV-positive individuals.

In 1988 I came across a field guard in Mvera area of Chief Chiwere in Dowa district, who was hired to guard a maize field against monkeys. This was the year when I had just been introduced to ethnomusicology and field research during my undergraduate studies. What was striking about the boy was the song that I heard him sing with the accompaniment of an instrument that made a soft chafing sound. I later learnt that the name of the instrument was *nkhumbu,* derived from a thumb-size hard winged black beetle locally bearing the same name. The instrument, an organic friction idiophone, was made of a woven string that passed through a collection of beetle wings, which the young man had gathered in the field. A hole was carefully made in the middle of each of the about twenty beetle wings, through which the woven sisal string passed. Each end of the string was tied to the big toe of each of his feet.

He played the instrument by stretching the legs forward and backward, and pulling them together and apart, in a well organised rhythm. His hands provided a contrary rhythm by beating his thighs and through intermittent clapping. He only hummed his song with no intelligible words–he kept the words to himself–but his face glittered with satisfaction and enjoyment of both the music and the moment. He looked happy even though he wore a worn-out shirt in the cold weather. Through interview he explained to me that what kept him happy was the discussion that he had with himself; the instrumental accompaniment made from wild insects that had become his friends over time; his achievement of finding enough beetles and successfully making the *nkhumbu;* and the fact that monkeys had not bothered him on that particular day.

As I pointed out earlier in this section, situations similar to those faced by field guards are experienced by shepherd boys who are hired to marshal livestock for grazing in distant places away from the villages. Their duty is to lock and unlock animal kraals in the evenings and

mornings respectively; count the animals on daily basis; check their condition and report any missing or sick ones; drive the animals to pasture fields and water sources; defend the animals against wild animal attacks as much as possible; and ensure that the animals do not graze on other people's crops. It is a job requiring endurance as the boys spend the whole day in the fields and walk long distances looking for green pasture. They are often blamed (sometimes unjustly) for animal losses, crop destruction, or field thefts. They endure the cold, unfriendly wind, and hunger, often surviving on animal milk extracted by bare hands, and roots or tubers dug out by sticks in the bushes. Under these circumstances, music plays a major role in dealing with the day-to-day mental, social, and political challenges as noted in the songs directly below.

Most musicology sources refer to shepherd songs under their category of work songs. For example, Hugh Tracey claims that:

> [...] herd boys are one of Africa's great sources of original song. The life of these youngsters is full of intimate knowledge of creatures and their ways. The discomfort of nature and the constant search for food or sweet things... (Tracey 1973: 153)

As a growing young man, I learnt a number of songs from my cousin, Patrick Ng'ombe, who was engaged as a herd boy by my grandfather who owned a few dozen herds of cattle. As an urban dweller myself who only visited the village for one or two months during school holidays, I was fascinated by Patrick's lifestyle. He was forced out of school to work as a shepherd without pay. His only pay was the recognition that he received by being given special animal parts each time my grandfather slaughtered a goat or a cow. The parts included the spleen (*shwili)* and the gonads.[22] I later learnt the traditional symbolic significance of these animal parts. The spleen is full of blood, and unlike other animal organs, it remains red after being roasted. The blood symbolises fearlessness. Similarly, the gonads are a symbol of boldness, which is considered to be a manly characteristic. No one else was allowed to eat these parts.

Patrick lived a life of a social outcast, and he was easily upset. He was also quite cheerful and demonstrated knowledge of many things. He was most likely abused, as my grandfather sent him to do most of the work around the home; although this could also be interpreted as

[22] In Chewa societies (and probably others in Malawi) animal gonads and chicken gizzards are among special organs often reserved for husbands, shepherd boys or males in the family. There are also family traditions of choosing a particular part of a chicken or animal by the husband as a general rule to be followed by everyone in the house. Such meat parts are never served to anyone else.

fondness between the two–Patrick spent his time and slept at my grandfather's place although his parents lived only about one hundred metres away. He missed all the lunches and often asked us what we had for lunch so he could claim his own share or determine whether any meat was eaten while he was away herding the animals. He also expected to find a gizzard (another speciality) kept for him if chicken had been prepared for lunch. He talked very little and was often seen meditating.

Patrick explained to me that in the fields where the animals grazed he met a number of other herd boys from the surrounding villages who taught him bravery and with whom he sang songs especially on their way back to the village. The following songs discuss the shepherd's daily experiences with regard to their being denied good food.

Munsiyireko, ee	Keep it for me, ee
Munsiyireko	Keep it for me
Ndzadya nkabwera	I will eat when I come back
Munsiyireko	Keep it for me

- Local shepherds' song, Chaazaminga Village, Ntchisi

In the song, the herd boy complains about the disregard that herd boys receive from their masters regarding the agreed parts which must be kept for them. As a way of protesting against their being given leftover meat or uncustomary animal organs, this song is sometimes changed this way:

Chawo nchibodo, ee	Theirs is the bone, ee
Chawo nchibodo	Theirs is the bone
Olisha	The herd boys
Chawo nchibodo	Theirs is the bone

- Local shepherds' song, Chaazaminga Village, Ntchisi

The bone figuratively represents leftover meat after all the good meat is eaten, or parts of meat not suitable for the herd boys. The following song is more direct regarding this observation:

Am'mana shwili odala, aye aye	The old man did not reserve spleen for me, no
Shwili odala	Spleen, old man
Am'mana shwili odala, aye aye	The old man did not reserve spleen for me, no
Shwili odala	Spleen, old man
Kulisha ng'ombe n'dzaleka	Herding the cattle I will stop

- Local shepherds' song, Chaazaminga Village, Ntchisi

In the song, the herd boy is clearly fighting for his right to special food. It is also craftily used to demand for wages based on the conditions of service. Hired herd boys are paid once a year after sales of harvested crops. Payment may also take the form of a calf or a kid, especially when the herd boy faithfully serves his master for a number of years. When such agreements

are delayed or not honoured, the herd boys use music to push for their implementation. In that way music is used as a tool for communicating messages indirectly for a positive response without seriously disrupting friendships.

In the context of this study, traditional ways of communicating HIV messages often adopt a similar approach to avoid embarrassment and unnecessary social conflict. Nevertheless, negative emotions are released through this process by the communicators of such messages. This in itself can be viewed as healing because individuals have the unhindered platform for self-expression. When sentiments expressed in such means of communication receive a positive response, they result in improved relationships and a positive self-image in those concerned individuals. Section 3.7 of this thesis on local spontaneous duets discusses this local concept of communication in greater detail.

Perhaps an interesting observation can be made here regarding the shepherd songs. It seemed to me from Patrick's own information that shepherds who experienced injustices from their masters or from those who remained at the village not only had their way of expressing protest, but they also harboured the hope to execute revenge at some point of their lives. Undoubtedly, they had no voice in all matters regarding their own welfare; they often did not participate in village entertainment activities; they hardly had the time to attend to their own personal hygiene; and it was difficult for them to engage in any self-advancement project or plan for their own future. Withdrawing their only privileges of food portions and meagre financial and material compensations was viewed as not only being unjust but cruel as well.

Revenge for such acts of ill-treatment was also expressed in songs. Patrick shared with me a song that required his help to understand and interpret. Although it was a bird song[23], the words were typical of complaints about his (or any herd boy's) ill-treatment by his master. In the song, a bird (locally called *tchete,* a type of robin) and a passerby communicate with each other by talking about food. The story ends by a threatening remark of revenge for unspecified ill-treatment suffered by the bird from fellow birds. Since food is the subject of the discussion, it is clear that whatever injustice took place between the birds involved food. The words of the song are discussed below:

[23] In most rural communities of Malawi, chirping of birds and other sounds produced by birds such as pigeons are interpreted as songs. In this particular bird song, Patrick described to me what a particular bird in the family of robins sang about. The song turned out to be his own (or the shepherds') complaints about ill-treatment by those who hired them.

Anthu inu m'paza m'njira	You people walking along the path
Simkudya mapira?	Don't you eat sorghum?
Anthu inu m'paza m'njira	You people walking along the path
Simkudya mapira?	Don't you eat sorghum?
Nkaiwona nkadadya	If I had seen it I would have eaten it
Sulingana ndi msuzi	It's better than this bare soup
Izo odan'chita o Tii	What Mr. Tii did to me
N'onzawo o Tchaa	And his friend Mr. Tchaa
Ndithu!	I swear!

- Folksong, Chaazaminga Village, Ntchisi

Sorghum is one of the best food cereals for birds. In the song the bird is inviting people passing by the road to have some sorghum, wondering why they do not partake of it. One man responds that much as he would like to share the meal, he hardly sees it. Instead what he finds is bare soup–the liquid remains in a meat dish–as all the meat is eaten by others. Clearly, the bird cereal "sorghum," as concluded in the song, is better for the bird and for the man than leftover meat soup. The bird then seems to narrate its own bad experience with Mr. Tii and Mr. Tchaa and swears to revenge for whatever they did. The bird seems to suggest that's the only way to deal with injustices. The names of the two birds, Tii and Tchaa, are used in their short form either to beautify the song or to disguise them with real human names bearing similar prefixes.

In this case music is used as a metaphor of hope–hope that things will get better, that the voiceless will have a voice one day, and that they will be able to decide their own destiny, probably after they have exacted their own revenge. Birds and other non-human creatures are often used to deliver this kind of message of hope as a means of practicing free self-expression which is not hindered by the social impediments to direct communication of critical sentiments. As a reflection of this scenario, one can conclude that those individuals who feel oppressed, depressed and rejected often look for ways of attaining their personal fulfilment using songs that discuss seemingly unrelated matters or that use credulous characters.

In the context of HIV and suffering, this kind of music can easily contribute to hope, healing and confidence to those affected individuals. In the next section, I reflect on a different genre of indigenous music which also involves the utilisation of animals and imaginary living things

as story characters. Again, this example of music tradition is included in this thesis to reflect on how the local people have utilised songs contained in folktales in order to promote social ideals aimed at controlling behaviours that may contribute to human suffering.

3.6 Music in Storytelling

In the introduction section of this chapter I explained how the older generation uses *chantefables* in order to inculcate in young people good morals and to instil in them caution on various human issues. Music is one of the tools used for this kind of intervention. Different categories of *chantefables* or folktales exist in different Malawian societies and cultural environments. The most notable ones are *nthano* (narratives with song) and *nthanthi* (narratives without song) (Kerr 1991:50). These folk narrative forms have plots and motifs, characterised by aesthetics of songs, formulae, proverbs, use of the participant audience, and the kinesics of oral narration. Other oral performance genres include *mbiri* (chronicles), *miyambi* (proverbs), and *zilape* (riddles) and these categories are performed without song.[24]

Over generations, folktales have been told in Malawi to remind, warn, and inspire through songs that are memorised and consumed as a cultural means of retaining important messages. Themes on obedience or disobedience, resulting in rewards for the obedient and misfortunes and encounters involving trouble for the disobedient, are common in *chantefables*.

In 1988 I was involved as a field researcher in a project that involved collection of folktales through audio recording and transcription in selected rural areas of Malawi. Ten districts were chosen across the country for the purposes of this project, and a field researcher deployed to each district. As one of the researchers I solicited my *chantefables* in the two neighbouring districts of Ntchisi and Dowa (which was not part of the project). These two districts consequently became significant in my current study as they were also part of my field research locations. I made more than thirty hours of field recordings of the folk songs over a period of one month, which I later transcribed for another month. This field research was an opportunity for me to understand the uses, meanings, and impact of storytelling in the rural communities.

[24] The definitions of terms used here are those provided in the taxonomy in Chapter 1 of Steve Chimombo, Malawian Oral Literature, University of Malawi, Zomba, 1989.

Every story was framed by a song that involved the storyteller as a leader and the audience as the chorus. Although I attempted to persuade the storytelling individuals to perform their tradition during the day, I did not always succeed to have them change their customary evening story times (except occasionally with young storytellers). This meant that I had to do recordings mostly in the night and walk or cycle back to my place of residence late in the night. Kerr narrates similar experiences during his field research of folk stories in Malawi:

> The unnatural context of material collection was of particular concern to me. According to all the readings I had made, and according to informants I had interviewed in Malawi, the normal narrative session takes place at night around a village fire. We very occasionally found this set-up in a natural context (usually an elderly woman with a few children), but in order to obtain *nthano* on a fairly productive scale we had to 'induce' the *nthano* sessions, usually during the daytime. (Kerr 1991:50)

Performing the *nthano* at night has fascinating cultural significance as both the fire and the darkness play symbolic functions as discussed in the introduction of this chapter. In addition, evening times are good times for family discussions and chats when everyone is free from the day's work. During my field research on folktales, I observed that the meaning of the lyrics in the folk music was consistent with metaphor and mnemonic expressions. Nevertheless, the story-songs carried important and significant messages applicable to this current study in that generally, the behaviour of young people is shaped by the instructions of the adults. Folksongs carry instructions for behaviour change as do songs that are performed during initiations. In the following example[25], a mother is bemoaning her daughter's disobedient behaviour that led to her death:

L: Daisi Mandele	Daisi Mandele (story female name)
C: Wamndengandenga	(Mnemonic expression)
L: Mandele	Mandele
C: Wamndengandenga	(Mnemonic expression)
L: Daisi Mandele	Daisi Mandele (story female name)
C: Wamndengandenga	(Mnemonic expression)
L: Mandele	Mandele
C: Wamndengandenga	(Mnemonic expression)
L: Suja n'dakuuza iwe	Did I not tell you?
C: Wamndengandenga	(Mnemonic expression)
L: Daisi Mandele	Daisi Mandele
C: Wamndengandenga	(Mnemonic expression)

[25] Key to the folktale song examples in this thesis: L=Leader, C=Chorus and A=All (i.e. narrator and audience chorus sing together).

L: Kusinja usasinje (kulima usalime) iwe	Never to pound grain/till the ground
C: Wamndengandenga	(Mnemonic expression)
L: Daisi Mandele	Daisi Mandele
C: Wamndengandenga	(Mnemonic expression)
L: Wako ndi mkanda iwe	Your work is bead work
C: Wamndengandenga	(Mnemonic expression)
L:Daisi Mandele	Daisi Mandele
C: Wamndengandenga	(Mnemonic expression)
L: Pena mpamphasa iwe	Or sitting/lying on the mat
C: Wamndengandenga	(Mnemonic expression)
L: Daisi Mandele	Daisi Mandele

A: Wamndengandenga, ndendenga, ndendenga! (Conclusion)

- Folksong, Chikoteka Village, Ntchisi (Recorded: 1988)

In the story containing the above song, the instruction was clearly given to Daisi Mandele regarding the boundaries surrounding her life. She was advised against doing hard work that was harmful to her delicate body. The forbidden jobs were cooking and farming. By experience the elders knew what job was harmful to her and what hobby was not, such as working with beads and spending time on the mat resting or sleeping. Daisi did not take heed of the instruction, and she became very sick and was on the verge of death when the mother reminded her about the need to follow elderly instructions.

When viewed from the context of disease such as AIDS, the song advises youngsters metaphorically to stay at home (remain on their mat) instead of spending time at the trading centre (going outside prescribed boundaries) where they would be tempted to consume alcohol and engage in risky sexual behaviour. In this case, story time prepares youngsters to heed ongoing instructions from their elders for their own protection.

The folksong *Daisi Mandele* is transcribed below to demonstrate its call and response characteristics. In the transcription, the treble clef represents the call section of the song and the bass clef represents the response section which is often sung in lower octaves.

Daisi Mandele

Folk Song

♩. = 66

Da i si ma nde le ma nde le Da i si ma nde le

wa mnde nga nde nga wa mnde nga nde nga

4

ma nde le su ja n'da ku u za i we Da i si ma nde le

wa mnde nga nde nga wa mnde nga nde nga wa mnde nga nde nga

7

ku si nja u sa si nje i we Da i si ma nde le wa ko ndi mka nda i
ku li ma u sa li me i we

wa mnde nga nde nga wa mnde nga nde nga wa mnde nga nde nga

10

we Da i si ma nde le pe na mpa mpha sa i we Da i si ma nde le

wa mnde nga nde nga wa mnde nga nde nga wa mnde nga nde nga

13

wa mnde nga nde nga nde nde nga nde nde nga

wa mnde nga nde nga nde nde nga nde nde nga

One of the characteristics of folk songs is their undetermined repetitions. Therefore, it becomes unnecessary to indicate repeat signs in folk transcriptions. However, in the above example the repeat signs only serve to advise the reader to turn to the second verse upon reaching bar seven.

Another folksong depicting long life for obedience and death for disobedience was recorded at a different venue during my 1988 field research. This song is a typical example of blame that society apportions to other people or circumstances as the cause of their individual suffering. As noted in the discussion that follows the song, blaming others as part of life is also consistent with issues about AIDS.

L: *Psa, ngati ndine*	Go away, it was not me
C: *Wataya*	You have lost it
L: Psa, ngati ndine	Go away, it was not me
C: *Wataya*	You have lost it
L: *Mwana adadya ndi dzimwe*	The child was eaten by Mr. Dzimwe
C: *Wataya*	You have lost it
L: *Dzimwe mkulu mimba*	Mr. Dzimwe, the big tummy
A: *Wataya*	You have lost it

- Folksong, Mpando Village, Ntchisi (Recorded in 1988)

In the song, the responsibility for a dead child is blamed on the parents or a different individual. Use of animals, a common practice in storytelling, often attempts to personify human characters. In the story containing this song an innocent dog (personifying a human) is chased away from the village because it is suspected to have caused the death or disappearance of a child. The dog defends itself by denying any responsibility and reports that *dzimwe,* the hyena, was responsible for the demise of the child. The hyena is a stranger to the community, and all the people do not like him. He visits the village at night and steals domestic animals. Everyone is expected to remain indoors every night when the hyena usually invades the village. The missing or dead child did not pay attention to the instruction, but walked out curiously in the night to see what happens in the darkness, where he met his ill fate. The dog (a friendly animal to humans) witnessed the child's sneaking out and his eventual attack by the hyena.

The village had lost a good young man who looked innocent before the elders but secretly demonstrated a different personality. But as a number of sayings go, "there is no secret under the sun" and "what goes around comes around." The name *dzimwe* is used in storytelling in general reference to a scary imaginary hyena, which is capable of devouring human beings and not just domestic animals. The ordinary vernacular for hyena is *fisi.*

This folktale was performed in the early years of HIV/AIDS in Malawi. The performer was 70 year old Nadiyesi and was one of the women village elders. She also performed *Daisi Mandele,* which I have discussed immediately before the current folksong and *Titi Mbale,* which I will discuss next. All the three songs discuss death resulting from ignoring parental instructions. Nadiyesi's remarks at the end of her story were: *"ana inu mudzimvera zomwe makolo amakuuzani chifukwa kunjaku kwawopsa"* (You children should listen to what your parents tell you because this world is dangerous). Based on these remarks, Nadiyesi applied the moral of the story to prevalent circumstances–for example, the devastating effects of AIDS that the nation had started to experience–although this interpretation was a slight departure from the original moral involving general obedience to elders' instructions. Therefore, in the current scenario, the moral of this story could be applied to AIDS as the secret marauding hyena. The sneaking out of the young man/woman in the middle of the night could be likened to risky sexual behaviour. The accusations levelled against the innocent dog could be likened to the prevalent denial by society concerning the contraction of HIV. Such kinds of interpretation are left to the audience based on the closing remarks of the narrator.

The use of music in storytelling to discuss issues of health, illness, and death comes in multiple ways. The example that follows describes someone who is dying slowly from a fatal disease. Her heart stops beating, her body becomes paralysed, and there is no movement. However, in this state she is able to communicate through song to the individuals who have gathered around her as they prepare for her funeral. The song is a narration of the cause of her death and the lessons that each individual should learn from it. It is unheard of for a dead person to speak; however, the story tries to paint the picture of a singing dead person so that the message should carry weight and lead to the transformation of the audience since traditionally death is a scary experience. In the song, death is described as rottenness.

Rottenness may also stand for dying slowly with much suffering. A number of illnesses kill their victims slowly after undergoing a very painful experience; however, what comes to mind quickly in our time regarding slow killing diseases is AIDS. I believe that folk songs such as the one under discussion are relevant in the context of AIDS to convey local concepts regarding the disease. Such interpretation of local folk music also helps the younger generation to retain relevant behaviour change and sexual health messages. The music transcription is shown below following the text and its translation immediately before it:

L: Titi titimbale, timbale	(Non-lexical syllables
C: Ndakawole	Let them rot
L: Titi titimbale, timbale	(Non-lexical syllables)
C: Ndakawole	Let them rot
L: Kwathu sitikufa	Where I come from we do not die
Kufa akufa m'chifuwa	Those who die, only die in their chest
Pakamwa paimba	While the mouth keeps singing
Titimbale, timbale	(Non-lexical syllables)
C: Ndakawole	Let them rot
L: Kwathu sitikufa	Where I come from we do not die
Kufa akufa m'chifuwa	Those who die, only die in their chest
Pakamwa paimba	While the mouth keeps singing
Titimbale, timbale	(Non-lexical syllables)
C: Ndakawole	Let them rot

- Folksong, Chikho Village, Ntchisi (Recorded in 1988)

In this song, the phrase "where we come from" may stand for the land of the dead or some other mysterious country. Mystery is a consistent theme in folksongs: mysterious animals (such as *dzimwe* for hyena in the earlier example); mysterious people; mysterious animals representing people; mysterious acts (such as a tree stump turning into a big river to block naughty children from passing); and mysterious places are all common in Malawian folksongs.

Titi Mbale

Folk Song

♩.= 99

Ti ti ti ti mba le ti mba le Ti ti ti ti mba le ti

Nda ka wo le

5

mba le Kwa thu si ti ku fa ku fa a ku fa m'chi fu wa pa ka mwa pa i mba

nda ka wo le

9

ti ti mba le ti mba le Kwa thu si ti ku fa ku fa a ku fa m'chi fu wa

Nda ka wo le

13

pa ka mwa pa i mba ti ti mba le ti mba le Ti ti ti ti mba

Nda ka wo le

Use of mystery is one of the effective local means to ensuring that folk messages are retained by the audiences, as they concentrate on deciphering various aspects of the characters and places mentioned in the stories. As is the practice in all folksongs, the storyteller sings the call section (the treble part) and the audience sings the response section (the bass part of the transcription).

The last music tradition in the category of Malawian rural indigenous music that I will discuss is spontaneous duets. As noted in the forthcoming section, spontaneous duets take a variety of forms. However, for purposes of this thesis two spontaneous duet forms are considered.

3.7 Spontaneous Duet Music

There are two well-known forms of traditional spontaneous duet categories in Malawi, namely pounding songs, and beer songs. In pounding songs, two women sing spontaneous

songs as they pound maize grain. Using one mortar, they wield a pestle each and pound the grain in turn rhythmically. By the nature of their performance, most pounding songs take a repeated cyclic form, in which one singer echoes exactly what the other sings with the pounding accompaniment. A number of other pounding songs are not necessarily performed in this style but as a parallel harmonic duet. One characteristic of pounding songs is that they act as a socially sanctioned platform for women to express their protest against their husbands or male relatives (Kerr 1991:58). Using the medium of song, authority figures such as village heads, in-laws, marriage counsellors, or family patriarchs are openly criticised in a way that would have been unthinkable in a straightforward *bwalo* assembly. In this way, psychological healing takes place as women release their emotional pain and frustrations. Moreover, in the specific case of Malawi, Isabel Phiri observes of especially Chewa women that:

> [i]t was during group pounding of maize that the women sang songs that expressed their feelings about life. Women used pounding sessions to discuss issues that pertain to women in life. This provided an outlet for negative emotions that women had. (Phiri 1997: 40)

As in other gender-specific work songs, men and other individuals do not interfere in the pounding song conversations. Kwabena Nketia (1982: 36), writing about black Africa in general, notes that "there are songs performed by women during ceremonies and rituals that are the concern of women." Nketia further distinguishes between the music women are expected to perform and that which they perform by choice or on their own initiative. Pounding songs fall into the latter category as a preserve for women interaction and freedom of expression. However, performers of pounding songs expect positive change from the men and other subjects of their songs upon hearing the song messages. The songs may be performed in a private work place, or out in the open where everyone can hear.

In the following maize pounding song performed by women at Mpingwe railway lines in Blantyre, a daughter-in-law complains about her mother-in-law's tendency to make her do most of the domestic work. She hopes that this tendency will stop as she is now tired of pounding grain and cooking for everyone:

Apongozi anga mwayamba kale	My mother-in-law you started this long time ago
Iyo, iyo	Iyo, iyo
Ndikamasinja anthu balala	When I am pounding people scatter
Iyo, iyo	Iyo, iyo

Ndikamaphika anthu njunjunjunju	When I am cooking people come jostling
Milomo njonjonjonjo	Their mouths eagerly twitching
Kutsata kudya	Coming to eat
Iyo, iyo	Iyo, iyo

In the song, the expressions *njunjunjunju* (scrambling crowd) and *njonjonjonjo* (twitching mouths) are quite strong and signify how tired the woman performing the song is with the prevailing behaviour. Clearly, she has run out of patience as demonstrated in the statement "you started this long time ago." The word "people" and other plural statements are used figuratively in the song to refer to the mother-in-law. As a fellow woman, she was expected to share responsibility in women's jobs, rather than treat her daughter-in-law as a slave worker. As a traditional forum for self unhindered musical expression, the pounding atmosphere can easily help individuals undergoing psychological challenges to release tension, air concerns and receive support from those individuals who might have been insensitive to their plight.

In another example of an impromptu duet, two men who are good friends return from a bout of drinking and sing together on their way home. As in pounding songs, the duo engages in a loud musical conversation as a "voice in the wilderness" to discuss recurrent community issues or family matters. Their performance may act as a voice of reason for society, or a voice of protest against evils of society. The music takes the form of a story to describe an event, a personality, or a practice. The singers may also complain about their treatment as rejects of society due to their being judged as alcoholics.

Some well-known songs, as in the example below, discuss health issues. An interlocking style of singing where one singer overlaps the other is prevalent in these spontaneous duets. In this style, two layers of the same melody are created by the two singers, in which the second layer is delayed by a few beats at different entry points, thereby creating a kind of syncopation at such points. The following song performed by John Kayaza and Charles Mphadwe of Chipota and Mpando villages respectively in Ntchisi discusses the recurrent fever in a local village:

Kaliwawa, anzanga, kaliwawa	Malaria, my friends, malaria
Kaliwawa anzanga	Malaria, my friends
Kaliwawa saopa ndevu	Malaria does not fear (respect) beards

The song text explains that malaria, described as fever in the song, does not respect individual humans. Both young and old can catch malaria. The term *kaliwawa* for malaria is different from the formal vernacular word *malungo.* In this locality, *kaliwawa* is used to describe one

of the malaria symptoms, which is shivering or fever. The word "beards" is used in the song to describe adult males; hence the song portrays a picture that signifies that even old men full of beard can catch malaria. The song was performed during a malaria outbreak to warn the community and remind the people to observe preventive measures or seek medical help in the event of suffering. Clearly, the didactic characteristic of this song relates to the social or community transformation as a health intervention

3.8 Musical Arts Intervention Projects

At the national level, various HIV/AIDS arts-based intervention projects have been carried out in Malawi. Key among these is the effort by the University of Malawi's Department of Fine and Performing Arts in Chancellor College. There are also major projects running in rural communities through existing performance groups. For example, dances, choirs and drama are often adapted at AIDS awareness events. The following sub-sections describe several of these projects by providing their historical backgrounds and detailing the intervention activities involved.

As noted in the following examples, these HIV/AIDS intervention projects represent social, cultural, economic and biomedical realities *vis-a-vis* the musical arts. Often music-based HIV/AIDS intervention projects' efficacy, weaknesses, and challenges are proportionate to knowledge levels, cultural biases, communication approaches, training adequacy, and sensitivity to prevailing needs. Of critical importance in such projects is the challenge to mobilise human and material resources for the projects' sustainability and evaluation. In connection with this challenge, famous health education activists E. Jackson Allison, Lawrence Brown and Susan Wilson (2011:91) observe that participation is a consistent theme in the success of the arts as a medium for health promotion. Therefore a collaborative approach helps to create personal connections to the messages and ensures culturally sensitive and appropriate content. They further lament that evaluation has been a perennial problem for projects in the developing world, which tend to be rather modest in scope and are either not funded for that purpose or are grossly underfunded.

However, as will also be noted in the coming examples, arts-based health promotion efforts can more readily bridge barriers created by racial, cultural, linguistic and educational backgrounds thereby facilitating the exchange of varied knowledge leading to the acceptance

of the presented material and the eventual behaviour change (Allison *et al.* 2011:92). Music especially has the power to bring people together in a shared positive experience. When people experience joy and satisfaction in one kind of activity, for example singing together in a choir, they are more likely to try working together in other mutually beneficial projects (Sharon Katz 1996:96). This snowball effect of music experience is particularly important in the context of HIV/AIDS where new ideas regarding addressing the pandemic arise through networking triggered by one music activity or workshop. In addition, once people develop their skills and talents through such music interactions, they are sought after by others to train or perform for them. This door of opportunity may not only be economically rewarding but it may also lead to further health promotion through the performance of HIV/AIDS songs (Katz, 1996, discusses this concept in great detail).

3.8.1 The Annual Choral Workshop

The Choral Workshop, a project of the Department of Fine and Performing Arts (FPA) of the University of Malawi started in 1988 largely through the encouragement of the then German Ambassador to Malawi, Dr. Theodora van Rossum. In 1987 Dr. van Rossum invited Prof. Mitchel Strumpf, an American expatriate who was then working in the Music Section of the FPA Department, to visit German institutions and meet individuals who might have interest in leading a workshop for Malawian choral directors in Malawi. The objective was to share skills in conducting, vocal training, and selecting vocal repertoire.

Strumpf consequently invited Dr. Alexander Sumski, Choral Director at Tübingen University in Germany to Malawi for a one-week choral directors' workshop with the support of the German Embassy. 40 self-sponsored participants, mostly from churches, attended the workshop. The first workshop was hosted by the Head of the FPA Department, but its success attracted the attention of the Vice-Chancellor of the University of Malawi who later encouraged Dr. Sumski and the German Embassy to develop a 5-year plan for the continuation of the Workshop. As a result, the original objective of the Workshop changed in scope by additionally introducing choral music performances of international and Malawian composers. Consequently, conducting lessons and choral technique discussions were reduced and replaced by rehearsals. Nevertheless, private consultations with experienced Malawian composers were introduced for further development and adaptation of their compositions to be performed at a final concert during the course of the workshop.

During the five years of the Workshop a significant number of Malawian choral compositions were performed at the final concerts. The number of participants also increased, and more directors and assistant directors were incorporated in the Workshop. A chamber choir from Tübingen was brought to Malawi every year to perform and assist in vocal training. Choral pieces mostly included selections from Handel's *Messiah* and other European compositions that were performed with Malawian choirs.

After the initial five years UNICEF agreed to co-sponsor the workshop. Since the general focus of the Workshop was quickly becoming too Europeanized (Strumpf email: 2012), a more African-orientated focus was introduced for the second phase of the rebranded "Choral Workshop". According to Strumpf (9 April 2012: email) "the tonal production of the singers especially was becoming too much Western, too aesthetically forward and resonantly focused", hence the change to a more African orientation. As a result, Strumpf sought assistance from the American and South African Embassies to sponsor African American and Black South African choral conductors for future workshops. Professors Eddie Jones from the University of Arkansas and Mellonee Burnim from Indiana University were the first Afro-American directors. Rudumo Magangane from South Africa, Fr. Ribiero and Dr. Dumisani Maraire from Zimbabwe, Dr. Mathayo Ndomondo from Tanzania, and Jamaican director Ken Burton from London were introduced to the subsequent workshops with financial assistance from their respective embassies. This led to improved performances by Malawian choral ensembles performing on the final concerts each year.

The Choral Directors/Choral Workshop project lasted for 11 years until its completion in 1998. Subsequent choral workshops following the initial five years ran on themes selected by UNICEF. As the primary sponsor, UNICEF introduced annual themes for discussions and workshop compositions. Choral composition competitions were also introduced with three prizes attached, which encouraged nation-wide participation. Workshop themes that were introduced included education, immunization, sanitation, family planning, and significant for the present study, HIV/AIDS. Compositions on issues directly related to HIV/AIDS were encouraged especially when the prevalence rate ran very high in Malawi in the late 1990s. Strumpf recalls that the years that the Workshop focused on HIV/AIDS "were especially bad years for people being affected by HIV/AIDS" (email: 9 April 2012):

> I believe that the competitions were totally related to the UNICEF messages and that the main objective was to get compositions that best spread the messages, rather than compositions of better musical quality. (Strumpf, email: 9 April 2012)

The workshop compositions alongside winning songs were performed at final workshop concerts. Due to its national nature, the Choral Workshop had a significant impact on churches, communities and, especially choral groups who performed workshop compositions in different forums. Thus messages such as those related to HIV/AIDS were widely disseminated via other forums in addition to the final Workshop performances. Some song words were changed to suit different purposes. Compositions directly related to HIV/AIDS themes brought about increased awareness of the pandemic at the peak of a national crisis in the late 1990s. Strumpf alludes to the fact that one of the objectives of the Choral Workshop was to distribute song compositions widely for purposes of awareness:

> We wanted to get a good number of songs that could be made into a collection of songs and then have them widely distributed and sung around the nation. We also wanted to make recordings of them and have these recordings played on the radio, on buses and in taxis for greater distribution...totally so as to get the messages across to the people. (Email: 9 April 2012)

According to Strumpf, the Choral Workshop had a great impact on Malawian composers, directors and choristers in addition to the general public.

> Musically, I know that many choral enthusiasts were very impressed by Dr. Sumski (especially) and Dr. Jones and Prof. Burnim and many imitated their styles of conducting. (Email: 9 April 2012)

During the early years of the Choral Workshop, Dr. Sumski facilitated the publication of songs by Malawian composers in Germany in a book titled *Africa Sings: Nyimbo Za Ku Malawi* (1989). Many choirs in Malawi and abroad performed songs from this collection. The book also became one of the music resources for subsequent choral workshops. This was clearly another success of the Choral Workshop:

> So too, the book that Dr. Sumski was able to have published, the RED book, was very effective in having many choirs sing the enjoyed songs....This book is still used in many locations inside and outside Malawi...even in Tanzania at the very moment. (Strumpf, email: 9 April 2012)

In spite of the significant successes detailed above, it has been difficult to determine the impact of the Choral Workshop with regard to health care and other messages. Two reasons can help explain this difficulty. First, the original stated objectives of the Choral Workshop had nothing to do with any form of intervention or transformation outside music composition, directing and performance. Second, such community intervention and transformation were outside the mandate of the Fine and Performing Arts Department, and so there were no progress monitoring and evaluation mechanisms with regard to the UNICEF agenda. It is also interesting to note that as a major sponsor, UNICEF did not follow up or assess the impact and success of the Choral Workshop as far as their mission was concerned. UNICEF only required reports at the end of each workshop. Such submitted reports received no feedback. Lack of observable impact from the Choral Workshop messages is further shared by Strumpf:

> I doubt if there has been any impact from the messages of the songs that UNICEF asked the Workshop to help create through the Choral Workshop. (Email: 9 April 2012)

Nevertheless, Strumpf summarises the only positive outcomes of the Choral Workshop as follows:

> The Choral Workshop became a sort-of national event, and thus there was sharing of musical ideas among people of different parts of Malawi and different church affiliations. That was a worthwhile effect, I believe. (Email: 9 April 2012)

He further explains that the Choral Workshop had a worthwhile effect in that the Department of Fine and Performing Arts at Chancellor College became known and respected both in Malawi as well as internationally. This exposure brought about material benefits such as music equipment to the department as donations from foreign diplomatic missions. Good connections were also made with the South African, American, German and British Embassies a factor that created the potential for future collaborations.

Each year the Choral Workshop drew audiences from the surrounding communities to witness the closing concerts and enjoy the music performances. This was particularly important for the communities as they had the opportunity to listen to messages such as those about HIV/AIDS contained in some of the music performances.

> The Choral Workshop also included many high-quality Malawian choral ensembles performing on the final concerts each year. (Strumpf, email: 9 April 2012)

In turn, one of the Workshops' objectives of reaching out to the nation with thematic messages was fulfilled in this way. Perhaps the introduction of the Youth Music Workshop to

replace the Choral Workshop further strengthened the positive impacts of this national musical concept as the forthcoming section suggests.

3.8.2 The Youth Music Workshop

When Prof. Strumpf's contract with the University of Malawi expired in 1999, recently recruited academic staff in the Music Section of the Fine and Performing Arts Department introduced a new "Youth Music Workshop" to replace the former Choral Workshop. I co-directed the Youth Music Workshop from its inception in 2001 until 2005 when sponsorship for ongoing workshops became a perennial challenge. Hence, the following information about the Youth Music Workshop is based on my personal experience, knowledge and evaluation of the workshops. The objectives of the reconceptualised Youth Choral Workshop were three-fold:

1. To equip school-going youth and young adults with intervention-oriented music and theatre skills through week-long workshops
2. To compose and perform music and other art forms that address youth challenges
3. To discuss through plenary and poster sessions prevailing youth-related challenges

Workshop themes included education, school dropout rates, and HIV/AIDS. The workshops were exclusively sponsored by UNICEF. Participants received a moderate stipend, although transport and other expenses were also fully paid for by the sponsors. As a result, only less than 40 youth who were nationally selected from existing youth clubs sponsored by UNICEF attended subsequent workshops. The initial workshop was open to youth applicants representing different regions. The participant selection process also took into consideration the gender balance.

The Choral Workshop was renamed Youth Music Workshop to reflect two issues:

1. Only individuals younger than 24 years were eligible (The general Malawian definition of "youth" puts the age limit at 30 years)
2. The workshop focused on the musical activities in their various forms: choral music, band music, poetry, melodrama, and dance, unlike the former Choral Workshop which concentrated on accompanied and unaccompanied choral performances

In this case, workshop activities and messages were specifically youth oriented. Unlike the Choral Workshop, the Youth Music Workshop covered a wider scope with the involvement of a variety of the musical arts. One of my own choral compositions for the 2002 Youth Music Workshop was an AIDS song titled *Kuli Zii.* The text of the song advises Malawian youth to remember that fame and talent could land them in trouble and cut short their life through contracting HIV if they did not discipline themselves. I composed the song in the key of B minor and with a slow tempo in order to maintain a sombre mood, thus underscoring the message that the song carries. The text of the song with translation and a transcription of the music are given below:

Kuli Zii (It Is Dead Quiet)

1. *Kunali aluso*	There once were the talented ones
Kulibe kuli zii	They are no more, all is quiet
Kunali otchuka	There once were the famous ones
Kulibe kuli zii	They are no more, all is quiet
Amwalira, apita	They are all dead, they are gone
Amwalira, mm, mm	They are all dead, mm, mm
Amwalira, apita	They are all dead, they are gone
Kulibe kuli zii	They are no more, all is quiet
2. *Mnyamata, msungwana*	Young man, young woman
Edzi, Edzi	AIDS, AIDS
Ilibe kutchuka	Does not respect one's fame
Edzi, Edzi	AIDS, AIDS

- Author's own composition (2001)

Kuli Zii

Grant Nthala

Grant Nthala

Slow

SOPRANO

1. Ku na li a lu so Ku li be Ku li
2. Mnya ma ta msu ngwa na E - dzi E -

ALTO

1. Ku na li a lu so Ku li be Ku li
2. Mnya ma ta msu ngwa na E - dzi E -

TENOR

1. Ku na li a lu so Ku li be Ku li
2. Mnya ma ta msu ngwa na E - dzi E -

BASS

8

S.

zii! Ku na li o tchu ka Ku li be Ku li
-dzi I li be ku tchu ka E - zi E -

A.

zii! Ku na li o tchu ka Ku li be Ku li
dzi I li be ku tchu ka E - dzi E -

T.

zii! Ku na li o tchu ka Ku li be Ku li
dzi I li be ku tchu ka E - dzi E -

B.

16

S.

zii! A mwa li ra a pi ta A mwa li ra
dzi

A.

zii! A mwa li ra a pi ta A mwa li ra
dzi

T.

zii! A mwa li ra a pi ta A mwa li ra
-dzi

B.

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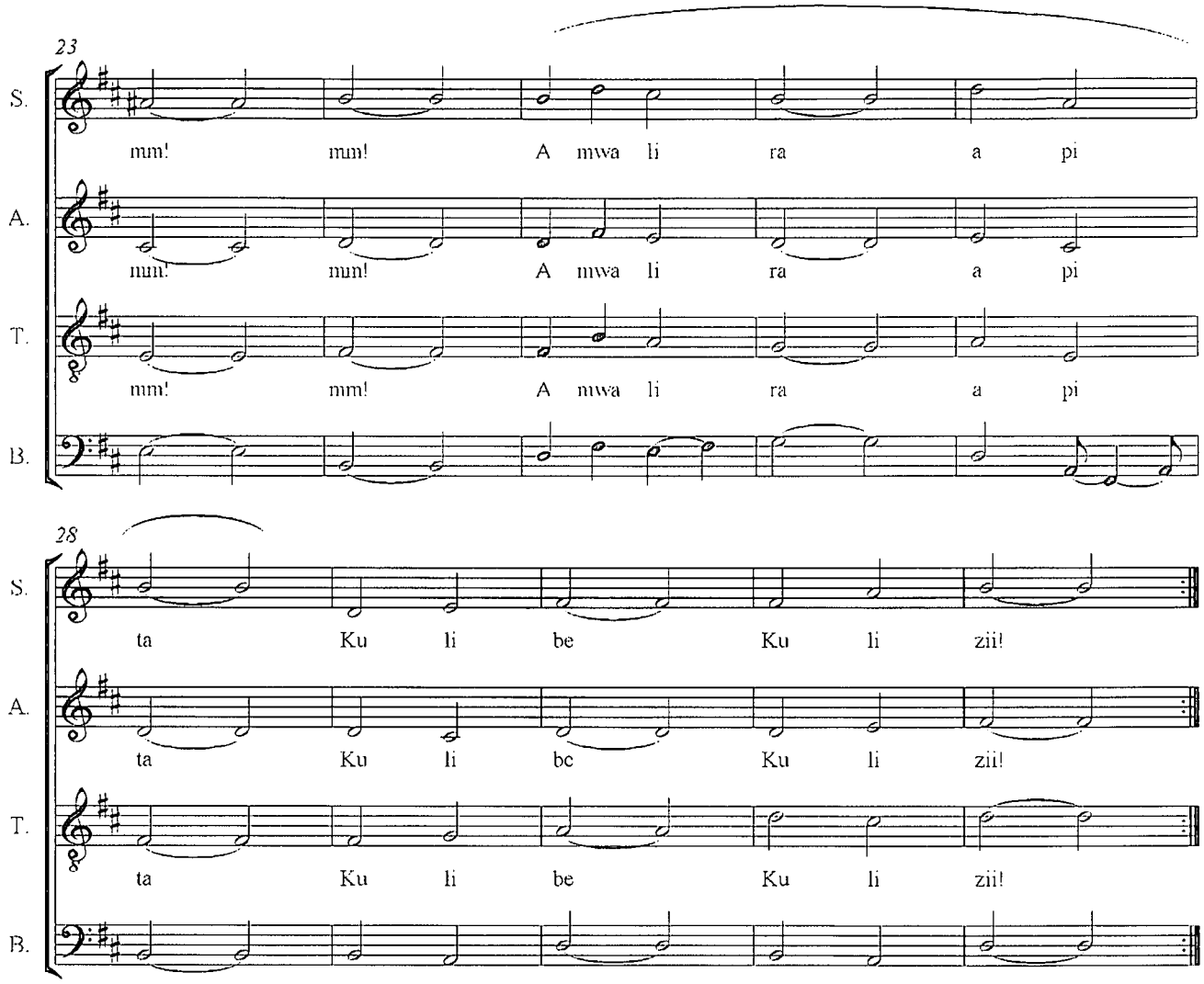


I directed this song *Kuli Zii* alongside others composed by different composers and performed at the workshop participants' concert and the final concert that was open to the general public. Of particular significance were HIV/AIDS songs composed by individual youth participants prior to or during the workshop using composition skills that they had learnt in the course of the workshops. Group compositions were possible through varied contributions of poetic writing and melodic creations from the written poems among the youth participants themselves. Participants were also trained in musical instrument playing skills, such as in guitar, drums and keyboards which they used to accompany their own compositions and demonstrated during the closing ceremony.

Master band pieces by musically experienced and competent youth participants as well as those selected from well-known music artists carrying HIV/AIDS messages were also practiced and performed during the final concert. Youth participants especially from rural clubs introduced traditional dances and formed ensembles that performed during the participants' and final concerts. Dance songs always carried the workshop themes. Different from the Choral Workshop was the fact that there were no composition competitions during Youth Music Workshop.

3.8.3 Make Art Stop AIDS Project

The Make Art Stop AIDS Project was initiated by Dr. Galia Boneh of Chancellor College for the Third Year Acting Class in 2011. Boneh, a specialist in art and culture, was a visiting lecturer at Chancellor College from UCLA (the University of California, Los Angeles) in the United States. The goal of the class was to work collaboratively with People Living with HIV/AIDS (PLWHAs) in communities in order to "create a performance that is based on personal stories, a process of articulating the socio-economic and cultural factors that fuel the spread of HIV/AIDS, and research in the target community" (Boneh 2011:1). Activities of the project included community performances, community workshops, and community performance festivals. Students were used as workshop and performance facilitators to experience the collaborative creative process both at participants and facilitator levels, thereby developing their creativity, teamwork, and leadership skills. The project received funding from the Open Society Initiative for Southern Africa (OSISA) for accommodation, food stipend for students and PLWHAs, theatre production, and other project expenses. The project targeted thirteen villages under the Machilika Group Village Head in the outskirts of the Zomba District.

Classified as "musical theatre," the project engaged HIV/AIDS issues directly through theatre, readings, discussions, choral songs, and the sharing of personal stories. The end product was "a dramatic play accompanied by a choir whose songs string the scenes together and comment on the events" (Boneh 2011:2). As a way of attracting public attendance to and participation in the performance, a number of strategies were used. These included street announcements made by megaphones; door-to-door singing and dancing; and soccer between the male students and the village men. This ensured an attendance of between 500 and 800 on the two performance occasions.

Workshops tackled issues of *inter alia* HIV Testing and Counselling (HTC), patient/caregiver confidentiality, gender violence, sexual exploitation, and stigma. The students were divided into teams to work with a community group of 12-15 people for one week:

> The community groups included a group of Chiefs, a support group for PLWHA, a women's group, a group of Drumbeaters, two groups of juveniles from the Chilwa Reformatory School, a youth group, and two Community Drama Clubs. (Boneh 2011:3)

An incorporation of theatre, visual arts, music, and dance was a significant approach to the success of the group performances. As Boneh further reports, each group had produced a 15-minute act—drama, music, and/or dance—on the theme of their choice. One group of art-inclined juveniles used canvases and paints to produce art works on the issues discussed in their group. All these activities culminated in a general arts festival.

A day before the aforementioned festival, the project staged pre-festival performances before distinguished guests who had been invited to witness the success of the project. The guests included the United States Ambassador, the United States Embassy Public Affairs Officer, Ministry of Health Head of the HIV/AIDS Prevention and Behaviour Change Program, Chancellor College Principal, a representative from Chancellor College Fine and Performing Arts Department, Executive Director of Pakachere Institute of Health and Development Communication, and the Project Director of Bridge II. Brief musical and theatre performances were presented during this function followed by speeches, a round table discussion, public impressions, student lessons, and reports.

The festival was attended by over a thousand adult members of the community in an open field. Children paraded the villages on a balloon decorated ox-cart with some of the student cast and drummers. Among the performers of drama and music were village chiefs, which was an inspiration to the audience. The PLWHA support group acted and sung on issues that raised sentiments against the chiefs not doing enough to assist PLWHAs and address HIV/AIDS. This was a proper and culturally acceptable way of raising concerns before elders. As people laughed during certain scenes of the drama, reflected on the messages of the songs, and did soul-searching about issues raised, the chiefs as audience members shared the experiences and responded positively:

> Amidst laughter and tears, the participants talked about the impact this experience has had on them. The insights, experiences and relationships formed in the course of the project were transformative, they said, and will play a key role in shaping their careers, perceptions and personalities. (Boneh 2011:3)

During discussions participants were also free to ask health personnel HIV/AIDS questions and raise their concerns with regard to attitudes of certain care givers. This participatory approach helped to iron out misunderstandings and curb the culture of silence. Support group members disclosed their HIV positive status without fearing any future stigma experience. Rural community members interacted with university students, sharing ideas with them and getting inspiration regarding the attainment of higher education. A female PLWHA participant decided to return to school as a result of this inspiration:

> This news was received with cheers and hugs, and it was immediately decided that we, as a group, would raise money to pay her school fees. Each student contributed what they could, and indeed, a week later Credo had started school. Moreover, she has informed us that seven people from her community–adults who had been out of school for 10-20 years–have followed her example and started school as well. (Boneh 2011:4)

As Boneh observes, viewing the arts as an exercise in empathy, these acts demonstrate the depth of the dramatic and musical experience for the students, and their realisation of the importance of empathy in understanding the world we live in. Falola and Heaton (2008: xxix) explain that HIV/AIDS-related theatre contributes to the conveyance of important messages about the pandemic significantly, as the images depicted in the plays facilitate discussion on sensitive subjects related to HIV/AIDS and sex. Theatre productions also provide long-term associations for audiences, many of whom internalise the meanings of the plays and the accompanying music, and remember and apply them long afterwards.

3.9 Rural Group Interventions

Different individuals and groups in rural Malawi perform a variety of aspects related to the HIV/AIDS pandemic. Performances take the form of poetry, music, drama and dance. Interventions involving solo performers, duets, music and dance ensembles, and drama teams are common in many village community contexts. Several NGOs encourage the formation of these groups in their efforts to promote education, health and environmental preservation, among other objectives. The Creative Centre for Community Mobilisation (CRECCOM) in

Dowa and the National Initiative for Civic Education (NICE) are examples of NGOs involved in mobilising rural communities to form arts groups for purposes of various interventions.

In my recent field research, I recorded dancers, actors and choral singers in Traditional Authority (T.A.) Dzoole of Dowa district who belonged to an arts club called Tikondane HIV/AIDS Club initiated and supported by CRECCOM as a community mobilisation campaign to deal with issues of education and health. Male performers wore T-shirts bearing the logo of NICE.

The Tikondane HIV/AIDS Club of Kayaza Village in T.A. Dzoole was formed by CRECCOM in 2006 as a three-year pilot project under a United States congressional mandate aimed at developing strategies for reducing the cost of primary education and improving quality and access to education especially among the most vulnerable children. The project, known as Primary School Support Programme–School Fees Pilot (PSSP-SFP), ran in all Dowa District Education Zones and Dzoole is one of the areas with high dropout rate of learners. According to CRECCOM's Administrative Officer, Mary Phiri (email: 22 July 2012), the specific objectives of the project were to increase access to basic education and improve learning with special focus on orphans, vulnerable children, girls and children with special needs; to increase resources at the school level; and to improve teaching and learning outcomes in schools within Dowa. The name of the club, "Tikondane", is a local term which stands for "Let us love one another".

The following description of Kayaza village is based on my personal observation as well as personal communication with the CRECCOM's Administrative Officer (interview: 30 June 2008 and email: 24 August 2012). Kayaza village is located in the north-west of Dowa District's administrative centre about ten kilometres west of the busy Mponela trading centre. The main economic activity of Kayaza and the surrounding villages of Kachulu, Kathawa, Mandala, and Kachitsa is agriculture with burley tobacco as the main cash crop. Other crops include maize, groundnuts, and sweet potatoes. A good number of families also own goats, pigs, chickens, and a few herds of cattle. The total population of T.A Dzoole's area is approximately 11,000. The area lies on the Lilongwe-Kasungu plane which stretches over a distance of 120 Km and covers the districts of Lilongwe, Dowa, Kasungu and parts of Ntchisi. Dzoole area itself has a few undulating planes and low hills from which flow various perennial streams. A combination of agriculture-friendly dark clay alluvial and dark red loam

soils cover the area. The area receives moderate to heavy rains between November and March every year before the dry season sets in.

The link between CRECCOM and NICE with regard to the Tikondane HIV/AIDS Club is that NICE found it easier to implement their project of educating communities on democracy using already established groups (Phiri, interview: 30 June 2008). Hence, the same people who are active leaders in PSSP-SFP are also members of the NICE Committee in the area. This, according to CRECCOM's administrative officer Mary Phiri (email: 22 July 2012), is a common phenomenon in many NGO-run rural-based projects due to the lack of literate and willing local individuals to manage and participate in such initiatives. Phiri (email: 22 July 2012) further explained that while NICE supplied literature materials and T-shirts as part of their human rights and democracy campaign through the Tikondane HIV/AIDS Club, CRECCOM provided training through workshops, allowances, handbooks, and T-shirts. In addition, CRECCOM mobilised members of the Tikondane HIV/AIDS Club to organise and participate in music, dance, and drama festivals.

During my field research aimed at recording and discussing the group's musical activities, I witnessed a variety of arts activities performed by the group which included drama, dances, choir music, weaving of mats, pot making demonstrations, and local games such as *bawo* (draughts). Although CRECCOM claims to have established the group, the group's name and activities suggest otherwise. According to my interview with one of the group's leaders, Makileni, Tikondane HIV/AIDS Club was born out of the local initiative to create an arts-based forum for sharing developmental and health issues affecting the area. HIV/AIDS, local trade and education challenges were among the topics that the group discussed but at a small scale until CRECCOM decided to sponsor the group with or without full knowledge about the prevailing circumstances.

The newly sponsored club expanded in terms of membership, growing from forty members to about one hundred. As a result, smaller groups specialising in dance, drama, choir, sculpture, ceramics, and crafts emerged. The performing arts were used for the communication of HIV/AIDS and education messages, while the fine arts were used to teach youngsters various skills and to empower members with business opportunities. Members of each smaller group were men only, women only, youth only, or a combination of any of these.

In the course of my field recordings, the drama group presented a play on the topic of HIV/AIDS in which a young lady from their rural community had left for an urban area in order to enjoy life. She decided to return to the village after she had contracted HIV and was about to die from AIDS. The play ended with a funeral service of this young lady. Songs accompanied by instruments such as rattles, gongs and drums were incorporated in the play. Actors in the play were young men and young women only, although some of them took the parts of a village chief, elders and a church minister.

The male dancers staged *mganda*[26], a military-like formation dance of the Chewa people derived from decades of observing colonial marching bands (Strumpf 1999:111), while the female dancers performed *chimtali,* an exclusively women's dance that serves as a form of entertainment. A number of songs that the dancers performed discussed the HIV/AIDS pandemic specifically or behaviour that leads to contracting HIV without directly mentioning the pandemic. The following text is drawn from the examples that I recorded during the *mganda* performance:

Matenda a Edzi ndi owopsa kwambiri	The AIDS disease is very dangerous
Taonani azibambo alupita kumanda	Look at men they are going to the grave
Taonani azimayi alupita kumanda	Look at women they are going to the grave
Taonani anyamata alupita kumanda	Look at young men they are going to the grave
Matenda a Edzi	The AIDS disease

- Tikondane HIV/AIDS Club (2008)

This *mganda* song implies that dead men, women and young men are going to the grave having died of AIDS related sicknesses. The song also implies that people spend their time at funerals escorting the dead to the grave. This clearly is a burden to the community as people must leave their work and economic activities to attend funerals. This is one of the effects of AIDS on the rural economy. The following pictures represent five different arts activities carried out by the Tikondane HIV/AIDS Club in their intervention efforts.

[26] *Mganda* is a military mime dance that was created following the indigenous populace's fascination with British brass-band music during the colonial era. Dancers mimic the marching of soldiers with exaggerated leg movements. The *mganda* is performed in two or more straight lines, depending on the number of dancers. Most *mganda* dancers dress smartly in military or police-like attire, dancing stylishly with mostly leg movements and limited arm gesticulation. One or two double-headed drums accompany the dance. Dancers carry the *badza* mirliton, a type of kazoo, in the right hand and a small flag in their left hand. The kazoo sound that intersperses the singing is an imitation of the colonial British brass band trumpets (see Nthala 2009:108-140 and Tembo 1995 for a detailed discussion).

All the photos of Tikondane HIV/AIDS Club were taken by author on 30 June 2008.

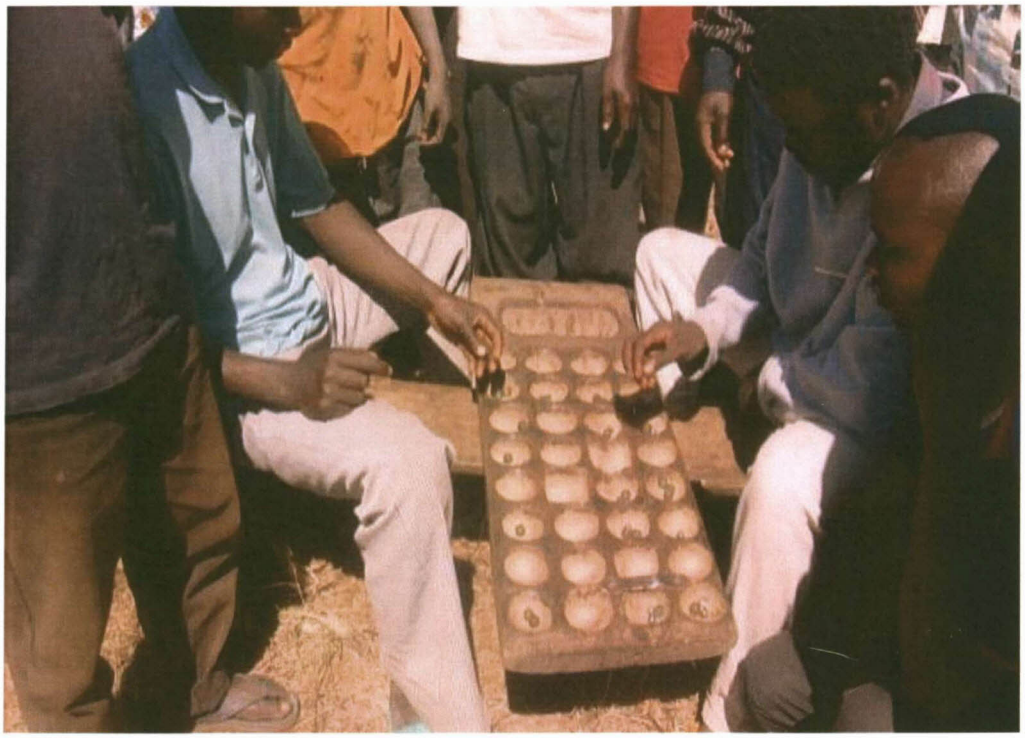
Fig. 1: Elderly men of the Tikondane HIV/AIDS Club demonstrating mat weaving skills

Fig. 2: Elderly women showing one of the pots made by Tikondane HIV/AIDS Club

Fig. 3: *Mganda* dancers performing an AIDS song

Fig. 4: *Chimtali* women dancers who are members of the Tikondane HIV/AIDS Club

Fig. 5: Male Club members playing the *bawo* (local draughts) game



Different local communities perform AIDS songs in different ways in response to prevailing cultural practices. In T.A. Kalumo's area of Ntchisi district I recorded a song whose words discussed other aspects of AIDS without directly mentioning the disease. A *mganda* group from Cholwe village, which identified itself as Namuwawa dancers, performed this song. The song discouraged property grabbing tendencies by relatives of a deceased husband or relatives of orphaned children. Compositions of this nature serve as a discourse among community members regarding some of the social and economic effects of HIV/AIDS, as the following song text documents:

Katundu wa masiye azibambo musalande	Deceased property, men, do not snatch away
Katundu wa masiye azimayi musalande	Deceased property, women, do not snatch away
Katundu wa masiye atsibweni musalande	Deceased property, uncles, do not snatch away
Katundu ameneyu si wanu ngwa ana	This property is not yours; it is for the children
Katundu ameneyu si wanu ngwa ana	This property is not yours; it is for the children
Zoona	Indeed

Musically, villagers communicate in other indirect ways to address common social challenges. In this way, the audience is encouraged to think beyond the words of a song, a poem, or a statement in order to extract a lasting message. Messages are often given through

an imaginary story. The song text given directly below by the Namuwawa group seems to discourage a Chewa marriage system called *chikamwini*[27] or *chikomwene* in which a married couple reside in the wife's home village. This practice is not preferred by many men because of its various challenges such as interference of family decisions by in-laws. However, during an interview, Chikafa Solomoni (2008) explained to me that the song, though discouraging *chikomwene,* was an admonition to husbands who practice this tradition to take caution and prepare for any eventualities such as death of the spouse in view of the prevailing HIV/AIDS pandemic.

Anzathu okhala chikomwene tamverani	Friends practicing *chikomwene* listen
O mnzanu waziona patsidyapa	O your friend had a bad experience across the river
Anakwatira, mkazi wamufera	Where he married and his wife died
Amfumu a kwawo namthamangitsa	His father-in-law chased him away
Ndiponso anasiya chuma	And he left all his wealth
Chuma ndinali nacho ine	I used to have a lot of wealth
Nyumba ya malata	A corrugated iron roofed house
Nkhokwe ya chimanga	A granary full of maize
Ndili ndi khola ine, khola la ng'ombe ine	I have a kraal,[28] a cattle kraal me
Chikomwene ndichopusitsa	*Chikomwene* makes one foolish
Chikomwene ndichopusitsa	*Chikomwene* makes one foolish

In the song, a person is reporting an incident in which a man's wife died at the time they were living at the wife's home. The death caused misery to the man because his father in-law took away all his property and sent him away with nothing. The song probably reflected the period when rights-based organisations were not yet established to intervene in such cultural malpractices. The narrator suggests that he lost much wealth to the father in-law and regrets his acceptance to live in his wife's home. Clearly, in such circumstances not only is the father affected by the death of his wife and resultant property grabbing, but his children may also lose financial support.

The challenges of property grabbing following HIV/AIDS related deaths take different forms. The pandemic is therefore regarded as responsible for the breakdown of many familial relationships. Most of the dancers and singers of this song practiced *chikomwene* but were apparently not bothered by a song that seemed to suggest that they had made a wrong decision

[27] In this practice, a man is forced to live at his wife's home for the rest of his life as a cultural requirement or for reasons of inheriting farming land from the wife's parents. Some of the challenges of the practice include disrespect of the husband by his in-laws, hence reduced husband's authority in the home.
[28] An area surrounded by a fence in which animals are kept.

by practicing *chikomwene*. When I raised this fact with the joint composers of the song, they clarified that the song contained a deeper meaning than just discouraging *chikomwene*. As HIV/AIDS arts activists and traditional dancers, they use prevailing community views to engage others in a healthy dialogue concerning HIV/AIDS.

A discussion of death in whatever form and by whatever cause is a reminder to the community that people are dying more frequently than they did in the past due to AIDS. In other words, HIV/AIDS and death have become synonymous that rural communities easily connect prevailing death discourses to the pandemic. Thus music and dance songs in this context serve as reminders about issues HIV prevention, testing and behaviour change among other related messages.

Fig 6: *Mganda* dancers (Namuwawa Group) of Cholwe Village in Chief Kalumo's area in Ntchisi District. (Photo by author, 28 June 2008)

Additional ways by which Malawian rural communities communicate HIV/AIDS messages involve narrating of stories through songs that directly mention AIDS. Common names of imaginary individuals are mentioned in such songs. It is particularly critical to note that characters in these songs, that are also blamed or criticised for contracting and sometimes

spreading AIDS, are almost always females as the next example also indicates. This song, which I recorded at Jere Village of T.A. Kalumo in Ntchisi district, was performed by a famous *mganda* group in the area. The song represents a number of interesting locally held perceptions about AIDS.

Tsoka a Nambewe mwachita chogwira	Woe to you Nambewe you decided to catch it
Mwasiya mwana ku depo kukatenga Edziyo	You left your child at the depot to go for AIDS
Tsoka a Nambewe mwachita chogwira	Woe to you Nambewe you decided to catch it
Mwasiya mwana ku depo kukatenga Edziyo	You left your child at the depot to go for AIDS
Mwasiya mwana ku depo kukatenga Edziyo	You left your child at the depot to go for AIDS
Mwasiya mwana ku depo kukatenga Edziyo	You left your child at the depot to go for AIDS
Tsoka lanu a Nabanda, tsoka lanu a Najere	Woe to you Nabanda, woe to you Najere
Mwasiya mwana ku depo kukatenga Edziyo	You left your child at the depot to go for AIDS
Mwasiya mwana ku depo kukatenga Edziyo	You left your child at the depot to go for AIDS
Tsoka lanu a Nabanda, tsoka lanu a Najere	Woe to you Nabanda, woe to you Najere
Mwasiya mwana ku depo kukatenga Edziyo	You left your child at the depot to go for AIDS
Tsoka Nasimango, tsoka Nasimango	Woe to you Nasimango, woe to you Nasimango
Kudwaladwala anthu yawa	These people are sickly
Likakwana dzinja mwamanga m'bambe kumutu	During rainy season you wear head scarf
Ukakwana mwamvu mwatenga lichero kumanja	During dry season you carry a winnower
Kukakunkha chimanga kumunda	To go and glean maize in the fields
Tsoka Nasimango	Woe to you Nasimango
Kudwaladwala anthu yawa	These people are sickly

This song represents common, existing culturally-based HIV/AIDS music and dance interventions. Although, the performers of this song are not attached to any HIV/AIDS rural-based NGO as are some local performing groups, they often perform songs about HIV/AIDS in order to contribute to the prevailing HIV/AIDS advocacy, education, and information campaign efforts in the country. In this particular song, four different women (Nambewe, Nabanda, Najere, and Nasimango) are discussed as victims of AIDS due to their risky behaviour. Although Nambewe should be regarded as the only character in the song, the mention of the other women demonstrates the performers' intention to extend the message to other women in the community.

Nambewe is judged as an individual who was cursed for deserting her child at the bus depot and running after men who infected her with the AIDS virus. The key message of the song text–you have left your child at the depot to go for AIDS–is repeated seven times. The bus depot is a symbol for public place or a place with many negative social activities where

respectable or married women are not expected to be found. As a married woman, Nambewe is cheating on her husband through extramarital love relationships established at the bus depot.

The statement "you decided to catch it" in the first verse has three possible meanings. It may refer to Nambewe or another abstract person. With reference to Nambewe, the first meaning of the statement could be that Nambewe knew that her secret lover was HIV-positive and that she disregarded all this and went ahead in being sexually involved, possibly without protection. The second meaning is that Nambewe herself enticed the HIV-positive man to have a sexual encounter with her for whatever reason. The third interpretation is that Nambewe was actually raped by the secret lover.

The last interpretation makes the most sense when considering that the performers of the song mumbled each time they sung this section of the song. I relied on playing back my audio recording several times to ensure that I understood what was sung in this section. Issues of rape are taboo in this part of Malawi and as such they are not freely discussed in public. In addition to the mumbled singing, through my knowledge of this part of Malawi, the vernacular word *kugwira* (to catch or to grab) as used in the song is synonymous with "to rape" as a moderate way of saying it. In other parts of Malawi, the common translation for the word "rape" is *kugwirira* or *kugwiririra.*

After "re-naming" Nambewe as Najere and Nabanda to represent all women of the community, the song shifts to Nasimango (another Nambewe) who is sickly and spends most of her time in the house. The rainy season (*dzinja*) is the agricultural period, during which individuals spend their time working in the fields. However, Nasimango is so sickly that she has no energy to do any farming during this season. The head scarf that Nasimango wears during this farming period is a cultural way of expressing a sickness. *M'bambe* (a particular head scarf) that Nasimango is wearing is also worn by women mourners who are closely related to the deceased during funerals. When a woman wears the *m'bambe* she is exempted from all hard work, community work and entertainment. In the case of Nasimango, her failure to do farming in this season has contributed to lack of food in her home.

The dry season (*mwamvu*) is used in the song to describe harvest time. As a sign of the threatening hunger, Nasimango is seen carrying a winnowing basket to use for gleaning maize

in other people's fields. Culturally, when people have a poor harvest in their own gardens they are allowed to glean the leftover harvest in other people's fields. By incorporating this aspect in their song, the performers are stating some of the effects of HIV/AIDS in society. The seriousness of the looming hunger in Nasimango's house is demonstrated by the choice in the song to use the winnowing basket (*lichero*) as a harvesting tool. Traditionally, a winnowing basket is only used to separate chaff from shelled maize or husks from pounded maize, and it is too small to be used to carry a harvest. Therefore, the gleaned maize that can fill a winnower is so insignificant that the local flour made from it cannot last long.

According to Müller (2005:24), poverty is a multidimensional relational concept which involves composite inter-related aspects of well-being that determine a person's quality of life. These interrelated aspects include material needs such as food, housing, and clothing. Müller draws a cyclic link between poverty, HIV/AIDS and food security since poverty, often coupled with food insecurity, may drive women into transactional sex that may lead to HIV infection. On the other hand, poverty often leads to poor or insufficient diets which make HIV-positive individuals more susceptible to opportunistic illnesses. In the case of Nasimango, her HIV-positive status is exacerbated by the fact that many living in rural communities owe their food security to their own smallholder farming. However, Nasimango has no strength to engage in farming because of her illness.

Criticising women about risky behaviour that may lead to contracting HIV is common in rural Malawi, reflecting directly on Malawi's male-dominated society. There are a number of factors that contribute to criticising women more than men regarding contagious diseases. One is that society expects women to be docile. Women are not expected to be as outgoing as men in terms of seeking employment or spending time away from home. Contrary behaviour against society's norms is received with criticism from men. Similar attitudes are further reflected in songs that stigmatise females as the spreaders of HIV. This concurs with a number of Malawi's cultural practices, which Lwanda also observes in a related scenario:

> [w]e note that "only women" required instruction in sexual and marital issues. Traditional wedding songs also emphasized the dominance of males in marriage and society. (Lwanda 2011:386)

According to this observation, women are meant to be tamed through progressive cultural instruction in order to fulfil sanctioned roles as men's helpers. As such, instructing women

about sexual and marital matters ensures attendance to the emotional and social needs of their husbands.

3.10 HIV/AIDS Messages and Metaphor

Music in Malawi is often full of metaphors, symbols or cultural signifiers (Lwanda 2003:119). These allegorical expressions stem from a background of mysticism, gender classification, and class segmentation. As Lwanda (2003:135) observes, through such figures of speech music functions as a tool of cultural continuity, invention, restoration, hybridity, diversity, social-cultural reproduction and construction, as well as entertainment. Lwanda further suggests that a number of influences contribute to the incorporation of tropes by Malawian composers:

> Musicians also compose original reflective material, influenced by their experiences and socio-economic, political, educational and religious influences, which are also deposited in the public sphere. (Lwanda 2003:135)

Such influences are particularly relevant in popular music culture discourses. The Malawian popular music sphere in particular provides the space for contesting cultural beliefs, developing formative and normative indigenous knowledge and sometimes displaying revolutionary ideas. Popular musicians receive ideas from their parents, peers and others at initiation and other settings (*ibid*).

With regard to HIV/AIDS messages, figures of speech in song need a critical analysis as far as their positive impact is concerned. Since composing music and creating lyrics related to HIV/AIDS and any other epidemic can be understood as an intervention, it is imperative that messages carried in such compositions contribute to transformation and healing of individuals and societies. In the Malawian context, the coming of HIV/AIDS resulted in new vocabularies as far as awareness messages are concerned. Part of the vocabulary is linked to urban life while the other part is common among rural communities. Every language group uses their own HIV/AIDS vocabulary. Such vocabulary is meant to emphasise the dangers of contracting HIV, discourage risky behaviour, provoke thinking through riddles, and to promote awareness. Often the specific language used is disparaging. Almost all the musicians and other artists incorporate this modern way of expressing HIV/AIDS in their compositions, poetry, drama, and art works. Whether this is an effective way of communicating a pandemic is debatable, however.

In a largely oral culture such as in Malawi, popular music is a significant public sphere input. As modern mass communication methods partly replace rituals, village dances and other indigenous performances, Lwanda points out that:

> Nketia's "problem of transfer of function" (1982: 241-245) is manifested as partly one of musical hybrid formation, as well as contextual changes. These hybrid styles are foundations that carry social and other meanings of communal significance. (Lwanda 2003:135)

Again, the lyrics of these hybrid popular music styles often take the form of metaphors and other aspects of figurative language. In metaphors, analogies are used through which one thing is said to mean another. This is a common phenomenon in African cultures compared to Western modes of argument which do not usually proceed by analogy, but rather by straightforward questioning, answering, observing, hypothesising, inducting and deducting, with the aim of analytically or mentally breaking things (or messages in case of songs and other art forms) down, taking them apart, and putting them back together again (Kaeppler 1994:458). Analogies only work if one's audience has the cultural knowledge to experience or understand the parallel being made. Analogies are best interpreted based on preferences and different contexts in which they are made as I explain in the following popular music examples. These examples have been played on Malawian radios beginning from when each of these was recorded.

The first example of AIDS songs, *Ili mu ufa Edzi* (AIDS is in the flour basket), was performed by popular musician Saleta Phiri in 1990. Phiri composed this song as a public service (Lwanda 2011:389) before recording it with his Amulamu Band. *Ili mu ufa* compares AIDS with maize flour, the commonest food commodity in Malawian households. By stating that AIDS is in the flour basket, Phiri suggests that AIDS is everywhere. According to Lwanda (2011:389) Saleta Phiri's composition "*Iri*[29] *mu ufa*" ("It is in the flour") suggested that HIV was a primary cultural issue, as elemental as sex. In any case, the song attempts to bring greater awareness to the seriousness of the AIDS challenge.

[29] In words such as "ili/iri", the use of "l" and "r" as correct Chichewa orthography is often problematic among writers. The general rule is to place "r" where the lateral sound is preceded by the vowels e and i, and "l" where it is preceded by the vowels a, o and u. On the face of it, Lwanda seems to be right by opting for "r" in the word "iri" in accordance with this rule. However, in the case of the compound word in question, the proper way of writing it is by using the lateral "l". This is so because –li is a stem for the verb "to be." It is thus a self-existing verb and does not change regardless of the changes in the prefix such as i-li (it is); a-li (he/she is or they are); ku-li (there is); ti-li (we are); etc.

Ufa (maize flour) is Malawi's staple food. All Malawians eat *nsima* (thick porridge made from *ufa)* at least once every day. Therefore, eating *nsima* is habitual; it is not strange, and it does not raise any suspicion. However, as far as AIDS is concerned, we all need to be suspicious and cautious (according to the song). We need to not take life for granted as we do with *ufa*. Since *ufa* is an ubiquitous commodity, as a parallel, AIDS is also found everywhere. The message of this song appears to be clear and obvious. It nevertheless calls for a mature interpretation. The artist directly engages the listener in this process of interpretation:

Anzathu tafuna mumve	Friends, we want you to listen
Tabwera ndi uthenga wabwino	We bring to you good news
Chiwerewere anzathu lekani	Stop being promiscuous
Kunja kuno kwaopsa	This world has become dangerous
Kuli matenda alibe mankhwala	There is an incurable disease
Ili mu ufa, ili mu ufa Edzi	It is in the flour, it is in the flour AIDS
Ili mu ufa, ili mu ufa Edzi	It is in the flour, it is in the flour AIDS

– Saleta Phiri (1990)

Malawi's famous reggae artist Evison Matafale's song *Watsetsereka* is even more challenging in regards to contextual interpretation of its content:

Watsetsereka, watsetsereka	She is sliding (in)
Ndi mwana wake	Together with her child
Walowera kuti	Where did she go?
Walowera apa	She went through here
Wa, wa-wa wa-wa wa-wa wa!	(Non-lexical syllables)
Ona, ona, ona izi	Look, look, look at this
Usathamangire zakumapeto/ kusangalala	Don't rush ahead/after enjoyment
Udzaona moto	You will see fire
Ndati ndikukumbutse	Let me remind you
Nyerere yokonda shuga	An ant that loved sugar
Kumangozungulira	It kept roaming
Pa mulomo wa kapu	Around the cup
Kenaka kugwera mommo	Eventually it fell in

In this song, a mother and her child (deduced from "together with her child") who both died of AIDS are lowered into a grave. Although AIDS is not mentioned in the song, it is implied. The song starts with a chorus (as is the composer's preferred style), emphasising the critical aspect of the message—death due to AIDS. The metaphor *watsetsereka* (she is sliding) stands for one being buried or interred into the grave. In *walowera kuti* (where did she go?) and

walowera apa (she went through here), the singer evokes the mouth of the grave through which the bodies of the mother and the child must enter as they were being buried.

The next two verses narrate the cause of death of the two individuals. The woman and her child died of AIDS related sicknesses due to the mother's desire to enjoy life without considering the consequences–she rushed for things that are "ahead" of her ability to obtain them. It is interesting to note that again the musician does not mention HIV or AIDS in the song, leaving the responsibility of such interpretation to the listener. In addition, since the song's primary character is deceased, the message is directly addressed to those still alive. The invitation to "look at this" is a way of drawing listeners' attention, admonishing them to not rush after short-time entertainment or enjoyment. Dying of AIDS is thus compared to "seeing fire" or finding oneself on fire. The choice of the term "fire" is deliberate since fire is dangerous: it burns, it hurts, it is painful, and it destroys. In the spiritual sense, fire can also be understood as a judgment from God, which could have also been intended in the song. Therefore, the interpretation of the fiery experience is left to the listener.

The song's second verse builds on the first verse as a reminder to listeners by way of introducing yet another metaphor. The careless human is compared to an ant that loved sugar. Although the insect knew the consequences of roaming around the mouth of a cup (full of hot tea), its love for sugar clouded its judgment. It eventually fell into the hot tea. In the song, the tea is not mentioned but the composer leaves it to the listener to expand the meaning of the metaphor. One key lesson from the second verse in relation to contracting HIV is the parallel drawn between AIDS and sugar suggesting that sugar may be sweet, but it is not worth dying for. As such, when there are signs of danger, it is wise to keep away even though there is a promise of sweetness or temporary pleasure. Again, listeners are left to interpret the term "sweetness" or "sugar" in its various forms as far as risky behaviour with regard to contracting HIV is concerned. In that way the listener is engaged in serious thought before personalising the content of the song.

HIV/AIDS is also compared to a monster through music, as seen in statements such as *Edzi ndi chilombo* (AIDS is a monster) or *Edzi ndi yoopsa* (AIDS is dangerous). These statements are common in posters, song texts, and dramatic presentations. In a country where wild animals such as hyenas still occasionally roam human settlements, the idea of *chilombo*

(monster) makes sense. These wild animals are a danger to human survival as they attack people and livestock. They have the potential to take away life just like AIDS.

The third-best song composition for the 1990 Choral Workshop competition did not use allegorical expressions. Most probably the intention of the composer was to make the message in the song transparent. Thus, the absence of metaphor in HIV/AIDS songs can be just as strong in its ability to persuade:

Edzi ndi nthendatu yoopsa	AIDS is a dangerous disease
Ilibenso mankhwala	It also has no cure
Nthendayitu ndi yopatsirana	This disease is transmitted
Munjira zosiyana	In different ways
Monga chiwerewere	Such as sexual immorality
Kubwerekananso malezala	Lending each other razor blades
Kubwerekana mswachi	Lending each other a tooth brush
Kungafalitse Edzi	Can spread AIDS

In this case, the song's composer, Lackson Chazima, incorporated many ways of HIV transmission. It is interesting that in this song, AIDS replaces HIV when the composer narrates the different ways that AIDS can spread. This is typical among composers who either ignore proper use of HIV/AIDS-related terms, or decide to embrace the errors retained by the general Malawian public regarding medical uses of such terms. At the time of its composition, degrees of understanding HIV/AIDS issues were still low as this was during the early days of the pandemic. In the song, AIDS is thought to be dangerous because it has no known cure. The statement was often made in line with the desperation experienced by infected individuals when life-prolonging drugs had not yet been introduced in Malawi.

Perhaps the best workshop composition during the subsequent 1991 Choral Workshop made a much stronger statement by directly attributing the continued spread of HIV to promiscuous behaviour. In a dying society, at a very critical time and with no solution for AIDS in sight, composers were especially encouraged to compose songs that strongly discouraged sexual promiscuity during this period in order to save the nation. The composer of this best workshop competition song, Francis Kunkeyani was a journalist working in one of Malawi's media houses and a member of a famous church choir in Blantyre. As an ardent media advocate for behaviour change, a fine composer and a passionate religious person, Kunkeyani's composition came as no surprise as evidenced in the song text presented below:

Bambo samalani moyo	Man take care of your life
Edzitu ilibe mankhwalawo	AIDS indeed has no cure
Mayi samalani moyo	Woman take care of your life
Edzitu ilibe mankhwalawo	AIDS indeed has no cure
Edzi ndi yopatsirana, Edzitu	AIDS is a contagious disease, AIDS indeed
Nthendayi pa chiwerewerecho	This disease spreads through promiscuousness
Munthu wa Edzi alibe	An AIDS person has no
Chizindikirotu cha Edziyo	Sign of AIDS written on him/her
Pewani Edzi, abambo pewani Edzi	Prevent AIDS sir, prevent AIDS
Amayi pewani Edzi	Madam, prevent AIDS
Bambo msachite chiwerewere	Sir, do not indulge in promiscuous behaviour

In this song, Kunkeyani calls for individual responsibility by both men and women to take care of their own lives in the face of the AIDS pandemic. He then restricts his argument to a primary way by which HIV is spread as a contagious disease–through sexual promiscuity. The danger of promiscuous behaviour is that it is difficult to tell who among multiple sexual partners is HIV-positive since "they have no signs written on them."

By using direct language, musicians and composers also contribute greatly to HIV/AIDS educational messages, leading to behaviour change among the Malawian population.

3.10.1 HIV/AIDS Metaphor in Rural Communities

A number of indigenous ways for expressing HIV/AIDS metaphorically also exist in rural communities. One common way for expressing local meanings, views, and experiences attached to HIV/AIDS is through songs performed at different social functions. One song that I recorded during my field research at Chitete Village in Ntchisi District, performed by a military formation dance (*mganda*) group, revealed critical local perceptions with regard to HIV/AIDS through metaphors. These perceptions likely represent common views shared elsewhere in Malawi's rural communities, and are hence worth analysing in order to establish standard responses as effective intervention regarding the disease in similar scenarios. A detailed discussion of the song is given below:

Kubwera kwa Edzi tinaonera chiyani?	The coming of AIDS, what was the sign?
Kubwera kwa Edzi tinaonera chishango	The coming of AIDS, the sign was *chishango*
Edzi ilubwera	AIDS is coming
Kubwera kwa Edzi tinaonera chiyani?	The coming of AIDS, what was the sign?

Kubwera kwa Edzi tinaonera chishango	The coming of AIDS, the sign was *chishango*
Edzi ilubwera	AIDS is coming
Mafumu kulira, anthu onse kulira	Chiefs are crying, all people are crying
Kubwera kwa Edzi tinaonera chishango	The coming of AIDS, the sign was *chishango*
Edzi ilubwera	AIDS is coming
Mafumu kulira, anthu onse kulira	Chiefs are crying, all people are crying
Kubwera kwa Edzi tinaonera chishango	The coming of AIDS, the sign was *chishango*
Edzi ilubwera	AIDS is coming

In the song, AIDS is referred to as a stranger in the community, something new and unfamiliar, that came from somewhere. This reflects the prevailing local feeling that AIDS originated in urban areas, and the national feeling that AIDS was imported from the West. Apparently, before local people in the area knew anything about AIDS, government and non-governmental organisations embarked on condom distribution campaigns. Hence, the coming of this stranger called AIDS to the community was preceded by the "fanfare" of condom distribution. The first condom brand in Malawi was *chishango* manufactured by Population Services International (PSI) and mentioned in this song.

According to this song, the distribution of the *chishango* condom was done to prepare the people for the AIDS which was yet to come. It may also mean that the coming of *chishango* in the area contributed to the emergence of AIDS, whichever angle one takes. This is demonstrated by the expression "AIDS is coming" and the strong vernacular "*tinaonera chiyani,*" translated as "what signalled it?" or "what beckoned it to come?" The answer to this question is immediately given as "it is the *chishango* that called or beckoned the AIDS." The *chishango* itself was a new phenomenon in the area–another stranger, i.e., a stranger signalling the coming of another stranger.

The same expression "*tinaonera chishango*" which I loosely translated as "the sign was *chishango*" could literally be translated as "we suddenly saw the *chishango* condom coming" for us to know that AIDS had arrived. It is this expression of suddenness that makes the coming of the condom strange to the community. The condom is thus regarded as an unwelcome visitor, since it is a bearer of bad news. The song seems to also suggest indirectly that the *chishango* condom reminds them about AIDS or that *chishango* is synonymous with AIDS, a view held by many locals that the condom encourages promiscuity–hence increases chances of HIV contraction.

Following the news that AIDS was coming, chiefs and entire villages engaged in forms of mourning. Mourning was a reaction to the coming of AIDS as an invader of their community and the anticipated deaths that the AIDS pandemic would cause. This is an expression of helplessness as the people soon realise that they are not adequately armed to fight against AIDS. The mourning continues (indicated by the present tense *akulira,* they are "still" crying) because the feared monster has successfully conquered the villages, wiping out countless lives on daily basis.

Although this song seems to only narrate how people learned about AIDS and what effects AIDS has had on the surrounding communities, the inclusion of crying is significant in that it warns audiences about the dangers of contracting HIV/AIDS. As an emotion often associated with sorrow and pain, mentioning crying in the song fulfils the performers' intention to propagate behaviour change resulting from fear of the AIDS monster. Again, the mention of chiefs and all people crying suggests that AIDS affects everyone irrespective of their position in society. It is thus the responsibility of everyone to be careful and not contract it.

3.11 Conflicting Messages in Songs About HIV/AIDS

The usage of metaphor is not the only method that artists and other practitioners of the musical arts currently employ in their attempt to sing about HIV/AIDS. Urban music artists especially frequently use crude expressions in order to discourage continued contraction of HIV/AIDS. Such vulgarities may have both positive and negative impacts on society. In the earlier example of the song by Evison Matafale, the phrase *Watsetsereka* (She is sliding in) may sound moderate, but it has subsequently been adopted to propagate stigma. For example, the expression has been adopted by urban youth to report somebody's death. The use of the expression also automatically suggested that the person died of AIDS-related illnesses (Denis Chauma, interview: 28 October 2004). In even worse scenarios, a terminally ill individual or one losing weight or showing signs of HIV infection was derided as being *watsetsereka.* Therefore, as much as one may argue that the composition tried to encourage positive behaviour, society may just as easily turn such intentions to negative purposes.

Malume Bokosi's composition, *Anthu masiku ano akuvulalira mkati* (People nowadays are injured inside) is another example of a song that uses crude language to describe the effects of HIV/AIDS. The use of the general word "people" helps the composer to include both men and

women. They are both injured "inside." The listener is given the liberty to interpret whether the song is talking about men or women. One way of interpreting the song is by acknowledging that the injury is inside; it is an internal injury, a term commonly used during accidents–i.e., the person looks normal outside and yet his or her internal organs are damaged or there may be internal bleeding. This is how HIV infected individuals are thought to look–healthy outside but carrying the virus.

On the other hand, *kuvulalira mkati* (getting injured inside) is understood as men getting infected with the virus through having sexual intercourse (or while inside the woman). It is the second interpretation that is widely assimilated and often sarcastically used as a verbal assault against women. This interpretation suggests that women are dangerous and capable of causing injury to men through sex.

Another typical example of conflicting attempt to address HIV/AIDS musically is the song performed by popular musician Albert Khoza, *Akunenepa nako kachirombo* (They are gaining weight in spite of the virus). The song blames a woman for continuously spreading HIV through maintaining a healthy outward look. It also warns men not to be fooled by such looks. Fatness is generally associated with good health, being well-to-do, and often sexual attractiveness, descriptions shared by many in Malawi. The words of the song in the chorus are:

Akunenepa nako kachirombo	They are gaining weight in spite of the virus
Plus ma injection	Plus the injections
Na kulera	And family planning
Dibwiri, dibwiriyo	This body shaking
Usatengeke naye	Should not deceive you
Samala m'bale	Friend take care

- Albert Khoza (2004)

In this song, the women put on weight when they use "the injection" as part of an accepted family planning method. Apparently, other methods used also cause women to gain weight, demonstrated in the song by the phrase "and family planning." The song points to women deliberately using family planning "medication" both to gain weight and look more sexually attractive and to delay the signs of HIV infection in their bodies and so transmit the virus to unsuspecting men. Therefore, this song stigmatises asymptomatic HIV-positive women as spreaders of the disease (cf. Lwanda 2011:391).

HIV/AIDS has helped perpetuate the culture of blaming women for men's problems: women strive to look good in order to get men into trouble. This perception seeks to acquit men from any wrong doing, and especially from their risky behaviours as far as HIV/AIDS transmission is concerned. As a result, as long as men feel innocent and that they are victims of women, true transformation is difficult to attain. Gender policy researchers for Malawi observe that social and cultural practices continue to permeate and reinforce the perceptions of women and girls as being inferior to men and boys, and structures of patriarchy perpetuate this subordinate position (Lwanda 2003:134).

As Susan Rasmussen (2008:20) also observes, in urban popular culture there are Western-meditated images of male superiority. For example, in the Malawian context, Lwanda (2003:124) notes that the early indigenisation of popular urban music involved using borrowed African American and European melodies, which were then given Malawi lyrics. As such, as the lyrics became more indigenous the chauvinism of significant parts of male social Malawi popular music manifested itself (Lwanda 2003:125). In the song under discussion, Albert Khoza discusses women from a chauvinistic perspective as he joins the bandwagon of like-minded popular musicians. The song further uses crude language to describe plump women. The expression *dibwiri-dibwiri* to describe the gait of a larger woman is both derogatory and offensive in certain contexts. It is always used to describe the way large women walk with every part of their body shaking.

A contradiction in HIV/AIDS messages is also evident in the urban song *Uvale* (Wear it) by Saul Chembezi. The audience is advised to choose between using (wearing) a condom, avoiding the sexual temptation, or totally abstaining. Again, a woman is portrayed as the source of temptation. She innocently walks the streets, but her good looks force men to lose their heads (*mutu zwee*), as sung in the first verse. The controversy comes in the chorus when the composer offers no single solution but appreciates the weakness of some of the onlooking men to whom he proposes the use of a condom.

Bwanji uvale	Why don't you wear
Upewe	Avoid [the temptation or]
Umuleke chonde	Leave her alone, please
'Cause you don't know what is inside	'Cause you don't know what is inside

- Saul Chembezi (2001)

The word "condom" is not directly mentioned in the song. The audience is left to conclude that the expression "wear" refers to using a condom. In a conservative culture such as Malawi, certain words are avoided in music compositions because they are sexually suggestive. One such word is "condom," whose omission is aimed at reducing curiosity especially among youngsters and resentment among traditionalists. That way, the product is expected to be received by a wider audience, causing the message to have greater impact.

Chembezi largely uses urban vernacular language and English. This clearly demonstrates his target audience—the literate urban society. The use of the word "inside" in the concluding English clause ('Cause you don't know what is inside) suggests that the AIDS virus is obscured by the beauty of the woman. Again, the word can also directly mean "inside the woman" in reference to sexual organs, the same expression that Malume Bokosi used in his song discussed earlier. A parallel of this expression is found in a well-known Malawian proverb: *chikomekome cha nkhuyu mkati muli nyerere* (handsome is as handsome does [Lwanda 2003:125]). Literally translated, this proverb says "a fig fruit may look good outside but inside it is full of ants." In other words, looks are deceptive. The adoption of the statement "you don't know what is inside" in the song under discussion seems to subtly refer to this familiar proverb. The audience is thus expected to connect the proverb with the song's message.

Perhaps one of the most controversial urban songs as far as HIV/AIDS messages in songs are concerned is *Peremende* performed by San B. The title *Peremende* in this song is a name given to a man. In the ordinary colloquial vernacular, *peremende* is a bald-headed man (it is rare to see a bald-headed woman in Malawi). The term seems to be a corruption of the English word "permanent" found in the phrase "permanent hair loss" to describe baldness. *Peremende* is associated with a corrupt personality, material possession, and an enticing character. He should thus be treated with caution especially when among women.

San B discusses a number of things in his song: Peremende is a married man fond of pornography who exhibits a picture of a naked woman on his car's dashboard. He contracted a sexually transmitted infection (STI). He visits a hospital and also visits a herbalist (as shown on the music video graphics) for his treatment and privacy in order not to be exposed. Unfortunately the doctor's/herbalist's prescription is demanding; Peremende will need to take the medicine at home in the morning, in the evening, during a bath, and at work during tea

time, thereby exposing himself. Due to the infection, his gait changes, and everybody knows that he contracted an STI. The song's chorus is analysed below:

Peremende, ndikuchitire chiyani?	Peremende, what should I make for you?
Ka mpilu ka mayonizi?	Mustard greens full of mayonnaise
Ka flavour ka tchakalaka?	With *chakalaka* flavour
Mpila wa abambo ukuyambitsa ziwengo	The male condom will cause sores on you

- San B (2002)

The Peremende metaphor demonstrates a confused character as seen in the demands for vegetables with traditionally unrelated flavours (Mufunanji Magalasi, interview: 16 April 2005). The confusion comes about because of the HIV/AIDS opportunistic illnesses that the character is suffering from. According to Magalasi, ordinarily, no one puts mayonnaise in the *mpilu* vegetable. In addition, the *chakalaka* flavour is for unrelated dishes such as meats. Mr. Peremende has lost the appetite for meat and other delicacies due to the illness.

The term *mpila wa abambo* (the rubber for men) has often been widely used as euphemism for "male condom." The musician prefers this term as opposed to the localised translation *kondomu.* Due to the sarcastic nature of the song, it is unlikely that the choice of a moderate word for "condom" is meant to attract an all-inclusive audience. On the contrary, as already observed earlier, veiled terms in reference to HIV/AIDS have often carried a sarcastic meaning over time. For urban youth *mpila wa abambo* has become a term for poking fun. This is evident in the song as the musician suggests that the male condom is responsible for the sores in Peremende's genitalia. In a way, the artist suggests three things:

1. Peremende had not been using a condom during his sexual encounters, otherwise he would not have been infected with the STI
2. The condom has not protected Peremende from his promiscuous behaviour
3. The condom is not 100% solution against contracting HIV/AIDS especially with multiple concurrent sex partnerships

While the last interpretation contains practical truth, it is also contradictory and counterproductive as far as HIV/AIDS prevention advocacy for condom use is concerned. One wonders whether the musician cares about this. Nevertheless, contradictory themes in songs such as *Peremende* are often representative of society's perceptions. The word *ziwengo*

(sores) in the statement "the male condom has caused sores on you" is loosely used to mean an infection that causes itching. As Peremende scratches himself society knows about his infection; hence his private life of having multiple sex partners is exposed. The condom has thus not shielded him from both the infection and the embarrassment.

As a summary, the *peremende* song typifies a number of local perceptions concerning HIV/AIDS. For example, Peremende represents a sugar daddy or an older man who uses wealth to attract younger women and girls and infects them with HIV. He was himself infected by some of his clients. Baldness is traditionally associated with wisdom; hence Peremende should have been responsible enough, but he behaves otherwise.

The culture of disguise is consistently used in the song to reflect what occurs in Malawian society. For example, the STI is only referred to as "sores" and *chotupa kuseli kwa ntchafu* (a swelling behind the thigh) in the first verse. The position of the swelling is disguised to avoid mentioning private parts. In addition, HIV or AIDS is not directly mentioned in the song, leaving the audience to draw their own conclusions.

Seeing an herbalist instead of seeking specialist medical treatment indicates confusion and denial. Unfortunately, the herbalist's prescription is demanding (at home, at work, in a cup of tea, on the swelling, etc.) and is meant in the song to scare others from behaving like Peremende. Again, the artist composes and sings the song with derision.

The case of Peremende typifies the culture of suffering in silence. As Falola and Heaton (2008:xxiii) observe, quiet suffering is an effort to maintain dignity by keeping secret one's shame and faithfully enduring without burdening family and friends.

3.12 Summary

This chapter offers detailed accounts of the diverse ways in which HIV/AIDS messages are communicated in Malawi using the medium of song. Through an analysis of Malawi's different music categories and practices, the exegeses of song texts demonstrate that music has always been used to explain, warn against, and educate about epidemics. In addition, it is evident that music has been used as a means for self-organisation as in wedding songs, self-expression as in songs performed when pounding maize and shepherd songs, self-delectation as in field guard songs, and an enhancement of pride in the self through a wide range of

socially acceptable ways of expressing negative feelings, aggressive tendencies, and closeness.

As Malawian women mourn the loss of their loved ones, they explore their latent creativity in order to express their emotions and eventually attain their desired healing. The performance of spontaneous funeral songs vastly enriches the performers' lives with new beginnings at a time otherwise filled with endings (See also Pratt and Wood, 1998:ix). As is true elsewhere in Africa, music in Malawi is integrated within most activities of everyday life. Moreover, through music a number of medical and health issues manifest themselves within the public social sphere. This social arrangement makes popular music highly relevant to the HIV/AIDS discourses. Popular songs about HIV/AIDS document the arrival of AIDS in Malawi, describe the salient features of the disease, interpret the associated awareness, represent people's perceptions with regard to the disease, and reflect on the epidemic's social, economic, political, and cultural effects.

Language use in songs about HIV/AIDS is critical in this discussion. Among other common language practices such as use of figurative language, popular music lyricists employ vernacular languages, but occasionally engage in code-switching, with English generally reserved for harmless, ironic, or comedic phrases (Lwanda 2011:390). New vernaculars, proverbs, metaphors, colloquialisms, and other masking modes of social discourse are often used in popular and indigenous music circles to address culturally problematic topics in order to promote acceptability of the messages.

Chapter Four

Field Reports and Discussions

4.1 Introduction

This chapter provides summarised responses to the semi-structured research questionnaire that I developed for data collection purposes from research participants. The chapter further analyses these responses and the respondents' propositions, ideas, perceptions, contexts, and practice of the musical arts as HIV/AIDS and healing intervention. This analysis is presented as my own interpretation and processing of the participants' responses based on my comparisons with official published reports from government and other institutions such as the Zomba-based National Statistical Office, literature claims, and my background knowledge of the areas.

These detailed responses are from specific research participants representing institutional and personal views. These participants were drawn from Self Help Africa, NAPHAM/FOCUS, Chancellor College, and HOGEM. In addition, this chapter gives a detailed discussion of Malawi's well-known gospel music group, the Mhango Salvation Singers, which was the first gospel group to compose, record, and perform songs about HIV/AIDS. A discussion of songs about HIV/AIDS performed by expectant women at antenatal health clinics is included in this chapter from a perspective of a community nurse who provided responses in that regard.

I use a narrative form of description for these field research sources in order to paint a picture regarding their background and peripheral issues that are relevant for the different conclusions that I later draw from the findings. A narrative approach is also particularly important in a study of this nature where different and seemingly unrelated aspects interact and contribute towards the functioning of each other. I also use institutional or group names for my sub-headings for purposes of adequately defining them and discussing relevant aspects associated with such institutions or groups.

4.2 Foundation for Community Support Services

Foundation for Community Support Services (FOCUS) is a non-political, non-profit NGO formed in the year 2000. It was established to tackle reproductive health issues affecting the youth (boys and girls), women, and other vulnerable groups such as commercial sex workers.

Over the years, FOCUS's approach expanded to include working with people living with HIV/AIDS. FOCUS first registered under the National Youth Council of Malawi and later with the NGO Board in 2007. Currently, FOCUS is a paid-up member of the Council for NGOs in Malawi (CONGOMA), Malawi Network of AIDS Service Organisations (MANASO) and the NGO Board. It is also a founding member of the Forum for Non-Governmental Organisations in Youth Development (FONYODE).

During my field research I was introduced to FOCUS by the district coordinator of the Zomba office for the National Association for People Living with HIV/AIDS in Malawi (NAPHAM). I had visited NAPHAM in January 2012 for possible interviews and to collect secondary research data at the time NAPHAM was establishing a working relationship with members of FOCUS in Nsondole area; hence I was redirected to one FOCUS support group where I conducted most of my interviews.

The plan by NAPHAM to work with FOCUS emanated from their shared values and objectives. NAPHAM was established earlier as an NGO in 1993 by a group of people living with HIV. According to NAPHAM's membership registration form, the objective of its establishment was to fight against stigma and discrimination and to promote and advocate for an environment conducive for people living with HIV to live to their full potential and realise their goals. Since its establishment, NAPHAM has grown in membership and operations. It now operates in all the 28 districts of Malawi, has a national secretariat, regional offices, and a board of trustees composed of experts in legal matters, finance, and human resource management.

NAPHAM membership is voluntary and is open to everyone living with HIV and willing to participate in NAPHAM activities. NAPHAM works with people who are infected and those who are directly affected by HIV/AIDS through support groups formed at community level. According to its mission statement, NAPHAM seeks to promote and advocate quality care, support, and prevention services in order to enhance positive living and to reduce further HIV transmission.

There are a number of similarities in the operations, activities and structures of NAPHAM and FOCUS as my field research trip revealed. For example, both organisations work in local communities using the support group model. A support group is an entity of people living with HIV and having a common interest of giving and receiving emotional and practical

support in connection with their status. Members of a support group share information and daily experiences about their condition. The premise of a support group is to bring together individuals with common interests and experiences, people who have been through or are going through a similar circumstance, and are capable of doing more than just sympathising with each other. Hence, support groups emphasise positive living, HIV prevention, mutual care, support, encouragement, and engagement in life-improving economic activities. Members of a support group pay annual membership fees to show their commitment. In turn, members receive psychosocial support, skills training, and participate in exchange visits organised by NAPHAM or FOCUS and their partners.

Before I provide a summary of the field research findings with regard to the role of music as an HIV/AIDS intervention *vis-a-vis* the FOCUS support group, it is imperative to describe aspects of the Nsondole area where I conducted this field research. Nsondole is a low-lying area at altitude of 200m above sea level located about 38 kilometres north of the Zomba CBD in the area of Traditional Authority (T.A) Kuntumanje. The general terrain of the area is flat with mostly sandy arable soils. As a result of the flat topography and absence of natural forests, the area is mostly hot and dry. The drainage system of the area comprises a few small rivers that empty their water in the nearby Lake Chilwa situated in the eastern side of Zomba District. The area experiences a tropical climate with three main seasons – cold-dry, hot-dry and hot-wet, ranging from April to July, August to October, and November to March respectively. The hottest months between September and November have temperatures ranging between 28and 36 degrees Celsius. The coldest months (June and July) have average minimum temperatures of 10°C.

Nsondole area is composed of 143 villages and has a population density of 182 persons per square kilometre according to the 2008 Malawi Population and Housing Census. There are only three health centres that service Nsondole area, namely Bimbi, Namasalima and Makwapala, and they are more than 10 Kilometres apart. Small-scale agriculture is the main economic activity of the Nsondole area, although a small number of people own grocery shops and others engage in dry fish business. Quite a few others sell fresh fish from Lake Chilwa mainly as middlemen between the fishermen and distant customers. Maize and rice are the staple food crops, while groundnuts, beans, and very little tobacco are grown as cash crops. At the time of my research, the area experienced a serious drought which led to the stunted growth of these crops as I observed in the fields. Apparently, this has been an ongoing

trend in the area owing to deforestation and sandy soils whose rain moisture retention is low. As a result, the area experiences erratic harvests of food crops. Nevertheless, these unreliable harvests from rain-dependent agricultural activities are supplemented by small-scale post-harvest vegetable, maize and sugarcane farming along the surrounding streams.

There are no verified records of HIV infection rates in the specific area of Nsondole.[30] However, according to the Zomba District Health Office's HIV testing week conducted in 2006, the HIV prevalence in the area is around 8.6%. This prevalence rate is lower than the reported national average of 11% representing Malawi's rural areas and may be inaccurate. A possible explanation for this significant difference in percentages is that it was obtained through the voluntary HIV testing week and it only represents the actual individuals that showed up for the testing.

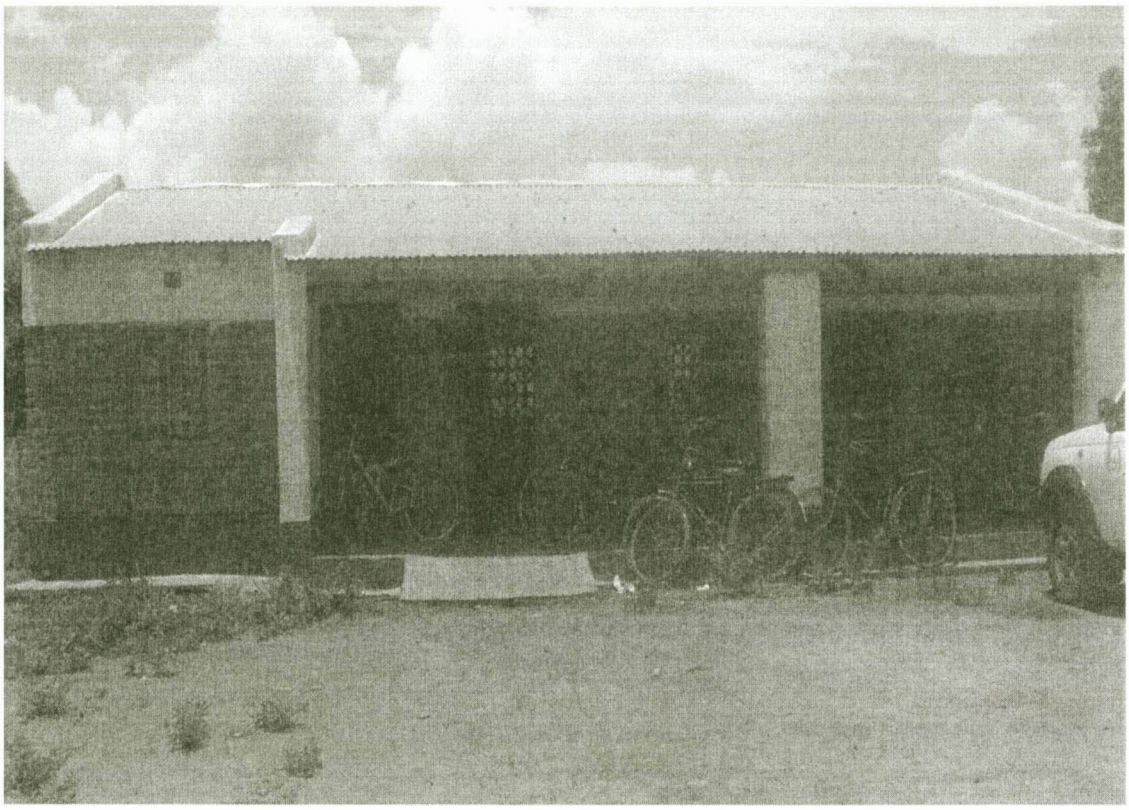
During my field research I involved participants of a FOCUS support group under the Namasalima HIV/AIDS Education and Mentorship Project which has been operating in the area since 2006. Members of the group are HIV-positive men and women of different ages ranging from 30 to 75 years. As an integral part of their activities, support group members conduct regular weekly meetings for discussions, planning and various other activities which I discuss in the course of this section. They also conduct special meetings facilitated by FOCUS officials. The meetings take place at their support group centre which was specifically constructed for this purpose in this rural area.

Members of the Namasalima Support Group travel long distances to attend the weekly meetings. Most of them travel to the centre using personal bicycles as couples or as individuals, while others travel by hired bicycles, demonstrating their commitment to the group's weekly activities. The activities are coordinated by an executive committee comprised of the chairman, secretary, treasurer, and committee members.

All the pictures during this field research were taken by Samuel Phiri who was my research assistant.

[30] The only reliable institution for statistical information regarding HIV/AIDS and other demographics is the Zomba-based National Statistical Office. Recent health and population surveys conducted by this office (1998 and 2004) gave only HIV/AIDS statistics at national, provincial (regional) and district levels.

Fig. 7: Namsalima HIV/AIDS Support Group Centre



4.2.1 Structure of the Weekly Meetings

Each meeting is chaired by a member of the executive committee, frequently the secretary. The meetings open with a prayer by a volunteer or appointed member. According to my observation, God is mentioned throughout the discussions. This may be due to the prevalence of Christianity and Islam in the area. In addition, words of encouragement and hope among the members during discussions often mentioned trusting in God for sustenance and daily provisions. Apparently, spirituality and religion play a major role as a healing component in this support group (see also Cunningham, 2004:337).

The opening prayer is followed by welcoming remarks to the members. On the day of my visit, members of NAPHAM that accompanied me, my research assistant, and I were asked to introduce ourselves as part of the welcome remarks by the convening committee member. The introductory remarks are followed by reports by different committee members, especially the chairman on past group activities and the treasurer on the group's financial status and about reminders on the group's financial obligations. Each report is followed by discussions, comments and questions aimed at soliciting clarifications.

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Fig. 8: A cross-section of members of Namasalima Support Group and NAPHAM officials outside the Support Group Centre

The next session involves the main activity of the day. This may be a training workshop or a seminar on business or healthy lifestyle. During my visit, the main activity of the day was a workshop facilitated by different representatives of NAPHAM on a variety of topics such as palliative care, preparation of a will, and economic empowerment.

The contents of the workshop were particularly significant for my study since they represented a summary of the group's prevailing values and standards. The workshop contents helped me understand what HIV/AIDS support groups stand for and what they try to promote.

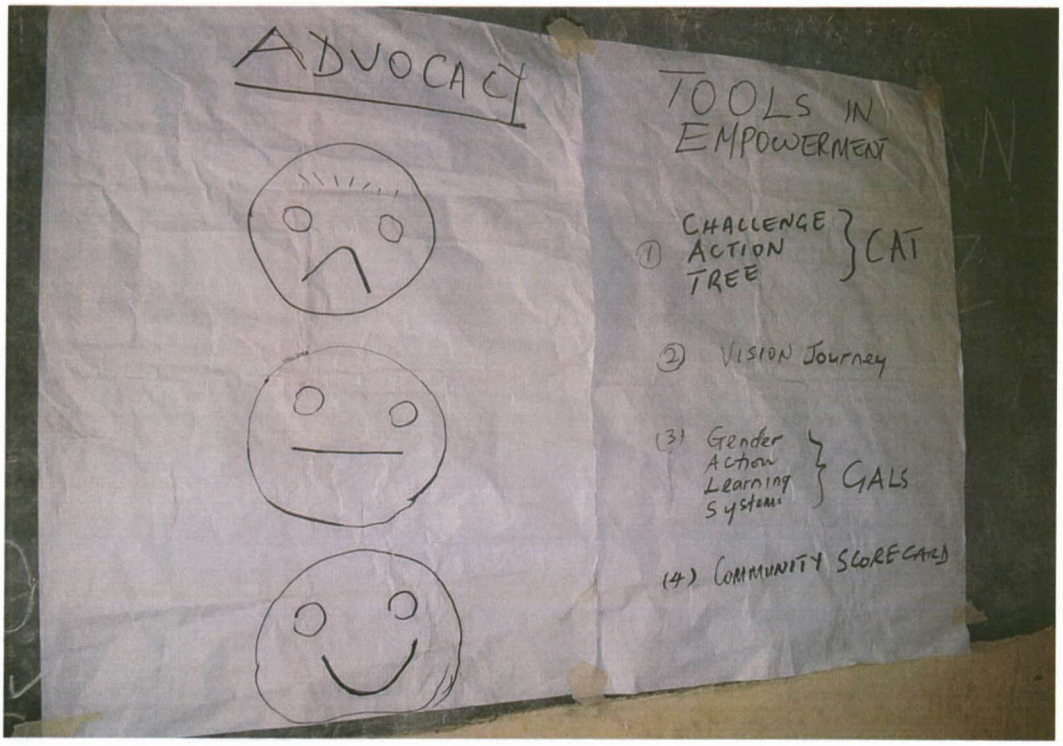
Fig. 9: NAPHAM officials teaching during one of the workshops

Fig. 10: Support Group members listening to a workshop presentation.

I now provide a summary of what I captured during this workshop in order to link the content with why the group engages in certain activities that are discussed in the course of this section. Some of the workshop topics included income generating activities (IGAs), *banki ya kumudzi* (rural banking system officially called Village Savings Loan – VSL, by NAPHAM)[31], *thumba la chifundo* (compassionate fund), and advocacy. The presentations were brief and interactive, making them quite effective as judged from responses and questions from the participants. The language used was friendly and the graphic examples added more value to the contents of the workshop materials.

An example of the poster notes presented during this special meeting on a flip chart is shown in the next page. Below the poster notes is a table summarising only two of the workshop topics that were presented during the meeting.

Figure 11: Workshop poster notes on Advocacy and Empowerment



[31] Lillian Kajawa, NAPHAM volunteer and counsellor gave a lecture to workshop participants on VSL (Village Savings Loan) during my research visit.

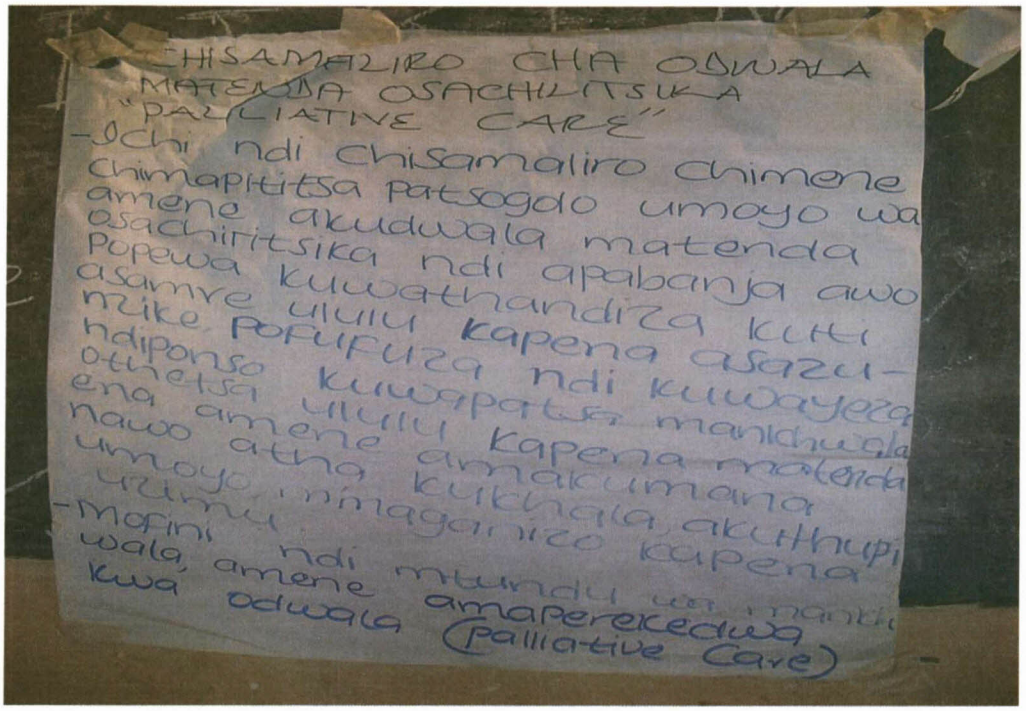
Table 4.1: Namasalima HIV/AIDS Support Group Workshop Lessons

Topic 1: How to Prepare a Will		
Definition of Will	**Importance of Will**	**Guidelines for Will**
A will is a book or papers that are recognised and endorsed by a government institution in which an individual explains how his/her property will be shared when he/she dies	A will helps and protects surviving family members, especially the wife and children, against property grabbing by the deceased's relatives, so that the surviving family is not left in poverty	A will can be prepared by anyone older than 18 years A will can be handwritten by the individual or his/her lawyer A will must be signed by witnesses above 18 years old A will must have full names and addresses of the owner and all beneficiaries
Topic 2: Palliative Care		
Definition	**Processes**	**Example**
Care aimed at promoting the health of someone suffering from an incurable disease and his/her family members	To help reduce the physical pain and unbearable suffering in the last days of their lives To regularly examine their condition and administer pain killers To treat opportunistic illnesses and attend to physical, health and spiritual needs	Morphine is a type of drug administered during palliative care

The workshop sessions were largely presented in the Chichewa language except for the presentation on advocacy which was presented in a combination of English and Chichewa. However, Table 4.1 above is a literal translation of the Chichewa lecture notes. Figure 12

below is another flip chart showing part of the Chichewa lecture notes on palliative care, also literally translated in Table 4.1 above.

Fig. 12: Chichewa Workshop Notes on Palliative Care



The workshop sessions in this structure of weekly meetings are interspersed by brief episodes of songs and dance. At the end of the seminar presentations announcements are given by the secretary. The announcements contain closing remarks thanking the members for attending the meeting, noting the date of the next meeting, reporting members' illnesses, noting planned members' home visitations for the week, and the forthcoming group economic activities. After the announcements a closing prayer is offered and refreshments are served. As people take the refreshments they sing, dance, and share testimonies about their health. The following sub-section discusses the nature and structure of the music that this support group performs.

4.2.2 The Music Structure, Style, Content and Contexts

Music and dance are key elements in the activities of the Namasalima HIV/AIDS Support Group. When the time for singing arrives, any member of the group volunteers to start a familiar song and the entire group joins in the singing. The group sings in free style of particularly three voices--soprano, alto and tenor distributed among the male and female

singers. This song texture is typical of church choral singing, which is a reflection of the members' participation or committed involvement in church institutions.

I observed that the style of singing is an adaptation from a number of prevalent social events in the area. For example, some songs were textually arranged religious songs. Other songs were arranged wedding or traditional engagement songs. One song in particular was an arrangement of a song that, according to my experience, women have performed during different events such as bridal showers, community self-help project meetings, baby showers, and rural project launches. I have also heard some of these songs during student protests and sports events.

It is also interesting to note that all the songs that I recorded at the Namasalima HIV/AIDS Support Group were led by women members and were typically associated with women as traditional performers of the songs. This led me to conclude that women are the more musically active members of the support group, as also observed through how they initiated the dancing, the laughing and the ululations. Culturally, Malawian women are more reserved in public than men, but not as quiet, musically speaking. These women club members in particular demonstrated more excitement, expressed their emotions more freely, and contributed more in the discussions than the men who themselves were not necessarily passive participants.

Members of Namasalima HIV/AIDS Support Group perform their songs with dancing. The dancing occurs in an open space, creating a semi-circle in front of them. When the singing reaches a climax, any individual who feels like dancing enters the semi-circle and dances in a free style, including jumping, shaking the waist, waving hands, hopping, and walking across the room. Some "dancers" do their dancing so dramatically that they cause the whole group to laugh uncontrollably. Everyone participates in the singing and hand clapping accompaniment, and almost everyone takes to the dancing floor. Of particular interest to me was the dancing in pairs at certain points between members of the opposite sex, as older dancing partners outclassed each other with their youthful steps.

Through the music and dance, I observed that the free dancing, the total participation, the laughter, and the unhindered male-female interaction created a good atmosphere for psychological healing among these members. I also observed that this could easily encourage members to attend every meeting and non-members to join the group. In a rural area where

modern conventional forms of entertainment such as sports and games are almost non-existent, attendance at support group meetings where music and dance of this nature forms the core elements can be quite recreational, especially among people living with HIV.

There are three contexts in which music is performed by the members of this support group according to the group interactions that I participated in. The first context is the regular weekly meetings in which music is used to remind members about responsible behaviour to avoid further spread of HIV, couples to continuously use protection, to seek medical help quickly in the event of sickness, and to live a healthy lifestyle in terms of good diet and hygiene. Songs about the need for members to be active adherents of religion are also performed in order to encourage members to receive spiritual support when need arises. In this case, music is used to inculcate common group values and principles as members receive relevant information on a regular basis.

The second context in which music is performed is during special meetings. It seemed to me that music for special meetings was a mixture of songs carrying different messages as discussed earlier in this section and as witnessed during my field visit. During such special events, songs are chosen from a wide range of themes in order to celebrate the occasion, appreciate the facilitating organisation, or to display the depth of existing music in the area. For example, when I became concerned during my visit that there was hardly any music performed by the group that directly or indirectly discussed HIV/AIDS, I made a special request to the group to perform for me only HIV/AIDS songs for my own analysis. To my surprise, the response was not exactly what I had expected. The group performed a wide range of songs such as religious songs and wedding songs, in addition to songs about HIV/AIDS. There was clearly some excitement in the singers and a desire to impress me with such a wide range of songs.

The third scenario in which Namasalima HIV/AIDS Support Group members perform their music is during home visitations. These visitations take place when one of their members is reportedly ill and is unable to attend to group activities, domestic work, or personal income generating activity. While most of the illnesses are linked to the body invasion by opportunistic diseases due to the low immunity levels as a result of the HIV infection, other illnesses are not uniquely HIV-related, such as malaria which is a common disease in the area due to the existence of the anopheles mosquitoes. Some members suffer from fatigue caused

by overworking. In addition, almost all the support group members live on the support of ARV drugs which help in prolonging life and checking simple infections.

During the home visits members often contribute food items and groceries to give to the sick member if deemed necessary. Appointed teams of members are assigned the task of visiting the sick member. Prayers, assisting in domestic work, and singing for the sick individual are the three most common aspects of these visits. The songs contain messages of hope for healing and strength. If a particular patient has a favourite song that the visiting group is aware of, the group emphasises such a song in order to easily cheer up the sick member. There is also a lot of casual talk, sharing of jokes, and narrating of current village or group news to keep the patient updated. All this is aimed at helping the patient to take his/her mind away from the pain and to recover quickly. In the case of music, the patient often joins in the singing and sometimes dancing if his/her strength allows. As such, music is used as therapy for physical healing through emotional means.

Fig. 13: Participant members of Namasalima Support Group preparing to sing and dance at the end of their special meeting

In the picture above, the women laugh to a joke shared by a workshop facilitator as she invited the members to start a song. As observed earlier, jokes, laughter, and more significantly singing and dancing are critical ingredients of the group's activities.

I will now discuss three examples of the songs that I recorded during this field research.

NAPHAM ndinyamuleni, NAPHAM ndinyamuleni	NAPHAM carry me
NAPHAM ndinyamuleni, NAPHAM ndinyamuleni	NAPHAM carry me
Mukatopa mundilephera, mukatopa mundilephera	If you get tired, you will fail me
Mukatopa mundilephera, mukatopa mundilephera	If you get tired, you will fail me
NAPHAM eya, e!	NAPHAM yes, yes
E, e, e, e!	Oh yes, yes
NAPHAM eya, e!	NAPHAM yes, yes
Waza! waza! waza!	Splash! Splash! Splash!
A Chikuse tinyamuleni, A Chikuse tinyamuleni	Mr Chikuse, carry us
A Chikuse tinyamuleni ife, A Chikuse tinyamuleni	Mr Chikuse, carry us
Mukatopa mutilephera, mukatopa mutilephera	If you get tired, you will fail us
Mukatopa mutilephera, mukatopa mutilephera	If you get tired, you will fail us
A Chikuse eya, e!	Mr Chikuse yes, yes
E, e, e, e!	Oh yes, yes
A Chikuse eya, e!	Mr Chikuse yes, yes
Waza! Waza! Waza!	Splash! Splash! Splash!

Most of the songs that I recorded employed multiple metaphors. For example, in the song above singers implore NAPHAM as an organisation to continue with its activities in the Namasalima area. The expression "carry me/us" demonstrates this entreaty to NAPHAM that members of this group are making. The song asks NAPHAM to never tire out in providing support of various kinds to the support group, including training workshops, technical advice, and provision of relevant reading materials. By saying that "if you get tired, you will fail us," the song suggests that any attempt by NAPHAM to give up on the community based on any kind of misunderstanding will lead to the community's disappointment. As alluded to earlier concerning use of different thematic songs by the support group, this song is an example of an arranged wedding song. In its original meaning a bride asks a groom to carry her (metaphorically), failing which the marriage will not go ahead.

In the second verse, the word "NAPHAM" is substituted for Mr. Chikuse, NAPHAM District Coordinator. As a representative of the organisation, the song makes direct request to him to

ensure that NAPHAM activities continue in Namasalima. In a political context, this same song is performed by party members who mention names of political leaders to "carry them" by way of representing them in an election. This way the political supporters pledge their votes to the particular candidate.[32] The expression *"waza! waza! waza,"* which is translated as "Splash! Splash! Splash," further reveals that this song was originally a wedding song. The splashing most likely refers to throwing of an abundance of money coins during the wedding present-giving ceremony. When applied politically, *"waza! waza! waza!* may also refer to the splashing of votes on the preferred candidate. As a well-known celebration song in the area, this song is adapted by the support group to maintain the celebratory mood of the members.

The next song represents an example of an arranged church song. Again, as is the case in the original church song, the use of metaphor is present in this song about HIV/AIDS.

Kachilombo kangakule, mbale wanga	Whether the virus grows big, my brother/sister
Usadandaule, koka chingwe chako	Don't get worried, just pull your string
Cha Mzimu Woyera	The Holy Spirit string
Kachilombo kangakule, mbale wanga	Whether the virus grows big, my brother/sister
Usadandaule, koka chingwe chako	Don't get worried, just pull your string
Cha Mzimu Woyera	The Holy Spirit string

Olo angakunene, mbale wanga	Whether they speak against you, my brother/sister
Usadandaule, koka chingwe chako	Don't get worried, just pull your string
Cha Mzimu Woyera	The Holy Spirit string
Koka chingwe chako, mbale wanga	Pull your rope, my brother/sister
Usadandaule, koka chingwe chako	Don't get worried, just pull your string
Cha Mzimu Woyera	The Holy Spirit string
[Ululations][33]	

In its original form, the first line says "whether the problem grows big my brother/sister do not get worried." In this song, the word "problem" is replaced by the word "virus" in order to make the song relevant for people living with HIV. In my discussion with the song leader, I learned that the expression "pull your Holy Spirit string" refers to direct connection with God in prayer. The expression is compared to making a telephone call, in which case the string is the telephone line. It is also important to note that in the vernacular, the same word "*chingwe*" can be translated in three ways as "rope," "string," or "line" as in a line for hanging clothes out to dry. According to the research participant, this song is widely sung when people

[32] I do recall political enthusiasts performing a similar song in Zomba town in the run up to Malawi's 2004 general elections.

[33] An ululation is a high pitched celebratory cry or wail performed by women through quick vibrations of the tongue.

undergo HIV testing and counselling (HTC) as a way of encouraging them that being HIV-positive is not a death sentence–they can still live longer through prayer and positive thinking.

In the song that follows, the performers express how important NAPHAM is to them. They insist that NAPHAM as a helpful organisation should not stop its activities in the area. Again, as with the two earlier song examples, this song is also performed elsewhere at different functions. It is adapted for the current context apparently due to its jubilant nature.

NAPHAM, NAPHAM anzanga	NAPHAM, NAPHAM my friends
N'dzaidandaula ikadzatha	I will cry if it closes down
NAPHAM, NAPHAM anzanga	NAPHAM, NAPHAM my friends
N'dzaidandaula ikadzatha	I will cry if it closes down
N'dzaidandaula, n'dzaidandaula	I will cry, I will cry
N'dzaidandaula ikadzatha	I will cry if it closes down
N'dzaidandaula, n'dzaidandaula	I will cry, I will cry
N'dzaidandaula ikadzatha	I will cry if it closes down

- Namasalima HIV/AIDS Support Group (2012)

During the course of my recordings, the support group members expressed themselves more in this song than any other song through singing, clapping and dancing. This made me conclude that this song is either very much liked in the area or it allows more body expression by its performers due to its rhythm. On the other hand, my own analysis of the song suggests that the song was more of a children's play song, typical of Malawi's children's clapping and dance songs. This explains perhaps why the performers expressed themselves more freely. Whatever conclusions one may draw, it was clear to me that this and the other songs had potential therapeutic effects on the performers, making music play a critical role as HIV/AIDS intervention.

4.3 Self-Help Africa

Self-Help Africa is an Irish-based international NGO currently operating in three Malawian districts. The mission of Self-Help Africa is to develop enterprising solutions that enable smallholder farmers to achieve a better quality of life. Self-Help Africa endeavours to achieve its objectives through HIV/AIDS awareness, prevention, and care and support as foundational HIV/AIDS intervention strategies among rural farmers. Activities involved in these interventions include:

- Mainstreaming HIV/AIDS and developing policies at the workplace and at the community level

- Providing capacity building to community leaders and committees that enhance implementation of initiatives that challenge discrimination and stigmatisation in food and livelihood strategies
- Involving PLHIV in programme planning, implementation, monitoring and evaluation
- Creating HIV/AIDS information/resource centres at village level
- Deliberately targeting people infected and affected by HIV in all food security components
- Deliberately putting infected and affected people in decision making positions in development communities
- Providing HIV/AIDS information manuals, awareness campaign leaflets, and music through community groups in the villages

The general philosophy of Self-Help Africa as a food security NGO is "hunger-free Africa," aimed at ensuring that there is food security in rural households. The organisation mainstreams HIV/AIDS in all rural agricultural activities by working with HIV-positive farmers and providing them with farm inputs. Farmers are encouraged to undergo HTC before they are incorporated in the programme; hence, Self-Help Africa also engages in HIV testing. Those found to be HIV-positive are encouraged to receive ARVs. Those who become chronically ill are reached with locally available herbal medicines that have recently formed part of acceptable HIV medical interventions–for the treatment of opportunistic illnesses these are encouraged to visit the hospital. Through provision of food nutrition, farm inputs, and a special breed of goats to the HIV-positive farmers, those family members who are also affected benefit from such provisions. Group representatives are involved in the process of identification, supervision, and monitoring of the beneficiaries of Self-Help Africa's activities. All agriculture-related training that the organisation offers is linked to HIV/AIDS: for example, training in marketing of agriculture products or post-harvest handling may be linked to how HIV/AIDS affects marketing of farm produce and its impact on post-harvest handling.

I was motivated to study the activities of Self-Help Africa since one of the areas where it operates is in the eastern region of Malawi which has high HIV prevalence rates. As a sub-region (for administrative purposes) of the Southern Region of Malawi, the eastern region falls within the jurisdiction of my main field research and comprises the districts of Zomba,

Machinga, Mangochi and Balaka. In addition, music is an integral part of the regular activities of Self-Help Africa at community level. All the information about Self-Help Africa's operations, activities and statistical interpretations contained in this thesis was obtained through oral interviews and electronic communications that I had with the organisation's HIV/AIDS and Gender Coordinator Ms Tendai Mayani between 2009 and 2012. Some descriptions about Balaka and the surrounding areas are from personal observations during the field research.

Currently, Self-Help Africa operates in three rural areas of T.A. Kalembo in Balaka District of the Eastern sub-Region, T.A. Masumbankhunda in Lilongwe District of the Central Region, and T.A. Karonga of Karonga District in the Northern Region. In these areas, Self-Help Africa targets populations of 9 100 in T.A Kalembo, 8 000 in T.A Masumbankhunda, and an unspecified population in T.A Karonga. In this section I will limit my discussion to the Self-Help Africa's activities in its Kalembo project area of Balaka District to reflect my field research interests.

Balaka District is unique in terms of the composition of the tribal groups occupying its rural communities–Yao, Lomwe, Ngoni, Nyanja, Chewa and Sena–untypical of most Malawian rural communities especially in the central and southern regions where only about two tribes occupy rural areas. Some of the reasons for this unique conglomeration of tribes in Balaka District include its outstanding business opportunities due to its comparatively large population of 310,000 spread over 2,193 square Kilometres; farming opportunities in its low-lying unoccupied areas; fishing opportunities in Malawi's largest Shire River that passes through the district; available natural forest resources for charcoal and other businesses; and available land for settlement. Although Balaka is hot and humid for more than half of its calendar year (August to February) with 36 to 40 degrees Celsius maximum temperatures, and it is a mosquito infested district, it seems that opportunities that attracted settlers in Balaka from surrounding districts outweigh these and other challenges.

The Balaka CBD itself is a thriving town and a hub of many activities with district administration offices, town council offices, government institutions such as police and hospital, several banks, supermarkets, wholesale, retail and hardware shops, a modern bus terminal with take-away shops and restaurants, a major fenced market and satellite produce markets, public and private secondary and primary schools, a soccer stadium, private motels,

numerous NGOs, a significant number of church structures, a major railway station, Malawi's major agricultural produce marketer and farm-input supplier ADMARC, a cotton ginnery, and a number of Roman Catholic institutions such as: a big and modern cathedral, a girls' high school, an academy, Luntha Television Station, and a famous Andiamo Vocational Complex which is comprised of Andiamo Technical College, Youth Cooperative Trust, and a music training and recording centre where Malawi's renowned Alleluya Band is based and where a large number of Malawi's popular music artists were produced. All these institutions are located over a stretch of only six kilometres by five kilometres.

A small town in terms of area, Balaka Town has a high population of over 20 000 compared to its size. Most of its town residents are busy for at least twenty hours a day selling merchandise at the bus terminal, railway station, drinking joints, soccer stadium, and along the streets to passerby motorists. Balaka is a focal point for travellers connecting between the cities of Zomba and Lilongwe (east to northwards connection) by road, and Blantyre and Lilongwe (south to northwards connection) by road and by rail transport. Therefore, all public road transport passengers, rail passengers, and private motorists travelling between these cities pass through Balaka Town. The town is also a stopover for truck drivers, a situation that contributed to an escalation of guest houses and beer drinking joints. As a beehive of economic and social activity, Balaka Town is prone to high levels of crime, misdemeanours and, prostitution leading to high HIV infections.

4.3.1 Self-Help Africa's Kalembo Project

Kalembo Project area is located in Traditional Authority (T.A.) Kalembo in the northern outskirts of Balaka Town about 15 Kilometres away. However, the Self-Help Africa offices are located in the heart of the town. Balaka District has one of the highest HIV prevalence rates in Malawi at 16.2% of the adult population. The HIV prevalence rate for neighbouring Mangochi district which is directly adjacent to Kalembo area is 21%. According to Self-Help Africa's HIV/AIDS and Gender Coordinator (Mayani, interview: 3 January 2012), HIV/AIDS infection rates remained very high in districts such as Balaka and Mangochi when the government had not yet developed effective strategies to address the pandemic. In addition, there were not many non-governmental and civil society organisations at that time that could assist the Malawian society with HIV/AIDS messages.

As soon as government implemented strategies for multi-sector approach to HIV prevention through agriculture, education, and through all government departments the HIV prevalence began to take a downward trend.

> In the past HIV issues were taken as belonging to health personnel only. Currently it is everyone's duty to ensure that he/she is aware of all preventive and transmission ways of the virus. HIV is being mainstreamed in all the departments, be it agriculture, health, education etc. This is bringing awareness on prevention and care. In the long run it is bringing behaviour change hence prevention of risky behaviours. (Mayani, interview: 3 January 2012)

Agriculture-based NGOs such as Self-Help Africa joined in the HIV/AIDS fight and targeted the most affected areas of Malawi such as Kalembo. According to Self-Help Africa, people had understood messages about HIV/AIDS through relentless government efforts but still trailed behind in behaviour change to avert the further spread of the disease especially in rural communities where literacy levels are very low and in the sexually active age-group of 15-49.

More females in Kalembo area are infected with HIV than males because they are often economically dependent on males who themselves tend to have multiple concurrent sexual partnerships (MCPs) (Mayani, interview: 3 January 2012). Due to lack of permanent job opportunities in Kalembo, most men commute to Balaka town to work as security guards, cooks, tailors, domestic workers, or gardeners for them to earn an income. The jobs expose these men to Balaka town life which is characterised by extramarital sexual activity that puts the men and their village spouses at risk of contracting HIV. Moreover, most of the area's majority Yao people are Muslims whose religion allows them to practice polygyny, which may increase the risk of accelerated HIV infections in polygynous families. This observation was also made by Mayani in interview:

> The Moslem faith permits polygamy among its faithful. As such, it is easy to accelerate HIV infections in polygamous families when spouses are not faithful and when testing is not observed. (3 January 2012)

In addition, the nearby eastern lakeshore district of Mangochi and the Liwonde Town located about 30 Km south of Balaka along the Shire River have a number of important tourist holiday resorts such as hotels and motels where men and women of Kalembo look for employment and entertainment. Needless to point out, life at such sites has the most likelihood to exacerbate the HIV/AIDS situation in the area. Self-Help Africa attaches the

continued HIV/AIDS challenges in Kalembo to poverty and illiteracy just as the HIV/AIDS and Gender Coordinator commented during one of my interviews:

> I work with illiterate communities and so I often assume that the illiterate are more affected by AIDS than their literate counterparts although we have more AIDS cases in cities. I think compared to population sizes and HIV-positive and HIV-negative ratios there are more infections in rural areas such as Kalembo.
>
> In situations where HIV messages are disseminated through literature and billboards, it becomes difficult for the illiterate of society to get the messages. Even at health clinics, it is difficult to communicate with illiterate individuals through the HIV literature that is supplied. (Tendai Mayani: 3 January 2012)

According to this comment, levels of illiteracy in T.A. Kalembo not only force people to engage in risky sexual behaviours for commercial purposes that may lead to contracting HIV, but they also somehow deny the people the privilege to know more about AIDS. Ezekiel Kalipeni and Christopher Kamlongera agree with Mayani when they observe that in Malawi:

> In terms of rural/urban differentiation, it must be kept in mind that the majority of the literate population is concentrated in urban areas. The implication is that the bulk of the population based in rural areas cannot read the health information in the various pamphlets and magazines. (1996:56)

In addition, illiterate individuals are forced to take up low paying jobs in nearby towns and live on unsustainable incomes. As a result, especially for women, they look for additional incomes elsewhere and are often pushed into *prostitution* (a locally defined term as discussed in section 2.3 of Chapter Two); thereby exposing themselves to HIV infection. Those illiterate individuals who decide to remain in the village survive on rain-fed subsistence agriculture and have to live with the reality of purchasing farm inputs annually using their meagre financial resources.

The above are the contexts and environment in which Self-Help Africa works. As a response to the prevailing situation and in line with the organisation's mission, Self-Help Africa brings HIV/AIDS awareness to the communities through HBC groups, orphan care groups, support groups, and youth groups. The HIV awareness is accomplished through the vehicles of poem recitals by the group members especially the youth, teaching and lecturing using posters, and special songs about HIV/AIDS performed by different members of the communities.

4.3.2 Music as HIV/AIDS Intervention for Self-Help Africa Projects

Musical performances do not form part of the core business of Self-Help Africa. Nevertheless, the farmers that are project members of Self-Help Africa perform songs about AIDS "in trying to mainstream HIV in food security and livelihood programmes since 2004" (Mayani, email: 13 May 2012). Music has always formed part of their project activities at household levels. They use the music to mobilise, motivate and encourage one another as they go about their project-related community activities. They perform the same music during training programmes and farm input distribution campaigns organised by Self-Help Africa. Interestingly, the organisation only appreciates the music without taking seriously its impact on the farmers. As far as the organisation is concerned, the music is performed by community members only to scale up the organisation's HIV awareness efforts as commented by the HIV/AIDS and Gender Coordinator:

> The groups that perform seem to bring in the awareness messages in the communities as the songs are sung in households; however, no major research has been done to find out whether the people practise what is being sung. (Mayani, email: 13 May 2012)

Music aside, the organisation's indicators for goal achievements in their project communities, as reported by Ms Mayani, are based on and limited to the number of local leaders and committees mainstreaming HIV; number of people going for HIV testing; number of people taking care of the chronically ill; number of people aware of the three main ways of contracting HIV–through unprotected sex with an HIV infected person, through blood transfusion involving HIV infected blood, and through mother to child infection; number of people affected or infected with HIV accessing farm inputs from Self Help Africa; number of people declaring their HIV status; and number of people participating in agricultural activities and not remaining sickly or dying. Nevertheless, Mayani acknowledges several challenges faced by the groups that perform songs about HIV/AIDS and summarises them as follows:

1. Lack of skills to effectively communicate the messages through music
2. Lack of training in music as the musicians rely on their innate talents which definitely require further development
3. Lack of good music instruments to make their music attractive
4. The public performances are very noisy and not suitable for healing purposes as audiences cannot reflect on the messages

5. Songs are often performed for audiences that consider them as entertainment and do not take the messages seriously
   (Email: 22 January 2012)

These challenges can be summarised as skill-related, resource-linked, and administrative in nature. It may also be observed that these challenges are based on personal or institutional interpretation and not necessarily on the perceptions of the communities involved. For example, music performances take different forms and make use of different instruments, including those that are locally available such as indigenous drums; hence suggesting lack of good music instruments as a challenge may not be an accurate observation. Several other locally based music performance examples in this thesis do not require or make use of modern or electronic equipment.

Again, the lamented "entertainment" mentality demonstrated by participating audiences could be understood as forming part of the healing process for some. In addition, one can understand the conclusions described as challenges above from Self-Help Africa's point of view because as Mayani rightly stated, no research was conducted by the organisation to determine how the local music contributed to the healing of the individuals and to behaviour change. Ironically though, Mayani describes the people's response to the live performances as follows:

> Most people dance and sing along when the performances are being done. [After the performances] some people would like to get more information on the messages and are sent to the music experts for further information. (Email: 13 May 2012)

Undoubtedly, a trajectory of issues pointing towards the need for music performances both in the organisation's activities and among the people that it represents is being implied here by Mayani. Music makes their audiences happy. Music provokes serious thought in the audiences leading them to inquire more about the activities of the organisation or about HIV/AIDS messages. Therefore, I wish to observe that well-trained and well-equipped musicians would be able to deliver more relevant and more entertaining messages to the HIV awareness campaign audiences. With proper support from the organisation and with proper administration (with the view that music is complementary to the organisation's HIV/AIDS mitigation efforts), a good atmosphere could be created to minimise disruptions witnessed when music performances take place during awareness campaigns. Lea and Thomas Wolf (2011) make an observation regarding this when they state that:

> Ideally music should be relevant to its listeners in terms of culture, genre, mood, and era of origin. Yet because music is an inherently evocative medium, performers also need to be cautious not to evoke too much feeling.

This statement is especially critical when the music performance is aimed at reaching out to the audience with important messages. While it is not our duty to control how people present or respond to the music of this kind, we may nevertheless help create or propose effective means of ensuring that whatever goals we have for giving the performances are achieved optimally.

Perhaps the fact that communities impose music as part of project activities without the mandate of Self-Help Africa signifies the importance that the communities themselves attach to music as an element of HIV/AIDS intervention.

4.4 Music and Drama AIDS Prevention and Care

As part of my data collection, I solicited views of a number of specialists in the field of music regarding the role of music in HIV/AIDS intervention. As a way of responding to my questionnaire on his research experiences, Prof Mitchel Strumpf of Chancellor College discussed[34] with me a project that he directed in 1994 called Music and Drama AIDS Prevention and Care Project in Namasalima and surrounding areas of Zomba. Our discussion became relevant for my study not only because it provided the answers to my unstructured interview, but because the 1994 project also targeted one of the areas where I conducted my field research as discussed in section 4.2 above.

I now present the structure of the Music and Drama AIDS Prevention and Care Project and its outcomes in order to contextualise music and drama as tools for soliciting and performing local ideas about AIDS. Although similar to Make Art/ Stop AIDS project discussed in Chapter Three of this thesis, this project is discussed in this chapter because it summarises my

[34] Without expecting much from him, I contacted by email Prof. Mitch Strumpf, my former Music Lecturer during my undergraduate studies in Malawi (now teaching at University of Dar es Salaam, Tanzania), for his input on the role of music in HIV/AIDS intervention in Malawi. Our first contact in March 2012 yielded positive results as Strumpf responded in full detail to each and every question that I raised regarding especially the Malawi Choral Workshop discussed in Chapter Three of this thesis. As a follow up to our ongoing communication, Strumpf provided further responses now linked to the Music and Drama AIDS Prevention and Care Project which he had also directed.

own field research and helps me to link people's perceptions about HIV/AIDS eighteen years ago with the current ones (as observed through my research in the same area).[35]

The Music and Drama AIDS Prevention and Care Project comprised a combination of seven Music and Drama for Development undergraduate students from Chancellor College, Prof Strumpf as Project Director, the Zomba District AIDS Coordinator, a music specialist as Music Coordinator, and a drama specialist as Drama Coordinator. The primary aim of the project was to collect information from villagers regarding their understanding of and attitudes toward AIDS and AIDS patients, and their ways of thinking in relation to care for AIDS patients. This was participatory research using the medium of music and drama presentations to deliver messages back to the people following a collection of context and performance information in the course of research. The pre-performance presentation research aimed at learning local people's songs, poems and jokes that could be incorporated in improvised musical plays.

According to the documented summary of this project, the research's simple approach focused on collecting existing local performance information aspects based on genre (e.g. song, sketch, skit, joke and poem); setting (location and time of day); participant relationships (friends, relatives or strangers); duration of performance; sequence of events; language of performance; and other pertinent contextual information, such as costumes, gestures and audience comments. Six villages were targeted for the project's data collection activity. The project ran from July to September 1994. A schedule was drawn and followed for the four days spent in each village. Each schedule involved familiarisation with the local people; investigation through unstructured interviews at participants' homes and other gatherings; evaluation of the collected data to be used in songs and plays; and creation of songs and drama pieces, rehearsals and afternoon village performances.

[35] In the course of my research discussions with Prof. Strumpf, I attended the 2012 International Ethnomusicology Symposium at the University of Dar es Salaam (31 July to 4 August) where I also read a paper based on extracts from my current research. This gave me further opportunity to interact with Strumpf, the Symposium Chair, on my on-going research and other symposium participants from Malawi. The outcomes of this interaction culminated into the details of the Music and Drama AIDS project presented here. I am also grateful to Strumpf for his initiative to send me a documented summary of the project, which he obtained from his friend Dr. Whitman during a holiday in the US soon after the symposium, according to our facebook communication: "Dr. Whitman who was in Malawi many years ago gave me what he saved from a lengthy report I wrote on the success of the AIDS Theatre work I organized MANY years ago" (Strumpf, 14 September 2012)

The different approaches followed by the research team were friendliness, interest in the community and their problems, listening rather than imposing, and indirect inquiry to ensure that they engaged the local people in a discussion. In this regard, the team participated in the villagers' daily activities such as peeling vegetables, pounding grain, constructing house roofs, washing food utensils, and drawing water from boreholes for domestic use in the participants' homes. In addition, the research team participated in traditional dances, played local games, once attended a funeral, and took part in church services.

Of particular importance during this period was the identification of community members who had interest in music and drama or who were well-known local performers. These were incorporated in the music and drama productions for the community performances. The well-known performers also contributed local songs that were later arranged to suit the planned performances. This process is in line with Petra Kupper's (2007:3-4) definition of community performance in which he views community performance as work that facilitates creative expression of a diverse group of people for aims of self-expression and change. Community performances are communally created with a thematic field opened up by facilitators. In the current case, the student field researchers were the facilitators.

The music and drama productions that resulted from this process were presented separately in the six villages through audience participation. The music was presented independently and as part of the plays with texts supporting the ideas being presented in the plays. Newly-composed songs, famous traditional local tunes, and songs from children's games formed part of the music.

4.4.1 HIV/AIDS Ideas Gathered

My discussions with Strumpf (3 August 2012) and a review of the project's documented report revealed a number of local conceptualisations regarding HIV/AIDS that were gathered and performed during the Music and Drama AIDS Prevention and Care Project. A wide range of local ideas regarding HIV infection, spread, perceptions and care for HIV patients were collected which included human sexual behaviour, roles of parents and elders, issues of intra-community migration, stigma and discrimination, protected and unprotected sex, initiation rites, cultural beliefs and traditions, economic challenges, religious views, and the role of government.

It was clear to me from a study of these findings that a number of local perceptions regarding HIV/AIDS have changed over the years compared to my recent field research experiences in the area. For example, communities around Namasalima have embraced the idea of forming HIV/AIDS support groups as a demonstration of their mindset shift regarding causes, spread and management of HIV/AIDS. Through these groups, members continue to share knowledge about prevention of the continued spread of HIV and discouragement of stigma against HIV-positive individuals among others. Commenting about the activities of Namasalima Support Group, NAPHAM Project Coordinator Mr. Chikuse said in an interview:

> They are doing well. All they need to properly understand is how group therapy and support therapy operate. They need more funding to help them carry out activities regarding this area. Otherwise, this is the best support group that is also recommended by other organisations working in the same area. (Chikuse: 11 January 2012)

Therefore, one can conclude that the music and drama performed during the Music and Drama AIDS Prevention and Care Project contributed to this change in perception in some ways as the summary evaluation in the report given below also suggests. This also supports my position that HIV/AIDS intervention music projects in both rural and urban locations should be ongoing as long as the pandemic is around so that younger generations should learn, participate in, and embrace the dissemination of HIV/AIDS messages in their current form. As the music entertains audiences, it also helps to educate them about ways of dealing with social, economic, and in this context, health challenges, through relevant messages as advocated by a variety of experts.

I now summarise the documented local ideas and perceptions about HIV and AIDS from all the six villages that the Music and Drama AIDS Prevention and Care Project targeted as follows:

1. Regarding the transmission of HIV:

   Men are responsible for the transmission of AIDS; anyone can be infected through touching an AIDS patient, his or her clothing, through inhaling their breath, by being too close to them, and through a hand shake; mosquitoes spread AIDS; men sleep with menstruating women to replace lost blood and they get infected.

2. Regarding the spread of HIV/AIDS:

   A great deal of promiscuity by both young and old people helps to spread AIDS; AIDS is spread in the village by people coming from elsewhere, e.g. the lakeshore area, cities and the nearby trading centres; men get cleansed naturally from AIDS as long as they abstain for one week; HIV-positive people deliberately spread HIV so that they should not die alone; AIDS is a hereditary disease just like migraine; AIDS is not a disease but witchcraft; poverty leads to AIDS.

3. Regarding knowledge about the dangers of HIV/AIDS:

   Many women have died and left orphans; only three people have died so AIDS may not be that dangerous; only one woman died of AIDS in our village, so what is the fuss about?

4. Regarding HIV/AIDS, culture and beliefs:

   Sex provides vitamins to women and we must not deny them; AIDS is a youth problem because parents never had AIDS in their youth; a widow must be released to remarry through sex rituals; no one can abstain from sex, otherwise they will die with passion; AIDS is a local disease that has existed for a long time but has just recently been rebranded; AIDS is spread through water in a river when someone takes a bath upstream infecting everyone down steam; a woman's intestines become entangled if she cannot have sex for a long time; you cannot talk about AIDS to your own children because it involves talking about sex; it is prestigious to have many women and some women find it prestigious to have many men.

5. HIV/AIDS and the Government:

   Government employees are in the forefront spreading AIDS and blame it on locals; the government should separate AIDS patients from the community and even kill them off; government should encourage circumcision in hospitals rather than at boys' initiation camps; the government is helping the spread of AIDS through distribution of condoms; the government should arrest bargirls because they are spreading AIDS.

6. HIV/AIDS and safe sex:

   Using a condom removes trust; sex is not enjoyable with a condom; women fear that condoms will break inside and stick in there leading to damage of the womb; HIV-positive

people live long and they need sex, but condoms are not reliable to prevent the spread; women cannot demand condoms because men threaten them; men throw free condoms away because they delay them during sex; condoms kill the real human being and are useless like masturbation; everyone is already HIV-positive so there is no need for condoms.

7. HIV/AIDS and religion:

   It is a sin for any woman to refuse having sex with a man; using a condom is committing murder; AIDS started because things went wrong right in the garden of Eden; AIDS is punishment from God because we have been busy praising our president instead of God; AIDS is God's punishment for sinners; the Ten Commandments will protect from AIDS; sperms are given by God for producing children not putting in condoms and throwing in toilets.

8. Care, stigma and discrimination:

   Caring for an AIDS patient is not safe; caring for AIDS patients is a waste of time because they will die anyway; marriages must break up if one member of the couple is HIV-positive; there is no need to give food and good things to AIDS patients but those who will live on.

This sample of local ideas regarding HIV/AIDS existed in 1994 in the areas under study when knowledge about HIV/AIDS is believed to have been lower than is currently the case. Nevertheless, these ideas have shaped the current perceptions, helping the local people to reject wrong beliefs and views and embrace authentic facts. Again, this was demonstrated by the willingness of community members to form HIV/AIDS support groups where issues about AIDS are discussed and ways of managing the disease are shared.[36] Change in any local community is a gradual process, but consistency in advocating for every kind of change is a sure way of obtaining positive results. Critically, consistent use of music and other arts in this advocacy is a more reliable means of initiating change in view of the potential impact that music has on individuals and communities as discussed in Chapter Two of this thesis.

[36] According to Namasalima Support Group introductory remarks made by the director of ceremonies during the meeting that I attended, representative committee members from other support groups attended the meeting. (Kondwani Kandulu: 11 January 2012)

According to the documented report under discussion, seven songs were composed or arranged and incorporated in the drama presentations. Four plays are particularly discussed in the report, translated in English as: My Disobedient Son, A Promiscuous Woman, Let Us Care for People with AIDS, and Everyone's Duty is to Prevent AIDS. Some of the songs that were performed to accompany the plays in the course of the project are translated below in English:

Song One

Hello everyone, we have met today
We want to conquer AIDS
All of you come out of your houses
Let's unite to conquer AIDS

Song Two

Listen, my child, there is a dangerous disease out there
It is claiming lives of millions
AIDS is its name, my child
There is no cure for AIDS
Death awaits the AIDS patient
But do not contact it please, my child
Don't leave me alone, my child
Don't do it deliberately as if you were not warned

Song Three

Look at this woman
She has sold her life to AIDS
She will see the consequences
We will all see the consequences
If we indulge in the same behaviour

Song Four

Today mother is gone, watch out
Tomorrow brother is gone, watch out
Do not exchange toothbrushes, watch out

Do not share razor blades, watch out
Avoid unqualified doctors, watch out
Avoid promiscuity, watch out

Song Five
We all said it was hearsay
Today it is a fatal epidemic
We have already lost many friends
Some said it was not true
Today is has spread widely
We have already buried many of our sisters
Dear friend, watch out
You have a long life
You have a role to play in this world
God gave you life, energy and wisdom; use them appropriately
Your body is the house of God, built by the Almighty God
Do not misuse the house of God
- Music and Drama AIDS Prevention and Care Project (1994)

Clearly these songs captured local perceptions and ideas regarding HIV/AIDS. However, ideas captured in song number five above are particularly crucial in that they are presented uncritically to reflect prevailing local understanding. For example, line six of song number five talks about burial of "our many sisters" who died of AIDS. It is interesting to note that it is only sisters, i.e. women, who are said to have died of AIDS and not men. This is a reflection of the findings in which, according to the documented report, respondents in all villages mentioned women as the only people that they knew as having died of AIDS. The prevalent local view that women are the only victims of AIDS is also perpetuated in song number three. According to song number three, the woman is portrayed as the first victim of AIDS and serves as an example for others not to follow her behaviour. Moreover, except for the mention of brother in song number four, men are not mentioned explicitly in any of the song examples either as victims or equal spreaders of AIDS. The mention of God in song number five is also an attempt by the performers to tackle issues of HIV/AIDS from a religious point of view. This is in line with a considerable number of respondents who expressed their religious opinions regarding the pandemic as the documented local ideas

indicated. I made a similar observation about the deep religious roots of the Namasalima area when I conducted my field research. The meeting of the Namasalima Support Group that I attended started with a prayer and was closed with a prayer as well. This appeared to be a consistent tradition in the support group as the remarks made by the NAPHAM District Cordinator showed:

> *Poti tinatsekula ndi pemphero, ndikhulupirira kuti ndibwino kuti titsekenso ndi pemphero. Bwanji atipemphererenso amene anatitsekulira aja.*
> Since we opened [the meeting] with prayer, I believe it is proper that we close it with prayer as well. I ask that the one who opened for us [with prayer] pray again [to close the meeting]. (Chikuse, 11 January 2012)

See also section 4.2.1 on the structure of the support group's weekly meetings.

4.4.2 Project Evaluation

According to the Project Director (Strumpf, email: 11 October 2012) and the report itself, the project was a success in that it helped change local people's wrong perceptions, educate them on standard interpretation of issues reading HIV/AIDS, entertain them, involve them in dealing with local health challenges, grant them the platform to speak out their views, and equip them with new knowledge about the disease. A total of 1200 people attended the performances. Comments gathered at the end of the music and drama performances were:

1. People enjoyed themselves
2. Women said they were ready to use condoms but they needed to convince the men
3. People learnt a lot on caring for AIDS patients
4. People understood that it was not only men who could spread AIDS, but women too
5. Entertainment is good but embracing the message in the music and plays is critical
6. Condoms still encourage fornication and promiscuity regardless their being defended
7. To stop AIDS government should distribute money and food to avert poverty
8. Sex is sweet, therefore no song, play or advice can stop people from doing it
9. Women should treat their husbands well in order to keep them away from other women

- Music and Drama AIDS Prevention and Care Project (1994)

It is clear from these comments that a significant change in attitudes of the local people about HIV/AIDS was achieved through the music and drama presentations that the communities participated in. However, some of the comments suggest that people held to their original opinions regardless of the attempts made through the project to have them changed or

adjusted. Nevertheless, what changed or improved among the people would go a long way to influence more changes as people's understanding and knowledge increased with time. Perhaps this explains the different changes in HIV/AIDS perceptions that I personally experienced in the same area during my recent research as the communities in the area freely participated in NGO-initiated HIV/AIDS projects and committed themselves to regular discussion and health promotion meetings. Music sticks in the memory and as people recall community events such as these long after they have taken place, it is the music that brings to their mind lively pictures and re-lived experiences as they sing audibly, hum to themselves, or think about a particular tune. This recall helps to improve the level of understanding issues in the concerned individuals and influences a change in opinion. Such is the power of music.

In her article on the importance of music in religion, Ruth Parrot quotes Steven Fischbacker concerning the ability to recall and relive past events through the power of music as follows:

> When you hear a certain piece of music your mind is often transported very vividly to a place or a memory that means something to you. Like the sense of smell, songs are highly evocative and can bring back memories of significant times, places and people...Research shows that when you join up words and music, information is moved from the left side of the brain over to the right where long time memories are stored. (Parrot 2009:7)

From this statement, one can conclude that a thought or a shift in one's thinking depends on concrete, highly visualised experiences of the individual (Lewis and Wamsley 2006:21). Thus, all thinking proceeds from the concrete (what one sees, feels or hears) to the abstract, and from the visible to the invisible (imagination, reflection and determination for action).

Regarding the need for sustained efforts through music to intensify behaviour change messages, rural adults especially continuously need HIV prevention messages. More than 84% of Malawian adults live in rural areas (NSO, 2005), where most people have limited access to HIV prevention information and resources. Although HIV rates are lower in Malawian rural areas than in urban centres, the latest data suggest that HIV prevalence in rural areas is increasing rapidly (NSO, 2005). Rural adults in particular have continued to practice risky sexual behaviours, including multiple sexual partnerships and low condom use (Helleringer and Kohler, 2007:17). Changing these behaviours requires improving knowledge deficits and eradicating negative attitudes that sustain risky behaviours. This is where continued interventions through music and related arts can play a crucial role judging from

the numerous positive comments that were drawn from the Music and Drama AIDS Prevention and Care Project.

4.5 Music at Antenatal Clinics

A unique way in which music is used as intervention for health and HIV/AIDS in particular in Malawi occurs within antenatal clinics. According to the Maternal Care Manual (2006) of the Perinatal Education Programme in Antenatal Care, the primary objective of antenatal care is to allow health care providers to establish contact with expectant women and identify and manage their current and potential risks and problems. This creates the opportunity for women and their health care provider to establish a delivery plan with regard to their unique needs, available resources and prevalent circumstances. The delivery plan identifies the women's intentions about where they will deliver their child, which health care assistant will attend to them, and contingency plans in the event of complications such as transport and place of referral.

Treatment for existing health conditions is also undertaken at antenatal health facilities. In particular, HIV testing is conducted at least once during the pregnancy, especially before the third trimester of the pregnancy (Maternal Care Manual 2006). Regular education on health and hygiene offered to the clients is of paramount importance at the antenatal clinics. Such education is conducted in a variety of ways. As Kalipeni and Kamlongera (1996:56) observe, daily health talks at Malawian clinics, health centres and hospitals are an important source of information for health services' seekers. Such daily talks are supplemented by music performed by the clients and facilitated by the caregivers particularly at the antenatal care facilities in Malawi.

Gladys Chimombo is the HIV/AIDS National Trainer of Trainers in the South Eastern Zone of Malawi. Based at Ntaja Health Centre in Machinga District, Chimombo is an enrolled nurse who received her training in general nursing at the Christian Hospitals Association (CHAM) affiliated Trinity Nursing School in Nsanje District between 1995 and 1998, and in psychiatric nursing at the Malawi College of Health Sciences in Zomba between 2004 and 2005. Having demonstrated outstanding skills in practical nursing, Chimombo was nominated for interviews and training in community HIV/AIDS education to train nursing professionals, administrators and HIV/AIDS coordinators from government institutions and different NGOs

nationally on the best practices regarding management of HIV/AIDS in rural communities. In her own words, Chimombo described her role as follows:

> I am a National Trainer of Trainers. Basically working at South East Zone but for HIV and AIDS I do facilitate any district in Malawi. Trinity Nursing School 1995-1998. Psychiatric Nursing in Zomba 2004-2005 [...] (Text message: 21 November 2012)

Ms. Chimombo became one of my research participants during my field research and she provided me with important information regarding the role of music at antenatal clinics, which I discuss in this section.

4.5.1 Antenatal Health Education

Malawi's health care system provides free care, delivered via a nested system of dispensaries, posts, clinics and hospitals (Wheeler 2011:8). In this system, district hospitals and rural health centres provide health outreach services in their surrounding areas as one way of reaching distant health care seekers. Health professionals travel almost every day to a village to provide basic health services, conduct health monitoring, and provide health education at mobile clinics to mostly expectant and new mothers who otherwise would have to walk five or more hours to the hospital. Health educators begin each clinic with singing and lecture demonstrations on various topics, ranging from basic hygiene to breastfeeding. They also distribute, when available, flour made from a combination of maize, beans and peanuts, and powdered milk.

The following topics form part of the educational activity related to antenatal care that the health providers give: choosing the safest place for delivery; clean delivery; major symptoms of pregnancy complications; where and when to seek care for complications; exclusive breastfeeding; maternal nutrition; immunisation; family planning; and STD/ HIV/ AIDS prevention (See also UNFPA, *Reproductive health in refugee situations: An inter-agency field manual*). To enhance memory of these health education messages, compulsory singing is enforced on the pregnant women before they are attended to individually. It is also believed by the health care givers that through the songs the women will socialise practically with one another and relax from any anxiety. This is also good for the health of the unborn child as the mother's healthy mind contributes psychologically to the unborn child's mental wellness. UCLA trained ethnomusicologist Jessie Wheeler who conducted research on antenatal songs in northern Malawi notes that songs at antenatal clinics treat many of the same subjects as the

lecture demonstrations. Thus, the lectures and songs act as "two types of illocutionary speech acts that reinforce each other" (Wheeler 2011:1).

According to Wheeler, the music is typically antiphonal in structure, with call-and-response between one leader (a health professional facilitating the clinic) and a chorus (the clinic clients) that sings in harmonies of usually three parts. There is celebratory emphatic ululation during the singing amidst laughter and jokes as the women discuss about those friends who have singing challenges. This mood is also critical as it helps to sustain a sociable atmosphere.

4.5.2 HIV/AIDS Antenatal Song Examples

The music at antenatal clinics focuses on a wide range of issues as the current discussion demonstrates. However, it is common nowadays for the women to sing about AIDS as they discuss different themes in the songs. The first song example performed at the Ntaja Health Centre highlights the importance of HIV testing especially for pregnant women.

Azimayi oyembekezera akayezetse magazi	Expectant women should go for blood testing
Azimayi oyembekezera akayezetse magazi	Expectant women should go for blood testing
Akayezetse, ee!	They should go for testing, yes!
Kuti adziwe, ee!	So that they know, yes!
Za mthupi mwawo, ee!	What is in their body, yes!
Athandizidwe, ee!	In order to get help, yes!
Azimayi oyembekezera akayezetse magazi	Expectant women should go for blood testing

- Ntaja Health Centre (Chimombo: 21 November 2012)

The message in the song is simple: pregnant women must go for HIV testing in order to know their HIV status. Performed by pregnant women themselves, the song's message is one of encouragement to those women who fear HIV testing because they do not want to be psychologically disturbed in case they are found to be HIV-positive. This song was created at the time government encouraged voluntary testing and counseling (VCT) as opposed to the current approach known as HIV Testing and Counseling (HTC) in which HIV blood testing for pregnant women is compulsory so that they are immediately introduced to ARVs when found to be HIV-positive (Chimombo: 21 November 2012). The song is still relevant in the current scenario as it helps to inculcate in the women the view that it is normal nowadays to

go for HIV testing when one is pregnant. In this case, singing at antenatal clinics helps to clear fears, mysteries and unproductive traditions and beliefs concerning AIDS.

The message of the next song encourages care for AIDS patients on the understanding that they are human beings as everyone else. The song further discourages prevalent myths regarding how people can contract HIV. Thus the women singing this song at the antenatal clinics (as caregivers at the household level themselves) help in clearing misconceptions about AIDS among themselves and propagating messages of love and support for those suffering from the pandemic. The song is discussed below to reflect on this local interpretation of the song.

Odwala Edzi ndi munthu timusamale	An AIDS patient is a human let us care for him/her
Odwala Edzi ndi munthu timusamale	An AIDS patient is a human let us care for him/her
Ngakhale kudyera limodzi sitingatenge	Even eating together we cannot contract
Ngakhale kuyenda limodzi sitingatenge	Even walking together we cannot contract
Odwala Edzi ndi munthu timusamale	An AIDS patient is a human let us care for him/her

- Ntaja Health Centre (Chimombo: 21 November 2012)

By underscoring that an AIDS patient is a human, this song aims at discouraging stigma and discrimination towards HIV-positive individuals. The word "human" is used in this song as opposed to "animal". Locally, animals do not receive that same care and attention as a human being would. For example, a pet is fed using separate utensils and not those used by people in the home. Because of negative myths about HIV-positive individuals, there could be a temptation to treat AIDS patients as pets by according them a lower status because of their infection. This view is clearly suggested in the song by the words "even eating together [with them] we cannot contract [AIDS]."

The words "even walking together we cannot contract HIV" further point to the fact that AIDS patients are not inferior with whom we cannot socialise, share stories and work together. In other words, "walking together" entails a number of things that humans freely do together. In this case, the song attempts to address intimate issues among the women and contributes to the breaking of the culture of silence that often exists in homes with regard to care for HIV-positive family members. Again, from this viewpoint music at antenatal clinics serves the purpose of HIV/AIDS advocacy as women clients at such clinics engage in free and unhindered common interactions.

4.5.3 Other Antenatal-Based Intervention Songs

Music at antenatal clinics is not limited to songs about HIV/AIDS as earlier pointed out. A variety of issues are discussed in different antenatal songs, making it difficult to categorise the messages that one may expect in such songs. Accordingly, it is safe to state that women attending antenatal clinics take advantage of such music forums to discuss as many health-related issues as possible through the medium of songs, as long as such issues affect the community in which they live. For example, the song that follows suggests that mothers need to observe good nutrition for the health of their babies.

Mwantani mwana akulira, ee?	What did you do to the baby for it to keep crying?
Mwantani mwana akulira, ee?	What did you do to the baby for it to keep crying?
Akulira chifukwa chosowa	It is crying because it is craving for
Zakudya za magulu atatu, ee	A well-balanced diet
Akulira chifukwa chosowa	It is crying because it is craving for
Zakudya za magulu atatu, ee	A well-balanced diet
Mwantani mwana akutupa, ee?	What did you do to the baby for it to become swollen?
Mwantani mwana akutupa, ee?	What did you do to the baby for it to become swollen?
Akutupa chifukwa chosowa	It is swelling because it is lacking
Zakudya za magulu atatu, ee	A well-balanced diet
Akutupa chifukwa chosowa	It is swelling because it is lacking
Zakudya za magulu atatu, ee	A well-balanced diet

- Queen Elizabeth Central Hospital, Blantyre [37]

The song starts with a question that is familiar to the mothers attending the antenatal clinic before providing an answer. This is a typical example of good communication of important messages at antenatal clinics. The question is about the ceaseless crying of the baby, a situation that causes irritation and frustration among mothers. Having painted this irritating and frustrating picture, the song explains that the baby is crying because it is under-nourished. According to child health education, the baby needs a balanced diet made of the different classes of food such as proteins, carbohydrates and vitamins. This is one common message that the mothers receive at under-fives clinics. As a way of preparing them for good motherhood following their delivery, this song is regularly performed at antenatal clinics even before the baby is born.

[37] This song was performed by women attending antenatal clinic at the Queen Elizabeth Central Hospital in Blantyre in 1995. I recorded the song from one of my research participants, Cecilia Nthala (2012), who was one of the clinic clients at the time this song was performed.

The song further touches on another symptom of malnutrition in babies (assuming incessant crying is one of them) and that is swelling of the tummy and sometimes limbs. Again, according to the song a well-balanced diet is the solution to the babies' swelling problem. This may be the simplest way of problem diagnosis and solution prescription through song that nevertheless attempts to alert mothers about dangers of negligence in food provision to their babies. In real sense, malnutrition may also make babies vulnerable to infection, a factor that songs such as the one under discussion also typically talk about. Regarding the potential of malnutrition in spurring infection in babies and leading to their death, medical doctor Susan Cole-King reports from her research finding in Malawi as follows:

> Thus the overall picture emerging from the information available is that children in Malawi die from common infections superimposed on widespread underlying malnutrition. As in many underdeveloped countries it is this synergism between infection and malnutrition, evidenced by a high mortality from measles and prevalence of 'weanling diarrhoea', which is responsible for the high childhood mortality figures. (Cole-King 1975:185)

According to Cole-King, there is synergism between infection and malnutrition. In other words, some of the infections that attack babies are unnecessary as they could easily be dealt with by continuously and consistently providing the babies with a good diet. A number of local health education songs are brief and communicate specific isolated messages, to emphasise such messages and make them easy to memorise. However, other health education songs are quite comprehensive especially when performed in a story form or as a narration, as the following example demonstrates:

Inu mayi, mwana wathanzi	Mother, a healthy baby
Chuma chamtsogolo	Future wealth
Mudyetseni, mwana wathanzi	Feed it, a healthy baby
Chuma chamtsogolo	Future wealth
Msambitseni, mwana wathanzi	Bathe it, a healthy baby
Chuma chamtsogolo	Future wealth
Muvekeni, mwana wathanzi	Dress it, a healthy baby
Chuma chamtsogolo	Future wealth
M'pite naye, mwana wathanzi	Go with it, a healthy baby
Chuma chamtsogolo	Future wealth
Ku sikelo, mwana wathanzi	To the clinic, a healthy baby
Chuma chamtsogolo	Future wealth
Akalandire, mwana wathanzi	Let it receive, a healthy baby

Chuma chamtsogolo	Future wealth
Katemera, mwana wathanzi	Vaccination, a healthy baby
Chuma chamtsogolo	Future wealth
Wa chikuku, mwana wathanzi	Against measles, a healthy baby
Chuma chamtsogolo	Future wealth
Wa poliyo, mwana wathanzi	Against polio, a healthy baby
Chuma chamtsogolo	Future wealth
Wa chifuwa, mwana wathanzi	Against coughing, a healthy baby
Chuma chamtsogolo	Future wealth
Wa kafumbata, mwana wathanzi	Against tetanus, a healthy baby
Chuma chamtsogolo	Future wealth

- Mtendere Health Education Band, Chilipa, Mangochi (1990)[38]

In the song, a healthy baby is compared to the future wealth of its mother. As her future wealth, the mother is advised to care for the baby. The process of care required for the baby is described step by step: bathe the baby, feed the baby, clothe the baby, take the baby to the clinic, and have the baby immunised against all recognised under-fives diseases. Performed in a call-and-chorus style, this song is quite interactive and helps the women to recall the different "steps" of care for their babies. Again, performed during their antenatal period the song prepares the women for the care of their future babies.

From this discussion, the power of music at antenatal clinics is demonstrated through education, socialisation, reminders, and above all through the initiation of a shift in the mindset especially with regard to HIV/AIDS. Performed before the birth of the child (in the case of antenatal clinic music) and during the early years of the child (when the music is performed at under-fives clinics), this kind of music ensures that messages about AIDS are embraced early enough by the mothers and applied on their children as the children themselves grow.

4.6 The Church, Music and HIV/AIDS: A Case of Holy Ghost and Evangelism Ministry

It is critical at this point to reflect on a case study from a Malawian church orientation in order to present a holistic picture of the role of music in different spheres of life with regard to HIV/AIDS. The case study is a description of the outcome of my research inquiry at the Zomba-based Holy Ghost and Evangelism Ministry (HOGEM). This inquiry is premised on

[38] I recorded this song at Chilipa Health Centre in Mangochi district during the assessment of local health bands and drama groups commissioned by the Health Education and Sanitation Programme (HESP) of the Machinga Agricultural Development Division (ADD) in December 1990.

the value that Malawian churches place on music. For example, in its motivation on celebrating the power of music, the Church of Central Africa Presbyterian (CCAP) Synod of Blantyre outlines several reasons to justify the "healing, nurturing and praising value of church music" (2012). These reasons, which I categorise below based on the different outlined roles of music according to the CCAP Synod, represent similar values placed on music by different Malawian churches.

On the role of music in Christian evangelism, the CCAP Synod acknowledges that music has always been used as a vehicle for spreading the Word of God. The Synod thus observes that most Malawians have become Christians by receiving the Word of God through music. On the role of music in worship, the Synod states that music makes church services lively. In addition, music helps people to praise and honour God; hence sustain a spiritual life. This is true for corporate worship and individual worship. On the economic value of music, the Synod believes that most Malawian musicians have become self-employed by using the music skills that they learned in the church. The self-employment cited includes conducting gospel music shows where audiences pay a fee as a way of appreciating and supporting the music talent.

According to the Synod, church music is also used at social events such as wedding celebrations, engagements, church fund raising and counselling sessions. Those in leadership position at any organisation have always received counselling, advisory and encouraging messages through church music according to the Synod. During moments of despair, church music is used during funeral ceremonies in order to comfort, give hope to the bereaved and honour God. In particular (and perhaps to emphasise the gender balance), the Synod states that women use Church music when they are cheering the sick, conducting public revival evangelism rallies and in turn many people submit themselves to Jesus as their Lord and personal Saviour.

Finally, and significant for this study, the Synod reports that HIV/AIDS patients have been assisted with helpful messages communicated to them through gospel music. Church choirs visit AIDS patients in their homes and in hospitals and sing to them songs of hope and healing. As these patients listen to the songs they are cheered up and their faith in God is encouraged. However, church choirs are not common in Malawian Charismatic churches such as HOGEM. Musical groups that are common in such churches are praise and worship teams

and individual recording music artists. In view of this difference, Charismatic churches use their music for healing purposes through different approaches from evangelical churches such as the CCAP. Moreover, CCAP minister Archwells Katani describes music in the Charismatic-Pentecostal circles as being characteristic of "clapping hands, using instruments, dancing whilst singing or even shaking one's body" (2008:92). He further observes that Pentecostalism and the Charismatic movement have had a powerful influence on mainstream churches in Malawi since the 1980s in terms of the musical expression:

> In a way, Pentecostalism and the Charismatic movement that has a Western background assisted mainstream churches to rediscover their members' own roots. What previously was not allowed in the church gradually entered the church. Clapping of hands became evident here and there, as well as the singing of choruses, using traditional instruments and dancing whilst singing. (Katani 2008:92–93)

In the sections that follow I discuss these different Pentecostal-Charismatic approaches to music and their perceived relevance in corporate and individual worship as far as holistic healing of individuals is concerned. In this regard, I will use the HOGEM case study as presented in the following sections.

4.6.1 Holy Ghost and Evangelism Ministries

Holy Ghost and Evangelism Ministries (HOGEM) headquarters is located in central Zomba City. Though identified as a ministry, the organisation operates as a church with proper records of membership and different operational departments such as women's department, men's department, youth department, children's department, and compassionate department. The church was founded by Allan Jiya as a charismatic fellowship in 2003 and has a total membership of about 200. Five pastors serve in the church, which has a few branches scattered in the remote areas of Zomba.

According to the 2008 population census, Zomba has a population of slightly over 583, 000 with less than half of the population (225 000) occupying the city area. The number of churches in the city is astounding–each with separate histories, leadership and centres of influence, and each with daughter congregations spread throughout the district. Since early 1990s there has been a rapid growth in Pentecostal-Charismatic Churches (PCCs) in the city. There are currently more than forty church denominations of Pentecostal, Charismatic and

Evangelical persuasions.[39] Despite the complex mixture of the PCCs and regardless of their particular denomination or doctrinal persuasion, they share a central emphasis on gifts of the Holy Spirit. Spiritual healing is also a key aspect that is administered through prayer, fasting, the laying of hands and other practices.

The style, structure, content and texture of the music in HOGEM are similar to many PCCs in Zomba in particular, and in Malawi in general. The same kind of music is performed during virtually every HOGEM church activity: Sunday morning worship services, afternoon services, intercessory prayer services, home care group meetings, mid-week services, evangelistic outreaches, weddings, funerals and individual prayer and counselling sessions. In general, the music used in corporate worship is categorised as praise and worship songs, performed as a unit. In essence, Praise and Worship Music has become a kind of music genre in all PCCs in Malawi over the past three decades.

[39] This figure comes from the records of the Zomba-based Christian Ministers Fraternity, a grouping of church ministers from Evangelical, Charismatic and Pentecostal backgrounds, of which I was a member since 1996 and its five-time Chairman and three-time Executive Committee member serving in different portfolios until 2007. During the term of my Chairmanship, the fraternity had a total of 38 registered members representing the different denominations within the city and in the immediate outskirts of the city.

Fig. 14: Church members captured dancing during Praise and Worship in this evening service at another Zomba-based PCC, Christ-Citadel International Church (CIC) – Photo taken by author (31 December 2011)

In this genre of music for corporate worship, praise songs are followed by worship songs. Praise songs are fast and jubilant, while worship songs are slow and meditative. During the praise and worship sessions of a church service, members sing, dance, clap hands, ululate and whistle as part of the praise segment, before they slow the music down, close their eyes, lift their hands or kneel down in the worship segment. The number and length of songs is determined by the worship leader(s) who must "remain sensitive to the leading of the Holy Spirit" (Jiya, interview: 8 January 2012). Towards the end of the worship segment members are allowed to corporately lift their voices or whisper in prayer while standing, sitting, kneeling or lying prostrate as they feel. The worship segment may be repeated a number of times through singing of different slow and meditative songs and subsequent episodes of prayer. The praise and worship, which lasts about one hour, is followed by preaching and is repeated before and when praying for people with individual needs. It is during the prayers for individual needs that the role of music in healing is emphasised in all PCCs.

According to renowned praise and worship teacher, Bishop Moffat Mbale (1995) of Blantyre-based Kingdom Keys Mission, the concept of praise and worship as practised by PCCs is

premised on a number of Biblical tenets. Mbale discusses seven physical expressions of praise and worship with scripture references, namely: standing as a sign of respect to God (Psalm 13:1); raising hands as a sign of total surrender to God (Psalm 28:2); clapping hands as a sign of praise for victory (Psalm 47:1); bowing down as a gesture of reverence (Psalm 95:6); falling prostrate as a sign of humility before God (Revelation 1:17); dancing as an outward expression of inner joy for what God has done (1 Chronicles 15:29); and silence as a gesture of honour and total dependence on God (Psalm 46:10). He further postulates that all believers in God are priests to Him (1 Peter 2:9) and that they must offer a spiritual sacrifice of praise and worship through singing beautiful melodies and physically expressing themselves in different ways.

All Malawian PCCs seem to agree with Mbale on how music should be celebrated in church and how significant this celebration is regarding the relationship between humans and God. Furthermore, as the individuals express their joy through singing and dance, they establish a strong divine connection from which they draw their physical, emotional and spiritual healing. For the PCCs modern musical instruments such as keyboards, electric guitars, jazz drums and bass guitars are an integral part of corporate praise and worship. Where these are not available, traditional drums, tambourines, whistles and handclapping are used in most Malawian PCCs. As Parrot also observes regarding [modern] Christian worship:

> Most Christian worship involves singing accompanied by instruments. The Bible has many references to music: dancing, singing and playing instruments. Psalms are songs of praise to God and in them are many references to music and the playing of instruments to the glory of God. (2009:24)

Clearly, the instrumentation in all its forms helps to facilitate the rhythm for the dance and other gestures in the Malawian PCCs. For Pastor Jiya of HOGEM music plays a big role in his ministry. He does not preach without the facilitation of music because "in music there is healing, salvation and deliverance" (Jiya, interview: 8 January 2012). According to Jiya,

> God loves music. As we worship heaven comes down. God dwells in the praises of His people according to Psalm 22 verse 3. [The] devil's works are destroyed through music.
>
> Moreover, music originated from God. Angels are the best musicians. When the angels sang *"Ulemerero, ulemerero, ulemerero ukhale m'mwamba; mtendere pansipa kwa anthu onsewo; ulemerero m'mwamba!"* [Glory, glory, glory to God in the

> highest; and peace and goodwill on earth toward men; glory in the highest!], it bears testimony to what angels do on daily basis. They sing. (Interview: 8 January 2012)

Jiya gives a number of reasons as the basis for his support of church music in corporate worship. Music originated from God; God loves music and that is why angels sing for God daily; music draws God's presence in the congregation; and music is a weapon against the devil's works (as the Higher Power replaces the evil powers that may be present in the congregation). This replacement theory of evil for good, sickness for healing, trouble for peace, sin for holiness, and turmoil for tranquillity through Christian music is a consistent theme in all PCCs. According to Jiya, and in consistence with the perspective of all the PCCs, sickness and suffering represent the works of the devil and music, in corporate and private worship, is capable of attracting the power of God to destroy such works. As the pain, suffering, troubles and turmoil get destroyed healing takes place.

4.6.2 Church Music and HIV/AIDS: The Healing Process

In section 4.4 I reported on the ways in which the CCAP Synod of Blantyre perceives the relevance of the healing, nurturing and praising value of church music. One of the roles of Christian music mentioned in the CCAP write-up is to communicate helpful messages to HIV/AIDS patients. As sufferers of a concomitant of ailments (social, economic, physical and emotional) HIV/AIDS patients benefit from church music through healing of some (or all) of these ailments. Malawian churches package their music through different media of performance in order to worship God and meet the needs of their members. Well-known categories of music are hymns, choruses, choral songs and special songs presented as solos, duets and quartets. These categories include traditional and contemporary forms that reflect both Western and local influences. As a result, these are often accompanied by a cross-section of music instruments depending on denominational preferences and inclinations.

Notwithstanding this wide music landscape, the process of healing *vis-a-vis* Malawian church music takes definite routes that are understood by every congregant. Hymns are sung inclusively with the expected participation of all. Similarly, choruses (repetitive music forms of one or a few inspired ideas) are meant for congregational corporate singing, but are characterised by body movements as described earlier in sections 4.6 and 4.6.1. Choral music and special songs are meant for listening: to encourage reflection on God and His power; to promote meditation on the message of the songs; to call to repentance or change; to remind

events from scriptures; to help memorisation of scriptures; and especially in Malawian local songs, to narrate stories that are analogous to Christian values and teachings. Contemporary Malawian church choir songs contain HIV/AIDS messages to warn congregants about the dangers of AIDS. The following song is a typical example of church choir songs about HIV/AIDS.

Mnyamata iwe samalira	Young man, be careful
Mnyamata iwe samalira	Young man, be careful
Ano masiku ano owopsa	These, these days are dangerous
Masiku ano a Edzi	These days of AIDS
Samalira, samalira, samalira	Be careful, be careful, be careful
Samalira, samalira, samalira	Be careful, be careful, be careful
Msungwana iwe samalira	Young woman, be careful
Msungwana iwe samalira	Young woman, be careful
Ano masiku ano owopsa	These, these days are dangerous
Masiku ano a Edzi	These days of AIDS.

- Kadedwa CCAP Choir, Khuwi Village, Ntchisi (2012)

The above song was performed by a choir made up of young people between the ages of 15 and 20. As such, the choir appeals to fellow young people to be careful and watchful against contracting HIV. Although no details are given about how the young people should be careful in these dangerous HIV/AIDS days, the choir assumes that the audience is familiar with prevalent HIV/AIDS awareness messages. In that case, hearing similar messages in church acts as a reminder to the congregation of the messages carried in HIV/AIDS education campaigns. As such, the church is making a positive contribution to the efforts made by the Malawi government and civil society in mitigating the spread and impact of the pandemic.

It is through both processes of corporate participation and active listening to songs that church music's power for healing is released. If churches could deliberately and consistently incorporate relevant messages in church songs aimed at addressing prevalent HIV/AIDS challenges, there could be an immense positive outcome as church members are ready loyal followers of church values and activities.

In Malawian PCCs in general, and in HOGEM in particular, what are termed as meditative and victory songs are performed during altar calls for committing one's life to Jesus, for re-dedication to God, and also especially for the sick, frustrated, depressed and oppressed. The

altar call is made to offer prayers for healing of the individuals through laying hands by a minister or a group of church elders. Through my interview, Pastor Allan Jiya's definition of healing in this regard encompassed physical, spiritual and emotional healing. As I have reported in section 2.7, Jiya insists that if any person opens up [to the music during altar calls], music can heal all sickness including HIV/AIDS. He further reported about a testimony of a woman who had been healed of AIDS in his congregation since 2006. Regarding how healing occurs through music, Jiya gives the following analogy:

> Even in the villages, while they are impoverished, they sing in the night and draw energy for work the following day–even in their lowest state. Moreover, they sing for the appreciation of life. [In the church], we draw our strength, which is our healing, from what Christ has done, and we appreciate it through singing songs of praise, victory, healing and salvation in advance of receiving a miracle. With praise and worship you can never go wrong–it always produces the best results. (Interview: 8 January 2012)

Jiya compares healing with strength. This analogy is especially relevant in the context of sickness, which is characterised by weakness. Accordingly, the expression of joy and celebration through music in the midst and in spite of sickness is a demonstration of faith for healing, which Jiya refers to as "appreciation of life". Apparently, praising God through music in anticipation of healing is an act of proclaiming one's victory over one's challenges prior to experiencing it. With this mentality of faith (proclamation prior to receiving one's healing), Jiya explains, one can never go wrong.

Fig. 15: Pastor Allan Jiya (right) of HOGEM preaching during the afternoon interdenominational healing service. On the left is an English-to-Chichewa interpreter.[40]

Apparently not every song can motivate someone to expect healing. During my research at HOGEM, it became clear that the choice of songs in that afternoon healing service was carefully made. What was also unique was the repetition of the same song by the praise and worship leaders throughout the period when the pastor was praying for people with individual needs.

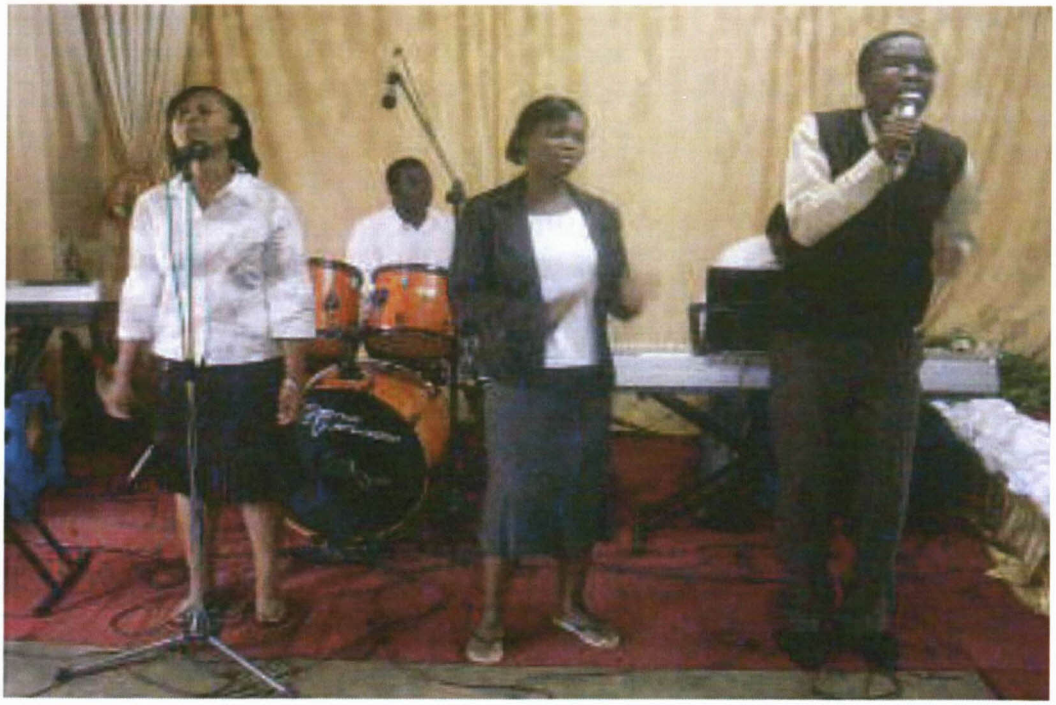
Almost everyone in the service was prayed for, signifying the fact that not all the people suffered from physical illnesses. Jiya (8 January 2012) reported to me during our interview that certain individuals standing on the prayer line had relational problems, family problems, financial challenges, psychological challenges, and some represented their relatives. In view of this wide range of "illnesses," an all-inclusive song was necessary. As I listened to the song during the prayer time, I realised that it was a locally arranged famous hymn adapted from Psalm 23, "The Lord is My Shepherd," albeit only a section of the original song was sung repeatedly when people went forward to be prayed for. The arranged song appears below:

[40] All photos during the field research at HOGEM were taken by my research assistant Samuel Phiri on 8 January 2012.

Kumadzi ake odikha	To His still waters
Anditsogolera	He leads me
Ndi moyo wanga wofoka	And my troubled soul
Aulimbikitsa	He strengthens

According to the song, the quiet or still waters symbolise the peace that God gives to those who seek Him. The fact that the Lord leads "me" to the still waters signifies His willingness to help. As He takes "me" to the still waters, "my" troubles, sicknesses, and challenges (my troubled soul) are exchanged for strength (He strengthens). The preceding statements seemed to be the meaning espoused by the performers of the song before an attentive and expectant audience. The congregation was made to listen to these words over and over again in order to prepare it to receive from the Lord. The song continued throughout this process of receiving as if to maintain open hearts and a fertile ground on which the miracles of healing should be planted. In this case, music was used as a catalyst for healing, transformation and change in accordance to the individual needs of the prayer seekers and in agreement with Jiya's report during the post-service interview.

Fig. 16: A section of members of the Praise and Worship Team at HOGEM performing *Kumadzi Ake Odikha* (To His Still Waters)



4.7 The Mhango Salvation Singers

Nothing was expected from gospel musicians in regards to HIV/AIDS in the early years of AIDS in Malawi. This was because AIDS was associated early on in its history with sin and consequent punishment from God. The Mhango Salvation Singers became the first gospel musicians to compose songs about HIV/AIDS. Their first composition was received with resistance and criticism from the religious public as my interview with one of the founding members, Jane Mhango-Msosa (interview: 16 July 2012), confirmed. The relentless criticisms culminated in a newspaper article condemning the group for participating in and promoting worldliness as opposed to being heavenly minded. Unfortunately, Msosa forgot the specific details about the newspaper article during our interview and regretted having recently thrown the newspaper away after keeping it for many years. The following report about the music of Mhango Salvation Singers was corroborated by Jane Mhango-Msosa in my 16 and 17 July 2012 interviews with her.

4.7.1 Mhango Salvation Singers Music Journey

Mhango Salvation Singers was established in 1982 as Mhango Mgawi. Members of the group comprised children of civil servant, Mr Mhango, who were members of the CCAP and a son to a CCAP minister, Rev. Killion Mgawi. The original members of the group were the Mhango children: Patrick (bass), Chimwemwe (tenor and acoustic guitarist), Gift (alto), Tionge (alto), Jane (soprano), and Reverend Mgawi's son Killion Mgawi Junior (bass). The group recorded its first album in 1983, which enjoyed significant air play on the national radio Malawi Broadcasting Corporation (MBC). By 1991 the group had recorded six albums, making it the most recording gospel group of the time. The six albums contained a combination of *a cappella* songs and songs that were accompanied by the acoustic guitar and the harmonica especially in the earlier albums. Songs in latter albums were accompanied by the keyboard, the electric guitar, the bass guitar and the harmonica. Three recording studios produced their music, namely MBC, Baptist Media Centre, and in the latter years a studio in Harare, Zimbabwe.

Following the release of their first album (and having performed together for three years), the group split due to misunderstandings and changed to Mhango Salvation Singers, comprising only members of the Mhango family. However, after recording their seventh album in 1992, it

became difficult for Mhango Salvation Singers to continue performing together as three older members of the group (Patrick, Chimwemwe and Jane) got married within a space of three months in 1993 and moved to different towns to live with their new spouses.

Efforts by Mhango Salvation Singers to perform together during commissioned gospel shows, weddings and HIV/AIDS awareness campaigns were not totally hampered as the group often met for brief rehearsals and performed when such a need arose. Nevertheless, the fragmented group failed to produce a new album during this period of *ad hoc* regrouping. Later, the group's younger siblings who had not been original members of Mhango Salvation Singers were encouraged to maintain the family's music legacy by joining the group's remnant and this seemed to work well. Unfortunately, the fortified group (which was sometimes supported through the participation of the older married members at gospel concerts) never attempted to produce a new album bearing the name Mhango Salvation Singers, ultimately making the 1992 seventh album the group's last album.

Ironically, Mhango Salvation Singers took a new direction in their music endeavours during the group's regrouping period. This could be described as the continuation of the group's major successes and impacts in Malawian gospel music circles. In the course of attempting to sustain the disintegrating family group, a number of gospel music groups emerged from individual members. Over the years since 1995, the different members of the group produced albums as individuals, as duets, or in collaboration with other music artists, their own spouses, and even children. All the new albums were produced in good music studios by professional producers, who utilised modern electronic music instruments to accompany the songs. As a result, the following groups emerged: Chimwemwe Mhango and Benjamin Ngoma, Gift and Tionge Mhango, Mahara (Gift Mhango), Mahara and Jane Msosa, Jane Msosa, Rev. Chimwemwe Mhango, Trinity (Jane and her children Dalitso and Zion), Wezi Mhango, and Jane Msosa andThe New Come to Jesus Choir.

A good number of these new groups have become household names in Malawi's gospel music owing to their unique music styles and their attempt to perform what are viewed in Malawi as modern music styles such as reggae, kwaito, house, rap, hip hop and dancehall. Moreover, two of the original group's senior members have been involved in the leadership of important national music associations as I report in the forthcoming section. Being elected to such

national leadership positions further demonstrates the trust that the Malawian society has developed in the abilities of this group.

4.7.2 Leadership Roles and Influence

Two key members of Mhango Salvation Singers, Chimwemwe and Jane, have penetrated both the gospel and secular music industry over the years through taking of leadership roles. This is one of the positive influences that the group has had as a significant contribution to Malawian music, emanating from their commitment to gospel music.

Chimwemwe Mhango is the current president of Musicians Association of Malawi (MAM), a national association for Malawian secular and gospel musicians. The association has four regional chapters operating in Malawi's four cities of Blantyre, Zomba, Lilongwe and Mzuzu, and one district chapter operating in Balaka Town. The main objective of MAM is to "bring together music artists so that they are empowered in tackling issues affecting them such as piracy and exploitation" (Andrew Faria 2012).[41] Thus, MAM also aims at promoting the various aspects of the welfare of its members. In this regard, MAM works jointly with the Copyright Society of Malawi (COSOMA) to follow up and enforce payment of musicians' royalties from commercial music consumers such as radio and television stations and DJs. The association also mobilises financial resources globally to support its members by way of short-term loans (Faria 2012).

Additionally, MAM executive members are tasked with the formulation, dissemination and implementation of MAM policies on behalf of its affiliated members. Training in music reading and writing are also some of the activities that MAM engages in.[42] Recently, MAM organised seminars and workshops in stage management, musicianship and voice training. According to Chimwemwe Mhango, as reported in the *Malawi Democrat*, it was expected that after the completion of the workshops music standards "will improve in all the participating members" (*Malawi Democrat* 2012).

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[41] Andrew Faria is the current president of the Zomba chapter of Musicians' Association of Malawi. He is a retired member of the Malawi Armed Forces where he served as Director of Music at the rank of lieutenant. Currently, Faria is a contracted instructor of music at the University of Malawi in Chancellor College.

[42] As an example of MAM's training in music literacy, I was hired as a trainer in one of MAM's music literacy workshops in 2005 in the city of Mzuzu. The workshop ran for six days and drew 40 participants, who were paid up members of MAM, from the entire Northern Region of Malawi. The training curriculum involved music reading, music transcription, music composition skills, and musicians' health and wellness.

On the other hand, Chimwemwe's sister Jane Mhango-Msosa is the current president of Gospel Musicians Association of Malawi (GMAM) since 2009. In an interview Msosa (16 July 2012), the main objective of GMAM is to mobilise, expose and support upcoming gospel musicians in their quest to grow in the gospel music industry. Veteran gospel music artists assist as instrumentalists and advisors in the efforts by these upcoming gospel musicians to produce their own albums and to perform during gospel concerts. Some young artists are supported financially and materially by the association during their CD and DVD launches. Through a similar arrangement, a DVD featuring a number of upcoming gospel artists was produced in 2009, according to Msosa (interview: 17 July 2012). Proceeds from the album sales were specifically reserved for similar future projects.

At this point I move to a discussion of the Mhango Salvation Singers' early songs about HIV/AIDS to demonstrate early understandings of AIDS, interpretation of the disease, and the group's feeling of obligation and responsibility towards the pandemic.

4.7.3 Music Examples about HIV/AIDS

The first song about HIV/AIDS that the Mhango Salvation Singers composed and recorded was titled *"Kwadza Matenda"* (A disease has come). Recorded in 1988, the song took a common and widely liked South African music style of the time, the *maskandi,* and was accompanied by a full band: electric guitar, bass guitar, keyboard, drums, and cymbals. Nevertheless, the song was performed in the typical Mhango Salvation Singers' vocal style which incorporated four-part harmony that included one gliding soprano, two vibrato altos, one vibrato tenor, and a uniquely very deep bass voice. The text of the song represented the prevalent understanding of AIDS during the first years of the disease in Malawi. As a gospel music group, Mhango Salvation Singers also represented the views of the church in this song as presented below:

Kwadza matenda owopsa zedi	A very dangerous disease has come
Omwe alibetu mankhwala	The kind that has no cure
Mulungu yekha wamphamvu zonse	Only the Almighty God
Ndiye akhoza kuchilitsa	Is able to cure it
Chorus	
Edzi ndiwotu matenda opatsirana	AIDS is a contagious disease
Kudzera njira ya chiwerewere	Transmitted through promiscuous behaviour
Anthu miyandayanda apitadi kumanda	Scores of people have indeed gone to the grave

Chifukwa cha matendawo a Edzi	Because of this AIDS disease
Koma tikagwirizana	But if we cooperate
Tidzagonjetsa matendawo a Edzi	We will conquer this AIDS disease
Posiya chimasomaso	By stopping the promiscuous behaviour
Tisabwerekane zotsukira mano	We should never exchange toothbrushes
Tisabwerekane malezala	We should never exchange razor blades
Zizindikiro zonse zimene	These are all signs
Zingafalitse matendawa	That can help spread this disease

- Mhango Salvation Singers (1988)

Consistent with ongoing Malawian perceptions, practices, and responses to AIDS, the song begins by announcing the arrival of a very dangerous disease called AIDS which has no cure. Immediately afterwards, the song announces the "only cure" for AIDS–the Almighty God–as the singers represented the position of the Christians with regard to healing of incurable diseases. Then the song describes the only way by which AIDS is transmitted–through sexual promiscuity, leading to death of scores of people. Finally the song gives a message of hope by suggesting that only concerted efforts geared towards stopping sexually promiscuous behaviour will conquer AIDS.

Two other insignificant means of spreading AIDS (since they are relegated to the second verse and excluded from the chorus) are mentioned in passing–exchanging toothbrushes and razor blades. The song further acknowledges that there are "other signs" of spreading the disease which people should also take note of. This simple way of representing and interpreting AIDS by the Mhango Salvation Singers represented prevalent knowledge, attitudes, opinions and views of the general Malawian population. Nevertheless, in spite of the group's attempt to present balanced views from the medical and religious worlds in the song, some religious followers criticised the group for mixing the gospel with messages associated with sin as I have already mentioned in section 4.7.

> The general feeling among those who opposed us was that AIDS was contracted through sexual immorality. As such, those who suffered from AIDS were sinners. According to this belief, all we needed to do as Christians was to preach to them to repent. We were quite young at that time and so we became a bit confused because we felt we were contributing to the government efforts to intensify AIDS awareness messages; yet other people saw it differently. (Mhango-Msosa, interview: 16 July 2012)

Clearly, the global levels of knowledge about AIDS at that time were still limited, more particularly so in a conservative country of Malawi. This insufficient knowledge ran across

the entire spectrum of Malawian society. Concerning this situation in Malawi, Lwanda observes that after an initial phase of silence from all sectors of society, musicians began to create jingles, songs and musical dramas that expressed emotions ranging from "bewilderment, blame and paranoia to a surge in religious activity" (2011:384).

Nevertheless, the resilience of Mhango Salvation Singers paid off as they continued to compose songs about HIV/AIDS based on current and updated knowledge. Newer songs became more popular as people's attitudes towards their "sinful" music gradually changed significantly, based on the new knowledge about AIDS and the Malawi government's call for all sectors of society to contribute towards fighting the pandemic. The next song example was recorded in 1991 and is a reflection of the newly acquired knowledge by Mhango Salvation Singers regarding the fight against the spread of AIDS:

Imvani izi anthu a m'dziko	Listen to this, people of the world
Chenjerani ndi Edzi	Beware of AIDS
Ndiwo matenda owopsa zedi	It is a very dangerous disease
Satheka kuchizidwa	It cannot be cured
Chiwerewere tiyeni tisiye	Promiscuous behaviour let us stop
Tipewe matendawa	So we can prevent this disease
Tisabwerekane zotsukira mano	Let us not exchange toothbrushes
Popewa matendawa	To prevent this disease
Anthu opita kwa asing'anga	People who consult herbalists
Msalole kutemedwa	Do not accept any incisions
Mudzigulire lezala lanu	Rather buy your own razor blade
Popewa matendawa	To prevent this disease
Madokotala muziwiritsa	Doctors, make sure to sterilise
Ma jekisoni anu	Your injections
Musanabaile munthu wina	Before you inject another person
Popewa matendawa	To prevent this disease
Azimayi nomwe muli nayo Edzi	Women living with AIDS
Msakhale ndi pakati	Do not fall pregnant
Ndipo azibambo msayendeyende	And men stop having affairs
Ndi azimayi ena	With other women
Koma pempherani kwa Mulungu Tate	But pray to Father God
Sing'anga wamkuludi	The greatest Doctor
Ndiye Namalenga analenga zonse	He is the Creator, He created all things
Akhoza kuchilitsa	He is able to heal

- Mhango Salvation Singers (1991)

Although the religious view about healing of incurable diseases is maintained in the song contrary to the medical viewpoint that AIDS has no cure, the song describes many ways by which people can contract HIV. This is a greater improvement from the song that the group had composed three years earlier. As evidenced in the lyrics above, the group acknowledges that AIDS is spread through unprotected sex, exchange of blood through tooth brushes and razor blades, unsterilised needles, and from infected pregnant mothers to their unborn children. Of course, in our day there has been an improvement in modern medical science leading to prevention of mother to child infection, all donated blood is screened before blood transfusion occurs, and in hospitals injection of patients is administered through separate individual needles, making some of the HIV/AIDS messages contained in a song such as the one under discussion currently somehow outdated. Nevertheless, the awareness messages carried by this song were invaluable in the last two decades. Thus, Mhango Salvation Singers as a gospel music group became one of the prominent voices advocating for behaviour change and promoting HIV/AIDS education.

As a voice crying out to the people for change, the song begins with the plea "listen to this". Through this, the song calls for the attention of everyone to the message being delivered. The choice of the expression "people of the world" signifies that the message is for everyone. The song progresses with the warning "beware of AIDS", as the essence of the message. This process of presenting HIV/AIDS awareness and behaviour change messages was critical because it was during this period when the infection rate had begun to accelerate to the highest prevalence levels nationally. As gospel musicians, Mhango Salvation Singers adopted culturally meaningful ways to help control this run-away HIV infection rate by warning against the impending danger as a way of instilling fear in the audience, a factor that leads to taking the warning seriously. Through the overall application of music in inspiring cultural change "given the ambivalence and ambiguity of some of the messages in the songs" (Lwanda 2011:403), both gospel and secular musicians in Malawi have been effective in raising awareness about HIV/AIDS using culturally-familiar sentiments.

Fig. 17: Jane Mhango-Msosa, the lead singer (soprano) of Mhango Salvation Singers. Picture taken by author (17 July 2012)

4.8 Summary

This chapter highlights the ways in which different sectors of the Malawian society have contributed to the alleviation of the effects of HIV/AIDS in Malawi. While HIV/AIDS-based NGOs inevitably engage in their core activities regarding the pandemic, churches and educational institutions have also taken a leading role in reaching out to rural and urban communities through provision of music-related interventions. Health facilities in particular have scaled up HIV/AIDS mitigation efforts to holistically attend to human health education needs beginning from antenatal clinics (before birth) to the provision of counselling and care for those HIV affected and infected individuals (after birth). HIV/AIDS music performed at antenatal health facilities is aimed at educating on, reminding about, and preventing HIV infections through public awareness. Thus, health personnel seize every opportunity to reach out to the Malawi public with HIV/AIDS messages using the medium of music.

As the conscience of society, the churches' role in the fight against HIV/AIDS cannot be overemphasised. It is encouraging to note that churches and other religious institutions are currently aware about the need to contribute their voice to the efforts of dealing with

HIV/AIDS. As stated in this chapter, it seems that one of the easiest ways for the churches to achieve this is through music in its various forms and genres. As also narrated by several research participants, music helps churches in preaching words of love, hope and healing. In the case of HIV/AIDS, there seems to be no better way of communicating these religious ideals than using music in its entirety to reach out to those people who need such messages most–those infected and affected by the pandemic.

The constituencies of operation for NGOs, churches, para-church organisations, and academic institutions with regard to HIV/AIDS intervention are often determined by three factors, namely: the prevailing need, the gravity of the need, and available institutional tools. Again, what is readily available and most easily accessible among these factors are community-based music interactions that serve well the objectives of these institutions. This observation requires more emphasis than is currently often the case.

Chapter Five

Conclusions

5.1 Introduction

The critical link between music and health (especially on issues about HIV/AIDS) in Malawi is well established. However, measuring the impact of arts-based health promotion efforts can be difficult as this does not seem to strictly agree with more traditional research methods (Allison *et al.* 2011:92). Nevertheless, as the preceding chapters clearly demonstrate, rather than trying to prescribe what the Malawian society ought to do with regard to health challenges such as HIV/AIDS, it is critical to acknowledge that an integration of music, dance, poetry and drama have often played a central role in both rural and urban environments as attempts to define pandemics and confront them holistically for long lasting solutions. In addition, these art forms have represented and interpreted in microcosm Malawi's cultural meanings of joy, solace, inspiration, depth of feeling, insight, and "clearness of judgment about human life" (Balmforth 1913:7) inherent in different geographical locations.

This chapter reflects, as a summary, the individual local efforts of performing HIV/AIDS musically contained in this thesis by critically analysing their objectives, outcomes, strengths and challenges. In addition, suggestions for sustainability and re-focusing of such efforts and recommendations for similar efforts are implied in this chapter. In that regard, an acknowledgement is made in this conclusion about the central role of medical science and other well-established means as core HIV/AIDS interventions.

Narrowly defined, the biomedical response to HIV/AIDS refers to those biomedical technologies that are deployed in an effort to stem the spread of HIV. These include HIV testing, sexual technologies such as microbicides, antiretroviral therapy and vaccines. As such, it is not the intention of this thesis to strictly recommend any ways of utilising music or the arts in general as the central axis on which all HIV/AIDS interventions must hinge. What I propound, though, is that music has always been used as a critical and ever active supplement for healing purposes historically and in contemporary ways, locally, nationally and globally through education, empowerment and inspiration. With this view in mind we could explore further ways of recognising this seemingly inevitable role of music with regard to addressing challenges of HIV/AIDS socially, economically, religiously and healthwise.

Music is a mode for self-expression. In particular for Malawians, songs and dances are satisfactory modes of expressing any kind of feeling "from the deepest sorrow to the highest love even when spoken and written words fail" (Chanunkha 2005:5-24). Thus, music communicates messages as a medium for enjoyment and reflection. The musical message delivery takes the form of participation or experience and interpretation which the listener arrives at from hearing and "from reminiscent memory in vivid and constructive imagination" (Foley 1984:7). As such, music is a catalyst for moving people as it mediates some message, that is, conveys some meaning which provokes a response. It is this mediatory communicative role that places music at a good platform as an effective means for HIV/AIDS intervention, complimentary to biomedicine.

Throughout this thesis, one observation is clear: music deals with one of the gravest problems which beset the human mind–the mystery of suffering, and especially the mystery of undeserved suffering, which are characteristic representations of HIV/AIDS on those living with the HIV virus and those directly and indirectly affected by it. Fortunately, the inherent power of music and other music-related art forms demonstrates the capability to bring hope and provide answers to this global crisis. Culturally relevant, nationally inherent, and communally determined musical arts interventions have indeed played priceless roles over the decades of the existence of the HIV/AIDS pandemic in Malawi. Nevertheless, it is important to determine how far these roles have gone and to also reflect on how further they could go.

5.2 The Prevailing Arts-Based Forums

This thesis has documented a number of arts-based forums through which HIV/AIDS messages have been propagated in Malawi. Such forums include the Choral Workshop and the Youth Music Workshop organised by Chancellor College of the University of Malawi. The forums had clear objectives such as, for the Choral Workshop, training in music directing, Western music notation, and playing of instruments; promoting compositional skills on thematic issues through music competitions; performing master choral pieces, Malawian compositions, and winning songs; and promoting the music-making experience through participants' concerts. For the Youth Music Workshop, the objectives can be summarised as follows: to promote group performances through band music, drama, dance, and poetry; to give public performances of these art forms; to discuss thematic issues through lectures, poster sessions, and group discussions; and to train in different types of music instruments.

The musical forums have undoubtedly contributed a voice to the national efforts and especially to existing arts-based dialogues in mitigating the spread and effects of HIV/AIDS in Malawi through music, dance, songs and other forms of expressive arts. As audiences drawn from surrounding communities participated in closing concerts in the course of such forums they were catapulted into whirlwinds of emotion caused by the colourful music performed by the workshop participants. These were community members who were confronted daily with the effects of the HIV/AIDS pandemic. Together with the workshop participants they shared, through the performances, the best forms of entertainment (which helped them to forget temporarily the pain caused by AIDS) and new ways of tackling the HIV/AIDS challenges.

Workshop participants were exposed to different global music styles through the involvement of international music directors. Such exposure helped local composers to broaden their skills in writing choral harmonies and in conducting. Other skills such as voice control, stage management and choral directing were also enhanced. In addition to these skills in singing, conducting, composing and directing, basic training in instruments such as the acoustic guitar, keyboards and drumming motivated the participants to be more creative in their future music performances. As long as the passion to compose new songs remained in these participants, a large number of songs were composed (some of which discussed health issues including HIV/AIDS) for their local choirs long after the workshops.

The workshops were well represented regionally, which meant that knowledge, skills and messages gained from the workshops by the participants had great potential to reach a larger Malawian population. By closely following the prescribed themes such as HIV/AIDS prevention, the Youth Music Workshops in particular impacted the participants largely and ensured a change in their mindset through music interaction. It was hoped by the organisers of the workshops that this change would not only help guide the participants' lifestyles and infuse in them a sense of responsibility in the face of HIV/AIDS, but that the impact of change would be contagious enough to affect their peers, family members and communities. The youth that attended the age-specific Youth Music Workshops were drawn from local HIV/AIDS clubs; hence, they acted as ambassadors of their own club members who together had been tasked with reaching out to each other and to vulnerable members of society with messages of behaviour change, prevention and control of the spread of HIV/AIDS. Through

these workshops they learned how to package and represent such messages creatively through the musical arts, thereby making their tasks easier and their efforts attractive and entertaining enough to reach larger audiences.

The integrated delivery approach was a unique characteristic of the Youth Music Workshops, that is, through group discussions, plenary sessions and poster presentations; through a variety of expressive arts such as music, drama, songs, poetry and dances; and through a curriculum covering such components as music literacy, music entrepreneurship, music conducting and directing, and instrument playing. As a result, participants had a wide range of choice and a much broader base of information. Critically, every aspect of the workshops responded to the running workshop themes.

Attendance at these workshops had economic and leadership benefits as well for the youth. Economically, youth participants were exposed to music entrepreneurship skills, which if followed would ensure future generation of personal income. Income generation or economic empowerment especially among the youth is critical with regard to HIV/AIDS intervention. Through their desire for entrepreneurial advancement, the youth remain focused in their business efforts and avoid indulging in risky youth behaviour such as alcohol and substance abuse which often gets them trapped in the HIV/AIDS cycle. For the female youth, their personal economic empowerment ensures that they become self-reliant economically and that they do not indulge in transactional sex with financially capable men in order to earn a living.

In terms of leadership skills, the Youth Music Workshops promoted in the youth the ability to work as a group of individuals of different sexes and from different social, economic and cultural backgrounds through music ensembles. Some youth participants were assigned leadership and administrative roles of their own groups, while others were given overarching workshop assignments such as managing accommodation and catering services. Through such assignments, crisis management and conflict resolution skills were developed among these youth participants. Such skills had a potential lasting impact on their continued involvement in HIV/AIDS education campaigns through their future music performances.

Finally, it was easier to discuss and share music and other arts-based experiences among people of the same age-group during the Youth Music Workshops. This in turn ensured freedom of participation, use of common language and terms, broadening of understanding

from the experiences of other youths, and a more relaxed atmosphere for self-expression. As such, workshops became memorable events and reference points for any future interventions initiated and propagated by the participants themselves.

5.2.1 Whither Malawian Arts-Based HIV/AIDS Forums?

Notwithstanding the successes registered through the Malawian national musical forums in tackling issues about HIV/AIDS, there are a number of areas which may be viewed as shortcomings and challenges. As I have observed elsewhere in this thesis in section 2.6, musically-informed HIV/AIDS forums of this nature could best be sustained as ongoing projects as long as the pandemic is still with us. This would ensure further, more updated and more renewed arts-based intervention contributions that might benefit younger and future generations. As the HIV/AIDS arts-based forums stood, a number of critical opportunities were significantly curtailed through limited foresight and resources.

On the administration side, the forums ran without clear assessment and evaluation tools. Hence, it became difficult to determine and monitor successes achieved. Currently, there are no records available as a basis for research or future planning. No follow up mechanisms were put in place by the sponsors, and submitted post-workshop reports by organisers received no feedback from the sponsors. This state of affairs was inconsistent with standard accountability requirements for donor-funded projects.

Since these music forums were entirely donor-dependent, they became unsustainable when sponsorship for subsequent workshops became a perennial challenge. In addition, donors tended to prescribe different workshop themes every year based on contemporary global and national challenges (sometimes with a kind of bias). This impacted negatively on the consolidation of previous themes whose short-term or medium-term repetition would make better sense. Such repetition was especially necessary with regard to themes related to HIV/AIDS, whose negative effects on society are still currently and unrelentingly present in Malawi.

Unlike during the Youth Music Workshops, Choral Workshop participants were largely drawn from church institutions by taking advantage of existing church choirs, and a willingness by church organisations to sponsor their choir members in order to attain

improved music knowledge at the workshops. This meant that prescribed workshop themes were sidelined in preference of learning songs containing religious messages to make the workshops more relevant to the participants. A few other Malawian- and African-oriented secular compositions were also performed as one way of broadening the music performance scope. Only about ten percent of the workshop performances reflected prescribed themes, especially through the competing choral compositions (only three winning songs were performed in each workshop). When such thematic songs were composed for HIV/AIDS, they had a limited impact on both the workshop participants and the Malawi nation in terms of HIV/AIDS awareness and mitigation.

A few years following the formative years of the Choral Workshop resulted in increased numbers of participants, reaching more than 300 from the initial number of 40. This increase was a good development as at the national level more people participated in the sharing of the workshop themes through music performances. However, it was a different case with the Youth Music Workshops which had the already limited numbers of participants dwindling from 40 in the first year to 18 in subsequent years, although a planned figure of 24 participants had been expected in those subsequent years. Although financial and administrative reasons attributed to this trend (workshop organisers were required to work within a specific budget and with a manageable number of participants), the low participant numbers resulted in a limited impact as far as workshop outcomes were concerned. Coupled with the absence of follow up mechanisms, it became difficult to determine how far such low representations applied the transformation that they had attained through the workshops to their individual communities. In addition, different groups of participants attended the workshops every year, posing a significant challenge to progress monitoring.

5.3 Rural Arts Interventions

The role of NGOs in establishing rural performance groups and supporting existing local clubs in terms of financial support, resource mobilisation and training, is commendable. More commendable is the participatory approach adopted by a number of such support organisations in their efforts to help mitigate the HIV/AIDS pandemic through arts-based interventions as reflected in this thesis. As Allison *et al.* also observed, group participation contributes to the success of the arts as a medium of health promotion and awareness

significantly since collaborative approaches help to create personal connections to the messages, and to "ensure culturally sensitive and appropriate content" (2011:91).

To this effect and with regard to the Malawian musically-informed rural HIV/AIDS interventions, I agree with Majalia (2011:117) regarding the ways in which participatory communication works. The two major approaches of participatory communication–dialogical communication and access, participation and self management–are consistent with the local needs as also observed through the research supporting this thesis. According to Majalia, participatory communication is premised on the conviction that every human being, no matter how ignorant or submerged in a culture of silence, is capable of looking critically at his or her own world in a dialogical encounter with others. No statement can better represent the HIV/AIDS activities of Dzoole in Dowa, Namasalima in Zomba, and the approach of the university students' Make Art Stop AIDS and Music/Drama AIDS Prevention and Care projects discussed in this thesis. This explains why significant success (measured against the achievement of specific objectives) in these rural-based HIV/AIDS arts interventions occurred. Again, sustainability of such important projects and programmes has been a challenge often due to curtailed or lack of financial support and motivation.

In the Malawian rural communities, NGOs and other consultants act as social change agents who play a facilitator role through both learning from the locals and teaching them in a friendly and open dialogue. Through this dialogue, local community performances aimed at self-expression and social change are possible. The NGOs and other players further provide tools for such dialogue such as workshops, resources for sustained dialogue such as finances, and empowerment for the implementation of determined dialogical outcomes such as literature material. While rural communities may have the skills, means and capabilities to perform, they often lack resources–information, materials and motivation–to execute their innate abilities to make for themselves a better world that is free from perpetual suffering. Thus, they need collaboration with the NGOs and other organisations for them to achieve the desired change for the improvement of their own communities. In the context of HIV/AIDS and its intervention through rural music and dance performances, provided with proper resources, communities gradually take ownership of their performances and embrace the negative personal and social realities around them by critically confronting them. Certainly, this is what every kind of intervention seeks to achieve.

5.4 Urban and Popular Music Culture

The culture of AIDS in Malawi has manifested the prevalent cultural feminine defeatist mentality and tendencies of the female population. The male-female dichotomy is thus clearly marked by the perpetuation through music of retrogressive gender biases especially in the urban music culture. As one way of achieving this, language in songs is often used. Concerning the Malawian situation, Lwanda (2011:385-386) rightly observes that popular musicians sing about their culture, that in fact is later blamed for escalating the HIV/AIDS epidemic. The Malawian popular music industry is dominated by males who frequently reflect female-unfriendly views found in the Malawian society in their music compositions. The voices of these male singers represent the silent voice (in their own music) of the female society members who certainly erroneously embraced these retrogressive culturally-embedded sentiments. Although a number of examples of such socially biased songs performed by Malawian popular music artists can be cited here, one famous song performed by a popular male duet called Lucky Stars is critical:

Awa ndi amunanga, chonchobe, chonchobe	This is my husband, I don't mind
Choncho ndi amunanga	As long as he is my husband
Olo angamwe mowa, chonchobe, chonchobe	Even though he gets drunk, I don't mind
Choncho ndi amunanga	As long as he is my husband
Olo abwere usiku, chonchobe, chonchobe	Even though he comes home late
Choncho ndi amunanga	As long as he is my husband
Olo angandimenye, chonchobe, chonchobe	Even though he beats me, I don't mind
Choncho ndi amunanga	As long as he is my husband
Kumenya mankhwala a banja, chonchobe	Beating is medicine for marriage
Chonchobe, choncho ndi amunanga	I don't mind, he is my husband
Amunanga ndazolowera, chonchobe, chonchobe	I am used to my husband, I don't mind
Choncho ndi amunanga	As long as he is my husband

- Lucky Stars (1980)

The married woman's perception in this song is based on the society's expectation for all women to endure hardships and persevere in marriages regardless the consequences on their own survival. Thus the woman is willing to be physically abused by her husband because "beating is the medicine for a strong marriage". It is the acceptance by this woman for her husband to come home late that should be more worrying in the context of AIDS. What keeps men away from home during late hours is often associated with extra-marital affairs–one of the behaviours that spur the spread of HIV–apart from spending time at drinking joints where there is also the potential for their involvement in extra-marital affairs. This should bother the wife. As if to defend the male sector of society, some Malawian popular musicians

unapologetically perform songs that are loaded with negative cultural worldviews such as the one under discussion. These and other gender stereotypes have been blamed on the continued escalation of HIV infections on the Malawian society recently.

It may be expected that in regards to HIV/AIDS, musicians always act as informants and constructive critics of behaviour and practices that are bent on thwarting collective efforts aimed at addressing the pandemic. Thus songs about HIV/AIDS typically aim at sharing experiences of the suffering society and exchanging knowledge about best ways to eradicate the suffering. They aim at reducing stigma and addressing treatment inequalities, issues of access to treatment, HTC, and prevention of mother-to-child transmission (PMTCT), which are particularly significant in the Malawian context in eradicating the impact of the pandemic.

What can bridge the gap in incidents where music does not reflect this responsibility are the aspects of education and more education in all sectors of society. With education, attitudes change; with further education, lessons learnt are owned and applied. Thus, musicians cannot be exempted from this process of knowledge amelioration. The musicians' organisations such as MAM and GMAM as well as music-training institutions could continuously make deliberate efforts to incorporate training material that deal with local misconceptions about the different gender roles and behaviours in connection with HIV/AIDS. As indicated earlier in this section, popular musicians appropriate and perpetuate indigenous views representing society's expectations of women's behaviour as their responsibility towards men. Women themselves have performed their own songs to give voice to their acceptance of this male suppression even before the advent of HIV/AIDS. The maize pounding song tradition performed exclusively by women can be used as an example of women themselves propagating cultural tendencies that work against them, as the following song confirms.

Nyerere nyerere a e nyerere	Ant, ant; oh yes, ant
Nyerere nyerere a e nyerere	Ant, ant; oh yes, ant
Ndikanakhala nyerere a e nyerere	If I were an ant; oh yes, ant
Ndikanakumba ndilowe a e nyerere	I could dig a hole and enter; oh yes, ant
Choncho ndi amunanga	All the same, he is my husband
Bola akamalima	As long as he does farming

- Local Malawian Song

This song represents a passive attitude towards male aggression. The woman in the song wishes that she was an ant so that she could dig a hole and hide in there from her abusive

husband. But then she reasons to herself that hiding away from her husband is not necessary because the husband is a good farmer who provides for her needs. The woman is willing to suffer abuse as long as it comes from her husband, demonstrated by the words "all the same, he is my husband". Packaged in a song, this is one way of perpetuating negative cultural norms to younger generations of women who listen to and learn to perform such songs from the elderly women, especially in rural communities. Therefore, when women are not economically empowered they become exposed to a variety of abuses perpetuated by their own husbands. Such abuses expose women further to illness, disease and suffering as well as contracting HIV from their promiscuous husbands. Popular musicians are especially well-placed to speak out on behalf of women in abusive relationships.

Leonie and Michael Naylor (2011:500) posit that illness and disease are manifestations of deeper imbalances within a given system and that healing is the process by which balance is restored. The question remains: who has the responsibility to begin balancing the mindsets that perpetuate such imbalances? We could obtain some answers to this question through a reflection on the role of the musician. However, through the musicians' creative capacity to engage processes of individual transformation (Naylor & Naylor 2011:501), society's collective capacity to educate through dynamic interactions that are transformative, and embracing of communal social responsibility to voice out or perform, it is possible to achieve a full and functional vision of the human race in the face of HIV/AIDS (Naylor and Naylor 2011:513).

5.5 Religious Institutions

Religion continues to play a critical role in how issues of HIV/AIDS are addressed and viewed within social contexts in Malawi. The relationship between religion and HIV/AIDS has sometimes been an ambiguous one–torn between religious morality in supporting people living with HIV/AIDS, and interpreting the disease using certain moral codes on society and social agents in line with the respective religious beliefs. This dichotomy that exists in the religious attempts to address the pandemic has placed religious circles under constant criticism, and has been the topic of much heated discussion over the decades of the AIDS presence in Malawi as reflected in the example of Mhango Salvation Singers. However, it is important to note that faith-based organisations have, in fact, been involved in the HIV/AIDS response since the earliest days of the epidemic and have often been among the first to

respond through the provision of services, education and care for those in need (Justin Du Toit, 2010). In particular, religious communities, churches, hospitals and clinics have reached out to provide counselling support and medical care to those people living with and affected by HIV.

In such religious institutions, music plays a central role in communicating messages about behaviour change, care for AIDS patients and orphans, and HIV/AIDS awareness. Music in Malawian churches also continues to play the critical role of offering hope and healing to HIV-positive individuals and their families. Songs are used widely as prayers in meditation from which individuals draw their spiritual and emotional strength. Churches utilise the medium of music to cheer AIDS patients during hospital visitations and in their homes. During special healing services music dominates the activities of such services in order to heal congregations of their emotional, physical, psychological and relational challenges that are often linked to the effects of HIV/AIDS. The case study of HOGEM as discussed in Chapter Four of this thesis is a typical example of how PCCs utilise music to minister to the entire person (body, soul and spirit) in their congregations.

Malawian gospel musicians have composed songs about HIV/AIDS at a smaller scale than might be expected. It is common knowledge that Malawian musicians often compose HIV/AIDS awareness songs for two major reasons: as a public service or for a competition (Lwanda 2011:389). When musicians feel that they are not duty-bound to compose as a public service, they may not consider that path at all. In addition, musicians (both gospel and secular) are interested in commercial gain and profits after sales of their music albums. Therefore, they compose and produce songs that will attract their supporters. As a result, if they have no inspiration and passion to produce interesting AIDS songs, they may not have the incentive to do so.

I wish to argue that gospel musicians need to develop a sense of responsibility towards the world dying from AIDS as part of their calling. In this regard, as one way of showing this responsibility, gospel music concerts should engage motivational talks about the dangers and prevention of HIV/AIDS. This responsibility should further be enhanced by creative approaches developed by church organisations, NGOs and government institutions to encourage competitions or to sponsor production of music that contains messages about HIV/AIDS. Gospel music concerts should also be the targeted beneficiaries of such sponsorships on condition that issues of HIV/AIDS will form part of the songs, poems and

speeches presented at such concerts. Presently these and similar approaches do not exist in the Malawian gospel music circles. As I pointed out in section 3.8.1, sponsorship for arts-based HIV/AIDS intervention in Malawi is erratic and unsustainable, posing a challenge to the existing local efforts.

5.6 Training and advocacy

In order to scale up aspects of knowledge about HIV/AIDS, prevention education should include culturally-appropriate curricula and pedagogical methods for in-school and university education. On the basis of the Mexico Declaration of 1982 (See UNESCO 1982), culture is broadly understood within UNESCO's scope to include: ways of life, traditions and beliefs, representations of health and disease, perceptions of life and death, sexual norms and practices, power and gender relations, family structures, languages and means of communication, and arts and creativity. It is this understanding of culture that could become part of conventional pedagogy in order to inculcate values in students and promote discourses aimed at further understanding the world we live in as it relates to the challenges of AIDS. Therefore, there is a need for a comprehensive perception of culture and its tenets, the understanding of which is sometimes superfluous among arts practitioners.

From the foregoing definition of culture by UNESCO, it is clear that culture influences attitudes and behaviour related to the HIV/AIDS epidemic. Culture is instrumental in making decisions about risks of contracting HIV, in accessing treatment and care, in shaping gender relations and roles that put women and men at risk of infection, and in being supportive towards or discriminating against people living with HIV/AIDS and their families.

Understanding what motivates peoples' behaviour, knowing how to address such motivations appropriately, and taking into consideration peoples' cultures when developing programmes aimed at addressing HIV/AIDS are essential elements to changing behaviour and attitudes towards HIV/AIDS. When music practitioners at every level of society are continuously, adequately, consistently and strategically involved in these HIV/AIDS-oriented education programmes, they contribute more significantly to the awareness and behaviour change messages through music performances.

There is a need to tap from the creativity contributing to HIV/AIDS control inherent in the musical arts. Traditional information and awareness raising methods on HIV/AIDS have

proven to be of limited efficiency at times. A more encompassing framework over the past two decades of mass education and communication campaigns on HIV/AIDS has shown that inculcation of knowledge is not in itself sufficient to change risky behaviours. People may know about the modes of transmission of HIV and the existing preventive measures that may be used, such as condoms, but they may not necessarily use them (UNAIDS 2004:4). As such, they need to be regularly reminded with anti-AIDS campaign music to alter their thought lives. Hence, there is a need to strengthen community-based initiatives, scale up best practices, and provide means of making HIV/AIDS campaign initiatives sustainable, which often incorporate music.

As underscored by the Malawian locally-based HIV/AIDS arts projects, performing arts such as music and drama have the qualities to serve as an effective channel of communication. Performing arts can also be used instrumentally to address social issues and navigate change. They can enhance social coherence and encourage changes of behavioural patterns. As a culturally-rooted communication medium, performing arts have been used traditionally to convey essential messages, knowledge and skills from one generation to the next (UNESCO 2008:1).

Linked to education and advocacy, strategic communication is based on a combination of facts, ideas and theories integrated by a visionary design to achieve verifiable objectives by affecting the most likely sources and barriers to behavioural change with the active participation of stakeholders and beneficiaries (O'Sullivan, G.A., Yonkler, J.A., Morgan, W. and Merrit, A.P., 2003:10). It is through participatory communication that people can gain a better understanding of HIV/AIDS. In addition, by assuming an active role in any kind of expressive performance, an audience is likely to approach the performance as educational entertainment rather than as propaganda, or to see it as irrelevant to their own lives (UNESCO 2008:13). By creating performances that speak directly to an audience performers are able to influence the audience's perceptions, thus establishing constructive links through arts, culture and tradition.

Performing arts can be viewed as the medium of choice for communicating life-saving messages related to sexual health as they seem to be more effective than textbooks and lectures (*ibid*). In order to strengthen this innovative approach a system should be devised to measure the penetration and impact of messages delivered through different media platforms

by sponsors, educators and facilitators. Such a system should study not only the passive response to factual knowledge, but also behavioural changes over time as a result (UNESCO 2008:13) . This requires broadening our views of arts and culture beyond the aesthetic experience to responsible functionality.

Drawing our understanding of the role of the musical arts from indigenous and customary points of view, music has always served the purposes of education and communication. As a demonstration of how songs have been used for information, self-expression, advocacy and education in indigenous ways even before the coming of AIDS, this thesis has discussed a variety of music examples such as wedding songs, folktale songs, funeral songs, pounding songs, beer songs and shepherd songs. These categories of indigenous music performances broaden our understanding of how culture links constructively with contemporary efforts regarding HIV/AIDS education, communication and advocacy. Of critical significance is the fact that local communities have the capacity to utilise locally available resources and cultural instruments to respond to social, political and health challenges in line with the theoretical basis of this thesis. Further research to determine how these traditional musical performances can be strengthened and promoted further to contribute to the ongoing Malawian HIV/AIDS campaigns is needed.

5.7 Summary

This chapter reiterated the central thesis themes and supported those with case studies as particular examples. The analyses in this chapter highlighted locally-based HIV/AIDS arts-oriented intervention projects; rural and urban performances including traditional dance and popular music; music-linked customs and oral traditions; intervention music in religious circles and at health care facilities; and activities of various NGOs that have incorporated music at various levels of their operations.

The nature of the thesis reveals a transition from indigenous ways of performing ailments and epidemics through the musical arts via the customary information and education platforms to the contemporary ways of engaging musically in discourses about illnesses and healing in the context of HIV/AIDS. In this way, this thesis acknowledges the different roles played by music performances obtained from each of these three spectra of arts interventions. In essence, this also reflects on the new and growing knowledge and ways of applying the

existing knowledge about disease management through a combination of biomedical knowledge, understanding of human behaviour and responses, and knowledge about the effects of and responsibilities towards pandemics such as AIDS.

This study relied on a variety of non-biographic sources owing to the inadequacy of documented materials in Malawi on the broader subject. The fact that the field has not yet been deeply researched, justifies the need for continued large-scale research on the role of the musical arts in HIV/AIDS intervention in Malawi.

Appendix 1

Glossary of Terms and Expressions

This is a representation of meanings and definitions of key terms and expressions as applied in this thesis.

Allusion	Direct or indirect referral to a particular aspect often used in language.
Blame	As an outlet of anger and/or guilt the focus shifts to a person or incident as the cause of incurable illness or death.
Community Performance	Work that facilitates creative expression of a diverse group of people of communally created thematic arts performances for aims of self-expression and social change.
Confusion	Seeming inability to focus on immediate reality.
Dance Movement Therapy	Psychotherapeutic use of movement and dance by an individual through which he/she engages creatively in a process in order to further their emotional, cognitive, physical and social integration.
Denial	Refusing to focus on those aspects of reality that evoke the greatest distress and prevents the comfort that lies in sharing fear or grief.
Discrimination	Any form of arbitrary distinction, exclusion or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group–in the case of HIV/AIDS, a person's confirmed or suspected HIV-positive status–irrespective of whether or not there is justification for these (UNAIDS 2000).
Emotional Suppression	The inability to express one's emotion in a healthy and appropriate fashion, otherwise also known as withdrawal.
Euphemism	A figure of speech expressing an unpleasant or uncomfortable situation in a more sensitive, kind and tactful manner in order not to offend the hearer.
Hyperbole	An over-exaggerated statement which must not be taken literally.
Innuendo	A disapproving remark hinting at something without stating it directly.

Irony	Statement said to imply the opposite of what is said.
Music Therapy	The use of music to restore, improve or maintain health and well-being through relief of anxiety, stress and pain.
Palliation	Treatments and care programmes offered to patients for whom treatments of active progressive disease is no longer advisable. These include symptom control and measures which improve the patient's quality of life.
Paradox	Seemingly absurd or contradictory statement but when analysed found to be true.
Participatory Communication	The social process of bringing people together to define themselves, what they want and how they can obtain what they want using direct, grassroots models and approaches of dialogue, access, participation and self-management.
Physiology	The scientific study of the normal functioning of the human body.
Rehabilitation	Enabling a person to achieve their maximum potential for living or to recover fully after undergoing lengthy medical treatment.
Religion	Belonging to, belief in and adherence to the doctrines of a formalised institution which attempts to connect with a higher divine being.
Risky Behaviour	Dangerous behaviour that puts an individual at risk of contracting HIV.
Sarcasm	When one thing is said while another is intended or understood with the express purpose of hurting, insulting or humiliating.
Satire	Sharp wit, irony or sarcasm aimed at highlighting, exposing or ridiculing.
Self-stigmatisation	Feelings of shame, self-blame and worthlessness combined with feelings of being isolated from society leading to depression, self-imposed withdrawal and sometimes suicidal feelings.
Spirituality	The demonstration of a contemplative attitude and a commitment in order to find meaning in the events of life by engaging something larger or beyond an individual's own experiences.
Stigma	HIV-related stigma is a process by which people living with HIV are discredited. It may affect both those infected or suspected of being infected by HIV and those affected by AIDS by association, such as orphans or the children and families of people living with HIV.

Symbol	The figurative representation of something or the unconscious substitution of one image, idea or activity for another.
Trauma	A medical perspective of physical compromise present in individuals whereby feelings of fear and loss become expressed through interactions and reactions of the mind and body.
Trope	A figure of speech used in a sentence, for example, metaphor or simile.
Vulnerability	The state of being weak and easily hurt physically or emotionally

Appendix 2

Definitions of Local Terms

Bawo	A local game of draughts played on a drilled board with thirty two holes
Bwalo	An open space used for dancing or for judging cases.
Chikamwini or chikomwene	A tradition in which a man is required to live at his wife's home or a tradition in which a young man undergoes work interview before he is allowed to marry a young lady.
Chinkhoswe	An engagement ceremony
Chiongo	A bride price in which a relatively small fee is charged understood as thanksgiving to a bride's parents.
Chishango	This term is translated as "a shield." The term also refers to a condom brand bearing the same name.
Chokolo	A local practice in which a man inherits the wife of his deceased brother as his own.
Fisi	A man hired to introduce sex to girl initiates. A man hired to produce children with a wife of a childless couple.
Kachilombo	A term used to refer to the HIV virus. It literally means "tiny monster".
Kaliwawa	A local term used to describe symptoms of fever or malaria.
Kaliwondewonde	A local term used to describe symptoms of AIDS that are characterised by loss of weight.
Kubuma	A traditional ceremony performed to signal the beginning of mourning during a funeral. Funeral attendees mourn together for some minutes.
Kulanga or kulangiza	A process of giving instructions to initiates or a new couple.
Kulawula	Discussing private adult matters not suitable for children in the presence of the children.
Kulowa kufa	A practice in which a widow is culturally obliged to engage in sexual intercourse with the deceased's relative as a cleansing ritual, in order to protect the family and the entire community from misfortunes and to pacify ancestors.
Kupita kufa	See *kulowa kufa.*

Kusudzula	A tradition in which a widow or widower is officially declared free to remarry.
Kusupa	Giving of presents to a married couple during a wedding ceremony. Any kind of giving aimed at congratulating or appreciating someone for their success, achievement or good performance.
Kutula mbeta	A spinster handover ceremony conducted before a full wedding.
Kutula mkwati	A ceremony in which the bride's people symbolically present to the groom's people their bride on the eve of the wedding.
Lobola	A kind of bride price tradition that is practiced by cultural groups occupying the Northern Region of Malawi and that involves large herds of cattle or huge sums of money.
Magawagawa	A local term used to refer to AIDS as a disease that is transmitted through a chain of people.
Matenda a boma	A local term used to refer to AIDS as a government disease.
M'bambe	A head scarf that is worn locally by women who are directly involved as relatives mourning a deceased person.
Mbiri	A folktale tradition involving the narration of family chronicles.
Mcheto or kuchetera	A local tradition in which community members are sanctioned to make false accusations of the future bride or groom in order to test the seriousness of the couple to get married.
Mdulamoyo	A local term used to refer to AIDS as something that cuts life short. The same term is used figuratively to refer to minibuses or beautiful women.
Mgonagona	A local term used to refer to AIDS as a chronic disease.
Miyambi	Proverbial statements full of wisdom.
Mwamvu	The dry or post-harvest season.
Nkhoswe	A marriage advocate or counsellor, usually one's older brother or uncle.
Nkhumbu	A hard winged thumb size black beetle. Also, a local instrument made from this beetle's wings.
Nthano	Local folk narratives that are accompanied by songs.
Nthanthi	Local narratives without song accompaniment.
Peremende	A local term used to refer to a bald headed man.

Tsempho	A local term used to refer to a health condition characterised by fever and loss of weight due to the suspected failure by the sick individual, his or her parents, or the village head to observe certain fertility rites.
Sisiliya	A local wedding tradition that is performed over a period of three weeks before the actual wedding as a way of announcing the forthcoming wedding.

Appendix 3:
The Research Questionnaire

The following questionnaire was administered as a guide during my field research. The questions were selectively targeted at specific research participants based on the relevance of each question. Through semi-structured and unstructured interviews, no order of questions was followed. In addition, some of the questions were never used on the research participants, but were instead adopted for secondary data collection purposes.

1. The HIV/AIDS situation in Malawi

a. What is the brief history of HIV/AIDS in Malawi?
b. What is the current national HIV/AIDS prevalence rate?
c. How does the current prevalence compare with earlier statistics?
d. What are the possible causes of this prevalence trend?
e. What are the comparative prevalence ratios between males and females; different age groups; urban and rural populations; districts and/or regions; different literacy groups; and different social/economic groups?
f. What possible factors led to the current prevalence ratios?

2. HIV/AIDS interventions

a. What is your institution's mission or operational philosophy?
b. What HIV/AIDS interventions does your institution engage in?
c. What activities are involved in your interventions?
d. What are your geographical and/or population targets?
e. What are the indicators for your goal achievements?
f. What other known national HIV/AIDS interventions exist in Malawi?

3. HIV/AIDS and the musical arts

a. In what ways do you perform HIV/AIDS messages?
b. What is the background to your performance of HIV/AIDS?
c. What kind of individuals do your performances target?

d. Describe the impact of your performances on your targeted individuals over a particular period.
e. What challenges do you face when trying to effectively musically perform HIV/AIDS?
f. How do different individuals respond to your performances?

4. HIV/AIDS, music and economic life

a. Briefly explain your age, profession and life history.
b. What is your main source of income?
c. How far did you go with your education?
d. What economic challenges do you face on daily basis?
e. What talents do you have and how can they be promoted to your benefit given opportunities?
f. Give examples of individuals or organisations that benefit from or promote similar talents.

5. HIV/AIDS, music and healing

a. Explain your background and your role in the healing of different individuals.
b. What ailments do you attempt to heal?
c. In what ways do HIV/AIDS individuals suffer? How does the suffering extend to those close to them?
d. What help do you give to all suffering from the effects of HIV/AIDS? What other sources of help are you aware of?
e. What activities and processes are involved when administering your help to the HIV/AIDS suffering and affected individuals? How significant and what specific roles does music play in your healing process?
f. Give details of the evidence of the effectiveness of your means of help on the affected individuals.

6. HIV/AIDS, musical arts and perceptions

a. In what ways do people locally perform an epidemic such as HIV/AIDS?
b. Based on the current understanding of HIV/AIDS what messages do you expect in the performance of the epidemic?

c. What aspects in the attempts to perform HIV/AIDS are you not happy with?

d. How widely are the arts utilised in HIV/AIDS interventions in Malawi and worldwide?

e. How do infected and affected individuals benefit from arts-based HIV/AIDS performances?

f. Give your general views on the utilisation of the performance media such as music in relation to HIV/AIDS.

References Cited

African Studies Abstracts Online. 2003. http://asc.leidenuniv.nl/library/abstracts/asa-online/. Accessed 11 April 2013.

Allison, E J, L H Brown and S E Wilson. 2011. 'Using Music to Combat AIDS and Other Public Health Issues in Malawi.' *The culture of AIDS in Africa*, G Barz and J M Cohen (eds.), New York: Oxford University Press, 89–93.

An-Na'im, A. A. 2002. *Cultural transformation and human rights in Africa.* London: Zed Books.

Allen, L. 2004. 'Music and Politics in Africa.' *Social Dynamics,* 30(2): 1-19.

_____. 2004a. 'Kwaito versus crossed-over: Music and identity during South Africa's rainbow years, 1994-99.' *Social Dynamics,* 30(2): 82-111.

Banda, J. 2012. State of the Nation Address. Parliament Building, Lilongwe, 18 May.

Balmforth, R. 1913. *Drama, music-drama and religion.* London: The Year Book Press.

Barz, G. 2011. 'Interlude–Singing for Life: Songs of hope, Healing, and HIV/AIDS in Uganda.' *The culture of AIDS in Africa,* G Barz and J M Cohen (eds.), New York: Oxford University Press, 20–34.

_____. 2008. 'The Performance of HIV/AIDS in Uganda: Medical Ethnomusicology and Cultural Memory.' *The Oxford Handbook of Medical Ethnomusicology,* B D Koen, J Lloyd, G Barz and K Brummel-Smith (eds.), New York: Oxford University Press, 164–184.

_____. 2006. *Singing for Life: HIV/AIDS and Music in Uganda.* New York: Routledge.

_____. 2004. *Music in East Africa.* New York: Oxford University Press.

Baxen J and A Breidlid. 2009. 'Researching HIV/AIDS and education in sub-Saharan Africa: Examining the gaps and challenges.' *HIV/AIDS in sub-Saharan Africa: Understanding the implications of culture and context,* J Baxen and A Breidlid (eds.), Cape Town: UCT Press, 3–14.

Bergman, M. 2003. 'The Broad and the narrow in Ethnography on Organisations.' *Forum Qualitative Social Research,* 4(1): <*www.qualitative-research.net*> accessed 30 October 2012.

Boneh, G. 2011. *Report On Community Outreach Work.* Zomba: University of Malawi.

Breitinger, E. 2011. 'HIV/AIDS Poster Campaigns in Malawi.' *The culture of AIDS in Africa,* G Barz and J M Cohen (eds.), New York: Oxford University Press, 131–143.

CCAP Blantyre Synod. 2012. '*Celebrating the Power of Music in the CCAP Synod of Blantyre.*' <http://ccapblantyresynod.weebly.com/music-celebration.html> accessed 23 October 2012.

Chanunkha, R. 2005. Music Education in Malawi: The Crisis and the Way Forward. Pretoria: University of Pretoria: Unpublished PhD in Music Thesis.

_____. 1999. Music Learning and Acquisition among Yao Children. Pretoria: University of Pretoria: Unpublished MA in Music Dissertation.

Chauma, D. 2004. Personal communication. Chancellor College, Zomba, 28 October (interview).

Chikuse. 2012. Lecture and Interview (11 January)

Chimombo, G. 2012. Personal communication. Chirunga, Zomba, 2 January (interview).

Chimombo, G. 2012. Personal communication. Ntaja Hospital, Machinga. 14 October, 26 October, 19 November (telephone).

Chimombo, G. 2012. Personal communication. Ntaja Hospital, Machinga. 21 November (text message).

Chimombo, S. 1989. *Malawian Oral Literature.* Zomba: University of Malawi.

Cole-King, S. 1975. 'Under-Fives Clinic in Malawi: The Development of a National Programme.' *Environmental Child Health,* August 1975:183-191.

Cunningham, M. 2004. 'Avoiding Vicarious Traumatisation: Support, Spirituality, and Self-Care.' *Mass trauma and violence: helping families and children cope,* N B Webb (ed.), New York: The Guilford Press, 327–359.

DeNora, T. 2000. *Music in Everyday Life.* Cambridge: Cambridge University Press.

Du Toit, J. 2010. 'HIV, AIDS and Religion: An Ambiguous Relationship.' *Consultancy Africa Intelligence,* 1 March 2010.

Eaton, D. 2008. 'Understanding AIDS in Public Lives: Luambo Makiadi and Sony Labou Tansi.' *Health knowledge and belief systems in Africa,* T Falola and M Heaton (eds.), Durham N.C: Carolina Academic Press, 315–332.

Falola, T and M Heaton. 2008. 'Overview: Investigating Health Knowledge and Beliefs.' *Health knowledge and belief systems in Africa,* T Falola and M Heaton (eds.), Durham N.C: Carolina Academic Press, xxi–xxx.

Faria, A. 2012. Personal communication. 26 June (email).

Foley, E. 1984. *Music in ritual: A pre-theological investigation.* Washington, DC: The Pastoral Press.

Forster, P. 2000. 'Prostitution in Malawi and the HIV/AIDS Risk.' *Nordic Journal of African Studies* 9(1): 1–19.

Fountain, D. 1999. *God, medicine and miracles.* Colorado Springs: Water Brook Press.

Government of Malawi (GoM). 2009. *Malawi HIV and AIDS Monitoring and Evaluation Report: 2008-2009.* Lilongwe: Government of Malawi.

_____. 2007. *Malawi HIV and AIDS Monitoring and Evaluation Report: 2006-2007.* Lilongwe: Government of Malawi.

_____. 2005. *Education Statistics 2005.* Lilongwe: Education Management Information System.

_____. 2001. 'Malawi and the Fight against HIV/AIDS.' The Sectoral Mobilization Workshop for the Fight against HIV/AIDS in Education and Training Sector, Pretoria, South Africa, 26–28 February.

Hallam, S. 2010. 'The power of music: Its impact on the intellectual, social and personal development of children and young people.' *International Journal of Music Education* 28:269-289

Hattas, A. 2009. 'Examining religious leaders' and traditional healers' responses to HIV/AIDS in a modern community.' *HIV/AIDS in sub-Saharan Africa: Understanding the implications of culture and context,* J Baxen and A Breidlid (eds.), Cape Town: UCT Press, 47-59.

Hau, S. 2005. Press Conference. *The Daily Times* (8 November).

Helleringer, S and H Kohler. (2007). 'Sexual Network Structure and the Spread of HIV in Africa: Evidence from Likoma Island, Malawi.' *AIDS,* 21: 2323 –2332.

Ho, Y, Y Cheung and A Chan. 2003. 'Music Training Improves Verbal but Not Visual Memory: Cross-Sectional and Longitudinal Explorations in Children.' *Neuropsychology* 17(3): 439–450.

Jiya, A. 2012. Personal communication. HOGEM, Zomba, 8 January (interview).

Johnson, A. 2000. *The Blackwell Dictionary of Sociology* (2nd Edn.). Oxford: Blackwell.

Kadewere, J. 2012. 'Fish in Exchange for Sex Triggers AIDS Toll: Malawi Kalondolondo.' *Nyasa Times* [online] accessed 23 May 2012.

Kadzandira JM. and C Zisiyana. 2007. *Assessment of Sites and Events where people meet new Sexual Partners in the Urban Areas of Lilongwe and Blantyre".* Zomba: University of Malawi.

Kaeppler, A. 1994. 'Music, Metaphor and Misunderstanding.' *Ethnomusicology* 38(3):457 - 473.

Kalipeni, E and C Kamlongera. 1996. 'The Role of "Theatre for Development" in Mobilising Rural Communities for Primary Health Care: The Case of Liwonde PHC Unit in Southern Malawi.' *Journal of Social Development in Africa* 11(1):53-78.

Kamlongera, C, M Nambote, BJ Soko and E Timpunza Mvula. 1992. *Kubvina: An Introduction to Malawian Dance and Theatre*, Zomba: University of Malawi.

Katani, A. 2008. Traditional Malawian Choral Music: A Liturgical-Critical Study within the Church of Central Africa Presbyterian (CCAP) –Nkhoma Synod. Stellenbosch: University of Stellenbosch (Unpublished Doctor of Theology Thesis).

Kayuni, H and R Tambulasi. 2007. 'Teacher turnover in Malawi's Ministry of Education: Realities and Challenges.' *International Education Journal* 8(1):89-99.

Katz S. 1996. 'Music Therapy for a Changing South Africa.' *Music in medicine: Health and harmony.* Sheila C Woodward (ed.), Linden: Music Therapy Society of Southern Africa, 96–101.

Kerr, D. 1991. 'On Not Becoming a Folklorist: Field Methodology and the Reproduction of Underdevelopment.' *Folklore* 102(1): 48–61.

_____. 1998. *Dance, Media Entertainment & Popular Theatre in South East Africa.* Bayreuth: Bayreuth African Studies.

Kinnell, H. 1991. 'Prostitutes' Perceptions or Risk and Factors Related to Risk-taking.' *AIDS: Responses, interventions and care*, P Aggleton, G Hart and P Davies (eds.), London & Bristol, PA: The Falmer Press, 79–91.

Kis, A. 2008. 'AIDS-Induced Funeral-Culture Changes in Malawi. *Health knowledge and belief systems in Africa,* T Falola and M Heaton (eds.), Durham N.C: Carolina Academic Press, 339–342.

Koen, B D. 2008. 'Music-Prayer-Meditation Dynamics in Healing.' *The Oxford Handbook of Medical Ethnomusicology,* B D Koen, J Lloyd, G Barz and K Brummel-Smith (eds.), New York: Oxford University Press, 93–120.

Koen, B D, G Barz & K Brummel-Smith. 2008. 'Introduction: Confluence of Consciousness in Music, Medicine and Culture.' *The Oxford Handbook of Medical Ethnomusicology,* B D Koen, J Lloyd, G Barz and K Brummel-Smith (eds.), New York: Oxford University Press, 3–17.

Koenig, H. 2008. 'Religion, Spirituality, and Healing: Research, Dialogue, and Directions.' *The Oxford Handbook of Medical Ethnomusicology,* B D Koen, J Lloyd, G Barz and K Brummel-Smith (eds.), New York: Oxford University Press, 46–71.

Kubik, G. 1987. *Malawian Music: A Framework for Analysis*. Zomba: University of Malawi

Kuppers, P. 2007. *Community performance: An introduction.* New York: Routledge.

Lederach, J.P.1995. *Preparing for peace: Conflict transformation across cultures*. New York: Syracuse University Press.

Lewis, C and J Wamsley. 2006. 'Literacy, Music, and Visual Arts Connect.' *ETFO Voice,* December 2006: 21–24.

List, G. 1979. 'Ethnomusicology: A Discipline Defined.' *Ethnomusicology* 23(1):1–4.

Loewy, J and K Stewart. 2004. 'Music Therapy to Help Traumatized Children and Caregivers.' *Mass trauma and violence: Helping families and children cope,* N B Webb (Ed.), New York: The Guilford Press, 191–215.

Lwanda, J. 2011. '"EDZI ndi Dolo" ("AIDS is Mighty"): Singing HIV/AIDS in Malawi, 1980–2008.' *The culture of AIDS in Africa,* G Barz and J M Cohen (eds.), New York: Oxford University Press, 384–403.

_____. 2003. 'Mother's Songs: Male Appropriation of Women's Music in Malawi and Southern Africa,' *Journal of African Cultural Studies* 16(2):119-141.

Magalasi, M. 2005. Personal communication. Chancellor College, Zomba, 16 April (interview).

Majalia, M. 2011. 'Ngoma Dialogue Circles (Ngoma DiCe): Combating HIV/AIDS Using Local Cultural Performance in Kenya.' *The culture of AIDS in Africa,* G Barz and J M Cohen (eds.), New York: Oxford University Press, 111–128.

Malawi Democrat. 2012. 'Music Association of Malawi in Third Phase of Artists' Workshops. <www.malawidemocrat.com> accessed 31 August.

Malawi Human Rights Commission. 2005. *Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children in Malawi.* Lilongwe: MHRC.

Malawi Press Review. 2004. <http://www.africamission-mafr.org/ kanengojan04.htm> accessed 15 August 2012.

Malone, A. 1996. 'The Effects of Live Music on the Distress of Paediatric Patients Receiving Intravenous Starts, Venipunctures, Injections, and Heel Sticks.' *Journal of Music Therapy* 23:19–33.

Maternal Care Manual. 2006. Antenatal Care, Unit 1. *Perinatal Education Programme*, Perinatal Education Trust (n.p)

Matinga, P. and McConville, F. 2004: *A report on cultural beliefs and practices in Malawi.* Lilongwe: Department for International Development.

Mayani, T. 2013. Personal communication. Catholic Relief Agency, Lilongwe, 22 January (email).

Mayani, T. 2012. Personal communication. Chirunga, Zomba, 3 January (interview) and 13 May (email).

Mayani, T. 2009. Personal communication. Self-Help Africa, Balaka, 28 August (telephone).

Mbale, M. 1995. 'Praise and Worship and Preparation for Christian Service.' *Leadership Seminar* (8–14 May), Blantyre: CIC Publication.

Mhango, G. 2012. 'Human dignity can avert HIV infections.' *Weekend Nation* (29 May).

Mhango-Msosa, J. 2012. Personal communication. Bloemfontein, 16 and 17 July (interview).

_____. 2012. Email communication. 11 August.

Ministry of Health. 2007. *Sentinel Surveillance.* Lilongwe: Ministry of Health.

Moloko, F. 2008. Personal communication. 26 May and 2 June (telephone).

Moloko, F. 2013. Personal communication. 28 January (telephone).

Müller, T. 2005. *HIV/AIDS and human development in sub-Saharan Africa.* Wageningen: Wageningen Academic Publishers.

Mwale, JK. 1977. 'Aspects of Non-formal Education, Traditional Customs and Beliefs of the Chewa People of Central Malawi', Seminar Paper, Zomba: University of Malawi

National AIDS Commission (NAC). 2009. *National HIV Prevention Strategy 2009-2013.* Lilongwe: NAC.

National Statistical Office (NSO) [Malawi], and ORC Macro. 2005. *Malawi Demographic and Health Survey 2004.* Calverton, Maryland: NSO and ORC Macro.

National Statistical Office. 2007. *Malawi Multiple Indicator Cluster Survey (MICS).* Zomba and Lilongwe: NSO and UNICEF.

Naylor, L and M Naylor. 2011. 'The Educator's Role in Cultural Healing and the Sacred Space of the World Music Classroom.' *The Oxford Handbook of Medical Ethnomusicology,* B D Koen, J Lloyd, G Barz and K Brummel-Smith (eds.), New York: Oxford University Press, 500–537.

Nchindila, B. 2011. 'The role of music in reading literacy: Symphonies of an anthem in English as a second language in multilingual contexts.' *Muziki: Journal of Music Research in Africa* 8(1):120–135.

Nketia, J.H. 1982. *The Music of Africa.* London: Victor Gollanzc.

Nthala, C. 2012. Personal communication. Zomba, 10 January.

Nthala, G. 2009. The Chewa Art of Drumming and Its Influence on Modern Malawian Music. Bloemfontein: University of the Free State: Unpublished Master of Music Thesis.

Nzewi, M. 2003. 'Acquiring knowledge of the musical arts in traditional society.' *Musical Arts in Africa: Theory, practice and education.* A Herbst, M Nzewi and K Agawu (eds.), Pretoria: University of South Africa, 13–37. .

Nzewi, M. 2007. *A contemporary study of musical arts informed by African indigenous knowledge systems: Illuminations, reflections and explorations.* Pretoria: CIIMDA.

O'Sullivan, GA, JA Yonkler, W Morgan and AP Merritt, A.P. 2003. *A Field Guide to Designing a Health Communication Strategy*, Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, March 2003.

Packer, J and Ballantyne, J. 2011. 'The impact of music festival attendance on young people's psychological and social well-being'. *Psychology of Music* 39:164–181

Parrot, R. 2009. 'The Importance of Music in Different Religions.' July 2009 School Bulletin: Silverdale Community Primary School, Newcastle-under-Lyme.

Phiri, I. 1997. *Women, Presbyterianism and Patriarchy: Religious Experience of Chewa Women in Central Malawi.* Blantyre: Christian Literature Association in Malawi.

Phiri, M. 2008. Personal communication. Mponela, Dowa, 30 June (interview).

Phiri, M. 2012. Email communication. 22 July and 24 August.

Pratt, M and M Wood. 1998. 'Introduction.' *Art therapy in palliative care,* London: Routledge, ix–xii.

Pratt, R. 2004. 'Art, Dance, and Music Therapy.' *Physical Medicine and Rehabilitation Clinics of North America* 15: 827–841.

Rasmussen, S. 2008. 'Introduction – Health Knowledge and Belief Systems in Africa,' *Health knowledge and belief systems in Africa,* T Falola and M Heaton (eds.). Durham N.C: Carolina Academic Press, 3–29.

Roseman, M. 2008. 'A Four-Fold Framework for Cross-Cultural, Integrative Research in Music and Medicine.' *The Oxford Handbook of Medical Ethnomusicology,* B D Koen, J Lloyd, G Barz and K Brummel-Smith (eds.), New York: Oxford University Press, 18–45.

Sacks, O. 1996. 'Music and the Brain.' *Music in medicine: Health and harmony.* Sheila C Woodward (Ed.). Linden: Music Therapy Society of Southern Africa, 1–22.

Schuetze, C. 2008. 'Examining the Role of Language in Healing: Comparison of Two Therapeutic Interventions for Spirit Possession.' *Health knowledge and belief systems in Africa,* T Falola and M Heaton (eds.), Durham N.C: Carolina Academic Press, 33–54.

Solomoni, C. 2008. Personal communication. Cholwe Village in Ntchisi, 27 June (interview).

Sumski, A. 1989. *Africa Sings: Nyimbo za ku Malawi.* Tübingen: Alexander Sumski.

Strumpf, M. 1999. 'Some music traditions of Malawi.' *African Music,* 7(4): 110–121.

Strumpf, M. 2012. Personal communication. University of Dar es Salaam, Tanzania, 26 March, 9 April, 10 April and 11 October (email) and 14 September (facebook).

Tembo M 1995. *The mganda traditional dance among the Tumbuka of Zambia.* <http://people.bridgewater.edu/~mtembo/menu/zambia/mganda.shtml> accessed 25 April 2008.

Thaut, M and G C McIntosh. 1992. 'Effect of Auditory Rhythm on Temporal Stride Parameters and EMG Patterns in Normal and Hemiparetic Gait.' *Neurology* 42:208–216.

Tracy, H. 1973. *Catalogue and LPs of the Sound of Africa Series: Music and Songs from Central, Eastern and Southern Africa.* Grahamstown: International Library of African Music.

Turry, A. 1997. 'The Use of Clinical Improvisation to Alleviate Procedural Distress in Young Children.' *Music therapy and paediatric pain,* Loewy, J (ed.). Cherry Hill, NJ: Jeffrey Books, 119–142.

UNAIDS. 2004. Guide to Monitoring and Evaluating National HIV/AIDS Prevention Programmes for Young People, *National AIDS Programmes: A Guide to Monitoring and Evaluation,* March 2004.

UNAIDS. 2008. *Knowing Your Epidemic.* Geneva: UNAIDS.

UNESCO. 1982. 'Mexico City Declaration on Cultural Policies'. World Conference on Cultural Policies, Mexico City, 26 July–6 August.

UNESCO. 2008. *Expanding the use of innovative HIV prevention approaches using traditional forms of performing arts in Asia.* Bangkok: UNESCO.

UNFPA. 2012. *Reproductive health in refugee situations: An inter-agency field manual* <http://www.unfpa.org/emergencies/manual/3.htm#Antenatal> accessed 16 November.

Wheeler, J. 2011. 'Mothers, Children and Maternal-Child Health in Image and Song.' *Anthropology News,* January: 8–9.

Wolf, L and T Wolf. 2011. 'Music and Health Care: A Paper Commissioned by the Musical Connections Program of Carnegie Hall's Weill Music Institute,' Carnegie Hall and WolfBrown, August.

Zungu-Dirwayi N, O Shisana, E Udjo, T Mosala and J Seager. 2004. *An audit of HIV/AIDS policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe.* Cape Town: HSRC Publishers.

ABSTRACT

This study is a response to the call for localised research from a number of medical ethnomusicology experts who have studied and documented research findings on the relationships between medicine, music and culture in Africa. Such findings have been documented in recent publications such as *Health Knowledge and Belief Systems in Africa* (2008), *The Oxford Handbook of Medical Ethnomusicology* (2008) and *The Culture of AIDS in Africa* (2011). The field research supporting this study is country specific and aims at contributing to the greater academic effort of medical ethnomusicology on the African continent by providing depth of local information regarding the role that music has played as an intervention for public health concerns and healing efforts in Malawi.

The study begins by ethnographically observing and investigating the HIV/AIDS situation in Malawi, factors that have contributed to the escalation of the situation, and the ways in which Malawian society has responded musically to pandemics in general and to the HIV/AIDS pandemic in particular. The findings of this observation and investigation are documented with the support of academic evidence on the realities of HIV/AIDS in local Malawian contexts and within the greater Southern African context. The supporting literature further discusses how the musical arts have played a role in defining and addressing these realities from social, cultural, economic, and biomedical points of view globally. Finally, the documented examples are evaluated to determine their efficacy. Challenges consistent with arts interventions are highlighted as largely due to inadequate knowledge, cultural biases, lack of training, and the practitioners' lack of sensitivity.

It is observed throughout this study that different communities interpret music in different ways in order to share ideas, joy, memories, suffering, pain, and spiritual ideals. In addition, Malawian societies both in urban and rural communities use music as a unifying element for the achievement of predetermined goals. A number of interventions have been designed, developed, and implemented to address the impact of HIV/AIDS on Malawi; however, there is no documented data on the involvement and promotion of the musical arts in the effective and sustained fight against the pandemic at national governmental and non-governmental policy levels. This lack of material calls for large-scale research on arts-based HIV/AIDS intervention in Malawi, part of which is the attempt made through this study.

Key Terms

Arts-based intervention

Church music

Community performance

Medical ethnomusicology

Musical arts

Music metaphor

Participatory communication

Self-delectation

Spirituality

Traditional music and dance

Urban and popular music

OPSOMMING

Hierdie studie is 'n direkte uitvloeisel van versoeke van kundiges op die gebied van mediese etnomusikologie wat reeds die verhouding tussen medisyne, musiek en kultuur in Afrika bestudeer en gepubliseer het, om plaaslike navorsing oor die genoemde aspekte te doen. Voorbeelde van sulke publikasies is *Health Knowledge and Belief Systems in Africa* (2008), *The Oxford Handbook of Medical Ethnomusicology* (2008) en *The Culture of AIDS in Africa* (2011). Die praktiese navorsing wat vir hierdie navorsing gedoen is, is landspesifiek (Malawi). Dit het ten doel om 'n bydrae tot die groter akademiese inisiatief van mediese etnomusikologie op die Afrika-kontinent te lewer deur die verskaffing van inligting deur die plaaslike inwoners betreffende die rol wat musiek in die intervensie van openbare gesondheidsrisiko's en pogings tot genesing gespeel het.

Die studie neem 'n aanvang deur die etnografiese waarneming van, en ondersoek instel na die HIV/VIGS-situasie in Malawi, faktore wat 'n bydrae tot die toename van die situasie lewer, asook die wyse waarop inwoners van Malawi musikaal op pandemies in die algemeen en spesifiek die HIV/VIGS-pandemie reageer. Die bevindinge en dokumentering van hierdie studie is geskoei op akademiese bewyse van die realiteit van HIV/VIGS in die plaaslike Malawiese konteks en binne die raamwerk van die groter Suid-Afrika. Die ondersteunende literatuur handel oor die rol wat die musikale kunste in die globale definiëring en aanspreking van realiteite soos sosiale -, kulturele -, ekonomiese -, en biomediese uitgangspunte gespeel het. Ten slotte word die gedokumenteerde voorbeelde geëvalueer ten einde die doeltreffendheid te bepaal. Daar word uitgelig dat uitdagings wat eie aan intervensies van die kunste is, hoofsaaklik die gevolg van onvoldoende kennis, kulturele vooroordele, gebrek aan opleiding en die praktiseerder se gebrek aan sensitiwiteit is.

Deur die hele studie kom dit duidelik na vore dat gemeenskappe musiek op verskillende wyses interpreteer ten einde idees, geluk, herinneringe, swaarkry, pyn en spirituele ideale te deel. Boonop gebruik Malawiese gemeenskappe, beide in stedelike en landelike gebiede, musiek as 'n verenigende element vir die bereiking van vooropgestelde doelwitte. Verskeie intervensies is ontwerp, ontwikkel en geïmplimenteer om die impak van HIV/VIGS op Malawi aan te spreek; maar daar is geen gedokumenteerde data van die betrokkenheid en bevoordeling van die musikale kunste vir die effektiewe en volhoubare stryd teen die pandemie op nasionale parlementêre en nie-parlementêre beleidsvlakke nie. Hierdie gebrek

aan dokumentasie noop 'n volskaalse navorsingsveldtog op die kunstegebaseerde HIV/VIGS intervensie in Malawie, waarvan hierdie studie gedeeltelik 'n poging aanwend om dit aan te spreek.

Sleutelwoorde

Kuns-gebaseerde intervensie
Kerkmusiek
Gemeenskapsvoordrag
Mediese etnomusikologie
Musikale kunste
Musiekmetafoor
Deelnemende kommunikasie
Self-vermaak
Spiritualiteit
Tradisionele musiek en dans
Stedelike – en populêre musiek