



AN EXHIBITION OF PORTRAITS AND STORIES
FOLLOWING MEN'S REPRODUCTIVE JOURNEYS
IN RURAL MALAWI.



**BECOMING FATHERS:
REPRODUCTIVE
JOURNEYS IN MALAWI**

**ULENDO WAKUFUMA
KUCHINYAMATA KUYA
KU UDADA KU MALAWI**



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Visual Ethnography by Fiona Parrott, Green Kapira, Dorothy Makoka, Blessings Mwandosya and Aaron Ndovi.

We thank everyone who participated, generously consented to the reproduction of their words and images, and collaborated in bringing this exhibition to life.

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contents

INTRODUCTION	PAGE 3
boyhood aspirations	PAGE 6
marriage	PAGE 10
becoming a father	PAGE 14
pregnancy & birth	PAGE 18
child health & illness	PAGE 23
contraception & communication	PAGE 26
ideal families	PAGE 31
childlessness	PAGE 34
“outside” pregnancies	PAGE 38
finishing “the programme”	PAGE 42
CONCLUSION	PAGE 46
MAKING THE EXHIBITION	PAGE 49
PARTNERS & CONTRIBUTORS	PAGE 53





about this exhibition

FROM BOYHOOD ASPIRATIONS TO GRANDFATHERLY WISDOM, THIS EXHIBITION FOLLOWS MEN'S REPRODUCTIVE JOURNEYS IN RURAL MALAWI. PORTRAITS OVERLAID WITH QUOTATIONS HIGHLIGHT KEY MOMENTS, AS MEN NAVIGATE MARITAL RELATIONSHIPS, PLAN THEIR FAMILIES AND GRAPPLE WITH THREATS TO REPRODUCTIVE AND CHILD HEALTH.



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introduction

Around the world, men are being called upon to engage with reproductive health problems by clinicians and policy makers. This exhibition shows Malawian men are already intimately involved, indeed how can they not be?

Health and development programs long assumed that rural African men were at best distanced partners in procreation and at worst, unthinking pronatalists whose influence should be minimised. However, a shift towards engaging men in interventions that previously focused on women and children has become emblematic of a global turn towards gender-inclusive and gender-sensitive approaches to improving reproductive and child health.¹ Today, Malawian men are being actively targeted by reproductive health interventions.^{2,3} Radio, peer- and health facility-led campaigns attempt to motivate men to take an HIV test with their pregnant partners, or to take an active role in antenatal care for example.

Men and families from Karonga District, northern Malawi, participated in research focused on their aspirations and experiences of fatherhood. During a series of life story interviews, 55 rural farmers, fishermen, teachers, traders and skilled labourers reflected on health issues ranging from contraceptive use to care for their partners during pregnancy, to HIV testing, to infertility. Men born over four decades (1959-1994) described many ways of becoming a father and 'being a man'. This exhibition follows these reproductive journeys, which differ and rarely follow a straight course.

Individual and family portraits overlaid with quotations are used to reflect on the meanings, values and calculations of fatherhood and fertility. Photographic portraits are popular in this setting, and relatively commonplace due to the entrepreneurial photographers who travel between villages and offer their services to individuals and families. Many fathers chose to be photographed with their spouses and resident children in front of their house or in their immaculately swept yards. Some men, notably those who did not have children, chose to be photographed at their place of work, with markers of achievement like cars, laptops, sewing machines, boats, and fishing nets.



Participant poses for a portrait in front of his car

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The aesthetic of the portraits also varied, from a respectful and composed stance, to an overt display of romantic gestures, to references to music and film. For instance, the couple in the photograph below are linked hand in hand with their first child; his wife is respectfully seated and looks directly at the camera, while her husband stands and points – a pose drawn from music videos that are as much a part of rural modernity as reproductive health programs.⁴



Malawian men's pride at being portrayed as fathers in these photographs, and their willingness to share their procreative

dilemmas and misfortunes, tells a more nuanced story of men's relationship to reproductive health. Reproductive health initiatives aimed at influencing men in their role as husbands provoke a full range of emotions. While Malawian men are increasingly taking on these kinds of roles, they sometimes use phrases like, 'Ulimwanalume muwemi, kulondezga vyajenda! [You're a good man, you're practicing gender equality!]' to tease each other about their participation in traditionally female domains. It should be no surprise that the category 'men' disintegrates the instant we consider the many potential roles from which individuals may influence reproductive health; as youths and elders, husbands and fathers, teachers, health workers, pastors, village headmen [chiefs] to name a few.

This exhibition works against the tendency to stereotype 'men', and in particular 'African men', as a category of actors in the fields of sexual and reproductive health.⁵ Instead, we highlight the dynamic nature of men's roles in procreation. Globalising reproductive health discourses, practices, and technologies are part and parcel of the social, economic, political and religious landscape. Men explain that their experiences of fatherhood are shaped by their extended families, Christian church membership (including the growth of Pentecostalism since the 1970s), education, the media, sex lives, wealth, and love. Sometimes these forces pull them in conflicting directions.

These portraits of rural Malawian fathers are intended to inspire reflection on the ways in which these men represent themselves as parents and partners. Listening to the experiences of individual men and respecting their diversity and difference is crucial to understanding the context of reproductive health issues in Malawi.

This exhibition has been presented in Chitumbuka - the local language spoken by participants - and in English [see www.reproductivejourneysinmalawi.org]. The exhibition is intended to be a space where people can explore others' narratives, share their own and discuss men's roles in reproductive health.

'We' are Fiona Parrott, Green Kapira, Dorothy Makoka, Aaron Ndovi, Blessings Mwandosya, Levie Gondwe, Paston Mkandawire, Misheck Nkhata and Mia Crampin, from the Karonga Prevention Study,⁶ Malawi, the University of Amsterdam and the London School of Hygiene & Tropical Medicine, whose own reproductive journeys in the course of this project have welcomed the birth of six children, including twins. On the Record (a UK oral history co-operative) worked with us to produce the exhibition and website.

Participants have given permission for their portraits to be used to share their stories with the world. This exhibition is dedicated, with our thanks, to everyone who participated, generously consented to the reproduction of their words and images, and collaborated in bringing these reflections to life.

February 2016

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boyhood aspirations

YOUTHS FIND GIRLFRIENDS
CAN BE A “MIXED BLESSING”.

boyhood aspirations

A girlfriend can be a “mixed blessing.” She may “make demands” that are difficult to meet financially. Desire for girlfriends can “confuse the mind” and make it difficult to concentrate on education. Indeed, sex is a punishable offence in some schools and families. Girlfriends afforded boasting opportunities, but they are also valued as companions, someone to chat and share schoolwork with:

“We could have sex sometimes but most of the time we would discuss issues about school. We gave each other ‘best wishes’ cards so that we should write our exams well.”

Many dream of completing fee-paying secondary education to access scarce employment opportunities, but this is difficult. School experiences commonly involve repeating years in the same class, learning at several different schools and leaving home to stay with relatives. A recent survey by the Karonga Prevention Study shows that only 17 percent of men and six percent of women aged 20 to 30 years pass the finishing line and gain their Malawi School Certificate of Education.

Parents and relatives advise young men against the risks of premarital sexual contact or marrying too early:

“Because if I can get diseases at this stage, it means my life will go astray.”

“[My relatives] said they know most people desire to have sex whenever they have a girlfriend, so if you cannot eliminate those feelings it’s better to protect yourself. They said it’s good to have a girlfriend to know each other’s behaviour before you get married, but we ought to abstain.”

Youth groups affiliated with churches and NGOs, increasingly provide spaces for young people to find out about issues previously considered taboo. They discuss “how to grow into responsible men and women,” how to “protect ourselves from HIV and benefit from available contraceptive services,” and meet like-minded partners. Many couples aim to HIV test together before marriage.

In the event of unplanned pregnancy, some young men deny responsibility to their elders, who would otherwise thrust an undesired marriage and all the adult responsibilities that entails upon them. However, other young men, accept that they are “the owner of the pregnancy,” proudly declaring, “she is carrying my cargo.”

After marriage it can be embarrassing, shameful or simply unaffordable for the young couple to continue at school. Marriage means that **banyamata** [unmarried boys] enter into the world of **balala** [married men,] making a living from farming, fishing or day labour. Whether or not to acknowledge a pregnancy is a momentous decision: by accepting fatherhood, boys embark upon adult life:

“I was nervous because I wasn’t sure if I was in a position to support her and say ‘this one is my responsibility nobody else will take care of her.’ She has left her parents, I have left my parents, I don’t have any relative of mine that I will look upon but myself.”

After leaving school, some parents encourage banyamata in their continued quest for training and employment, others lament, “when will I taste nsima [maize or cassava flour porridge] cooked by a daughter-in-law?”



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KEY FACTS

The men and women whose stories we feature come from Karonga District. Statistics from population-wide surveys carried out by the Karonga Prevention Study help contextualise the aspirations described in the exhibition.

53% MALE CONDOM USE AT FIRST SEX:

Fifty-three percent of men (in the generation born 1985-94) say they used a condom with their first ever girlfriend. (Karonga Prevention Study data)¹

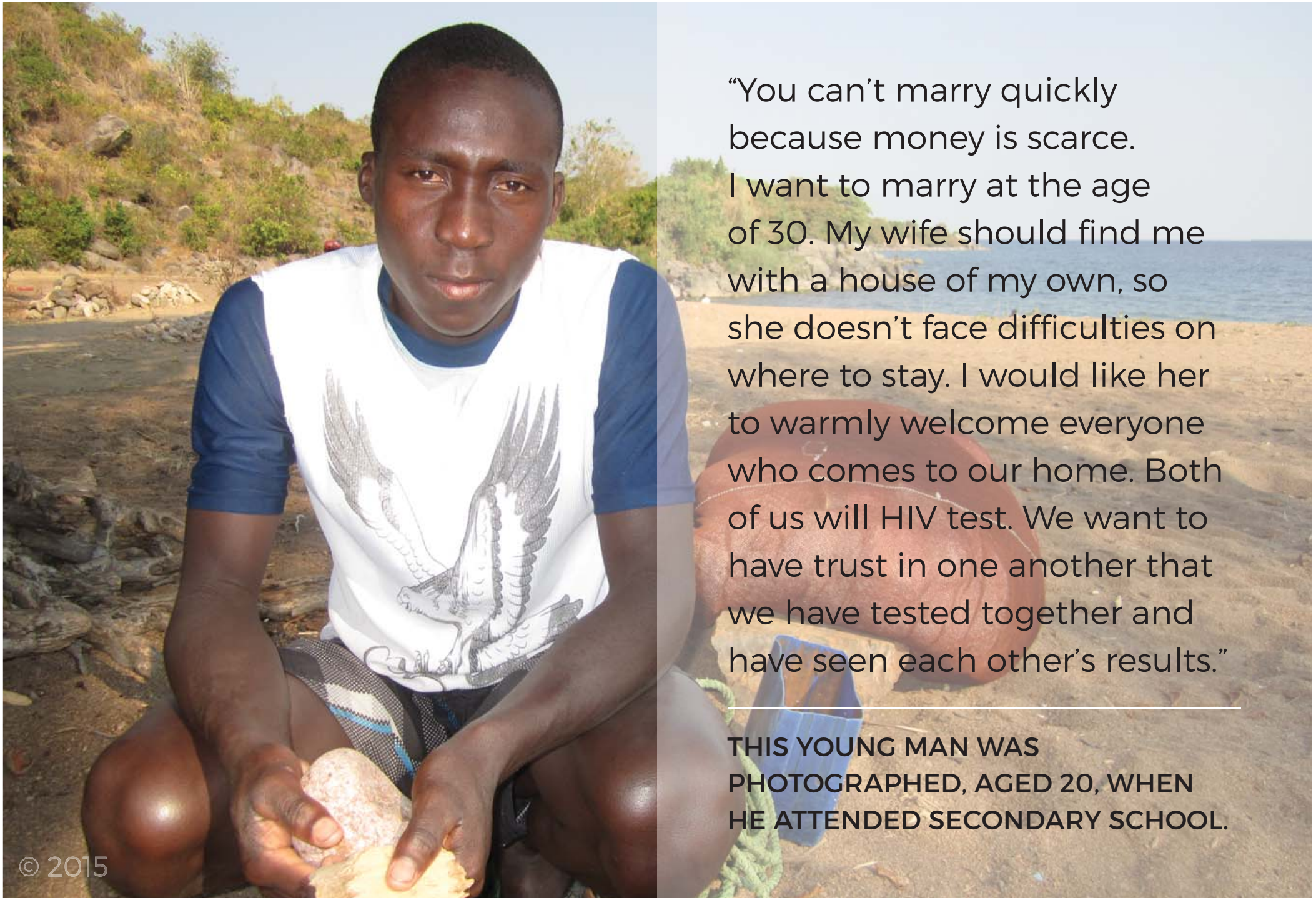
19 YEARS OLD AT FIRST SEX:

The median age that men start sex, compared with 17.5 years for women. 25% of girls have sex before 16 years and 25% of boys before 17 years of age. (Karonga Prevention Study data)¹

8% DROP OUT OF SCHOOL FOR MARRIAGE OR PREGNANCY:

Eight percent of men aged 30 and under say they dropped out of school because of marriage or because their girlfriend or wife was pregnant. Over five times as many girls say the same. (Karonga Prevention Study data)¹

1. Glynn JR, Kayuni N, Floyd S, Banda E, Francis-Chizororo M, Tanton C, et al. (2010) *Age at Menarche, Schooling, and Sexual Debut in Northern Malawi*. PLoS ONE 5(12): e15334.



“You can’t marry quickly because money is scarce. I want to marry at the age of 30. My wife should find me with a house of my own, so she doesn’t face difficulties on where to stay. I would like her to warmly welcome everyone who comes to our home. Both of us will HIV test. We want to have trust in one another that we have tested together and have seen each other’s results.”

THIS YOUNG MAN WAS PHOTOGRAPHED, AGED 20, WHEN HE ATTENDED SECONDARY SCHOOL.



marriage

IT WOULD BE UNTHINKABLE
FOR A MAN TO REMAIN
UNMARRIED INDEFINITELY.

marriage

It would be unthinkable for a man to remain unmarried indefinitely here in Karonga District, where close to a hundred percent of adults marry. Reasons for marrying range from practical considerations such as wanting someone to cook for them or nurse family members, to romantic love and desire.

There are no organised initiation ceremonies for Tumbuka youth, so marriage is the first step on the lifelong high wire performance that is becoming a man.

Conventionally northern men **bakutola** [marry] and women **bakuthengwa** [are taken]: "We say daughters are lost to their families." Traditionally, couples live within the husband's paternal home, but as people increasingly move around for work this is changing.

Marriage is entered into in different ways, depending on the couple's finances and religion. Those with the money to do so tend to follow formal procedures beginning with **kufikila** [the introduction of a man's name and his intention to marry at the woman's home.]

Following such procedures is important, as one man explained, because, "if there is a funeral [of a wife or child] in future and you did not marry following the procedure, you may find that before the burial they will ask you to settle the case [pay the wife's relatives so he may keep his children or bury his wife or child at

his family graveyard.] So I didn't want those things, I wanted to walk freely and be welcomed in both families."

During marriage proceedings **chuma** [bride price] negotiations take place between the two families through the **thenga** [a go-between representing the suitor.]

The considerable expense is often met by male relatives. Some men choose to elope because of a lack of finances, paying for chuma "little by little" after the marriage.

One man remembers how he came to elope:

"I met my wife on the way. She was walking. She asked me to carry her on the bicycle. I responded, 'I don't carry someone's wife, I only carry those who are not married.' She responded, 'I'm not married but I am looking for someone to carry me on a bicycle.' I asked her if she had ever been married before. When she said no, I asked her, 'can it be my chance or your chance to get married?' She said, 'if you want me, come to my home.' So I visited her home. Afterwards she escorted me to the road where we discussed and she agreed to come to my home. At night I heard her sister calling me, 'your friend has come' ... I sent a little money to her parents to inform them that I am the one who has married your daughter. That's the way I married."

Churches involve themselves in the marital practices of their congregations: “Whenever we disagree on issues in our marriage it’s the church elders who advise and direct us.” The African Church’s constitution condones polygamy, while churches such as the Church of Central Africa, Presbyterian (CCAP), the Catholic or the fast growing Pentecostal churches discipline men for marrying more than one wife.

Beyond all of the procedural arrangements, as one man said, “getting married is not only about paying money, having love is number one and also faithfulness and the way you stay [treat one another.]”

We asked men how they showed love and knew it was returned. Responses included having fun together, making sacrifices and meeting each other’s needs by:

“Laughing and chatting in the house.”

“Discussing and agreeing on what we plan to achieve in farming – and helping each other buy things after we have harvested our own gardens.”

“Even if she has little food for her to eat she tries her best to keep a little for me. When I want to have sex there is no problem. There are so many things, but through this I prove that she loves me.”

“Sometimes I buy **sobo** [orange squash] and then call my wives together with the children. I don’t go with that sobo to each house because that can mean that I love the first or second wife [the] most.”

Engaged couples increasingly HIV test together and sharing the same status is considered important. One woman recalls, “we were all found negative and started trusting and advising one another.” Her husband reflected, “had she been found with the virus I would have just encouraged her for a month. You can’t dump her right away. And afterwards we would part.”

Moreover, regular HIV testing together during marriage can come to signify commitment. As this man, who donates and tests his blood every year, said, “By doing so you become a happy married family because you are able to go and do things together. We stay very well in our marriage and it’s a delightful marriage.”

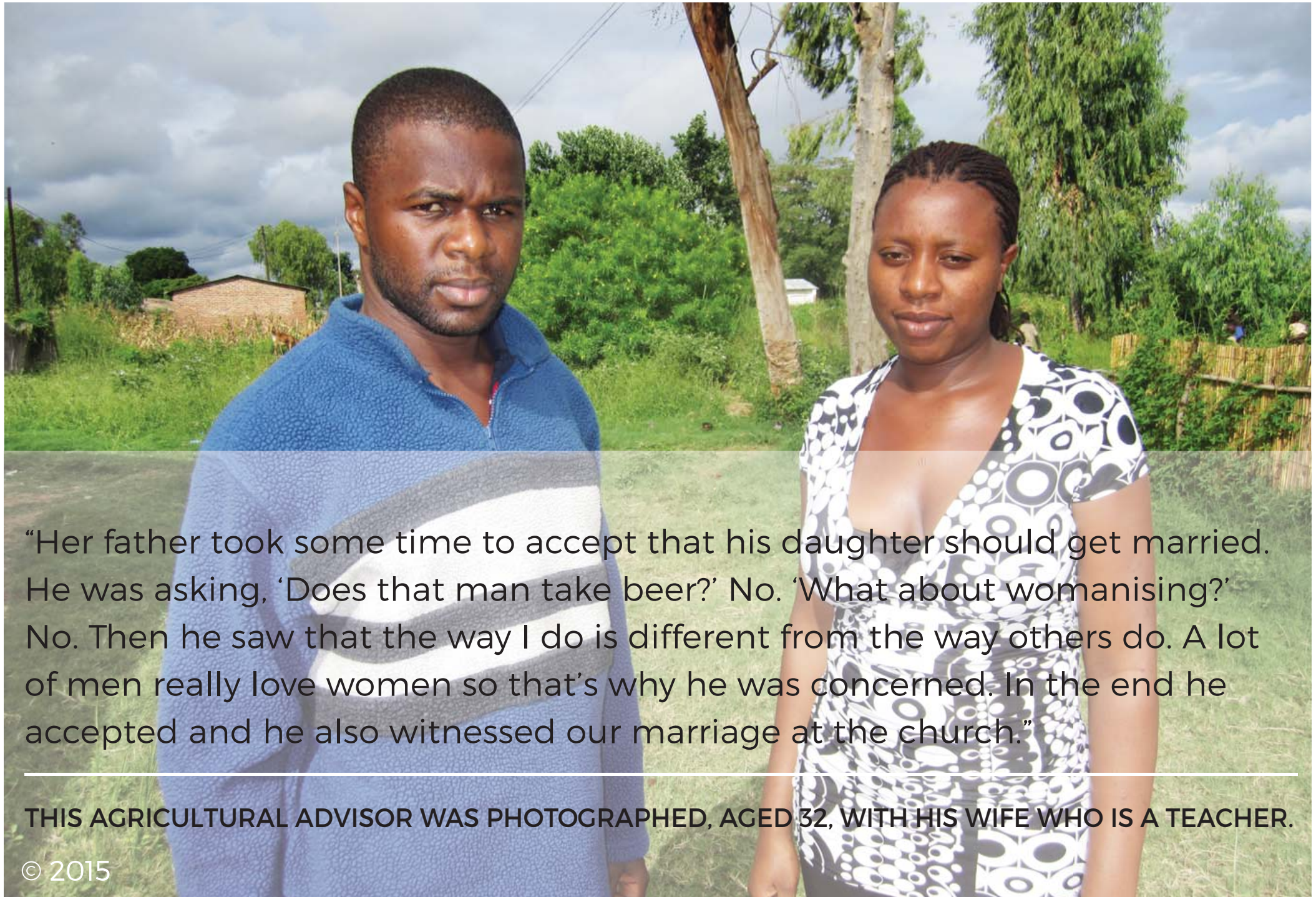
Chronic sickness may imperil a marriage. Others, like this HIV positive man, find that all his wives still show him love: “When I started explaining to her [his HIV negative wife] that it’s now difficult for you to stay with me; it’s like being thrown in the pit of lions. She responded, ‘I will stay because I already promised that I will stay with you in problems and at peace.’”

KEY FACTS

98% MARRIED:

Ninety-eight percent of men and 99% of women aged 35-59 years have ever been married. At these older ages, 18% of men are married to more than one wife, and 24% of women are in a marriage where they have or had a co-wife (Karonga Prevention Study data)¹

1. Glynn JR, Dube A, Kayuni N, Floyd S, Molesworth A, Parrott F, French N, Crampin AC (2012) AIDS, 26 (8), pp. 977-85



“Her father took some time to accept that his daughter should get married. He was asking, ‘Does that man take beer?’ No. ‘What about womanising?’ No. Then he saw that the way I do is different from the way others do. A lot of men really love women so that’s why he was concerned. In the end he accepted and he also witnessed our marriage at the church.”

THIS AGRICULTURAL ADVISOR WAS PHOTOGRAPHED, AGED 32, WITH HIS WIFE WHO IS A TEACHER.



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becoming a father

EVEN BEFORE THE ARRIVAL OF HIS FIRST BORN, A MAN MAY BECOME A FATHER TO YOUNGER SIBLINGS OR COUSINS.

becoming a father

Even before the arrival of his first born, a man could become a father to younger siblings or cousins who may be sent to his house for care, schooling or simply a richer field of experience. One man explains, "I'm a parent to these other brothers of mine." Elder male relatives, whether father, uncle or brother, are all described as fathers.

Yet whether responsibilities to provide for dependent kin are carried heavily or lightly, pressure to conceive is high. Male friends joke, "we're waiting - nine months!" or, "don't just waste our money [wedding gifts] - we want to have results!"



Becoming a father brings tremendous respect in this patrilineal community. A child is unmatched by any other wealth a man may accrue: "If we can compare a gift of a child and a vehicle - you find that the person who is valued is the one having a child. If he doesn't have a child he doesn't become settled, even if he is rich."

Men recall the happiness that the gift of a child had brought them: "It reached a time that the baby was always in my arms. For it was the first time, it was just as when one has bought a new shirt, he always puts on that shirt. So our love grew stronger and stronger."

Parents are called by their first child's name. Sometimes their own names are forgotten, the new name forming a permanent reminder of their changed status: "When I had the first child I knew that I am grown up ... After this I started to be called the father of Solomon from that date till now."

Fathers described how their first born was welcomed by people in the village. Women came with soap, flour, rice or fetched firewood or drew a tap [carried water] for the new mother. Relatives visited the baby with gifts such as, "a mosquito net, an umbrella from Karonga, a basin to bathe the baby, and a lamp."

The father himself may purchase **vitenje** [cloth wrappers] from Tanzania for carrying the baby and a shawl, and perhaps napkins and a baby suit, and through this, "people witnessed I was happy." One man commented, "after having the baby I stopped spending money on beer. Relatives who loved me started telling me you are now grown up, you have to stop such things. My wife was happy. Coming back at one in the morning [from a drinking spree] how could I know what has happened to the baby?"



Descent is traced through fathers. But a man secures his right to children born in the marriage by being accepted by his wife's family and paying **chuma** [bride price.] Men who haven't even paid a **chibadala** [a small apology payment] run the risk of their

wives leaving with the children if the marriage ends: "If I chase her (divorce) she will take the children." While many women stay in unhappy marriages to remain with their children, if a man fails to pay **chuma** and does not fulfil his responsibilities he risks his wife's relatives changing the children's surnames, which is a great insult.

Resemblance to fathers is cherished, particularly if a man suspects his paternity may be in doubt. A wife recalls, "some of his friends were telling him that I was not 'moving in the right way'. I told him that the children were his children but he doubted and I told him that we should wait and see what God had prepared for us. What happened was that the fifth child resembled him and he then named him after him." A few men admitted resorting to violence towards partners in retribution for perceived infidelities, though they were censured by traditional courts and in-laws for doing so.

Some men hold and comfort babies, while others see that as a woman's task. Ferrying sick children to hospital by bicycle, paying for school fees and clothes, offering advice, finding land for their sons and offering a place of return for daughters when those daughters leave their husbands' homes, are among the ways men show care for children throughout their lives. Wherever children grow up, knowing their father and their father's family is important:

"I would go to her place to chat. When she started sitting I would carry her to the market. And when she started a paying school her grandmother sent her to me, her father, to get fees. So that's how she knew me."

“I heard the way children of friends called out, ‘Dada, Dada’. I wanted to be called, ‘The father of Edi’. I desired that tomorrow I should also be a father.”

THIS FARMER AND SCHOOL GRADUATE WAS PHOTOGRAPHED, AGED 22, WITH HIS WIFE AND DAUGHTERS.





pregnancy & birth

AS ONE WOMAN EXPLAINED,
“WHEN YOU’RE PREGNANT
YOU’RE A BOSS!”.

pregnancy & birth

As one woman explained, “when you’re pregnant you’re a boss!”

A husband’s total failure to care in pregnancy is a serious matter. One woman returned to her parents’ home in desperation as her husband lavished money on girlfriends rather than her needs. Her father advised her to divorce.

However, men may be teased for efforts to lift the burden of household tasks from their pregnant partner: “If people see you busy sweeping in the morning, they say, ‘You’re a good man, you’re practicing gender [equality]!’, ‘Gender’ is talked about on the radios.”

Men are encouraged to attend antenatal care, known as going to scale [because the women are weighed.] As an incentive, women accompanied by their husbands are seen quickly. Some men feel it is wise to attend but to do so is still relatively uncommon: “When I accompanied my wife to scale some people said, ‘he’s been given a love potion,’ others said, ‘ah, he wants to show by example.’”

Men who say they’re busy suggest what’s important is a full report: “the man should ask his wife how things were at scale.” A reason men want to go is so they hear information for themselves: “They say how you should meet in the house [have sex] when the woman is pregnant, about the types of food she should eat- because sometimes when the woman explains I think she is making it up.”

At scale, couples can HIV test together, otherwise pregnant women must shoulder the burden of being the first to test and fearfully carry the news. Yet even men who have carried their wives by bicycle may wait outside and avoid testing and counselling, sometimes for the simple reason that these are women’s spaces. If the results are positive the couple can then plan how to protect the HIV negative partner or how to prevent transmission from mother to child.

Many believe that if they are positive their partner will be likewise. This man explained, “I was a bit nervous if anything might turn up at scale, but I encouraged her to go. I was very worried that if I was positive she would have been found so ... It was our turn, they tested both of us, but she was found negative and that gave me hope in life.”

One man recalls the advice they were given in 2009, “we came here at the hospital and she was given a tablet to take before delivery to protect the baby from HIV infection. She was also advised to breast feed the baby up to six months, but she prolonged the period. When the medical assistant found that the baby was still breast fed, he shouted at us!”

Since 2011, pregnant and breastfeeding women start full, lifelong antiretroviral treatment immediately: “I started because I was pregnant... My husband started [treatment] because of me.”

A pregnant woman will often call upon female relatives to provide care in the lead up to delivery and after the birth. Malawi's national policy is to insist upon delivery at a health facility. Husbands support their wives to stay near the hospital before labour begins: "I brought help in the form of money, food and firewood to the hospital where she was staying." But not everyone reaches health facilities in time: "My husband went to look for car hire but none was found, he carried me on a bicycle but I gave birth on the way."

Some men are highly aware of the risks women face giving birth: "I worry because my sister died of pregnancy complications last year." Others are nonchalant, as one woman relates, "on the third and fourth child I struggled."

And I was advised at the hospital that if I continue giving birth I would lose my life and leave the children behind ... He wasn't there and after I told him he didn't understand." When asked, "did your wife face any problems giving birth to these four children?" her husband answered, "no."

Not all reproductive health initiatives are taken up with the same degree of enthusiasm. Recently, the rural hospital asked women to encourage fathers to attend the delivery ward, an initiative that was met with surprise: "I consider testing together good, but being at the labour ward when a wife gives birth – to me that's useless ... The reason is you can't sit on the chair watching your wife in great pain as she gives birth!"



Signpost at Karonga District Hospital

“My husband took very good care of me, for you know that when a woman is pregnant she desires many things, so whatever I desired he couldn't delay but buy it.” (*Wife*)

“When my wife was pregnant I tried to make sure that she ate a balanced diet. What I wanted was that the baby should be healthy. We also reached a time when I disallowed her from doing certain kinds of work.” (*Husband*)

THIS FARMER AND NGO WORKER WAS PHOTOGRAPHED AGED 26 WITH HIS WIFE, AGED 24, AND CHILD.



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“The child you photographed us with was born in Karonga District Hospital. When the birth became difficult and long, many of us travelled there with my wife. I provided the money. I went because she could have needed blood – it would have been easier for me to look for those blood donors. In all situations where marriage has connected us, we are supposed to be together because we are one body.”

THIS FISHERMAN WAS PHOTOGRAPHED, AGED 46, WITH HIS WIFE AND YOUNGEST CHILD.



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child health & illness

WHILE WOMEN TAKE CHARGE
OF ROUTINE VACCINATIONS,
FATHERS OFTEN STEP IN WHEN
THEIR CHILDREN ARE SICK.

child health & illness

While women almost always take charge of routine vaccinations, fathers often step in when their children are sick. This is nothing new.

One woman, born in 1988, remembers how her father took her to different hospitals as a child when she was seriously ill, “my father took me to Sangilo health clinic, from there to Jetty – the rural hospital – where I got life.” When asked how her husband shows love to his children another woman said, “sometimes when the baby is sick at night and you are tired, you find that he has carried them to the hospital. And then you have no choice but to follow behind.”

When fathers describe the costs associated with children they recount the expenses associated with early childhood illnesses, from frequent fevers to diarrhoea and coughs. These are a major factor that influences the spacing of births.

This father sought treatment for his fifth child but couldn’t cover the hundred kilometres to the District Hospital in time: “What happened was that we did not know that he was suffering from asthma but we thought that he was suffering from a mere cough. We were surprised to notice that there was a shortage of blood in his body ... and when we went at Jetty [the rural hospital] we were not given treatment and they said we should go with him to Karonga District Hospital because there was no medicine. We returned and the child died on our way home.”

Traditional healers are consulted when **vimbuza** [spirits] are thought to play a role, and when other forms of treatment do not prove successful. Fathers and mothers usually visit the traditional healer together, as the cause of their child’s illness could involve either member of the couple or require both to participate in expressive healing rituals to appease those spirits.

Elders sometimes blame **chitasha** [the belief that if a child’s death strikes a family, an unexplainable disease afflicts the wife or husband,] especially if deaths occur more than once. They may be restrained from crying, among other rituals, to avoid the threat of future deaths: “Our parents told us not to cry and they said that we should just bury the dead body. They gave us medicine that we took the very same day. Elders told us that if we mourn the medicine will not work and children will continue dying like that. But I do not know much about chitasha in this age and whether it is indeed a disease.”

At worst, if a couple believes their fertility is not matching, they consider it to be risky to continue childbearing together: “We went with my son at Karonga hospital and Jetty but there was no improvement. Some of the herbalists say that it is caused by a stomach disorder, and some say that there is a frog in his stomach. I do not know the truth because my son’s body just swells and that was why I told my wife that we should not have another child [soon] ... if she wants to have another child then she should get married somewhere (else) because ... our **mphapo** [fertility] is not matching.”



“Our child wasn’t born healthy. What happens is that whenever he suffers from strong malaria he starts suffering from this disease that makes him fall down. I went with him to the hospital where they injected him with quinine antibiotic and gave him medicine. We have also sought a lot of traditional medicine for him. He becomes fine whenever we give him traditional medicine.”

THIS FARMER WAS PHOTOGRAPHED, AGED 33, WITH HIS WIFE AND FOUR CHILDREN.



contraception & communication

MALE METHODS ARE COMMON, FROM CONDOMS IN YOUTH TO WITHDRAWAL BEFORE EJACULATION FOR THE EXPERIENCED.

contraception & communication

Male methods of pregnancy prevention are time honoured, from condoms, “the main method that sticks to the youth” to withdrawal before ejaculation for the experienced. Withdrawal, known as the jumping method, is considered risky, moreover, “sometimes neither you or the woman are satisfied.”

In long-term relationships, hormonal contraceptives (now readily available) for women are seen as a convenient way of spacing births, recovering after miscarriages and stillbirths and caring for existing children. A few married men accompany their wives to health clinics to learn more, others hear about them second hand.

Tensions can develop around these female controlled contraceptive methods. Most men want their wives to ask their permission to use them, as one woman reports, “I made the decision myself to start using injections so that the children can grow [before we have more babies] ... Afterwards I came and told him. He said, ‘if you face problems with that it will be your own fault because you go there with your own strength.’”

Husbands may refuse to allow their wives to use contraceptives in case they will be unfaithful, or alternatively because they fear they are bad for their wives’ libido and fertility.

However, it’s not only men who can be unwilling to use contraceptives. When the father in the family pictured suggested limiting the numbers of their children with contraceptives, his

wife said, “God did not prepare that for me.” He says, “I was much troubled in my heart after she said that and she also suspected me of going out of the house [for extra marital affairs] but I was abstaining and my emphasis was on family planning.”

Communication and understanding helps prevent unwanted pregnancies: “If you disagree, that’s when problems come.” Customarily paternal aunts have been the conduit for highly explicit talk. They simulated sexual positions for a new couple to observe, and wives informed their husbands of a pregnancy via his aunt. One intransigent husband was persuaded by his wife’s relatives to allow her to continue using contraceptive injections. They told him, “you have a child who is sick, if your wife has another child what will you do? Will you help her? You won’t have a chance to leave the house!”

Aunts continue to play an intermediary role but what is considered to be acceptable communication around sex and reproduction between partners, as well as taboos on talk between parents and children, is changing. One eldest brother comments, “with the coming of HIV/AIDS I think the responsibilities are shifting. Traditionally, where I come from, it used to be the role of an aunt, so whatever I want to say to my younger brothers and their wives about child spacing for instance, I would not speak publicly myself... [He continues with morbid humour] But nowadays how many have their aunts still alive? [laughs]”

Another man emphasises the importance of frank communication as a couple in the era of HIV, “if you are open to each other things will go well, but we men, most of the time we like to hide things.” Indeed, one woman recalls, “my husband tested first and he was told that he was positive but he didn’t disclose this to me. After sometime I discovered that this was the reason he was refusing to have another child, and he said, ‘sorry that is the reason.’”

Still family planning for couples living with HIV is fraught with difficulty. With the so-called creation method, couples use condoms except during fertile days of the month. This, along with antiretroviral treatment, reduces the risk of HIV transmission to an uninfected partner or passing treatment-resistant strains of HIV between partners who are both positive. As one man reflects, “there is danger because a child is not born in a single day.” When one man wanted to put his trust in God, his church elders advised him to also wear condoms.

KEY FACTS

The men and women whose stories we feature come from Karonga District, Malawi. Statistics from population-wide surveys carried out by the Karonga Prevention Study and from the Demographic and Health Survey (DHS) Program in Malawi help contextualise the aspirations described in the exhibition.

4 CHILDREN:

The average ideal family size for a man in 2010 was 4 children, a decrease from 5.2 children in 1992 (DHS data)¹

42% FEMALE CONTRACEPTION USE:

Forty-two percent of married women say they currently use modern contraception in 2010 (e.g. hormonal, condoms or tubal ligation), up from 28% in 2004. (Demographic and Health Survey data)²

67% AGREE TO NO MORE CHILDREN:

Sixty-seven percent of husbands agree with their wives when they say they want no more children. When there is disagreement the intentions of both husband and wife matter and are equally influential on whether the couple have a child (Karonga Prevention Study data)²

1. Malawi Demographic and Health Survey Reports (1992-2010). www.statcompiler.com/ Accessed at 8 July 2015

2. Machiyama K, Baschieri A, Dube, A, Crampin AC, Glynn JR, French N, Cleland J (2015) *An assessment of childbearing preferences in northern Malawi*. *Studies in Family Planning*, 46(2): 161-176

“We agreed that we should have a spacing of five years. But the main point was to see the health of the child. Second, if your partner is sick - even if you made a plan - you shouldn't have another child. More money is spent taking care of children or your wife when they are sick. But if we space our children we can be free to use money for other things required in the house.”

THIS FARMER WAS PHOTOGRAPHED, AGED 28, WITH HIS WIFE AND FIRST CHILD.



© 2015

“Our ‘**mphapo**’ [fertility] was so good – the children grew very fast and walked very fast. It was just a habit that when a child reached two years and six months we would have another child. We had twelve children, though one died. Three of my children are married but those who are young are staying with me here at home. As of now I thank God because HE heard my cry and my prayer and we finished having children.”

THIS FATHER WAS PHOTOGRAPHED, AGED 52, WITH THREE GENERATIONS OF HIS FAMILY AT THEIR HOME.



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ideal families

RISING CONSUMPTION COSTS
GIVE YOUNGER MEN PAUSE
FOR THOUGHT WHEN PLANNING
THEIR FAMILIES.

ideal families

Rising consumption costs and standards of living, and the desire to invest in their children's education, give young men pause for thought when planning their families. Some men express a desire to treat their children equally, an ambition which they feel can only be achieved by limiting the size of their family.

This man, who is in salaried employment, reflects: "With three or four children I can manage to help them and each can appreciate that their father gives them equal support rather than differentiating by saying 'I have failed to have enough school fees so these children should go to school while others should remain at home.' Life now seems very different. During the previous time people were just farming but nowadays even gardens are scarce."

Men contrast their experiences of having legions of siblings with their aspirations for their own families: "I was born in 1978, we were fourteen children from the same father and mother, and our father had five children with another wife... I want five children with my first wife and five with my second wife."

However, ask a man how many children stay at his home and counting his own children is only part of the story. Some fostered children pass through, while children orphaned by AIDS stay. Coming full circle, one man declared: "I want four children, because that's how many I believe my relatives can manage to care for if I die."

Couples need for boys and girls, may conflict with the desire to

reduce the figures. Women like to have the help of girls and having boys consolidates a wife's position: "When our son was born my wife was happy. She said 'I've built myself a home' because her son will prevent her from leaving and build her a home."

For fathers with farmland, having male children is still of upmost importance. Boys "grow the clan" and inherit their father's home. They bring daughters-in-law to join the family who will in turn bear grandchildren, "God provided me with sons, daughters will be found in future when they marry."

The different status of boys and girls affects the plan a couple makes or that others pressure them to make about their family size: "The birth of the second girl is already a problem to my parents. My father brought a herbalist to the house to give us medicine to change our **mphapo** [fertility.] He said, 'I want you to take these herbs so you have a boy.'"

Some church pastors offer up prayers for families with a single sex brood as an alternative intervention. However, times are changing. Educated girls are increasingly seen as having much the same potential as boys to support their ageing parents:

"My girl says 'I want to be educated.' She says, 'my Dad, I'll build a house for him, buy him a car'. She's ambitious!"

"If the third born is a girl I will add a fourth. But if all are girls I will still welcome them. Then our 'programme' will be over."



“Since our currency has been devalued we are buying everything at a high price. So it will be difficult to manage buying necessities for four or five children. I debate with my friends – one says, ‘I’ll have three children’, the other one says, ‘I will have two children.’ My plan is to have two or three. I want to buy them cattle in the coming years, so if I die they will be helped. They can say, ‘My father left me cattle to pay school fees.’ ”

THIS BRICKLAYER WAS PHOTOGRAPHED, AGED 22, WITH HIS WIFE AND CHILDREN.



childlessness

CHILDLESSNESS IS EXTREMELY PAINFUL FOR THOSE WHO HAD “DREAMED OF BEING CALLED FATHER”.

childlessness

The prospect of permanent childlessness is extremely painful for those who had “dreamed of being an elder and called father,” especially for men who have experienced more than one childless marriage: “It’s like an open wound. A child is the most precious thing in marriage, a thing you can’t buy with money. A child comes to your aid when you are old and inherits whatever you have after your death.”

“People regard a man as a hundred percent” unless his partner proves her fertility elsewhere. Men talked of the problem stemming from their wives’ **tcheka** [menstrual irregularities] or “blocked or narrow path.”



© 2015
Renowned herbalists run healing camps that can accommodate patients.

Most childless couples consult herbalists before the hospitals. However, as more men and women attend clinics for diagnosis, low sperm count and other male fertility problems are increasingly acknowledged: “It’s very difficult for me to understand why most people say that you [the husband] should divorce the wife, because you haven’t checked yourself and found out if you are alright. It’s backed-up by the Tumbuka custom of taking the wife from her home though I feel it’s a very minor reason.” In research with couples that present to urban infertility clinics in southern Africa, it is reported that the male partner receives a diagnosis of infertility in around half of cases.

Pressure to seek a solution from relatives on each side grows with each passing childless year. A wife may be scorned by her husband’s relatives: “Why are you here? You’re just filling the toilets.”

One man recalls, “my aunts would tell me to move this shame of mine and get another wife. My relatives would call me to meetings and tell me my wife was a prostitute and could not conceive because she had abortions. My wife’s relatives would call her home and even my own cousin was secretly encouraging my wife to get a boyfriend. I said I would rather stay without a child if this is what is supposed to happen.”

Under pressure from his wife’s relatives they sought help from herbalists but after one demanded to sleep with his wife and another accidentally poisoned them, he turned to prayer.

The District Hospital could not explain their troubles but the couple eventually conceived: "After the birth we became much relieved. We had another child six years later. Not all of my relatives were happy, maybe those who had told me to divorce felt humiliated."

There are many reasons why couples like the one described above may resist social pressure to end the marriage prematurely or go outside it to conceive. One devout Christian said, "it is written in the bible that a man should have one wife."



The pastor of this church says, "Our duty as Pastors is to pray, give advice, comfort and direction... We encourage couples to be faithful to each other and to God"

Others are wary of contracting HIV, "you may have found what your relatives wanted, for they wanted a child, but your life is finished." One man cited education, "in the past when a person has no children, relatives could say 'do this or leave this woman.' When a man is educated he has authority, even a woman has authority when she is educated. You can invite discussion but the decision comes from you."



Portrait of couple with their foster child © 2015

High tech solutions to intractable fertility problems are currently unavailable and treatment options are limited. Childless men take their fathering roles in extended families seriously; meeting these children's every need. These fostered children help lift loneliness and lighten wives' domestic burdens. Although never having had a child is far less common than being unable to have another child due to infections or birth complications, it remains the greater fear.

As one young man confided in the hope of reassurance, "I am still worried since I heard that bilharzia [parasitic disease] affects fertility. You know women need children. My friend's wife ran away because they didn't have a child. I'm worried I will stay alone as a bachelor."

“A man cannot be forced to love his wife, even if she has children. Ever since we met I have loved my wife. Both of us agree that it’s God who decides whether to give children, therefore there cannot be quarrels between us. My elder brother’s children are also my children.” *(Husband)*

“Our church encourages us in prayers that we should not lose hope in God. If HE wants you to stay without children or give you children it’s okay.” *(Wife)*

THIS TAILOR WAS PHOTOGRAPHED, AGED 35, WITH HIS WIFE. THEY TRIED TO CONCEIVE FOR MANY YEARS.



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“outside” pregnancies

MEN REFLECTED ON HOW THEY ATTRACTED WOMEN, BE IT HARD CASH OR NIFTY MALIPENGA DANCING.

“outside” pregnancies

Men reflect on how they attracted women, be it by hard cash or nifty **Malipenga** dancing. Girlfriends offered prestige, pleasure and companionship while working away from home. For some men, girlfriends were a way to test their fertility and try to conceive a healthy child.



Men dancing Malipenga in the dry season

As with younger unmarried men, extra-marital pregnancies present married men with a choice, to “sometimes accept or sometimes refuse” responsibility for the child. He has, in cultural and social terms, “committed a crime.” If he accepts responsibility as the child’s father he might be forced to accept this girlfriend as a wife or pay a penalty. His decision affects whether the child will grow up knowing his father’s home and bearing his name.

For married men, polygamy is one solution to accidental pregnancy and is perceived as an honourable course of action: “I intended just to chat with her [have sex] not to marry her. But when an accident took place we [got] married. Her relatives came with her and I accepted that she is indeed my wife because I knew I was responsible for the pregnancy. So I stayed with two wives.”

Alternatively, a man may refuse to take responsibility for the pregnancy, although this does not mean he necessarily permanently evades responsibility: “Sometimes where I walk I can find a girlfriend and after being free to each other I can have unprotected sex. As a result I would impregnate her and if her parents bring her to me I would refuse the responsibility of impregnating her. But after she delivers and the child grows her parents will bring the child to me. That’s the problem for us young men because we visit so many places.”

Children unacknowledged by their fathers are raised by their mothers alone or with another maternal relative because it is difficult for women to bring their children to a new marriage. An unacknowledged child may even be named **Wakumanya** [HE knows], implying that God knows the father, even if the father denies paternity.

Yet the responsibilities of fatherhood may motivate a man to **kuombola** [redeem] children that have grown up with maternal relatives and bring the child to his home.

One man explains he did this to gain, “that prestige to say I am the father, I am somebody, is what motivates me to redeem my child to my home. Believing that child will say, ‘my father didn’t bother with me’ is a bad feeling.”

As this father continued to explain, redeeming the child born in his youth, had become expensive, “It’s not that I didn’t want to, but I didn’t have the means at the time. It’s difficult ... If your child is born outside marriage it’s an offence. You have to pay a penalty for that, then the costs of bringing the child up [to the maternal relatives.] You pay more if they start paying for secondary school.”

Beyond the expense of girlfriends and outside pregnancies, many men cite religion and love for their spouses as reasons they do not have extra-marital relationships. One explained, “I really make sure that I shouldn’t breach the rules we have set up in our marriage.”

Others use condoms with casual partners, simultaneously reducing the risk of pregnancy or HIV: “She asked me to help her harvesting, so I propositioned her. Otherwise there was no benefit for me and she would take me for an inactive person. We use condoms because we are scared.”

KEY FACTS ABOUT HIV

The men and women whose stories we feature come from Karonga District. Statistics from population-wide surveys carried out by the Karonga Prevention Study help contextualise the aspirations described in the exhibition.

7% HIV POSITIVE:

Seven percent of adult men and 9% of adult women are estimated to be living with HIV in 2009-10. Prevalence varies greatly by age. In the late 1980s prevalence in adults was estimated at 2% and by the late 1990s it was estimated at 13%. (Karonga Prevention Study data)¹

31% LOWER FERTILITY WHEN ON ART:

Men who are HIV positive and on antiretroviral therapy are 31% less likely to father a child compared to men who are HIV negative. (Karonga Prevention Study data)²

0 TRANSMISSIONS:

Zero transmission between HIV positive and HIV negative marital partners when the HIV positive partner is on antiretroviral therapy. Transmission from untreated partners continues. (Karonga Prevention Study data)³

1. Floyd S, Molesworth A, Dube A, Crampin AC, Houben R, Chihana M, Price A, Kayuni N, Saul J, French N, Glynn JR (2012). *Underestimation of HIV prevalence in surveys when some people already know their status, and ways to reduce the bias*. AIDS 27(2): 233-42.

2. Parrott FR (2014). *An Analysis of the Influence of HIV infection and Antiretroviral Therapy uptake on Male Fertility: A Cohort Study in Rural Northern Malawi*. MSC Project Report. London School of Hygiene & Tropical Medicine.

3. Glynn JR, Price A, Floyd S, Molesworth A, Kayuni N, Chihana M, Nyirenda V, Crampin AC, French N (2011) P1-S6.53 *Antiretroviral therapy reduces HIV transmission in discordant couples in Northern Malawi*. Sex Transm Infect 87: A218



“My thought on having a girlfriend was that my wife’s children were dying after a short time – we could not hold children. So it was like I was looking for other women so I could have children. I thought maybe I could have children outside marriage.”

THIS FISHERMAN WAS PHOTOGRAPHED, AGED 52, WITH HIS BOAT AND NET. THREE OF HIS CHILDREN DIED IN INFANCY.



finishing “the programme”

IN MOST MARRIAGES IT'S THE WIFE WHO STERLISES, “AS LONG AS THERE IS AN AGREEMENT AND TRUST IN EACH OTHER”.

finishing “the programme”

Some men change marital partners to fulfil their desire to have more children. More commonly, when they change marital partner men also change their plan for the size of their family although older men are more likely to approach having more children with trepidation:

“When I remarried, I cancelled the plan for stopping at five children because things had gone bad [they had divorced]. So it was like the direction of the compass changed. Such as how will my new wife stay without children? I asked my new wife and she agreed we shouldn’t bear more than four children... If I hadn’t had nine children, I would have already roofed the house but my money is divided amongst the children.”

When men and women wish to finish having children, the main permanent method of contraception available is female sterilisation. Younger women prefer long acting contraception, as this husband recounted, “it’s possible the marriage with me will break and she will be married to another man who may also need a child. So if she closes the tube, she will face problems.”

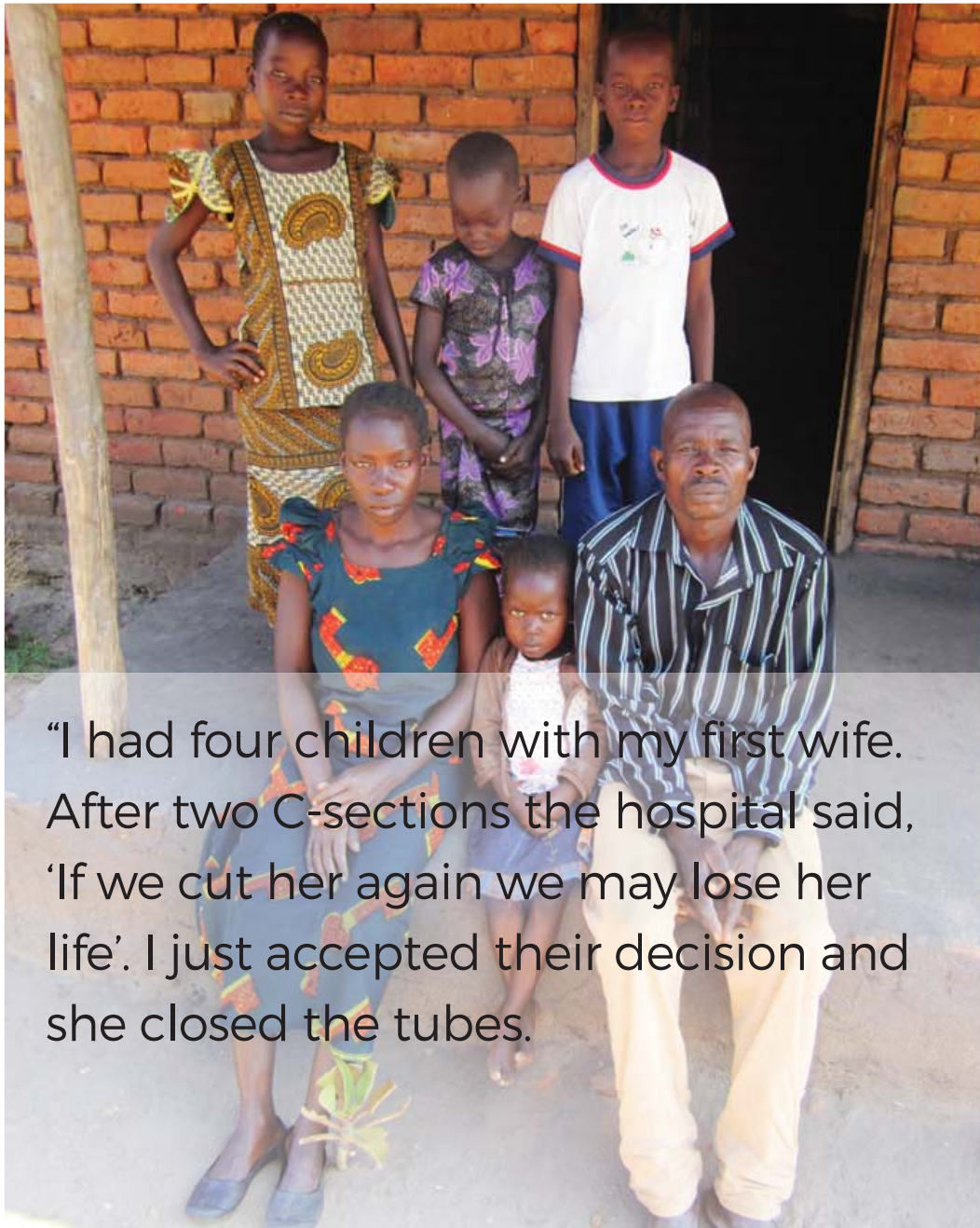
An older man whose wives underwent sterilisation said, “in most marriages it’s the wife who closes as long as there is an agreement and trust in each other. The husband then engages in a programme not to disappoint the wife, so you behave as if you have also closed... We hear of closing [vasectomy] for men, but we don’t have interest to close; maybe in the future.”

Changes to men’s health, such as chronic illnesses, influence their plans: “After I developed sugar disease [diabetes] it became easy for me to think that with the way my body is, I won’t manage to work the way I used to, so I can’t add another child.”

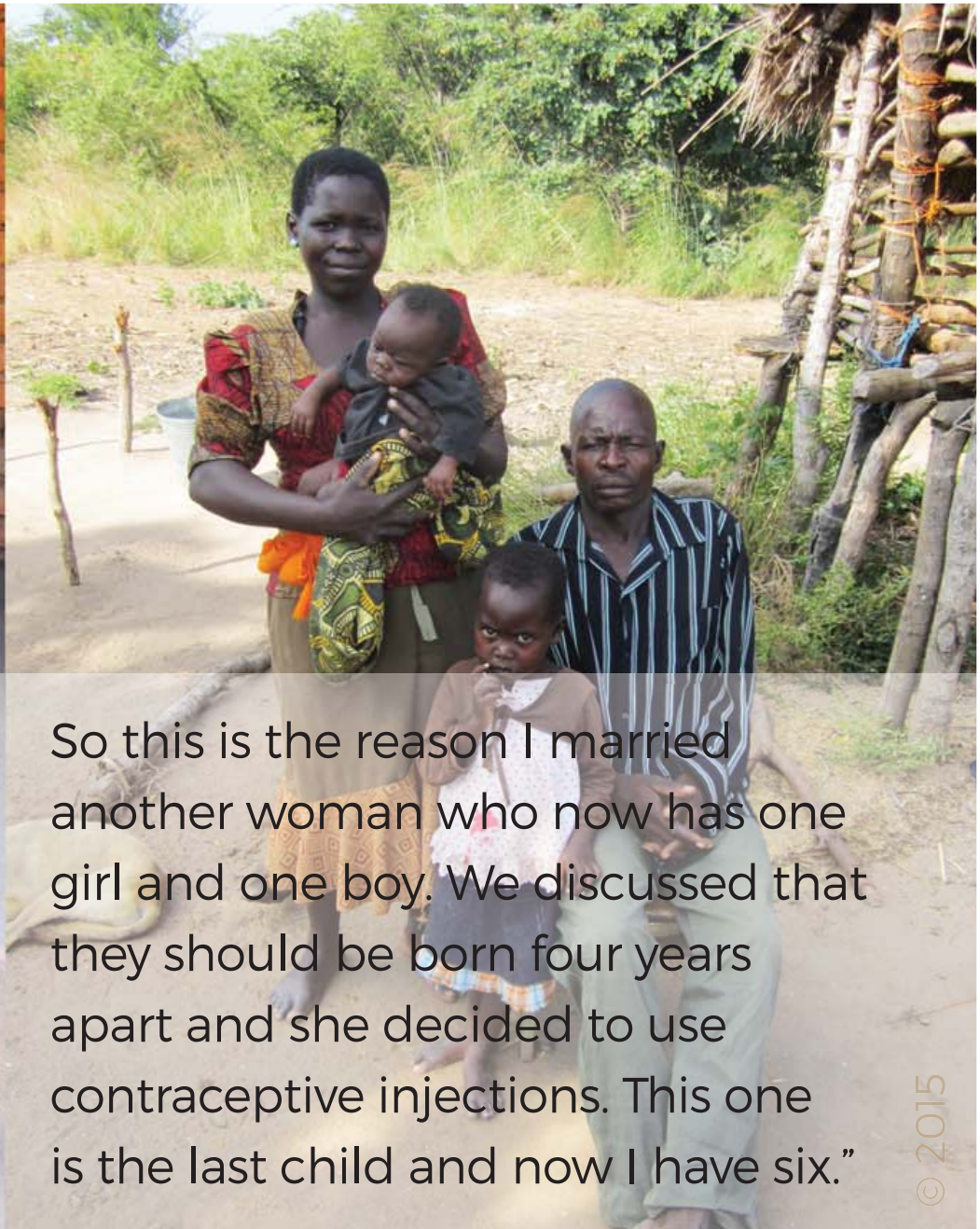
Several men advised others to finish the programme while they still have wisdom to impart: “Never think that if you have another child it means that the problems of the first child are over, problems continue. There are some who at the age of sixty or seventy have young children and those young children need counselling but at that time you may find that the man’s wisdom decreases.”

Fatherhood is more than fertility. To truly finish the programme as a father you must be able to offer advice and financial support to your children. Responsibility for dependent children prompts HIV positive men to seek treatment with antiretroviral drugs: “These days at least I work. It takes my wife to say, ‘put the hoe down!’ I want to put iron sheets on my house so that as my child grows up he should live in a good house.”

Men who become incapacitated by chronic disease or who migrate for work may disappoint those who had expected to be assisted by them. However, fatherhood is not just the prerogative of the biological father; it is a responsibility that is distributed amongst male kin. From a patrilineal perspective, a child will ideally be supported by, even live with, his other fathers; uncles, elder brothers and so on, if the birth father is unable to finish the programme.



“I had four children with my first wife. After two C-sections the hospital said, ‘If we cut her again we may lose her life’. I just accepted their decision and she closed the tubes.



So this is the reason I married another woman who now has one girl and one boy. We discussed that they should be born four years apart and she decided to use contraceptive injections. This one is the last child and now I have six.”

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THIS FARMER WAS PHOTOGRAPHED, AGED 44, WITH HIS WIVES AND THEIR RESPECTIVE FAMILIES.



© 2015

“There are other men of 50 years who want to marry young ladies. But in general it’s not the age you should be busy with babies. That’s when a man has to stop and look out for the children he already has, so when you sleep with your wife it’s just for pleasure. It’s not white hair that signifies ageing, it is the responsibility that tells you that you are grown up.”

THIS FATHER OF FOUR CHILDREN WAS PHOTOGRAPHED, AGED 49, OUTSIDE HIS HOME NEAR THE SCHOOL WHERE HE TEACHES.



conclusion

BECOMING A FATHER AND AN ELDER MEANS MANY DIFFERENT THINGS TO MALAWIAN MEN TODAY. IT COULD BE LOOKING AFTER THEIR OWN HEALTH SO THEY CAN PROVIDE FOR CHILDREN, GOING TO ANTENATAL CARE OR SEEKING CONTRACEPTION TOGETHER WITH THEIR PARTNERS. AS ONE MAN ADVISED, **"BANAKAZI BAKUBABA KWENI KUPWELELERA NKHWA MOSE"** [WOMEN GIVE BIRTH BUT YOU CARE TOGETHER]."



conclusion

The saying addressed to new fathers, **kuba mulala sono** [you are an elder now,] expresses the weight of expectation attached to fatherhood. However, becoming a father and an elder in rural northern Malawi is a lifelong and engrossing process. Male journeys from boyhood to manhood take different twists and turns, for some teenage pregnancy and marriage force them to grow up, for others, education and employment brings them new authority and responsibilities for children in their wider families.

Becoming a father and an elder means many different things today. It could be looking after their own health so they can finish the programme, going to scale [antenatal care] or seeking contraception or treatment for infertility together with their partners. These changes are partly due to HIV, which through personal experience, education, outreach and service development has influenced all stages of men's reproductive journeys.

Young men are keen to protect themselves and their families from infection. Couples who continue to HIV test together with their partners make it a sign of commitment. Before antiretroviral treatment became more readily available in Karonga District in 2006, health workers, living relatives and even ancestors appearing in dreams discouraged HIV positive men and women from having children. Today HIV does not spell the end of life or fertility, but some men prefer to stay without having additional children. One emphasised the importance of mutual care between him and his wife, without "adding more problems in the house."

Becoming a father has never been an individual achievement, whether a man has five wives or spends decades with a childhood sweetheart. For instance women's willingness to care for men's younger siblings and nephews enables them to fulfil the responsibilities of fatherhood, while kin provide funds to secure rights to children.

If becoming a father is a collective effort, by the same logic it should not be something men carry in silence and solitude. As one man advised, "You have to tell your wife, 'I'm a man although I am open like this. I just want you to save your life and my life too. When you are suffering it means I am suffering too.'"

Family planning is another area where frankness and empathy between partners is increasingly valued, as one man put it, "You discuss how many children we will have. Sometimes a man can be fine but a woman can see that she is not well in her body, so a man must understand that we have to stop here or wait. Without agreeing you may find that you have ten children! This was happening in the past. People said children are their wealth, and they wanted many children, but at that time a woman had no right to make decisions."

By looking after their health and careful family planning men look forward to their role as grandfathers. The man pictured on the left reflected, "grandchildren should find you while you are still strong."

But it's not just couples who bear responsibility. Health care needs to be available and accessible. Traditionally men have not been actively engaged by reproductive and child health programmes.

However, services are beginning to expand and recognise male health needs and roles as partners and fathers, which vary with setting and age: "It's important that both the husband and wife should have access to services together. But I don't see any problem if the husband or wife can access services individually because what is required is the services [laughter.]"

There are, however, diverse individuals that men describe as influential, especially in times of reproductive trouble, from friends and relatives to traditional healers and religious leaders. Many men used theological as well as practical arguments to make sense of their increasing involvement in reproductive processes, such as attending a birth, illustrating just how important faith – in what is a majority Christian area – continues to be. So religion, traditional practice and biomedicine all stake a claim in men's reproductive lives, sometimes complementing and sometimes conflicting with one another.

Men call their own fathers and grandfathers to mind when faced with a crossroad in their reproductive journeys. Throughout our research men reflected on the actions of their own fathers with regard or disappointment, meanwhile hoping their own children will recall them with the respect they desire.

FURTHER RESOURCES

Statistics from population-wide surveys carried out by the Karonga Prevention Study in Karonga District and the Demographic and Health Survey (DHS) Program in Malawi help contextualise the reproductive aspirations described in the exhibition.

Explore more data from these surveys using the open-access resources below:

The report on the most recent **Demographic and Health Survey in Malawi** (2010) and earlier reports dating from 1992 are available on the DHS Program website. Use the Statcompiler to explore the statistics by country online <http://www.statcompiler.com/>

The INDEPTH Network is a global network of health and demographic surveillance system (HDSS) field sites, which includes the Malawi -Karonga HDSS. INDEPTHStats is a freely available data visualisation tool, which will allow you to explore health and demographic indicators from the Malawi - Karonga HDSS and compare them with data from 30 other Health and Demographic Surveillance Sites in 15 low- and middle-income countries. Go to <http://www.indepth-ishare.org/indepthstats/>

making the exhibition

Becoming fathers was a four-year project (2011-2015) designed to explore Malawian men's experiences of having children and men's involvement in their own and their partner's reproductive health. We wanted to understand how men respond to reproductive worries and misfortune, including - but not limited to - HIV/AIDS. The overall aim was to facilitate sharing and learning from that information through an open-access exhibition, communicated in English and in Chitumbuka.

From 2011 to 2013, the research team recorded the reproductive life stories of 55 men and their 42 female marital partners over the course of 200 individual interviews. We heard about priority health concerns and reproductive decision making from a further 50 men and women during group discussions split by gender, age and education. And health care workers, herbalists and church leaders contributed their reflections on help-seeking topics raised during the study. Over 150 men and women aged eighteen to 60 took part.

The exhibition was produced in 2015. It is a long-considered distillation of 233 interview hours. The ten themes - boyhood aspirations to finishing the program - reflect the concerns and events that recurred again and again in the life stories. The team, which at this stage included a research participant, wanted to show the different ways men encounter reproductive milestones and problems, rather than presenting a "typical" life cycle stamped with the expected anthropological receipt.

In presenting contraceptive use or HIV testing as part of men's reproductive journeys we aimed to draw attention to the way health priorities and needs change over time. We sought to keep a sense of how men speak and show their searches for love, meaning, respect and legacy.

Meek sounding quantifiers "many farmers", "some", "a few" hint at the difficulty of generalising from the richness of individual lives. Instead, we tried to show participants' responses to emerging ideas and norms. Population-wide surveys illustrate some broad characteristics and changes to reproductive life for men and women in Karonga District today, which can be explored further using the resources listed on page 48."



Portrait photographs overlaid with quotations highlight moments of transformation or decision in people's reproductive journeys. The photographs were originally taken as a thank you to participants who chose how they wanted to be portrayed.

In January 2016 the exhibition was displayed by participants on location at participants' villages. The meetings prompted lively discussion of men's responses to local reproductive and child health issues. Participants' showed their enthusiasm for the exhibition: "We didn't anticipate that our contributions would be this valuable; We wish all studies would feedback in this way."

Who participated?

The majority of participants were recruited through the Karonga Prevention Study health and demographic surveillance system. During an earlier survey household members were asked if they would consent to being visited and informed about a study on sexual and reproductive health. We selected three localities to illustrate a range of rural settings in Karonga District, which includes villages close to the main road and trading centres, remote rural farming villages and lakeshore fishing villages. We sampled the majority of men at random, ensuring representation of the populations of interest. Only one man declined to participate in the life story interviews, which were arranged at the participant's convenience. The group discussions were more complex to arrange. Around 80 percent of those originally recruited attended.

As a result, we heard from a wide range of men, including those least likely to be found at home. Field notes reveal how accident,

sickness and sheer hard work often delayed interviews (fishermen, for instance, are dictated to by the weather and cannot wait at home even if an appointment has been booked). The team was fastidiously punctual in order to have the best chance of catching employed men in their lunchtime.

FIELDNOTES BY GREEN KAPIRA

"I arrived at the house of the participant for the second time in this day at 14:00hrs. I was welcomed by his wife who was sweeping the verandah. After greeting I was told that her husband was sleeping because he was fishing last night and again from morning up to lunch. After he woke up, we exchanged greetings. I was happy to see this participant because I missed him almost eight times after getting agreement to meet. But I couldn't find him; his wife reported that he had gone to fish all the time. While greeting each other we were laughing about missing him. The participant was able to explain many issues from his life; could laugh at a certain point and smile. I decided to stop the interview because the participant began to doze."

FIELDNOTES BY BLESSINGS MWANDOSYA

"When I was thinking of leaving, it started raining heavily so that forced me to stay longer with the participant. He had some clothes to sew, but because I was still around he decided not to start but I told him there is no problem. We started chatting and he had some good advice to impart about marriage while he was sewing."

FIELDNOTES BY AARON NDOVI

“We agreed with the participant to do an interview around 11:00hrs. Since the participant doesn’t have a phone I had to set off around 10:00hrs. While on the way to the village I noticed the participant together with his wife and child carrying them on a bicycle. They told me that they are on their way to the Uliwa private hospital to get treatment for their sick child. They said that they first went to Fulirwa hospital and after realising that there was no treatment there they decided to go to the private hospital.

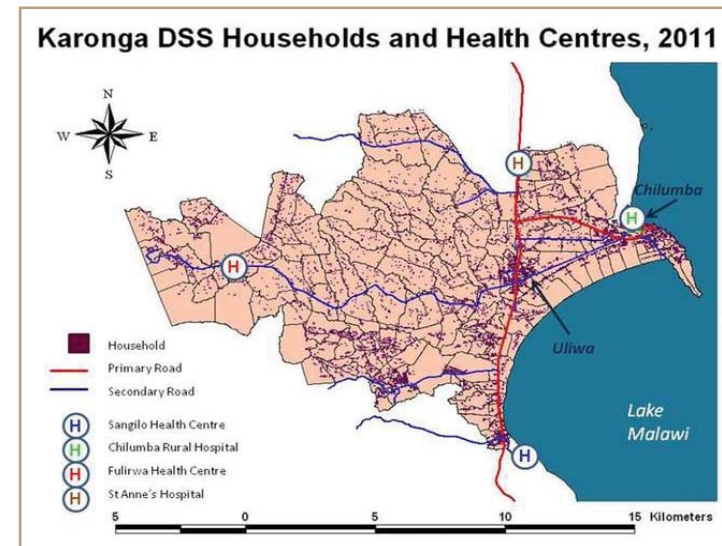
We agreed to reschedule the interview. A few days later I indeed went there and arrived at the participant’s house around 8:40hrs. Upon arrival it was his wife who welcomed me and gave me a chair to sit on. She told me that the participant has just gone to search for a goat rope just within the nearby bush and will be back anytime.”

All participants called the northern region home, the vast majority being Tumbuka. The youngest men were usually unmarried. The oldest men diverged dramatically in their experiences, from five times married to decades with a school sweetheart. And while some men encountered the pain of involuntary childlessness, others fathered as many as twelve children. Everyone aspired to iron sheet roofs, as they remove the laborious task of replacing the thatch each year but while some lived in relative poverty other men lived in affluence in houses constructed from brick, concrete and glass, connected to electricity and satellite TV. Half of participating men had use of a mobile phone.



Map of Malawi showing the location of the Karonga Health and Demographic Surveillance Site (HDSS) in Karonga District at the northern end of Lake Malawi .

The second smaller scale map below shows the households and health centres in the Karonga HDSS. © Karonga Prevention Study



Everyone had some years of primary education and a quarter completed secondary education and above. The majority of men were farmers, followed by fishermen, business and skilled occupations from teaching to carpentry and medics. After a decade of intensive HIV testing offered by clinics, community organisations and house-to-house surveys, most men knew their HIV status and - with encouragement - accessed treatment.

Interviews

“The interview process is like a river. You can vary the course, but not stop the flow.”

This advice was given to the team who conducted a series of individual interviews with men and their partners, usually at their households.

We conceived of the interviews as guided life stories. Each interview opened with ‘tell me about some of the memorable events, whether positive or negative, that you’ve experienced in your life?’ and continued with open ended questions and non-directive prompts. Participants explored and recalled experiences, thoughts, feelings and aspirations relevant to reproductive life. We recorded up to three interviews with each man and up to two with their partners.

The team had guiding themes in their minds so there was some degree of consistency, though the emphasis was on what participants raised as relevant to them. A ‘time-line’ was created with participants, to help structure narratives and return to reproductive events in more detail.

We incorporated reflection on reproductive and sexual health issues towards the end of the narrative interviews. Group discussions were the major forum for exploring perspectives on reproductive health issues. However, this exhibition explicitly focuses on the life stories we collected, cross-referenced for consistency with the group discussions.

The life story interviews were supported by a series of reflections provided by health workers from the local and district hospitals, herbalists, pastors and church elders on help-seeking topics raised in the life stories.

Language

Participants spoke lakeshore Chitumbuka, which we use throughout the Chitumbuka version of the exhibition and cite in the English version. We wanted to show how language is culturally expressive and ever changing so we kept adapted English (e.g. ‘Jenda’ – Gender) or Chichewa words (e.g. kubelenge – to read) where they were used in the vernacular. It was striking that development and committee speech has been adapted to describe domestic relationships and aspirations, including fatherhood, so that a father needs to be strong to “do development” for his children and finish “the programme”. Or a household head who shows leadership while listening is a “chairman in the house”.

partners & contributors

PARTNERS

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The exhibition and website was produced in collaboration with On the Record Community Interest Company.

CONTRIBUTORS

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MEDICINE





becoming fathers

REPRODUCTIVE JOURNEYS IN MALAWI



This exhibition explores the values, meaning and calculations of fatherhood in rural Malawi, in an era where men are increasingly targeted by reproductive health interventions. Health and development programs long assumed that rural African men were, at best, distanced partners in procreation, and, at worst, unthinking pronatalists whose influence should be minimized. Malawian men's pride at being portrayed as fathers in these photographs, and their willingness to share their procreative dilemmas and misfortunes, tells a more nuanced story of men's relationship to reproductive health. In this exhibition guide, men and their partners from Karonga District reflect on what fatherhood and reproductive health mean to them today.

The exhibition is on display at the African Studies Centre, Leiden,
from 1 April to 30 June 2016.

Access the exhibition online at www.reproductivejourneysinmalawi.org