

Migrant labour, sexual networking and multi-partnered sex in Malawi



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Abstract

This paper shows the possible connections between migrant labour, multi-partnered sexual activity, sexual networking and the spread of AIDS in Malawi. It focuses on the economic, social, cultural and mobility factors, and their effect on the spread of the disease. Migrant labourers, like truck drivers, itinerant traders, and prostitutes, are a high-risk group both at the place of their work, and especially in their areas of origin. The paper also looks at the difficulties of research on HIV and AIDS among the returned migrants. The sensitivity of the topic, and the political nature in which it is often understood in Malawi, are factors that limit its objective and effective analysis. Another limiting factor is the consideration of human rights issues when interviewing actual or potential HIV patients. The information on which the paper is based comes mostly from field interviews with returned Malawian migrant mine workers to South Africa.

The first AIDS case in Malawi was documented in 1985 (see Cheesbrough 1986a,b). Since then, there has been a growing body of literature on the status of the disease in the country. Much of it is unpublished, focusing primarily on how HIV is, or is not transmitted, prevention measures, counselling, high-risk behaviour, condom use, misconceptions of the disease, and the effects on the country's economic and social structures (Kalilani 1989; Kishindo 1990; Carr 1992; Hubley 1993; Cuddington and Hancock 1994; Brown 1994; Chimtengo 1995; Kakhongwe and Kornfield 1996). There are also a few studies that deal with the demographic and geographical patterns of the disease (Ministry of Health 1991a; Becon 1991; L'Herminez, Hofs and Chiwaya 1993); policy implications and guidelines (Broadhead and Moorhouse 1992) and the public awareness campaign mounted by the government and other institutions (Ministry of Health 1991b; AIDS Secretariat 1994).

One major deficiency in this literature is that there are only a few studies that deal with the high-risk groups such as prostitutes, school students, drug users, truck drivers, itinerant traders and tourists (e.g. Chilowa, Dallabetta and Wangel 1991; Kishindo 1993, 1995a,b; Liner, McAuliffe and Chilowa 1993; McAuliffe 1994; Chirwa 1995; Chimtengo 1995). Though it has been noted that the fast spread of HIV infection in Malawi is predominantly due to the prevalence of multi-partnered sexual relations in the 18-45 age group, there are no comprehensive studies on this topic. The sexual networking of the high-risk occupational groups also remains insufficiently studied. The only exceptions are the prostitutes (bar girls) who have been adequately studied by Kishindo (1993, 1995a,b), Chimtengo (1995) and Cammack (1996).

The purpose of this paper is to show the possible connections between migrant labour, multi-partnered sexuality, sexual networking and the spread of AIDS. Economic, social, cultural and mobility factors affect the pattern of the disease. Migrant labourers, like truck drivers, itinerant traders, and prostitutes, need to be treated as a high-risk group both at their place of work and in their areas of origin. At the place of work the migrant workers live as single men and often have sexual relations with local women, mostly in pubs, canteens, and

such places; and also with men. At home, the earnings from migration play an important role in sexual and marital relations. Young men migrate to earn money and accumulate domestic goods for use in their families. Returning migrants engage in conspicuous spending, and since their incomes are generally higher than those of the average peasants at home, they become a major attraction to the rural women. As a result, the returned migrants often tend to have more than one sexual partner. These intrinsic relationships between, on the one hand, migration and multi-partnered sex, and, on the other, migration and material comfort, facilitate the spread of HIV infection.

There are difficulties in research on HIV/AIDS among the returned migrants, caused by the sensitivity of the topic, and its politicization in Malawi. It should also be noted that migrant labour is neither the only, nor the major avenue for the spread of HIV/AIDS in Malawi. Long-distance road haulage, tourism, prostitution, cross-border itinerant trade and the movement of refugees may play a more significant role in spreading the disease (Chirwa 1995:127).

The migrant workers study

The information on which this paper is based comes mostly from interviews with Malawian migrant mine workers returned from South Africa. The interviews were conducted in two separate studies in 1989-1990 and 1993-1994 (Chirwa 1992, 1996a,b, 1997). Neither of the studies had anything to do with the relationship between migration and AIDS. The aim was to find out how the returned migrants integrated in the socio-economic structures at home: their personal experiences as migrants, economic activities at home, and ambitions for the future. Issues of HIV/AIDS arose out of responses to questions relating to their repatriation from South Africa between 1988 and 1992. The emotional responses from the informants influenced the course of the research. The migrants wanted to have their story told. It thus became necessary to dwell on the issues of HIV/AIDS in detail.

For almost a hundred years, the South African mining companies recruited migrant workers from Malawi. In 1986, the Chamber of Mines introduced HIV screening for its recruits (Crush, Jeeves and Yudelman 1991: 120; Chirwa 1995, 1996a, 1997). By mid-1988, about 200 Malawians had tested positive. The Chamber of Mines requested the Malawi government to screen all potential recruits at home before they left for employment in South Africa. The Malawi government, on legal and moral grounds, refused to screen them. The Chamber responded by banning further recruiting of Malawian mine workers by its agent, the Employment Bureau of Africa (TEBA); and repatriating over 13,000 of those already at work in South Africa regardless of whether they were HIV-positive or not. The repatriation was due to the introduction, in 1987, of legislation prohibiting HIV carriers and AIDS sufferers from migrating to the Republic. It became an offence for an individual or an institution to knowingly help a person with HIV or AIDS to enter, work, or stay in the Republic. Those entering the country for purposes of work or study had to produce an HIV-free certificate issued not more than two weeks before their entry (Chirwa 1995:120; 1996b).

The above events provided the context for the investigation on the links between migration, sexual networking and the spread of AIDS discussed here. Questions were asked on the migrants' marital history, health record, social life at home and at the place of work, awareness of HIV/AIDS, and knowledge of anyone with the disease among friends, colleagues and relatives. The interviews were open-ended; no structured questionnaires were used, and the informants were given the chance to describe their migrant experience in detail. The role of the researcher was to probe with questions aimed at obtaining more details relating to the main themes of the study. Some informants were interviewed more than once, and on different aspects of the migrant experience. Since the intention was to gather qualitative information, the numbers of both the interviews and the informants were less

important than the quality of the information gathered. Some informants interviewed only once gave better information than some who were interviewed several times.

Most of the interviews were tape-recorded and transcribed verbatim. The informants had the right to refuse to be interviewed or tape-recorded. They were also free to put restrictions on public access to the recorded material as well as on the way the information generated could be used. In total, 163 returned migrants were interviewed in four districts in the three regions of the country. More than three-quarters talked freely about HIV/AIDS, but requested confidentiality when it came to information relating to personal health and sexual life. Marital relations were freely discussed: almost all the informants gave full details of their individual histories. Some names of colleagues with HIV or AIDS were mentioned with a request for confidentiality of the source of the information. In not less than 25 cases, these colleagues were located and carefully interviewed; all of them put restrictions on the publication of the information.

Migration, manhood and sexual maturity

The information from these interviews suggests a close connection between migration and the social construction of manhood and masculinity. Inherent in the last two are elements of male sexuality. In Malawi, as in southern Africa in general, migration is more than an economic phenomenon. It is also a cultural phenomenon, undertaken more or less as a rite of passage. Young men migrate to express their social and cultural growth. According to George Kapote Phiri of Chia in Nkhota-Kota district (interview 29 September 1989):

I decided to contract with TEBA and go to South Africa because everybody was doing it... every young man of my age.... Our fathers and grandfathers did the same. Through migrating we showed the world that we were men... after that we married... we had wives and children to show that we were grown-ups... we were mature.

These statements point to two important connections: between migration and the social construction of manhood; and between migration, manhood and sexuality, expressed in social terms, 'to have a wife and children to demonstrate to the world that we were grown-ups, we were mature'. The social construction of male sexuality is thus part of the construction of manhood and masculinity. Sexual relations are expressed in terms of social maturity, to grow up and marry, and migration is seen as a measurement of these factors.

The other link is between marriage and the rewards of migration. In those communities where *lobola*, bridewealth, is paid before marriage is consummated, young men migrate in order to obtain money or cattle for this purpose. Domestic goods accumulated through migration also play an important role in the maintenance of family life. It has been observed that the money and the domestic goods the migrants bring home make them 'a big attraction to women in the village' (Kishindo 1993:5; Chirwa 1992: Chapter 10). As a result, migrants maintain multiple sexual partners.

It is important to understand how material objects such as domestic goods and money enter the sphere of sexual and marital negotiations. A man courting a woman for sex or marriage is expected to make gifts to her, or her relatives. The acceptance of these by the woman symbolizes the acceptance of the man's sexual or marital advances. In cultural terms, the gifts carry the spirit of love and friendship. In Malawian culture, a man courting a woman for marriage affirms his commitment to her by giving her or her parents or guardians a material gift called *chikole*, from the word *kukola* meaning 'to get hold' or 'capture' or 'take control'. The *chikole* gift thus symbolizes the man's access and claim to the woman's sexual territory, and the exclusion of other men from her. A woman expects and receives the *chikole*

because it signifies the man's affirmation of his sexual and affectional commitment to her. Thus, *chikole* is a very good example of how material objects enter the circle of sexual or marital negotiations.

However, to give *chikole* to a woman does not mean to buy her sexual rights and favours; and it does not mean that the woman then becomes a man's sex object. Its value is that it symbolizes commitment, it is a seal of the sexual and social contract between the man and the woman. What migration does is to put the material items used as gifts into the hands of men, who are traditionally the initiators of the sexual negotiations. Thus, the material rewards of migration create opportunities for the migrant labourers for sexual networking in the communities where they live. For this reason there is an intrinsic relationship between migration, sexual networking, and multi-partnered sexual activity.

Sex has many dimensions. It is the means of procreation; but can also be used to express the emotional side of love and friendship, just as a material gift would do. Sex and material gifts can therefore be exchanged in a non-commercial transaction when they have the same emotional values. The exchange can occur in both marital and non-marital sexual negotiations because it is inherent in them. This raises a serious question when considering the dividing lines between commercial and affectional sex. In the former, sex is commoditized, sold and bought: there is a fixed or negotiated price attached to the sexual act. In the latter, sex is meant to express the emotional sides of love and friendship; or it is determined by religious, cultural and procreational morality. Affectional sex is thus linked to both the individual character and the societal moral attributes. The two categories are not mutually exclusive, and they both involve the circulation of material objects in their negotiations.

The individual and societal moral attributes which determine people's sexual behaviour may change with mobility, education, economic growth, and exposure to exogenous factors. Migrant labour affects societal moral attributes by exposing people to exogenous values. It also changes the material base of society, which in turn affects the moral values. Thus, most migrant workers engage in multi-partnered sexual life as a symbol of economic and social success; and as a form of entertainment. It is not necessary to show that they are in love, but that they belong to a socio-economic class that is different from the rest of society. They have the material resources, the knowledge of the social world outside their local communities, and the prestige associated with these. Their multi-partnered sexual behaviour is not interpreted as an indication of social irresponsibility and immorality, but as a symbol of economic and social success acquired through their migration to the mines. Society tacitly expects it. The rewards of migration enter this social sphere of success, status and economic power; and thus provide the opportunity to enter the sphere of sexual and marital negotiations.

Evidence from oral interviews suggests that it is usually during the first six to eighteen months of their return from work that the migrants tend to have multiple sexual partners. Thereafter, they are jokingly referred to as *woguga* or *wotchujuka*, meaning 'rusted', 'faded', or 'lost value', because after some time these people will have spent their money and items brought home through their conspicuous expenditure and consumption. They did this because, as career migrant miners, they were assured of going back to the mines and accumulating more (Chirwa 1996a, 1997). Out of the 163 informants interviewed, 84 or 51.5 per cent said that they had more than five 'regular' sexual partners during the first twelve months after their return from South Africa. Another 28.8 per cent said that they had between three and five partners during the same period; 14.1 per cent reported having between two and three sexual partners. The remaining 4.9 per cent refused to comment on the issue.

The 'regular' partners were defined as those with whom there were more than one or two non-commercial sexual contacts. There was some form of friendship that involved the exchange of gifts, provision of physical and emotional comfort and 'maintenance' of home. The popular phrase used is *chibwenzi* in the Chichewa language or *mubulu* in Tonga or

Tumbuka, which means 'love affair'. It involves a man 'taking care' of a woman by providing her with some of the necessities of life such as soap, food, money, and other domestic items. In return, the woman provides emotional and physical comfort to the man. She may also provide subsistence on a regular basis. The above figures suggest that 94.5 per cent of the informants had this type of relationship during the first twelve months after their return from the mines. If these men or their partners were infected with HIV the disease would rapidly spread in their local communities.

Migration and high risk

The relationship between migration and high risk can also be assessed by focusing on the sexual behaviour of these people in the process of migrating and at the place of work. Once recruited, the migrant workers were transported by bus to two transit centres in Blantyre and Lilongwe before being flown to South Africa. These centres were located outside town, but surrounded by facilities for night entertainment where prostitutes and local village women sold sex. One informant, Lloyd Chilewe, of Misanjo Village in Mulanje district (interview 4 April 1994), recalled the activities at Ngumbi near Chileka airport in Blantyre where the migrants were housed on their way to and from the mines:

The place was full of women, selling and buying... They drank with men and at night slept with them. It was a dangerous place... anything could happen there. There were also bars and bar girls in the vicinity. I am sure a few guys picked up some diseases, including AIDS, from that place.

His opinion was shared by almost all the migrants who had passed through the place to the mines and back. They told how one could buy sex with a blanket or a set of bedsheets from South Africa, or a pair of women's shoes or earrings. The concentration of these 'wild and tired' (meaning sexually deprived) men at these centres gave full-time and part-time prostitutes a ready market for their services. The transit points were thus among the places where HIV could be easily contracted by both the migrants and the women who provided sexual services.

In addition to the dispatch points the migrants could also contract the disease at the place of work. Historical studies have shown that there is a direct connection between prostitution, homosexuality, beer drinking, and the social reproduction of the mining labour force on a daily basis (van Onselen 1976, 1982). Malawian migrant workers interviewed for this study confirm this:

...there were beautiful women in shebeens, bars and canteens. They were easy-going women and they did not care if you slept with one of them today and her friend tomorrow. They said whoever had a man, it was her luck, tomorrow would be another one's luck... We had them at will... (Confidential interview, 9 April 1989).

The informants also made constant reference to *mathanyula*, homosexuality, in the compounds at the place of work. Because of these sexual networks, these informants argued, the chances of contracting AIDS within South Africa were very high (Mwazeni Mtira, 29 September 1989).

Most migrants interviewed were aware of their position as a high-risk group. Binford Mhone of Dindano village, Nkhata Bay, observed that despite the awareness of the risk of contracting HIV, there was a tendency for the majority of these men to engage in multiple sexual relations. This, he argued, was partly due to the fact that the majority of them migrated

as single men; and partly also because, with money in their pockets, they took the purchase of sex as a form of easy and cheap entertainment.

At this juncture there is a link between migration, alcohol consumption, and commercial sex. In Malawi, as in many African countries, bars, restaurants and canteens are places where prostitutes operate. Studies in Zimbabwe have shown that commercial sex is 'largely based out of bars... 98 per cent of commercial sex acts [are] preceded by alcohol consumption' (*World Bank* 1997:2). This is true of Malawi and other eastern and southern African countries. The evidence on which the present paper is based shows that before the ban on recruiting, returned migrant labourers were regular patrons of bars, and thus potential customers for prostitutes. Some of them invested their pay in bar, restaurant and canteen businesses (Chirwa 1997).

Though most migrants have a multi-partnered sexual life, they do not openly show it. Sexual issues are regarded as private. Similarly, issues of HIV/ AIDS among them are kept confidential. The identities of those who had tested positive in South Africa are not publicly revealed. Family members are not told, unless by the victims themselves. 'I knew that my "friend" had tested positive', said one informant, 'but I cannot tell anyone because it is not something I should tell everybody'. The reason given for this attitude is that the migrants do not want to cause some kind of AIDS scare in the villages. In addition, it is felt that revealing the information is like passing judgement on the victims' morality, and condemning them to death 'given that everybody is aware that the disease has no cure' (Confidential interview, 12 April 1994).

Neither the Malawi government nor the Chamber of Mines publicized the results of the HIV screening in South Africa (Chirwa 1995, 1996b). The danger here is that some, if not all, of those who had tested positive had sexual partners at home. Some of them are now dead and their widows have remarried or have had several other sexual relationships. In a recent study in the Kapichira area in Chikwawa district, south of the country, Cammack (1996:11) observed:

Old men in Njereza report that those TEBA men in their village and in nearby Bwalo especially, are now dead, leaving widows (some of whom remarried locally) and orphans. Whether the Kapichira villagers have made the connection between AIDS and the premature deaths of these men is unclear. In any event the premature death of younger men has been noted elsewhere.... where there are reportedly more orphans than in previous years.

This could be the case in many other areas to which the repatriated HIV-positive migrants returned. The Malawi government made the mistake of not testing the repatriated workers; and no effort was made to educate them on the risk of passing the virus to their partners at home. It would have also helped if the government had kept a record of these people and where they went for follow-up and counselling purposes. The lack of information on these people has made it difficult for social researchers and medical personnel to conduct investigations on them. The degree of the risk they pose to their local communities and to the Malawi society in general thus remains unknown.

Research difficulties

In addition to the lack of records on the repatriated migrants with HIV and AIDS, there are other challenges to research on the subject. First, 'many of the behaviours thought to transmit HIV are private and hence difficult to investigate' (Boulton 1992: 1; see also Jayasuriya 1988; Miller and Rockwell 1988; Orubuloye et al. 1994; VanLandingham et al. 1994). Asking about individuals' sexual behaviour, beliefs or preferences, marital stability or instability,

extramarital relations and other forms of multi-partnered sexual activity entails 'treading on very personal ground and involves a high risk of offending and alienating respondents' (VanLandingham et al. 1994:85). Though the informants for this study were ready to talk, they could not avoid being sensitive to some of the questions put to them. They were concerned about the stigma attached to the disease, and would certainly not like to see their names appear in official documents as carriers or patients, or even as people who have been tested (personal communications I. Nyirenda, 16 December 1993; J. Kaunda, 18 December 1993; G. Mulile, 8 December 1994). The reason for this is that HIV infection is widely associated with loose sexual behaviour. As a result, the identification of a person as an HIV carrier or AIDS patient is often taken as an indication of promiscuity, despite the general awareness in the country that the disease can be transmitted in other ways (National Statistical Office 1994: Chapter 10).

The second difficulty, and related to the above, is the accessibility of certain stocks of information. Though the informants may be physically and readily accessible, the wider stocks of the information they possess may not. This is especially so with people infected or likely to be infected. Many of them may not want to face the realities of their predicament or to talk about it. Awareness of their infection often gives them a negative attitude towards researchers. Their view is: 'You know I am dying and you are here to assess how soon that will be'. The result is that such informants will give only partial information.

Related to both the social sensitivity and the inaccessibility of the information are issues of human rights. How do the social researchers working on HIV and AIDS protect the rights of their informants? In the course of this study, two cases of rights violations were observed. The first was the case of medical professionals who conducted a study at an urban hospital in Malawi without giving their research subjects the right to agree or refuse to be part of the sample. The aim of the study was to examine the relationship between STD and HIV-1 infection in urban pregnant women. Some 5376 pregnant women presenting for prenatal care were interviewed about their demographic, medical and sexual history. They were given a physical pelvic examination and were tested for syphilis and HIV-1 (Dallabetta et al. 1988). Those in the sample maintain that they were not informed of the purposes of the inquiry and the tests, and were not given the right to agree or refuse to be party to the exercise. In addition, they did not have access to the results and were not informed of how these were to be used.

The other case was that of the migrants screened in South Africa. They too were not informed of the purposes of the exercise and the way the results were to be used. They also feel that taking blood samples for HIV screening without their informed consent was an insult. After the screening, they were stigmatized as a 'high-risk group'. 'This attitude', complained Mwazeni Mtira, 'brought a lot of psychological torture to us...In the compounds and at work we were taunted and heckled by our colleagues from the other countries... they called us dying people...'

The fourth challenge in dealing with these informants is that the researcher has to guard against both the social seclusion and the exploitation of the subjects. Once the informants have been singled out as a target sample group, there is the danger of developing in them a sense of the putative vectors of the disease which in turn leads to social seclusion (Scambler and Graham-Smith 1992). They become the people to be monitored and to be consistently researched. As the research becomes more and more focused on them, it becomes 'a form of surveillance in its own right' (Scambler and Graham-Smith 1992:68). In the process, the dangers of violating the informants' right to privacy become enhanced. There is also a danger of over-exploiting the informants as a source of information. As victims, or potential victims, the informants are likely to feel powerless *vis-à-vis* the researcher in a research situation. This

imbalance of power is among the factors that lead to exploitation and objectification of the informants in the research process (Holland et al. 1992:228-229).

Finally, as regards the connections between migration and the spread of HIV/AIDS in Malawi, there are enormous conceptual and political challenges. The most important are those relating to the politics of the disease. After its first diagnosis in 1985, there was a lot of official resistance to reporting and researching it. Even the medical officials in the country were not willing to be objective and open about it. In fact, they resisted and condemned any external attempts to report and research on the disease:

It is difficult not to respond angrily to so called 'expert estimates' of the incidence of AIDS in one's country. The correct approach, however, is to acknowledge that AIDS cases have been seen in our hospitals... and to state our present ignorance of the magnitude of HIV-III infections in the community. We should challenge such expert opinions on the incidence of AIDS in Malawi as have been published in *Africa Health* or in the sensational *Zimbabwe Sunday Mail* by carrying out our own epidemiological studies and publishing the data (*Medical Quarterly* 1986).

The medical officials further claimed a monopoly of knowledge on the issue and gave themselves 'the duty... to accurately inform the lay public' about the disease in Malawi. They even denied that HIV/AIDS was a major health problem, instead calling it 'a diminutive community health problem'. However, it did not take them long to realize that 'there was a high incidence of HIV infection' among Malawian prostitutes, male hospital staff and male prisoners hospitalized with other diseases.

The reason for the defensive attitude is that until very recently, Malawi was a closed society with a political leadership that was not willing to acknowledge the existence of crises, endemic poverty, hunger and disease. The efforts of researchers to work on HIV/AIDS were curtailed by a political regime ardent in its assertion that the country was a 'star performer', a model of economic growth and political success where everybody was healthy and lived in peace. This was coupled with the assertion that this was a Christian country with strong moral values. Since AIDS is widely associated with promiscuity, use of drugs, homosexuality, and other forms of 'immoral' behaviour, Malawi, as a Christian country, would not be the place to look for it. Sheltering under the umbrella of Christian morality, the Malawi government could not publicize the prevalence of HIV/AIDS among its repatriated migrant workers.

The manner in which the migrant workers were repatriated has added to the challenges of research on HIV/AIDS in Malawi. The issue has become extremely politicized (Chirwa 1996a,b; 1997) to the extent that any mention of HIV/AIDS to the repatriated migrants immediately arouses ill-feeling against TEBA, and both the South African and Malawi governments. The migrants are still seeking explanations for the events of 1986-1992: why they were screened, hurriedly repatriated (most of them without compensation), dumped at home, and not told anything about future prospects of employment in the mines. They feel betrayed by their home government for not fighting for their cause.

Conclusion

The above challenges call for a major reassessment of the research methods for investigating the AIDS pandemic in Malawi. The scope of contemporary enquiry is limited to perceptions of risk and risk-taking behaviour, condom use, and public awareness campaigns. The methodological advances in social research on AIDS achieved elsewhere in the world (Boulton 1992; Aggleton et al. 1992) have not reached Malawi, and much of southern Africa in general. There is need to employ different models for studying cohort groups, and for the designing of field studies and counselling strategies.

The case of the Malawi migrant labourers is important because it highlights some of the areas and challenges of social research on HIV/AIDS in their country. Given that the whole of the southern Africa region is affected by the system of oscillating labour migration, there is need for comparative studies on the relationship between this and HIV/AIDS infection patterns. The movement of refugees, the return of exiled political groups and liberation forces, and the massive retrenchment of migrant workers from the mines, will have effects on the pattern of the disease in the region (see *Southern Africa Economist* 1992). These groups need to be placed in the high-risk categories. It is therefore important to draw the connections between the constellations of cultural, social, economic and political factors and the pattern of HIV/AIDS in the region.

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