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Pang'ono pang'ono ndi mtolo -

Little by little we make a bundle[1]

The work of the CARE Counsellors[2]
& Yvonne Sliep[3]

Conversations with AIDS and CARE

The following dialogue is an example of the conversations that have recently taken place in a number of villages in rural Malawi. After extensive consultation, the chiefs of certain villages have invited CARE counsellors into their communities to talk about HIV/AIDS. The CARE counsellors have developed a particular way of facilitating these conversations. One worker plays the role of Mr/Mrs AIDS, who represents HIV/AIDS; and another plays the role of Mr/Mrs CARE, who represents the community. Members of the village are invited to ask questions of these two characters, and a conversation develops. These conversations are spoken in Chichewa, the local language, and are often held outside in the shade of trees. The conversations are accompanied

by drama and song, and invariably the atmosphere is one of curiosity, open heartedness and laughter.

Asking questions of AIDS

Villagers: *Who are you? Who are your parents?*

Mr/Mrs AIDS: *My name AIDS is an acronym. I am Acquired Immune Deficiency Syndrome. Originally, when I'm just starting out, I begin as a virus. My parents are HIV: Human Immune-deficiency Virus. I start as this virus and then grow to become AIDS.*

Villagers: *Why did you decide to enter our lives? What are your hopes and dreams?*

Mr/Mrs AIDS: *My hopes and dreams are to destroy the human race and to wipe out this nation.*

Villagers: *Why do you like our country so much, why do you like Africa?*

Mr/Mrs AIDS: *This is a very good environment for me. There is poverty. There are a lot of people. There is hunger. Why wouldn't I come here? In the midst of all these problems I find my way in. I will stay here. Perhaps I will stay here forever. Africa is my rejoicing continent!* [laughter]

Villagers: *How do you manage to get inside a person's life?*

Mr/Mrs AIDS: *Whenever I am accepted into a person's body: through intercourse, through blood, or through piercing - whenever I am given a chance I move in.*

Villagers: *And once you are inside, what effect do you have on someone who is infected by you?*

Mr/Mrs AIDS: *I have several effects when I get inside a person. I affect the person spiritually, mentally and physically. I try to destroy their immune system. Once it is gone I find it easy to make myself bigger, to multiply. I make them very sick. Sometimes it takes me a while, but generally I make them very sick and they die.*

Villagers: *What effects do you have on our households, on our families?*

Mr/Mrs AIDS: *I have a philosophy of divide and rule. When I enter a*

household I disorganise the family. I make all kinds of problems. I am disunity and arguments.

Villagers: *You must be very rude.*

Mr/Mrs AIDS: *I tell you, I am terrible.*

Villagers: *What effect do you have on our communities?*

Mr/Mrs AIDS: *If I get into the community I disorganise it. I disorganise the chiefs, the people - you who sit around me now. I create conflict so that you cannot contain me. I overwhelm people so that they sit around thinking about me. I make them feel hopeless.*

Villagers: *What are the things that you do to keep yourself strong? What conditions are favourable for you to work in?*

Mr/Mrs AIDS: *I have several favourable conditions. Where people are divided and confused I work well. You see, I am sneaky. I also like situations where people in the village are drinking. They can't see me but I am there. When girls are playing with the boys, I am there. If people forget about me, if they don't look after themselves, if they do not use condoms, then I get my chance and I take it.*

Villagers: *I have a more specific question for you. Do you think a woman who is infected should have another child?*

Mr/Mrs AIDS: *Oh yes, as many children as she can - that way I'll be very famous.*

Villagers: *What about the husbands? Do you think if a husband is infected he should tell his wife?*

Mr/Mrs AIDS: *No way. No way. I'm sneaky. I like secrecy. I don't like people getting together to talk about me. I don't like gatherings like this one. When you tell each other about me it gets in my way. I don't want any of this opposition.*

Asking questions of CARE

Villagers: *And who are you? Where do you come from? Who are your parents?*

Mr/Mrs CARE: *I come from here. I am your mother. I am your father. I am your grandparents, your child, your sister, your brother. I am you. I am this community so you are my parents. Our histories have created me.*

Villagers: *Why have you come to us now?*

Mr/Mrs CARE: *I see that you have met Mr/Mrs AIDS. I have come now so that we can work together, to get rid of this menace, to take care of the people who are already sick. That's why I have come.*

Villagers: *What are your hopes and dreams?*

Mr/Mrs CARE: *AIDS has come to destroy us and has brought a lot of suffering. My hope is that we will overcome AIDS through unity. By working together, I dream that we will lessen the suffering of the families and communities.*

Villagers: *How will we do this? For instance, how will we support the orphans?*

Mr/Mrs CARE: *We will remember our histories. During the older days our ancestors were also dealing with orphans. In those days, the relatives, the sisters, brothers, the uncles, aunts, would take care of the orphans. That is community. Similarly now, through unity, if the relatives unite we will find ways of assisting those whose parents have died.*

Villagers: *But it's not always as easy as that. I have a sister. She has been going about with men, living in bars. We tried to discourage her behaviour but she wasn't responding to our appeals. Now it appears as if she is sick and everyone is pointing fingers, saying she is eating the fruits of her past behaviour. Should we still assist her?*

Mr/Mrs CARE: *She is one part of us. Community is made up of everyone. She is sick, that means part of our whole body is sick. We must help this sister of yours. She might be thinking that she does not deserve it. Her spirit may be crumbling. We need to give her some hope. Maybe not for this life but for the next.*

Villagers: *But how will we overcome AIDS? How can we make people*

understand that they can help?

Mr/Mrs CARE: *Through action. If we do things together they will begin to understand. If we can assist this man to look after his sister, others will notice. If each one of us is doing something then we will be able to share our problems. Do you remember that AIDS said: 'I hate unity. I like to go around disorganising the community, the family'? If we unite as a community, as a family, Mr/Mrs AIDS won't have any room to come between us.*

Villagers: *Where does your power and strength come from?*

Mr/Mrs CARE: *In order to answer that, let me tell you about the bundle of sticks.* (Slowly Mr/Mrs CARE picks up a stick, a piece of wood from nearby trees known by the local people to be magical. With the stick in hand, Mr/Mrs CARE turns and offers it to the nearest person and asks them to use their strength to break it. The first person cannot, and so the stick is passed slowly and quietly. Finally it cracks and breaks in two.)

One stick on its own is easily broken. (Removing the broken stick, Mr/Mrs CARE turns and picks up a bundle of sticks, also from the magic trees, but this time bound together by twine. The villagers are invited to try to break the bundle. This time they cannot.)

One stick on its own is easily broken, but, if you put sticks in a bundle, that bundle becomes very strong, so strong that you cannot break it. A spirit on its own can be easily broken. But bundled together we will not break. That is our power and our strength. Pang'ono pang'ono ndi mtolo - *little by little we must make a bundle.*

Reflecting on talking with AIDS and CARE

The exercise is very powerful. AIDS first came into Malawi in 1985. Since then we have been lecturing villagers about the dangers of HIV/AIDS but we haven't really known whether they were interested, what they knew, or whether they even wanted us to be lecturing them. In the Mr/Mrs AIDS and Mr/Mrs CARE setting, the people in the villages have a chance to ask us questions. If they have doubts, it's their turn to express them. They ask us

> *questions and it becomes a real conversation.* (Charles Kachala, in conversation, 1996)

Charles Kachala, is a medical clinician at Chiradzulu General Hospital in southern Malawi, has played the character of Mr/Mrs AIDS in the communities he works with. He has found that inviting the villagers into conversations with HIV/AIDS creates the context for a meaningful exchange of information and knowledge. At the same time the real concerns of the community can be brought out into the open, and a forum for dialogue over these concerns is created. Most importantly, perhaps, is that space is created for the community to join together against the problem of AIDS. Issues that may have been dividing the village begin to be seen as a consequence of AIDS, rather than the fault of individuals, and this increases the possibility of collective action. Rather than the focus remaining on AIDS and the problems which face the community, the introduction of Mr/Mrs CARE allows the villagers to identify what it is that they value most. This assists them to articulate the strengths, knowledges and historical traditions which they can build upon as they organise themselves in their struggle against HIV/AIDS. As Mr/Mrs CARE constantly refers questions back to the community, space is created to remember and honour histories of collective care and support within the village.

Consultation

These conversations about HIV/AIDS can only occur after extensive periods of consultation with the chiefs and other members of the villages. Respectful consultation lays the foundations for the conversations to take place within the context of openness and trust.

As a result of consultative processes, within the work of the CARE counsellors of Malawi, the character of AIDS has generally been played by a man, i.e. Mr AIDS, and the character of CARE has generally been played by a woman, i.e. Mrs CARE. It is felt by the local people that this arrangement is appropriate and works successfully in their context. Experiences of gender, AIDS, and sexuality, vary enormously across different contexts, and these

variations affect meanings and inform particular ways of working. Some communities, both within Malawi and elsewhere, have facilitated this exercise with AIDS and CARE played interchangeably by men and women.

The ripples of conversations with AIDS and CARE

The following pages contain examples of the directions in which these conversations have been taken in some villages. These examples are not intended to give more than an impression of what is a fluid and changing process. They are included to illustrate potential avenues that are opened when villagers begin to speak directly with Mr/Mrs AIDS and Mr/Mrs CARE.

Creating space for difficult questions

Inviting the villagers into conversations with AIDS and CARE can provide the opportunity for dilemmas to be raised. Mrs Chinguwo, who has often played the character of Mrs CARE, reflects on this:

> *The women often ask me 'How can we as a team defeat AIDS?' or 'If someone is sick how can we as a group in the community care for them?' Sometimes the questions are much more complicated. Today a woman asked a question about an unfaithful husband. Actually she said: 'Suppose you are married and your husband is away and you don't know what he is doing. Suppose he has been away for quite a while and you'd like to have some sexual contact because you've been on your own for too long. How could you go about that?'*
>
> *That was a very bold question to ask, especially for a woman in our culture in front of men, in front of boys and girls. I think they are worried and they want to find a way of solving these problems. It was very, very bold of her. I think the exercise in some way assisted.* (Mrs Chinguwo, in conversation, 1996)

Caucusing over plans of action

At times, after Mr/Mrs CARE has told the story of the bundle of sticks,

the villagers are invited to group themselves into caucuses:

> *The women group together, the girls together, the boys together and the men together, so that they can discuss issues on their own. Traditionally when you have everyone together, the women and children do not talk, they can not voice their opinions. On the other hand when the boys and the girls are together, the boys dominate. We would rather have the real opinions from different age groups and different sexes. We ask them to come up with strategies to deal with Mr/Mrs AIDS. Facilitators go with each group and we invite them to discuss what they think they can do to overcome Mr/Mrs Aids.* (Howard Kasiya, in conversation, 1996)

The caucuses are often particularly important when issues of control, power and sexuality are to be discussed:

> *Usually when I talk with rural women and you mention condoms they will shy away. But some women today spoke out and said that if they brought condoms into their homes their husbands would literally chase them out. So they still haven't got control over their own lives. They might want to use condoms but they do not have the power to say so. It's a big problem.* (Mrs Chinguwo, in conversation, 1996)

In the younger women's caucuses, the issue of prostitution and sex for sustenance is often articulated:

> *Those young girls in school from poor families, who do not have enough money for food, for soap, are often approached by somebody with money, who says: 'I love you, I'll marry you, here is 100 Kwacha* [Malawian dollars]*'. The next time the man takes the girl to his house it is very difficult for her to refuse as he is her source of income for the family. These men have decided that most of the women are HIV positive so they are going for the youth in the belief that the youth are clean.* (Charles Kachala, in conversation, 1996)

Caucuses allow issues like these to be spoken about. Having discussed the issues that they feel are most important, and having developed their own ideas as to action that can be taken, the groups then return and report back. Their plans of action are often documented for future reference.

Election

> *When the village comes together again we build on what they decided in their own groups. We ask them to decide whether they support Mr/Mrs AIDS or Mr/Mrs CARE.* (Howard Kasiya, in conversation, 1996)

At times the community is given the opportunity to take a stand (literally) to support either Mr/Mrs AIDS or Mr/Mrs CARE. An election of sorts takes place and, inevitably, the community rises and stands alongside Mr/Mrs CARE. At this point the CARE counsellors begin to sing and the villagers join. It is a song of unity and strength. A wall of music and a wall of bodies is formed, walls that Mr/Mrs AIDS cannot get through. Mr/Mrs AIDS is left on the outer - alone. Through the use of drama, laughter and song, Mr/Mrs AIDS is then bustled, cajoled and danced out of the village (see photograph on page 4).

Mr/Mrs CARE: *We can see that Mr/Mrs AIDS could find no way in. There is no room for AIDS to come between us. Why? Because we have united together, just like this bundle* [holding the sticks to the sky]. *If we unite like this bundle we can overcome AIDS.*

Mr/Mrs CARE then hands to each of the villagers one of the sticks that together made up the bundle (see photograph on page 3).

Mr/Mrs CARE: *In order to remember this feeling of unity, I am going to give you a stick each. Whenever we need hope we will remember that we are working together. We will remember that with one stick you can make only a small fire. It can easily be put out. But with many sticks we can make the whole bush burn.*

From suffering to courage - a new identity for the village

The CARE counsellors often try to facilitate conversations that allow for the villagers to reconsider their views of their own community. One way this is done is to invite Mr/Mrs AIDS and Mr/Mrs CARE to share their reflections on

the particular village community.

Villagers: *Mr/Mrs AIDS how do you see this community?*

Mr/Mrs AIDS: *I'm convinced that, all in all, this community is trying to unite. It is trying to put all its effort into destroying me. I am afraid I may have to decide not to stay here much longer. I am looking for a community that is disorganised, weak, where people do not know about me, a village where the leadership is poor. The way they are united here, the effort they have shown, I will probably have to leave sooner than I had expected.*

Villagers: *Mr/Mrs CARE how do you see this community?*

Mr/Mrs CARE: *It seems to me that this community understands the dangers of AIDS and the ways in which AIDS works. It seems that this village is ready to get rid of AIDS through uniting and working together. It is a very strong and determined community. It seems to be showing courage, willingness to work, and motivation. These things scare AIDS and drive it away.*

The facilitators are keen to open up space for the community to move from an identity associated with suffering to one associated with courage. They explore with the villagers how it felt to listen to both Mr/Mrs AIDS and Mr/Mrs CARE. They speculate as to what could happen if the village held onto the feeling of unity that occurred when the bundle of sticks was held to the sky.

Plans of action

In order to develop plans of action, the facilitators explore the ways in which Mr/Mrs AIDS is getting into the particular community and the steps that could be taken to prevent them. One example is in the area of traditional healing practices. As Charles Kachala, a medical clinician at Chiradzulu General Hospital, explains below, traditional healers have much to offer Western medicine. At the same time, however, he fears that some of their methods may be contributing to HIV infection:

Most people here believe in traditional healers, although some people due to Christian religious beliefs do not go to them. We work here with traditional healers. That's why there was a traditional healer's association

formed. We understand that traditional healers are here and will always be here. They use needles for tattoos so we are talking with them about how they are going to prevent AIDS. We also want to talk with them about their beliefs. There is a research unit for traditional healers to understand how some of the herbs they use are very helpful in preventing illness. As colleagues, we are slowly beginning to understand each other.

It is not uncommon for a man to be bewitched - I've been bewitched so many times - that now we have to have protection, in the form of tattoos. Other people wear it or take it. Magic is here. Traditional healers are here. They come to the hospital if we need them, but usually people will go to them in the community.

We share what we think we should leave for them and what we think they should leave for us. We explain to them how not to spread the virus. If they are using one razor blade for tattoos on so many people, then, on top of doing good work, they may also be spreading the virus. So really we are beginning to work hand-in-hand throughout the country. (Charles Kachala, in conversation, 1996)

These partnerships are especially important in areas where Western medicine is inaccessible to most of the population:

The majority of the population [in Malawi] *rely on traditional medicine - the reasons for this include its convenience. Traditional medicines are available in most villages - saving people from walking long distances, waiting in queues and then perhaps receiving little or nothing as medicines are often in short supply in health centres. The cost of traditional medicine is more affordable and often offers a way of payment adapted to suit the recipient. (*Mthobwa & Brugha 1995)

In order to raise with traditional healers the issue of transferring HIV through tattooing, Mr/Mrs CARE might ask them about the influence of Mr/Mrs AIDS on their work and lives:

Mr/Mrs CARE: *Mr/Mrs AIDS says he is going to use you to destroy our community. He is saying he is going to use you as traditional healers. What are we going to do? How do you think he'll try to use you?*

Traditional healers: *He will use one of us first to split us. He will say 'Don't*

listen to the others, I am the best, I use my own razor'. How are we going to respond to such a person, to such a situation?

Mr/Mrs CARE: *We will have to find ways of staying united.*

Mr/Mrs AIDS: *That might work for a while, but people are going to get tired and I'll jump on in again.*

These sorts of conversations continue until specific plans are developed for current problems and for those that are forecast. This occurs in each of the caucus groups. The structure of these dialogues keeps the community united and the problem clearly located as Mr/Mrs AIDS.

Ceremony

To bring the day's work to an end, on some occasions a ceremony is held. These take the form of rituals in which the plans of action are added to the documents that record the reflections on the strengths of the community. These are documents of hope, testimonies of unity and strength, and plans for the future. They are officially handed over to the chief of the village at the end of the ceremony.

Mr/Mrs CARE: *These documents alongside the bundle of sticks will be here to remind you. They can be consulted whenever they are needed. They can be used to summon up a sense of unity and to remind you of your plans.*

Umodzi ndi mphamvu - unity is a sign of strength

By personifying the problem of AIDS and providing a focus for uniting the community (Mr/Mrs CARE), the CARE counsellors are providing the opportunity for villagers to get more in contact with their own histories of caring and collective action. Through caucusing, the voices of all members of the community are sought out and their ideas documented. Through asking questions of Mr/Mrs AIDS and Mr/Mrs CARE about their views of the day's events, the village is provided with powerful reflections of their collective identity - one of strength and courage in the face of HIV/AIDS. Importantly, the ideas about how AIDS can be overcome are generated by the community

itself, and new sorts of conversations begin to take place around these ideas, as Yvonne Sliep[1] describes:

> *This work has offered me hope because dialogue seems to begin between the community and Mr/Mrs AIDS and then spread to conversations between community members and with community workers. I have watched as villagers have begun to separate themselves from the problem of AIDS, and the stigma surrounding the illness has then begun to decrease. At the same time, these ways of working change the relationship between us as workers and the community. We cease to be acting on the community and instead we begin to work together, united against the problem of AIDS.*
>
> *Perhaps most hopeful to me has been to witness a reduction in conflict and division, and to watch the sense of failure being replaced with a sense of energy and hopefulness. To see potentially despairing conversations about AIDS replaced by drama and song and by conversations of curiosity and laughter has been, for me, very powerful.* (Yvonne Sliep, in conversation, 1997)

Perhaps the most important outcomes are those of community unity and a greater connection with cultural traditions of collective care:

> *It is a new thing in Malawi for a person to eat from their own plate. Culturally in Malawi we have a very big basin of food which everybody picks from. We live communally. Doing things together starts from our experiences in our families. The counselling that we were doing was taking us away from these traditions, away from our own culture. Now we are developing new ways. This type of counselling is bringing us back. It is saying: if we can share food in a basin together, if we can eat together and everybody has a share, if we can live collectively, without each of us having a plate, without the individualism - why can't we try a similar united, collective approach with problems like diseases which have no medicine? We are going back to what we know. It is empowering. It is giving the people in the family or those people in the community responsibility for the issue. It is giving them the powers so that they can assist their own people.* (McDonald Suwande, in conversation, 1996)

Pang'ono pang'ono ndi mtolo - Little by little we make a bundle.

Notes

1. First published in the 1996 No.3 issue of the *Dulwich Centre Newsletter*. Republished here with permission.

2. CARE is an acronym that stands for Community Action Renders Enablement. The CARE counselling model was developed by Yvonne Sliep after four years' research in Malawi as a cultural sensitive counselling model for HIV/AIDS. It is currently used as the national strategy for AIDS Counselling.

3. Yvonne was born in South Africa and currently lives in the Netherlands. Africa, where she has worked most of her life, forms a deep part of her being and greatly influences the way she sees and lives in the world. Most of her experience with narrative work has been with groups and communities where people more often relate to 'We' than to 'I'. For Yvonne, creating ways together with others to prevent Problems causing confusion and divisions between 'us' and 'them' has been challenging. Working with the strength and ability of groups of people has been inspiring and energising.

   Yvonne would love to share ideas with others, and can be contacted at: s' Gravensloot 31(b), 3471 BP Kamerik, The Netherlands, email: y-sliep@wirehub.nl

Externalizing problems in a community or group context

a note from

Yvonne Sliep

The preceding article described an attempt to externalize and personify the problem of HIV/AIDS within a community setting in rural Malawi, Africa. We have found that creating the context for communities to directly interview Mr/Mrs AIDS has:

- reduced blaming practices and broken the debilitating silence created by stigma;
- reduced feelings of failure and isolation;
- stimulated dialogue within the community and also between the community and community workers;

- changed the situation away from one in which the community was being acted upon by both the problem and the community workers, to one in which the community and community workers are united against the problem;
- created the opportunity for community members to ask questions free from guilt or shame;
- enabled ideas of how to counteract the problem to be generated from the community itself rather than be imposed from the outside (this greatly reduces the possibility of being set up for failure).

Creating the possibility for the community to then interview a counterplot of CARE or UNITY has further:

- opened up possibilities for action,
- encouraged co-operation and unity,
- highlighted people's ability and skills to take action against the effects of the problem, and
- increased a sense of hope and inspiration.

In our experience in Malawi, problems tend to be enigmatic and try to amuse the crowd. Because of this, when trying to externalize a problem in a group setting, care needs to be taken that the problem does not get too much attention and energy. If it is a problem that uses stigmatisation to divide people (as does AIDS), extra care needs to be taken to ensure that the conversation in no way increases the stigma towards those within the group or community who have AIDS.

The conversation described in the preceding paper is only one part of a broader process. Community conversations require careful planning and follow-up. Involvement of the group or community in the planning, implementation, follow-up, and evaluation of the process, are all a part of developing respectful processes of accountability.

The process described involved reclaiming a collective identity of unity, despite the divisive nature of AIDS. Everyone in the community was invited into this reclamation. We quickly learnt how AIDS tries to infiltrate communities through the most vulnerable. This meant that women and young people were actively included in the process. By exploring unique outcomes - times when UNITY was prevailing over AIDS - the community was able to

witness and build upon richly described stories of community strength and connectedness. These conversations are continuing.