 SINTEF SINTEF Health Research Adress: P.O. Box 124, Blindern, 0314 Oslo, Norway Telephone: +47 40 00 25 90 Fax: +47 22 06 79 09		SINTEF REPORT	
		Title Substance Use and Abuse and its Implications in a Malawian Context – Pilot Project 1.	
		Author(s) Stine Hellum Braathen	
		Client(s) FORUT, Norway	
Report no. STE A6186	Classification Unrestricted	Clients ref. Dag Endal/ Øystein Bakke	
ISBN 978-82-14-04367-9	Project no. 78g280	No. of pages/ appendices 77/4	
Electronic file code		Project manager (Name, sign.) Stine H. Braathen	Checked by (Name, sign.) Arne Eide
File code	Date 14.03.2008	Approved by (Name, position, sign.) Inger B. Scheel, Research director	
Abstract This pilot project on 'Substance Use and Abuse in Malawi' is the result of a research collaboration between SINTEF Health Research, Norway and the Centre for Social Research, University of Malawi. The study was commissioned by FORUT, Campaign for Development and Solidarity, Norway and NGO Gender Coordination Network, Malawi. The objective of this project was to explore the use and abuse of substances in one selected urban and one rural location in Malawi. Qualitative methods used in the study were individual interviews, unstructured conversations and observation. There is no systematic, nationally representative data collection on substance use and abuse in Malawi. Previous research has focused primarily on the use of chamba (cannabis/marijuana), but alcohol and tobacco have also been mentioned as substances used in Malawi. The results from this pilot project show that there are two main substances of use and abuse in the study sites, namely alcohol and chamba. The results indicate that alcohol constitutes a bigger and more widespread problem than chamba. The substances used seem to be closely linked to the income of the user, but there is no clear connection between poverty and using substances. Substances are used more often by men than women, and the reasons for using substances include increased sexual desire, gains in strength and intelligence, peace of mind, escape from problems, getting a clearer head, getting courage, etc. This study calls for more research into the extent to which substances are used, where and by whom, as well as studies looking at the relationship between substance use and poverty and HIV/AIDS. The study also calls for more attention to be given to the problems connected with alcohol use in Malawi,			
Keywords	English		
Groupe 1	Substance use and abuse		
Groupe 2	Alcohol/ Marijuana/ Chamba		
Selected by	Drugs		

The picture on the front page is
from Chembe fishing village
in Cape Maclear, Malawi.

Table of Contents

Acknowledgements	5
1 Introduction	7
2 Context - Malawi	9
2.1 The Republic of Malawi	9
2.2 Legislation, Institutions, Prevention and Treatment....	9
3 Substance Use and Abuse in Africa and Malawi	11
3.1 Substance Use and Abuse in an African Perspective .	12
3.2 Substance Use and Abuse in a Malawian Perspective	15
4 Methodology	19
4.1 The Research Team.....	20
4.2 Informants.....	21
4.3 Data Collection	21
4.4 Ethical Considerations	22
5 Study Sites	23
5.1 Urban Site: Lilongwe	24
5.2 Rural site: Chembe Fishing Village.....	26
6 Results	29
6.1 Informants.....	29
6.2 What Substances Are There?	30
6.3 Who Uses Substances?	33
6.4 Frequency of Substance Use.....	35
6.5 Where are Substances Acquired and Used?.....	36
6.6 Where Are Substances Not Used?.....	39
6.7 Why do People Use Substances?	39
6.8 Why do People Not Use Substances?.....	42
6.9 Everyday Life and Substance Use	43
6.10 Traditional Beliefs/Rites/Religion.....	44
6.11 Views on Substances.....	45
6.12 Economy and Substance Use.....	46
6.13 Substances as an 'Artificial Requirement'	47
6.14 Preventive Actions	48
6.15 Rehabilitation and Treatment	50
6.16 Legislation on Substances	50
6.17 Consequences of Substance Use	51
6.18 What Can be Done?	54
7 Discussion	57
8 Conclusion	61
9 References	63
10 Appendices	67
10.1 Interview Guide Men	67
10.2 Interview Guide Women	71
10.3 Participant Information Sheet.....	76
10.4 Informed Consent Sheet	77

Acknowledgements

This study is the result of a research collaboration between SINTEF Health Research in Norway and the Centre for Social Research (CSR) at the University of Malawi. The author would like to thank the partner from the University of Malawi, Dr. Alister Munthali for his active involvement in the planning of the methodology and in the data collection. The study would not have been the same without his valued input and help.

Furthermore, the two research assistants Mr. Robson Malichi Ghama and Miss Ellen Harazi must be thanked for a job well done. They both showed a great deal of understanding and interest both in the data collection methods used, and the specific topics to be explored. Their ability to put the informants at ease, and make the interview situation comfortable, contributed to the collection of valuable data.

I would also like to thank Ms. Emma Kaliya and Mr. Rodgers Neva from NGO Gender Coordination Network in Malawi for their input and stimulating conversations. They helped me to understand better the issues of substance use and abuse in Malawi, and how this affects Malawian women, children and families.

Thanks to Mr. Trevor Chande from the Inter-Ministerial Committee on Drug Control (IMCDC) for introducing me to the policies and legislation concerning substance use and abuse in Malawi.

Last, but not least, I would like to thank FORUT Norway for funding this important and interesting study.

Stine Hellum Braathen
(Project Manager)

1 Introduction

This pilot project on substance use and abuse in Malawi is the first of a series of research projects planned on the topic of substance use and abuse in Malawi. This project is the result of a research collaboration between SINTEF Health Research, Norway and the Centre for Social Research, University of Malawi. The study was commissioned by FORUT, Campaign for Development and Solidarity, Norway and NGO Gender Coordination Network, Malawi. The methodology was developed by SINTEF Health Research and Centre for Social Research, as a result of meetings and correspondence between FORUT, NGO Gender Coordination Network, SINTEF Health Research and the University of Malawi.

The government of Malawi has, in the past few years, focused increased attention on drug abuse, through the establishment of an Inter-Ministerial Committee on Drug Control (IMCDC), led by the Ministry of Home Affairs and Internal Security. The committee has attempted to identify and quantify the main areas and volumes of cannabis cultivation in Malawi (IMCDC 2004). Furthermore, the Centre for Social Research, University of Malawi, conducted a rapid situation assessment (RSA) of drug abuse and HIV/AIDS in Malawi in 2004 (Bisika et al 2004). The study was commissioned by the Government of Malawi, with funding from the United Nations Office on Drugs and Crime (UNODC). The report states that there is a general lack of central systems for collecting data on drug abuse, and there is no up-to-date prevalence data on drug abuse in Malawi. Data on alcohol use and abuse remains almost inexistent. FORUT has also, through visits and investigations in Malawi, disclosed a general lack of information and research concerning alcohol and drug use and abuse in Malawi. This lack of data means that current policies and programmes related to alcohol and drug abuse have been formulated without a solid basis. Hence, there is a need to develop capacity in Malawi for collecting data on alcohol and drug use and abuse.

This project is intended to be the first of a series of research projects to be carried out in Malawi in the field of alcohol, drugs and development, with the ultimate goal of establishing a National Monitoring System for alcohol and drug problems in Malawi. This type of monitoring system is strongly desired by the Malawian authorities and is recommended and encouraged by WHO.

Four areas of interest have been identified as focal points in the research strategy:

1. ***Alcohol and drug use and abuse and its implications (in a broad and exploratory perspective) (Pilot project 1, 2007/2008-This project)***
2. Alcohol/ drugs and gender based violence (Pilot project 2, 2007/2008)
3. Alcohol/ drugs and HIV/AIDS
4. Alcohol/ drugs and poverty

This pilot project, which forms Project 1 of the four areas of interest, has an exploratory design, aimed at obtaining an overview of the research area. In addition to its inherent value, the results from the pilot project will have added value in relation to further development of broader and more extensive research in the field of alcohol, drugs and social development.

For the purpose of this report the term ***substance use and abuse*** is used, which includes use and abuse of alcohol and any other psychoactive substances, such as tobacco, cannabis, pills, opiates, inhalants, etc.

The overall ***objective*** of this pilot project was to explore the use and abuse of substances in one selected urban and one rural location in Malawi. The following research questions were explored:

- What kinds of substances are commonly used in Malawi (local names)?
- Who uses substances?
- Why do people use substances?
- Status of different substances in society

In addition to these questions, the project will contribute to the knowledge-base on alcohol, drugs and social development in Malawi, as well as feeding into the study design for later, larger studies and nationwide surveys on substance use and abuse in Malawi.

2 Context - Malawi

2.1 The Republic of Malawi

The Republic of Malawi is in southern central Africa, and has a population of around 12.8 million people. On the Human Poverty Index, Malawi is ranked as number 164 of 177 countries, which makes it the 13th poorest country in the world (UNDP 2007/2008). Malawi's economy is predominantly agricultural, and approximately 90% of the population live in rural areas (Loeb & Eide 2004). English and Chichewa are official languages while the literacy rate is 62.7% (76.1% for men, and 49.8% for women) (World Factbook 2008).

Malawi was a British protectorate from 1891 to 1953, known during the latter part of this period as Nyasaland. In 1953 Nyasaland joined a federation with Rhodesia (now Zimbabwe and Zambia), and this federation was dissolved in 1963. In 1964 Malawi became an independent country, with Hastings Banda as president. Banda's presidency soon developed Malawi into a dictatorship. After three decades of this repressive one-party rule, Malawi became a democracy in 1994, with the election of President Bakili Muluzi (from the United Democratic Front; UDF), who presided for ten years. New elections were held in June 2004, with the election of the current president; President Bingu Wa Mutharika. President Mutharika was initially elected as a representative of UDF, but in 2005 he started his own party; Democratic Progressive Party (DPP) (World Factbook 2008).

2.2 Legislation, Institutions, Prevention and Treatment

Malawi has signed various drug control and prevention conventions in the African sub-region and globally, including all the United Nations Drug Control Conventions (The 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1998 Convention Against Illicit Trafficking of Narcotic and Psychotropic Substances), and the SADC Protocol to combat illicit drug trafficking in the region (Bisika et al 2004).

The Government of Malawi has established an Inter-Ministerial Committee on Drug Control (IMCDC), lead by the Ministry of Home Affairs and Internal Security. The committee is comprised of all Ministries and Departments working in the field of drug control,

and their role is to advise the Government on such issues. The committee has prepared a National Drug Control Master Plan (2005-2009), outlining the direction of Malawi's drug control efforts in the period of 2005-2009. IMCDC has also developed a Drug Control Policy, with its main goal to create a society free from drugs of abuse. Furthermore, the committee has developed a Drug Abuse Bill, which addresses weaknesses in Malawi's current legal framework, and proposes stiffer penalties for drug offences, in line with UN conventions and other protocols in relation to drug production, abuse and trafficking (Bisika et al 2004).

The Malawi Police Force has a unit known as the Dangerous Drugs Section, which was established in 1971 as a very small branch. The unit has, in the past few years, been expanded throughout the country. The police also have drug units at both Lilongwe and Blantyre international airports, but these units are too small to detect any high level drug trafficking (Bisika et al 2004).

Malawi has one major treatment facility for drug abuse at Zomba Mental Hospital, as well as two units with psychiatric beds at one hospital in the north of the country and one hospital in the centre of Malawi. In addition, there are a number of NGOs working in the area of treatment and rehabilitation of drug abusers. These include The Samaritans and Chisomo in Blantyre, Youth Net in Zomba, and St. John of God in Lilongwe (Christian Health Association of Malawi-CHAM) (Bisika et al 2004).

3 Substance Use and Abuse in Africa and Malawi

Alcohol is the most widely consumed drug in the world, about half the population above 15 years world-wide have consumed alcohol in the past year. It is difficult to interpret patterns in drinking, because moderate consumption of alcohol is widely accepted in many countries (World Bank 2006). Substances, in particular alcohol, have important cultural and symbolic meanings in many societies. However, alcohol intoxication can lead to a number of temporary impairments in the user and, for many, consumption of alcohol leads to dependence and more permanent impairment. Alcohol consumption plays a major role in morbidity and mortality globally (Babor et al 2003). Across the world, men drink more alcohol than women; they drink more often, and in larger quantities and they cause more problems than women when they drink. Furthermore, surveys in many countries have found that men are much more likely than women to report diagnosable alcohol abuse and dependence (Wilsnack et al 2005).

Alcohol has been present in many societies in the 'developing world' for thousands of years, but the production of alcohol and its social role in these societies is changing. This process of change, which has taken centuries in the so-called Western World, has happened in the 'developing world' over just a few decades (Room et al 2002).

For this study a *literature search* on alcohol, drugs and/or substance use in Africa in general and Malawi in particular was conducted. The search was done using the databases ScienceDirect, SpringerLink and PubMed, as well as internet sources such as Google and Google Scholar. Some of the literature from Malawi was obtained from local academic and government sources, and cannot therefore be found through the internet or academic databases.

Some literature was found focusing on substance use in the context of war in several African countries. These studies are not directly relevant to the current problems in Malawi, and have therefore been excluded from the literature review below.

The relevant results from the literature search are presented below.

3.1 Substance Use and Abuse in an African Perspective

While there is a general lack of research on the use and abuse of substances in African countries, some relevant studies have been conducted during the past century. A review of the literature on drug use and abuse in Africa (Odejide 2006, p. 102) concludes that '*substance abuse with its ills thrives*' in the developing countries of Africa. People who are poor use substances to feel better and to escape from their otherwise difficult lives, but it only further impoverishes them, and contributes to the destruction of families and societies. In most African countries, young people (age below 15) constitute 40-50 % of the population, and this group is the most vulnerable to substance use and its effects. This leads to a decline in countries' workforce, and the productivity of the nation. Odejide (2006) calls for more focus on substance use and abuse, more resources (human, financial and facilities) to control substance use and more sharing of information on drug abuse across the African continent (Odejide 2006).

A national, representative study among secondary school students in Senegal (Eide et al 2001-2002) showed that the respondents did experiment with alcohol and drugs as in other African countries, but to a lesser extent. It is hypothesised that this trend is caused by the suppression of alcohol in Senegalese society, which is a muslim society. This study also suggested that increased use of drugs was linked to social status among the study population, ie, the higher the young person's social standing, the more likely they were to use substances. The main drugs used by Senegalese school students are tobacco, alcohol, cannabis and inhalants (Eide et al 2001-2002). Similar results were found among school students in Zimbabwe (Eide 1997), but the reported use of alcohol and tobacco was low compared to corresponding European figures, whereas the use of cannabis and inhalants matched and even exceeded European levels. Again, the use of alcohol and tobacco increased with increasing socio-economic status, while the use of cannabis and inhalants was highest among subgroups with high and low status. Girls reported less experience with drugs than boys (Eide 1997). Apart from the study by Eide (1997) little data concerning alcohol use and abuse in Zimbabwe is available (Jernigan 1999). Jernigan (1999) argues that informed opinion indicates that "*a substantial portion of the population is composed of habitual very heavy drinkers*" (p. 171) and many of Zimbabwe's big problems (HIV, food shortage, droughts, lack of economic growth and investments, etc.) are potentially influenced

by alcohol use. There are no restrictions on the promotion of alcoholic products or how alcohol is sold (Jernigan 1999).

A study from Sierra Leone (Bøås & Hatløy 2005) showed that drinking alcohol is not very common, but among those who do drink alcohol, most are single men over 25 years of age. Muslims are less likely to drink alcohol than Christians. People with higher education seem to drink more than those with lower or no education, similarly people drink more alcohol the more they earn. The profile of drug users (mostly marijuana) in Sierra Leone is similar to the profile of alcohol consumers, but the level of use is much lower (Bøås & Hatløy 2005).

In 2003, an international study on Gender, Alcohol and Culture (GENACIS) was conducted in eight countries in Africa, Asia and Latin America. In Africa, Nigeria and Uganda were the two countries selected (Wilsnack et al 2005). The study population in the GENACIS studies were adult men and women aged 18 and above. Data was collected through a set questionnaire, only altered slightly in each country to reflect the local context (Ibanga et al 2005 and Tumwesigye & Kasirye 2005).

The results from Nigeria (Ibanga et al 2005) showed that differences in drinking patterns in Nigeria are determined by factors such as gender, age, income, marital status and area of residence. Males were found to drink proportionately more than women, and drinking by women is generally not accepted in Nigerian society. Furthermore, men are more likely to drink in bars, at parties, etc., while those women who do drink do so more often at home. Comparing the women who drink to the men who drink, the survey found that these two groups are very similar in their drinking patterns (frequencies, amounts, etc.). The survey also found that those who were single, married or cohabiting tended to drink less than those who were widowed, divorced or separated, and the drinking seemed to increase with age. Among the informants in this survey it was found that those living in a rural area drank more frequently compared to those living in an urban area, and those in the middle-income group reported drinking more than those in the low-income group. The type of alcohol consumed is connected to the status of the consumer, with wine having the 'highest status' of the alcohol types consumed by this study population (Ibanga et al 2005). Similar findings were reported in a study by Gureje et al (2007). Gureje (2007) found that alcohol was the most commonly used substance in Nigeria, followed by sedatives and cannabis.

The results from the GENACIS study in Uganda (Tumwesigye & Kasirye 2005) showed that nearly half of the

respondents drank alcohol, but men were more likely to have drunk over a long period of time, more frequent and larger quantities compared to women. Women in the younger generations, however, drank more than women in the older generations, indicating that women's drinking patterns are changing in Uganda. Alcohol is mostly consumed at parties or in bars, and men and women usually drink with other people of the same sex. Factors associated with frequent consumption of alcohol is being male, of older age (30+), being Christian, staying at home and being social. Alcohol consumption was further associated with quarrelling with partner, having more than one sexual partner, physical aggression and smoking, all of which may lead to further financial problems, poor health and loss of relationships (Tumwesigye & Kasirye 2005).

South Africa is one of the countries in Africa where the most research has been conducted on alcohol and drug use. In spite of this, Parry and Bennetts (1999) highlight the need for more monitoring and research as a means of informing policies and for use in the development of drug control plans. Parry and Bennetts (1999) argue that in South Africa alcohol abuse has an enormous negative impact on public health.

A study among high school students (28.3% black, 52.4% coloured and 19.3% white) in Cape Town (Flisher et al 2003) showed that in the previous month 27% had used cigarettes, 31% alcohol and 7% had used cannabis. Rates were proportionately lower for black females, and the use of substances was associated with the number of days absent from school, the number of years lived in a city and with having to repeat a school grade (Flisher et al 2003). Trends in adolescent alcohol and other drug use in Cape Town, Durban and Gauteng in the period 1997-2001 indicate that there was an increase in the use of alcohol and other drugs in this period (Parry et al 2004). Furthermore, surveys conducted during this period, suggest high levels of alcohol misuse among high school students; alcohol being the most common substance of abuse in this group, followed by cannabis smoked together with methaqualone. These findings are similar to corresponding findings among adolescents globally (Parry et al 2004). Parry et al (2004) highlights the negative consequences associated with adolescent alcohol and drug use and the potential burden it puts on the health, social welfare and criminal justice systems of South Africa.

3.2 Substance Use and Abuse in a Malawian Perspective

There is no systematic, nationally representative data collection on substance use and abuse in Malawi. The Demographic and Health Survey (DHS, last conducted in 2004) has little mention of drugs and alcohol. The Centre for Social Research, University of Malawi, conducted a rapid situation assessment (RSA) of drug abuse and HIV/AIDS in Malawi in 2004 (Bisika et al 2004). The report states that there is a general lack of central systems for collection of drug abuse data, and no up-to-date prevalence data on drug abuse in Malawi.

The RSA was an attempt to collect national data on substance abuse, and its impact on sexually transmitted diseases, more specifically HIV/AIDS. The RSA study found that there are three main drugs of abuse in Malawi; alcohol (both traditional beverages such as Chibuku, Kachasu, and imported beverages like beer), cannabis (known locally as chamba) and tobacco, with the most common drug of abuse being cannabis. Drug abuse is defined in the RSA as 'the use of any drug of abuse at least on a monthly basis' (Bisika et al 2004, p. 4). A total of 1218 drug abusers were included in the survey, and of them 96% were male, the majority were single, self employed and young. Compared to the overall population (as described in Malawi DHS, 2000) the drug abusers were five times more educated than the general population. Among the drug abusers, the majority were Protestants (54%) or Catholics (23%), while only 15% were Muslims. The report does not, however, say anything about the religious divide of the overall population in the study areas.

The report places most of its emphasis on cannabis. Cannabis is grown in most areas of Malawi, and there are increased problems with production, abuse and trafficking. Many reasons for using cannabis were given, such as the price (cheapest form of intoxication), makes one feel better/stronger/more confident/intelligent/happy, improves sexual potency, a traditional cure for measles, etc. The main reason why people in Malawi continue to grow cannabis is poverty. It is relatively cheap to grow and easy to sell for a good profit, compared to other cash crops such as tobacco. With regards to alcohol, the report states that 'alcohol in Malawi is consumed by the general public and is not as stigmatized as cannabis use' (Bisika et al 2004, p. 22).

Methodologically the RSA has some difficulties, as a snowballing method was used to find informants for the survey, and all the informants were defined as drug abusers. This means that the study did not cover a representative sample of the whole

population that uses drugs. Furthermore, the study does not say anything about the proportion of the Malawian population that uses drugs, and how much and how often they use it. The report gives important information about the use of chamba in Malawi, but it says very little about the use of various forms of alcohol.

Apart from the study by Bisika et al (2004), a few other studies were found which looked at alcohol and drug use in Malawi (Peltzer 1989/ Carr et al 1994/ Pampel 2005/ MacLachlan et al 1998);

A study looking at causative and intervening factors of harmful alcohol consumption and cannabis use in Malawi was conducted by Peltzer in 1989. The study used qualitative research methods; participant observation and individual interviews, and was conducted over a six-month period. Two urban communities (Blantyre and Mangochi) and one peri-urban (near Zomba) were selected as study sites. The study found no evidence that alcohol consumption and cannabis use was less of a problem in the urban, Muslim community (Mangochi) compared to the urban, Christian community (Blantyre). The socio-economic background of the informants in the two urban communities was similar, while informants from the peri-urban community had substantially less education. The most common form of intoxication was alcohol, followed by cannabis. Cannabis is cheaper than alcohol, and is therefore found to be smoked more often at the end of the work month than just after pay-day. Alcohol consumption, however, was particularly high after pay-day, and people tended to drink more at this time of the month and buy more expensive alcohol (Carlsberg, Chibuku, etc.) as well. Overall, people living in the urban communities, drank more expensive forms of alcohol compared to those living in the peri-urban communities (Peltzer 1989). The causes of alcohol consumption given were divided into different dimensions. These included the authority dimension (lack of a figure of authority, vague hierarchy in family and feelings of inferiority), the group dimension (bad influence and problems fitting in/coping with peer demands) and the body-mind-environment dimension (unemployment, loss of job, low income, poverty; people drink/smoke to get physical and mental/emotional strength to deal with problems in their lives). Peltzer (1989) discusses possible interventions to reduce alcohol and cannabis use in Malawi. Interventions include; stricter laws (restrictions on the brewing of Kachasu) and more law enforcement, using relatives as good role models, employers making stronger demands on the workers, using peers and partners as good role models and good influence, etc. Interventions should have an impact on the personality and life style of the traditional drinker

and Peltzer (1989) argues that 'intervention strategies on a social and community level are no longer effective in the transitional Malawian' (Peltzer 1989, p. 84). He argues that research and interventions should rather be focused on 'the utilization of basic life-style changes observed in some African church settings' (Peltzer 1989, p. 84).

A study (Carr et al 1994) looking at characteristics of chamba users admitted to Zomba mental hospital in Malawi, compared to a control group of patients not admitted because of chamba use, found that the typical chamba patient was 27 years old, male and a subsistence farmer. He used chamba because it was the cheapest form of intoxication, and it made him 'see things clearly' and feel better, but he also experienced feeling confused and paranoid. The long-term effect of chamba was a general feeling of apathy. Furthermore, the chamba user was likely to come from an area in Malawi where chamba is grown, less likely to have been raised by his natural parents, and had more schooling than the control group (Carr et al 1994).

MacLachlan et al (1998) examined the perceptions of the social aspects, triggers and effects of chamba use among 44 male and 10 female psychiatric patients at Zomba mental hospital in Malawi. The data was collected through focus group discussions. They found that chamba is no longer used primarily as a traditional drug (in traditional rites and ceremonies), but it is now used in occupational, medicinal and recreational settings. Seventy five per cent of the respondents believed that chamba use was problematic because of its physiological effects (coughing, sickness, 'sorry sight', disrupted concentration, impaired mental acuity and 'going mad') and behavioural consequences ('selling the shirt off your back', 'stealing and legal difficulties, familial discord, infidelity', 'it makes you beat up your wife', and 'it makes people drink alcohol to excess') (MacLachlan et al 1998, p. 1369). The other 25% of the respondents, however, did not think that chamba use was a problem, and 100 % of the patients reported having pleasant sensations at the time of chamba intoxication. On the positive side of chamba use, respondents reported feeling happy, strong mentally and physically, less shy, sexually aroused and 'more able to see far away'. These positive feelings made them better at work, gave them courage before addressing an audience, alleviated unpleasant thoughts and feelings, assuaged hunger and made them clever (MacLachlan et al 1998, p. 1370).

A study examining demographic and socioeconomic patterns of tobacco use in Malawi and Zambia in the period 2000-2002 (Pampel 2005), using data from demographic and health surveys in the two countries, found that male tobacco users (aged

15-59) tended to be less educated, urban, in household service or manual workers, divorced and non-religious. Tobacco use was found to be less common among women, but similar characteristics were found among the women and the men who smoke. It was also more common for tobacco users to drink alcohol, and the men who smoked also paid for sex more often. Pampel (2005) concludes that in order to prevent the spread of tobacco use, it is important to focus on disadvantaged groups in the society.

4 Methodology

Data collection for this pilot study on substance use and abuse in Malawi was conducted simultaneously with a second pilot study (pilot project 2- See introduction chapter) on gender based violence and substance use. The methods used to collect data for the two projects were similar, and somewhat overlapping. Data collection took place over a three week period in November 2007.

The projects have been designed as pilots and, as they are the first of their kind in Malawi, an exploratory design was adopted. Qualitative research methods are exploratory by nature, and were therefore deemed suitable for these, initial studies. Limited anthropological fieldwork was carried out with the aim of talking to relevant people and visiting relevant places and sites. Within an explorative methodological design, the choice of specific research methods in the two studies has been made during the course of the fieldwork, depending on the best venue and setting according to the respondents, the interview, the situation, and the study sites (Morse & Richards 2002, Chapter 5). The methods used in the studies were;

- **Individual interviews:** Semi-structured, interactive interviews following an interview-topic guide but with the emphasis on openly and freely told stories by the informants. The informants led the interview as far as possible, but within certain pre-defined areas of interest.
- **Unstructured conversations:** The topics were related to the research questions, but were arranged more like informal conversations.
- **Observation:** The fieldwork was carried out by a Norwegian researcher, and two local research assistants from Malawi. For studies like these it is important that the people who analyse the results, have good knowledge of the study sites, and have taken an active part in the data collection. This is because of the importance of observations made in the field; of the study sites and area, of the informants, etc. Extensive fieldnotes were taken during the the fieldwork.

Interview instruments for this project (Pilot project 1) focused on people's use and abuse of substances both for themselves, their friends, family, neighbours and other people in the village. We asked for people's personal experiences and views, as well as knowledge about other people's experiences and views. Detailed interview guide below (Appendix, chapter 10.1).

Interview instruments for pilot project 2 focused on men's use and abuse of substances, but more specifically on how this has an affect on women, and how men's drinking or using other substances may lead to various forms of gender based violence. We asked for women's personal experiences and views, as well as knowledge about other people's experiences and views. Detailed interview guide below. (Appendix, chapter 10.2)

To cover both urban and rural aspects, two study sites were selected: For the urban aspects, two Lilongwe townships were chosen; Kawale and Chilinde. For the rural aspect, Chembe village in Cape Maclear, Mangochi District was chosen. (More about the study sites can be found in chapter 5).

4.1 The Research Team

The Norwegian Researcher (Primary Investigator – PI); Stine Hellum Braathen (Mphil), is a medical anthropologist working for SINTEF Health Research, Norway. The Norwegian researcher is responsible for the overall completion and carrying out of the projects and fieldwork. She has contributed to the development of the methodology for the two projects, trained and supervised the research assistants in the field, taken part in the data collection, analysed the data and written the report.

The Malawian Researcher; Dr. Alister Munthali (PhD), medical anthropologist, is a senior research fellow at the Centre for Social Research (CSR), University of Malawi. Dr. Munthali's role in the projects was to contribute to the development of the research methodology, to identify suitable research assistants, to follow-up the data collection and research assistants and contribute to the report writing.

The research assistants (selected by CSR); Both the research assistants were local Malawians, who speak the most widely spoken language(s) of the study areas, in addition to English. They both have knowledge and experience of conducting this type of fieldwork (as research assistants) from previous projects conducted by CSR. Both research assistants underwent training for the data collection during week one of the data collection period.

- Male researcher, Mr. Robson Malichi Ghama, was selected to conduct fieldwork in Cape Maclear, and to conduct interviews primarily for pilot project 1.

- Female researcher, Miss Ellen Harazi, was selected to conduct fieldwork in Lilongwe, and to conduct interviews with women, primarily for pilot project 2.

4.2 Informants

For this project (pilot project 1) the informants were individuals over 18 years of age in the following categories:

- Village headmen/Chiefs
- Customers in local pubs/bars
- People in the villages/markets/meeting places in the villages
- Homes: members of households
- Women who make locally brewed alcohol
- People who grow/sell chamba
- Authority/Government/NGO people working in the field of alcohol/drug prevention in Malawi

For pilot project 2, the informants were married women over 18 years of age. For ethical and economical reasons the scope was limited to women aged 18 years or older. We did, however, talk to these women about their childhood and adolescent experiences in order to gain some insight into the experience of growing up in a setting where substance abuse is common. To find informants, we asked for women who were wives of men who use substances.

The informants were selected through a snowball method, where we approached the village headmen/chiefs first, and they assisted us in finding informants. Then, the informants helped us find other suitable informants. We were present in the study sites over a period of time, and so some informants were also recruited through informal conversations with us.

4.3 Data Collection

Fieldwork for the two pilot projects was carried out simultaneously. The fieldwork was carried out in two phases. In the first part of the fieldwork the PI and the two research assistants were in the field together. This was the phase where the PI trained the two research assistants in the particular methodologies to be used in the field.

In the second part of the research the local male research assistant stayed in Cape Maclear and conducted fieldwork primarily for pilot project 1. At the same time the female research assistant went to

the study site in Lilongwe and conducted fieldwork there, primarily for pilot project 2. The PI moved between the two study sites.

4.4 Ethical Considerations

Measures were taken in the two pilot studies to ensure ethical integrity. All participation was voluntary, and the informants were free to withdraw at any time. The informants will remain anonymous during and after completion of the pilot project(s). The information above was given to the informants before the interviews (orally and through a participant information sheet, see appendix, chapter 10.3), and their consent was required before they were interviewed (Informed consent sheet, appendix chapter 10.4). This information was available in both English and Chichewa.

The real names of the informants will not be documented in any of the written material from the data collection. If the interviews were tape-recorded, the records were deleted as soon as the interviews had been transcribed.

If, in any of the conversations, a woman disclosed experiences of violence or abuse, she was given information about where she could go for help.

The projects were reported to the Norwegian Committee for Research in Social and Human Sciences, and to the National Research Council of Malawi for ethical clearance and advice. Both instances have recommended the projects.

5 Study Sites



Two study sites were selected in discussion with the local partners in Malawi. It was important to cover both urban and rural aspects and so Lilongwe and Cape Maclear (close to Monkey Bay), in central Malawi, were selected (circled on map)¹.

¹ Map downloaded from:
http://www.worldtravelguide.net/country/map.ehtml?o=158&NAV_guide_class=&NAV_Region=&NAV_SubRegion=

5.1 Urban Site: Lilongwe²



Lilongwe is the capital of Malawi, with an estimated population of 597 619 (2003 census). It lies in the country's central region, on the Lilongwe River. In 1974, the capital of the country was formally moved from Zomba (the fourth largest city today in Malawi) to Lilongwe. Although, Lilongwe is the official capital of Malawi and has grown immensely since 1974, most commercial activity takes place in Malawi's largest city; Blantyre. Recently, as part of political restructuring, the parliament has been shifted to Lilongwe and all parliament members are required to spend time in the new capital. Lilongwe is now the political centre of Malawi, but Blantyre remains the economic capital (information from www.wikipedia.org).

Kawale is a township in the city of Lilongwe. The township lies between the old town and the newer Capitol Hill/city centre area. There are a number of chiefs in Kawale, and there is a traditional authority that looks after all the chiefs. We met two chiefs in Kawale, both elderly men, chiefs of one village 'block' each.

² Map downloaded from http://zambia.maruien.com/malawi/lilongwe_map01.gif

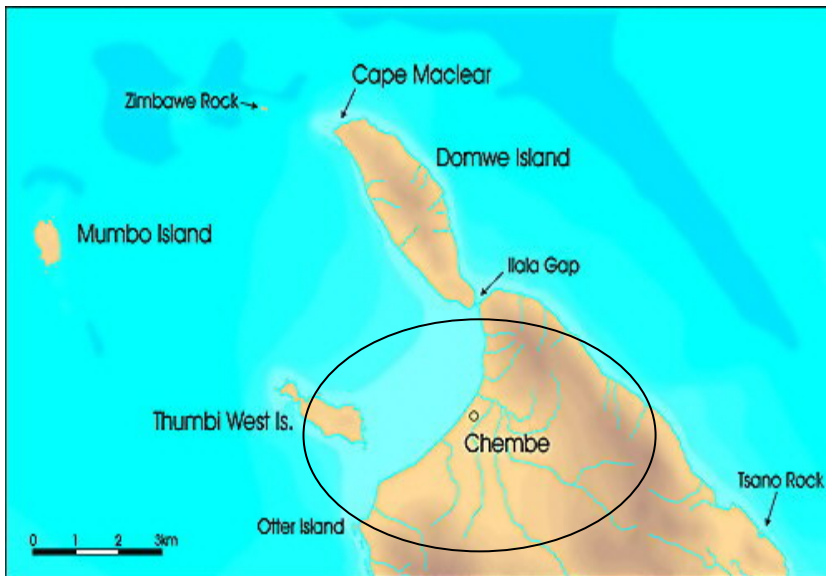
One of the chiefs had lived in Kawale since 1973, so he knew the area well. He said that Kawale has too many people, but he does not know how many. There are some rich people, and some who are like himself; not rich, but not extremely poor. By rich, he means people who have a good house with burnt bricks, cars and some business. Poor people, on the other hand, have no chair for visitors, live in small houses, eg, made from un-burnt bricks and with little furniture inside, no personal garden where they can grow things and no fence around their house.

In Kawale, there was a big problem finding informants, as very few people wanted to participate in the study voluntarily. They only wanted to be informants if we could pay them an allowance to attend the interview. Unfortunately, in studies like this, it is unethical and wrong to pay informants to be interviewed; informants have to volunteer to be interviewed, not be paid. The chief said that international NGOs come to Kawale all the time to talk to people, and they all pay people, and give them something to drink to attend interviews, meetings, workshops, etc. People would expect the same from us.

Because of the problems finding informants in Kawale, we decided to move to another township in Lilongwe and search for informants there. We went to Chilinde, the neighbouring township to Kawale. We spoke to the chief of an area in Chilinde with approximately 200 inhabitants.

It turned out to be much easier to find informants in Chilinde.

5.2 Rural site: Chembe Fishing Village³



Cape Maclear is in Mangochi district, and Chembe fishing village is located on Cape Maclear, along the shores of Lake Malawi. In the lake, just outside of the village, lie the three islands Domwe, Thumbi and Mumbo. The islands and part of Chembe village belong to Lake Malawi National Park. Lake Malawi National Park was established in 1980, and became a world heritage site in 1984. Before the establishment of the national park many people had settled on the islands of Domwe and Mumbo, where they were growing maize and cassava, as well as drying fish. After the national park was established, no-one was allowed to live on the islands, only concessionary businesses like a small (Kayak Africa) lodge was allowed on the islands. Most of the people living on the islands then moved to Chembe village.

Chembe is the largest fishing village in Malawi, with a total size of 8 square kilometres. There are a number of (10-12) lodges in Chembe, mainly catering for foreigners. In addition, there are guesthouses for foreign NGOs working in the area (2-3). There is a lot of tourism in Chembe (compared to the rest of Malawi). The village has beautiful beaches, good snorkelling, and is surrounded by beautiful nature. Boatmen (referred to as beach boys) take people on their boats, woodcarvers sell their produce to foreigners,

³ Map downloaded from <http://www.cichlidpress.com/safari/malawi/maps/localities/malawi-cape.htm>

and there is some work for the locals in the lodges where foreigners come and leave their money. Chembe village is a largely Chewa-tribe dominated community. In 1880, there were about 590 people in Chembe, whereas today there are more than 12 000 people in the village (Information from the Lake Malawi National Park museum).

The highest authority in Chembe is the 'group village' head. The group village head is a traditional authority who is paid by the government. The group village head in Chembe reports to other chiefs (who are higher up in the chief hierarchy) in Mangochi district. The group village head in Chembe, at the time of this study, was a woman. She was filling in for the actual group village head who was her brother, because he had moved to Lilongwe for a while.

The group village head told us that Chembe has 1778 households, with approximately 13 000 people. People mainly fish and grow maize, and there are about 80 tour guides. The soil in Chembe is not very good quality, and sometimes it dries up because there are no irrigation systems in place here. About 6-7 people in the village are regarded as rich, while the rest are seen as poor. Someone who is rich has money to buy fertilizer, employs people to assist in the garden, have fishing-nets, and a house with an iron roof. A poor person has a grass-thatched house that leaks when it is raining, no food, relies on selling bangles (bracelets/ necklaces/ earrings), has poor tattered clothes and cannot send his or her children to schools better than the local ones.

There is a primary school (standard 1-8) in Chembe, and one community secondary school (form 1-4) with forms one and two. If children want to continue with form 3 and 4, they have to go to Monkey Bay. The EU has built more blocks in the community school, but there are no teachers here to teach forms 3 and 4. The local schools are good, but there is status connected to sending your children to private schools. Most children go to school in Chembe, but there are some who don't go to school at all, and some who go to private schools other places.

There is a small police unit in Chembe, with three rotating employees.

6 Results

6.1 Informants

The informants in the two pilot projects were chiefs (village head) from Chembe, Kawale and Chilinde, as well as men from Chembe and Kawale, married women from Chembe, Kawale and Chilinde, prostitutes (bargirls) from Chembe and women who brew Kachasu from Chembe and Chilinde.

	Rural setting		Urban setting	
	Chembe	Kawale	Chilinde	Total
Chiefs/ Village heads	1	2	1	4
Men	16	1		17
Women	2	1	9	12
Bar Girls	2			2
Kachasu brewers	1		1*	2
Total	22	4	10	36

(*The informant was interviewed both as a Kachasu brewer, as a woman who drinks and as a woman married to a man who drinks.)

Furthermore a number of informal conversations with locals and foreigners (expatriates) in both Chembe and the townships in Lilongwe were held, in addition to informal conversations and meetings with people from the Malawian government and relevant NGOs. All informants were 18 years or older.

All the 17 men, the two bargirls and the chiefs had some education, ranging from primary school standard 2 to completed secondary school, but none of them had higher education. Among the 12 women five had some primary education, 4 had completed form two of secondary education, while 3 had never gone to school. One of the Kachasu brewers did not have any education, while the other had finished primary school.

Among the men, three were married, two divorced, and six had children. The two bargirls interviewed in Chembe both had children, one was divorced and the other had never been married. All the women interviewed were married and had children.

The male informants all said that they had a job; most were tour guides (beach boys) or fishermen, some were souvenir/jewellery-

makers, watchmen, one scuba diving instructor, one gardener and one was completing form 4 at the time of the interview. The two married women interviewed in Chembe were both housewives, and so were five of the women in Lilongwe. Four of the women from Lilongwe were business women (making charcoal, etc.), and two of the women (one from Kawale and one from Chilinde) were Kachasu brewers. In the families where the woman brews Kachasu, she is the main breadwinner of the family. This is unlike most other families in Malawi, where the man is usually the breadwinner.

Most of the results below are based on the interviews from pilot project 1, but some data from the interviews from pilot project 2 have also been included.

6.2 What Substances Are There?

Here it will only be referred to the substances mentioned by informants in this study. There are, clearly, other substances available in Malawi, but these substances were not mentioned and are therefore assumed not to be in common use.

In Chembe village (rural), and Kawale and Chilinde townships (urban) two main types of substances were found in village life; alcohol and marijuana. The overall impression given by informants was that alcohol was more commonly used than marijuana.

Several types of alcohol were used:

- 'Carlsberg' refers to different types of bottled beer made by Carlsberg Breweries in Malawi. The most common Carlsberg beer is Carlsberg Green, but Brown, Stout and Special Brew are also commonly used. The Carlsberg beers have the same percentage of alcohol as most beer (4.7%), but the Special Brew is a bit stronger than the other types (5.7%), and is therefore slightly more expensive. Most Malawians can afford to buy a few bottles of Carlsberg beer, but to get drunk, one would have to drink a number of them, and this could be a bit too expensive for many people. The cost of a 350 ml bottle of Carlsberg beer is approximately 65 -100 Malawi Kwacha (MK)⁴.

⁴ Exchange rates from February 19th 2008: 1 Norwegian kroner = 26.6 Malawi Kwacha/

1 US\$ = 143.4 MK (from <http://www.oanda.com/converter/classic>).

- KucheKuche is also a beer made by Carlsberg Breweries in Malawi. KucheKuche is a popular beer amongst women, because it has a lower alcohol percent (3.7%). It is not, however, preferred by men who want to get drunk fast without spending too much money. KucheKuche is a slightly more expensive beer and one would have to drink quite a lot of it to get drunk. The cost of a 500 ml. bottle is approximately 70-75 MK.
- Chibuku is a traditional beer made from maize porridge, and it is produced by Chibuku Products Malawi Limited. Chibuku has about the same alcohol content as the Carlsberg beers (4.7 %), but Chibuku is much cheaper than the other beers. The cost of a 1 liter pack of Chibuku is approximately 55-70 MK.
- Kachasu is a strong spirit made by local women who have made a business out of Kachasu brewing and selling. The skill of brewing is usually passed on from a mother, aunt, sister or grandmother. Kachasu is made from a mix of maize flour, sugar and water. It is left to ferment for three days, cooked on the fourth day and sold on the fifth. The brew is made in clay pots, and while it is cooking there is a plastic pipe in the pot, through which the spirit evaporates. It is then poured into smaller bottles and sold. Kachasu has a very high alcohol percent, and because it is made in homes, the alcohol content can vary. It is comparable to gin or vodka or maybe even stronger. In Chembe, the same women brewed and sold Kachasu, while in Lilongwe many of the Kachasu sales-women did not brew the beer themselves, but bought it from the brewers and sold it in their own gardens. One woman who was brewing Kachasu said that the cost for her to brew two clay pots of Kachasu is 2900 MK, and she sells it for 4480 MK. This gives her a profit of approximately 1580 MK every five days. Kachasu is very cheap, and makes it possible to get drunk without spending too much money. The cost of a 750 ml. bottle of Kachasu is 130-160 MK.
- Malawi Gin and Imported spirits are available at the pubs and bars in Chembe, Kawale and Chilinde. The locals, especially in Chembe, hardly ever drink it, unless foreigners buy it for them. Foreigners, visiting Chembe, are usually the ones who drink these expensive types of alcohol.

Marijuana/ Cannabis:

- Chamba is the name for local, Malawian grown Marijuana, also referred to as 'Malawi Gold'. Chamba is said to be extremely strong, and it is very cheap in Malawi. It therefore gives a quick and cheap high. It is the cheapest substance available in Chembe and Lilongwe. Chamba is usually smoked, but it is also occasionally eaten in a cake called 'space cake' or 'ganja cake', which has chamba as one of the ingredients.

Chamba is grown several places in Malawi, but most of it is said to come from the Northern districts, more specifically Nkhata Bay and Nkhotakota. Some of the informants in Chembe said that chamba was brought into the village from the areas where it is grown, via the Ilala (a ship sailing on Lake Malawi), to Monkey Bay where it is sold to the middlemen (called 'Bush Doctors') who sell it in Chembe. Chamba is found also in Lilongwe, but the informants there did not think it was grown in Lilongwe. Chamba is sold at 10 MK per 'phola' (cigarette) and 200 MK per 'cob' (small 'bag').

All of these substances are available in both the townships in Lilongwe, as well as in Chembe village in Cape Maclear. In general, most of the substances were slightly cheaper in Lilongwe than in Chembe.

- Tobacco was not mentioned by any of the informants in Chembe, but it was used by a few in Lilongwe. It does not; however, seem to be a commonly used substance in any of the study sites.
- In Lilongwe it was said that the street children sniff glue to get intoxicated. This study did not, however, include any street children as informants, and none of the informants in this study reported sniffing glue or having sniffed glue.

Kachasu is consumed by those who have little money and want to get drunk.

'People drink it (Kachasu) in order to have quick results with little money and they use them almost once a day' (Man, 22, Chembe).

Those who have a bit more money drink Chibuku, then there is KucheKuche for those with a bit more and finally Carlsberg beer for those who can afford it. Very few can afford Malawi Gin or imported spirits, and it is mostly consumed when foreigners buy it for the locals, or by the locals who have a bit more money. Chamba is the very cheapest form of intoxication, but there are still those who do not like to smoke it, and stick to the alcohol.

There are also those that do not like to drink Kachasu because it is so strong, and there are many rumours going around that one can get very sick from drinking Kachasu. Those that want to get intoxicated very quickly and cheaply mix Kachasu and chamba.

There did not seem to be a connection between poverty and people choosing not to use substances. People at all levels of socio-economic status used substances, but poverty played a role in the types of substances people used;

'...substance use has nothing to do with money, but just a habit. The only difference is on the type of substances used. For those who have money they would go for bottled beers while for those with less money would go for Kachasu or chamba. What they do is that they first drink the Kachasu and later they visit the bottle stores just for 2 bottles.'
(Man, 29, Chembe)

It was also said that if someone wants to drink alcohol but does not have money, there is always someone else who will buy him alcohol. It is very common for someone who has some money to buy alcohol for his friends.

One man said that he does not know of any other drugs than alcohol and chamba in Chembe, but that *'white man come with his drugs (other drugs) but does not like to share it with Malawians'*.

6.3 Who Uses Substances?

'It is not surprising to see people using substances, because Chembe is a beach which is popularly known for using substances like beers and smoking chamba. We have been seeing people smoking chamba and drinking beer since we were born therefore, it is not strange to see people using substances' (Man, 29, Chembe)

Substance use in Chembe village is mainly a male activity. Men and boys drink and smoke chamba, but it is more common for the younger boys to use chamba than for the older men (25+). Most of the respondents said that it is not uncommon to see a person drunk in Chembe, or to see people drinking alcohol or smoking chamba. Several respondents said that as many as 70-80% of the male population in Chembe drink alcohol and some smoke chamba. The majority of the local women in Chembe do not drink; it is seen as and practised as a male activity.

It is not strange to see people drinking beer because a lot of people do drink. It only becomes strange when a woman is

drunk because she is not supposed to get drunk. Drinking is for men not women. (Man, 30, Chembe)

The only women who are seen drinking in Chembe are the bargirls and the foreign (white/western) women. In the study sites in Lilongwe, however, it was more common for both men and women to drink. There seemed to be a tendency for men to use substances more commonly, but some women also drank alcohol. None of the women interviewed in this study said that they smoked chamba, and they didn't know of other women who did either.

In Chembe and Lilongwe, it is not uncommon for children to start drinking alcohol and smoking chamba as early as age 13, 14 or 15, and some start even earlier; at 10, 11 or 12 years of age. People start using substances for various reasons, but for most of the informants an element of peer-pressure had been involved in their decision to start drinking and/or smoking chamba. Other reasons for starting were '*to look like people of high levels*' (man, 29, Chembe), '*to have peace of mind*', gain strength, forget problems, etc. One respondent (Man, 22, Chembe) said that;

'...for the youth to start drinking it depends on the family background. If a child grows up in a family where they drink it is likely that that young man will start drinking beers as early as 14 years because there is nobody telling him the bad side of drinking beer or smoking chamba.'

In Chembe it is the fishermen and the tour guides (beach boys) who most commonly use substances. The beach boys spend a lot of time with tourists, and many tourists come to Chembe to drink alcohol, smoke chamba, party and relax on the beach. To get customers (among the tourists), the beach boys adapt to the way tourists behave in the village and socialize with them in that environment.

They smoke chamba just to make themselves look like the white men whom they work for. They (white men) drink and smoke and for the beach boy to suit the environment they are forced to do the same; drink and smoke. (Man, 22, Chembe)

In addition the beach boys and the fishermen are said to make money easily every day, and therefore they have money every day to buy alcohol. Boys can start working as fishermen or beach boys as early as 13, 14 or 15 years old, and they make money, but have few financial obligations, so they can spend all or most of their money on alcohol and/or chamba. Several informants said that it is more common for the young boys to drink and smoke chamba than it is for the men.

The rastas are well-known in all the study sites for smoking chamba. Rastas are long-haired, 'Bob Marley' look-alikes, and there were a number of them in Chembe, Kawale and Chilinde.

The bargirls usually drink beer, as they do most of their drinking in the bars/pubs where they work. Bargirls do not frequent the Kachasu places, and they are not welcomed by the owners of the Kachasu places.

It is also common to see white people (foreigners) drinking beer and smoking chamba in Chembe village. Chembe is a popular tourist/expatriate destination during weekends and holidays and for backpackers most of the year.

Similar patterns were found in Lilongwe (Urban), as those in Chembe (Rural), but in Lilongwe it was more common for women to drink. The women who drink in Lilongwe are not just the bargirls, but normal family women, wives and mothers. It was, however, said to be more common for men to use substances in Lilongwe, as in Chembe. One of the women brewing Kachasu in Lilongwe said that she also drinks, but she does not like to drink Kachasu.

To sum up, it seems that those who use substances are generally people with friends who drink, those who come from families where the father and/or mother drinks or used to drink, those who spend a lot of time with tourists (foreigners/westerners/white men), and the bargirls.

6.4 Frequency of Substance Use

In Chembe, and to some extent in Lilongwe, men drink at any time of day and any day of the week. Those who work for an employer (fishermen and beach boys are self employed) drink or smoke when they are not working, usually after work. Because of the large number of fishermen and beach boys in Chembe it is very common to see men drinking during the day and any day of the week. One fisherman, aged 30, said, *'I have friends, and at times we discuss fishing, and mostly this is done at a drinking place (Kachasu place). We drink in the morning from 8 am to 3 pm'*. Another man (29) from Chembe said,

'Whenever I am free I go drinking beer with my friends. I used to smoke chamba only once per day, but beer-drinking, it varies from time to time, because sometimes I

may only drink once a day, sometimes twice a day, sometimes I could be drinking all day, depending on how much money I have. In most cases drinking is done at night when a lot of people are free from work and more especially at weekends'.

Similarly, several of the women in Lilongwe who are married to men who drink said that their husbands drink every day, any time they get some money;

'Every day he comes home; he comes home drunk'
(Woman, 26, Lilongwe).

Drinking clearly depends on the availability of money. If a man has money he can drink at any time, any day, until he runs out of money.

'It is difficult to know how often I drink beer because it depends how much money I have. When I have money I can drink all day. Even though much of the drinking and smoking is done at night, it can be done at any time depending the money and sometimes you can be invited to drink by your friends.'

In Lilongwe, it was said by one of the village headmen that most of the Kachasu places do not open until later in the afternoon, because most people drink after work, in the afternoons and evening. The woman selling Kachasu in Lilongwe said that she starts selling around 3 or 4 pm.

6.5 Where are Substances Acquired and Used?

Bottle shops (Bars/ pubs):

Bottled beer, Chibuku and spirits are sold in established bars and pubs in both Chembe and Lilongwe. The alcohol is sold at fixed prices, and people usually consume the alcohol within the compound of the pubs and bars. In some of the pubs in Chembe, it was possible to consume the alcohol outside on the beach or on the 'street' (an open stretch of sand where cars drive, people walk and where the markets are). It is illegal to use chamba or drink Kachasu inside the established pubs and bars.

Most of the pubs and bars in Chembe had bargirls employed to work in the bar. The bargirls are employed and paid by the bar owners, and in addition they make money from prostitution. It is very good business for the pubs and bars to have some bargirls there, as men like to go to the places where there are women and the only local women who go to the bars are the bargirls. One bar owner in Chembe said that he does not allow prostitutes in his bar,

and so unless there are westerners in his bars, the locals do not like to come there to drink. The local men like to drink where there are women.

'Kachasu places':

Kachasu is brewed by local Malawi women. In Chembe, and sometimes in Lilongwe, Kachasu is brewed and sold in the homes of the brewers. Sometimes in the cities, like in Lilongwe, women brew Kachasu in their homes and sell it to other women who sell it to the public from their homes. Kachasu cannot be sold in established bars and pubs. In Chembe there were a handful of women who were Kachasu brewers, but only a few of them sold their Kachasu at any given time. They had a system where they had agreed which of the women were to sell on which days. The brewing process takes about five days, so in reality each sales woman can only sell once every five days.

Some of the men, and the village head in Chembe said that some time back a few women who were not from the village, settled in Chembe and started brewing Kachasu. In addition to brewing and selling Kachasu, they also worked as prostitutes. This combination brought many customers, but it was not liked much by the rest of the village, so the village head chased the women away from the village.

Several informants said that brewing Kachasu used to be illegal during the Banda-regime in Malawi. After Malawi became a multi-party democracy, however, the brewing and selling of Kachasu is no longer illegal.

Lodges/ guesthouses

Tourists (westerners/white men etc.) usually stay in the lodges and/or guesthouses, run by other westerners when they visit Chembe. There are a number of these in and around Chembe village, and inside the lodges and guesthouses are bars or lounges where the visitors can relax, eat and drink alcohol. The alcohol (bottled beer and imported spirits) is usually a bit more expensive in these places, but the foreigners happily pay the price. Local Malawians, however, rarely go to these places for their alcohol, unless they are a bit richer, or they are having their drinks paid for by the visitors. The owners of the guesthouses do not under any circumstances tolerate chamba smoking or Kachasu drinking within their premises.

Private homes

In Lilongwe, it was not uncommon for people to buy alcohol and drink it at home. Married men and women sometimes drink together at home, or friends gather in a home and drink. In Chembe this was very uncommon.

Chamba

There are mixed messages about where chamba is grown, but what is certain is that chamba is grown many places in Malawi, and it is commonly used both in Chembe village and in the townships in Lilongwe. Most of the informants in Chembe said that chamba was smuggled into the village from Monkey Bay. It had been brought in to Monkey Bay with the *Ilala*, which is a ship that sails on Lake Malawi. Malawian authorities have tried to find out where chamba is grown (IMCDC 2004), but it is difficult to get to the bottom of the chamba industry, as it is an illegal industry, and therefore well hidden.

Chamba is sold and used as secretly as possible. It is sold by the so called 'bush doctors', who are the middlemen between the chamba growers and the chamba users. The 'Bush doctors' in Chembe are most commonly found on the beach after dark, and that is also where chamba is usually smoked. People also smoke chamba during the day, but then they hide in the village somewhere while smoking.

'...it is difficult to see people smoking chamba because it is an offence if one is found smoking and they always do it in secret'(Man, 23, Chembe).

Men usually drink or smoke chamba together with their friends who also smoke and drink.

'In Cape Maclear there are a lot of bars and bottle stores where people gather and drink their beers. But for the chamba the boys sit in small groups of five people to eight people along the beach at night smoking chamba. They would make sure that they are not seen by anybody because it is punishable by law if you are found smoking chamba' (Man, 25, Chembe)

In all the study sites a substantial amount of time was spent walking around in the villages/townships (study sites). This leads to a better understanding of the sites, especially when observations can be paired with what people tell in interviews. In the rural study site (Chembe) a lot of drunken men were observed everywhere in the village, all day and at night. There was always music coming from the pubs and bars.

In the urban study sites (Kawale and Chilinde) there was no sign of parties or drinking during the day. None of the people were visibly drunk. However, no time was spent at these sites in the evening, only during the day both at weekends and on weekdays. In the urban study sites, drunken people were not as visible as in the rural study site. It appears that people in Lilongwe drink more inside pubs, bars, shebeens and local bars.

6.6 Where Are Substances Not Used?

Many of the men who were interviewed in Chembe said that it is not acceptable, not good and not common for men to drink or smoke chamba in front of women and children. Several reasons for this were mentioned;

'It is not good to drink in the presence of children and wife because they will think that drinking is good and they will start drinking' (Man, 30, Chembe).

'...it will not portray a good image towards your family; your dignity will be lost' (Man, 25, Chembe).

These views did not, however, seem to be so common in Lilongwe, where it was much more common for women to drink and for women and men to drink at home and in front of their children.

Those who worked for an employer thought that drinking should not be done at work, and one man said that *'it is not advisable to drink while your parents are around, because no parent would want to see his child drinking beer, because it is not good stuff for the young boys'* (Man, 24, Chembe). Similarly, another man does not drink in the presence of his parents because *'they always tell me that drinking is not good to human health and you spend a lot of money on beer'* (Man, 21, Chembe).

Chamba is not used openly in public, and certainly not in the presence of police, because, as one man put it; *'they will definitely take you to prison'* (Man, 22, Chembe).

6.7 Why do People Use Substances?

Most of the male informants to this study used substances regularly, and it was an important part of their social life. Many had started using substances because their friends had encouraged them to do it, and once they had started drinking or smoking it was difficult to stop because all their friends were

drinking or smoking. One man (22 from Chembe) said that *'...the whole idea of smoking or drinking beers is to have fun with friends'*. One 29 year old family man from Chembe had stopped drinking for a year once. He stopped because his family was becoming poor because of the money he was spending on alcohol. When he stopped drinking he said that he was liked much more by his family members, but he lost his friends, and that made him start drinking again - to the detriment of his family. Other men wanted to stop drinking, but were unable to because they had become so used to it. One man said that,

'When a goat has tasted salt it is difficult to chase it' (Man, 22, Chembe).

Several positive effects were said to arise from the use of alcohol and chamba, such as:

Increased sexual desire;

'Young men like to drink Carlsberg stout when they want to sleep with a woman because the beer raises the libido; the desire for sex' (Man, 34, Chembe).

Peace of mind;

'I have peace of mind when I am drunk or smoke chamba' (Man, 29, Chembe).

Intelligence;

'Those who don't smoke chamba, they have low thinking capacity, but those who smoke chamba have high thinking capacity, because their heads are charged frequently. Smoking chamba is like charging a battery' (Man, 22, Chembe).

Escape;

'I sometimes drink to forget the problems I face, such as no business, which means no money' (Man, 25, Chembe).

Clear head;

'I don't think when I don't drink' (Man, 28, Chembe).

Uninhibited;

'(Youth) they say whenever they smoke they have peace of mind and they have fun. They can do things which they can't do under normal conditions, like dancing' (Man, 21, Chembe).

The fishermen start smoking chamba to gain strength;

'The reason is because of fishing they work with older people who smoke chamba so they are told that for them to become strong they have to smoke chamba. Fishing is a tough job and it needs men who are strong and for them to work without getting tired they believe that they have to smoke chamba' (Man, 30, Chembe).

One of the beach boys (28, Chembe) said that he finds it hard to get customers when he is sober, because he is too shy to talk to people. When he is drunk, however, he is much more outgoing and confident. He said that *'I think what I mean when I am drinking'*; meaning that he feels more like himself when he is drunk. He often wakes up with a hangover, and when he does, the only way to feel better is to have another drink.

One man (21, Chembe) said that he started smoking chamba under the influence of his friends who were all smokers. They had persuaded him to smoke, telling him that when he smokes he will see 'strange brightness', feel refreshed and on top of the world. But he felt none of that. On the contrary; he felt unwell, aggressive and uncontrollable.

One reason why the beach boys drink and smoke so much was explained by one man (29) in Chembe:

'This is so because of tourists who come here to Cape Maclear. These tour guides begin to work for the tourists while they are young and they carry large luggage. Therefore because of this they smoke chamba or drink to make them strong and able to carry the luggage.'

Furthermore, beach boys are reliant on the tourists/foreigners for business, and therefore do their utmost to adapt to their ways. One man (34) in Chembe had observed this relationship between the beach boys and the 'white men';

'The youths drink beers because they work closely with the white men as tourist guides. Therefore, for them to understand one another they have to either smoke or drink beer. The Europeans do drink and smoke a lot therefore for the youths, to suit the environment; they are also forced to drink in order for them to suit the company. The other thing is that the beach guys get money easily through fishing and working for the Europeans as tourist guides, so they spend the money anyhow, hoping to get some (more) money when they go fishing or have worked for the Azungu who pays them a good sum of money.'

The bargirls commonly drink beer to forget their problems, and to be able to cope with the prostitution. It is a vicious circle, because the more they drink, the more they have to work to get money, and the more they sell sex, the more money they have to drink to cope and forget.

One man (34) who works as a scuba diving instructor in Chembe said that according to the nature of his job as a scuba diver it is advised to drink a beer;

'When you down in the water the pressure changes under water. When you get out of the water you are supposed to stay in the water at 15m depth for at least 5 to 10 minutes to condition yourself. If you don't do it you become sick. This does not happen to people who drink beer.'

The woman who sells Kachasu in Lilongwe said that she drinks almost every day, and she feels that the reason why she drinks is because of the business that she does (Kachasu selling). She feels happy and has peace of mind when she drinks, but she never drinks Kachasu, only Chibuku.

A female informant from Lilongwe (61 years) said that; *'I drink every day, any time and where they sell Kachasu. (...) If I am not drunk I think a lot about my children who passed away and how poor we are, so I am forced to drink every day.'*

Furthermore she said that; *'you can't expect people to stop drinking because these substances are everywhere and we want to enjoy ourselves, and the owners too (owners of the bars/Kachasu places) want to earn a living. So it is hard to tell people to stop drinking unless they, or we, decide on our own to stop drinking.'*

One woman (20, Chembe) said that *'most men start drinking because of beliefs of our forefathers that a man must drink. There have to be difference between a man and a woman, they say don't stay like a woman, but drink.'*

6.8 Why do People Not Use Substances?

Some people had made a conscious decision not to use substances or to stop using substances. This decision was usually because of the negative side effects of alcohol and chamba, such as:

Aggression:

One man (29, Chembe) had stopped drinking Kachasu, because *'I could become aggressive and start fighting with other people, therefore I was afraid of ending up in jail'*. Many of the respondents reported similar problems with aggression and uncontrolled behaviour in relation to alcohol drinking and chamba smoking, but most continued their drinking and smoking regardless of this.

Low thinking capacity:

One man (24) from Chembe had decided to stop drinking beer because he felt that his thinking capacity became low when he drank, and he did stupid things and became aggressive. He also spent too much money on alcohol, and felt that he could not prosper because of this. His problem was that he was afraid that he would lose his friends when he stopped drinking.

Inability to take care of oneself:

The woman who brewed Kachasu in Chembe said that she never drank Kachasu herself, because if she was drunk bad things could happen to her, and she would not be able to look after the family and the household. When she sells Kachasu in her garden, she is surrounded by men who drink, and if she were to drink herself, she was afraid that she could be raped or hurt.

Inability to do well in life:

One 18 year old boy in Chembe said that he does not want to use substances, because he has seen so many people ruining their lives because of substance use. He says that; *'I will not start drinking when I get older, because drinking is not nice, because in my future I don't like to drink. If I start to drink maybe I can destroy my plans, it's better to stop drinking, because maybe I can save my life.'*

6.9 Everyday Life and Substance Use

Both the men and the women were asked about their everyday lives; what they do on a normal day. It is very clear that men and women for the most part lead very separate and very different lives.

Men spend their day trying to make money for the family, and also for their own beer drinking and chamba smoking. When the men are not working they spend time with other men, often drinking beer and smoking chamba, talking about business and how to make money.

Women spend their days at home, cleaning, cooking and looking after the children. Women sometimes spend time with other women. Usually these are women in the family, who live with them or close to them, or sometimes neighbors. When women are together they are usually at home, or close to their homes, and they talk about how they can be good wives and make their

husbands happy. Women do not have a tradition of using substances when they are socializing.

6.10 Traditional Beliefs/Rites/Religion Connected with Substances

According to the stories of the informants to this study, substance use is not primarily connected with traditional rites or beliefs in the study sites. As in many other cultures it is not uncommon to drink alcohol at weddings, or other celebrations. The birth of a child was also a celebration where it was said that men often drink

One traditional custom which encourages people to drink or smoke chamba is a ceremony called 'Manyumba', where the community celebrates the installation of a new village head or family leader:

'There are dances which are performed at night and for one to dance well you need to smoke or drink Kachasu. The chamba is given to the youth so that they dance throughout the night and they should take away all the shame' (Man, 22, Chembe).

Informants said that even children drink alcohol during the 'Manyumba' ceremony;

'At this time everybody is allowed to drink; it does not become an offence. This means even children are allowed to drink. After they have tested beers they want to do it more, therefore drinking starts at that time because they know what it means to be drunk' (Man, 25, Chembe).

A traditional belief linked to the use of chamba was also mentioned;

'people believe that when you smoke chamba or you have chamba in your house, witches will not attack you, no witch can come near you or your house, so this might be the reason why they smoke chamba' (Man, 30, Chembe).

One informant (man, 30, Chembe) said that to his knowledge the only time when using substances is not accepted in the village is when there is a funeral. If a funeral is taking place in the village, one should not sell or drink Kachasu until the funeral procession is over. Furthermore, he said that it is not good to drink in the presence of children or your wife *'because they will think that drinking is good and they will start drinking'*.

Religion was not mentioned as an important reason why people did not use substances. All the informants considered themselves to be religious Christians, but the extent to which they practised their religion varied. One man said that he had changed from one church to another because the first church that he went to did not approve of alcohol drinking. Another man said that he did not go to church, or practise his religion, at the moment, but if he decided to stop drinking alcohol, he would go back to church and practise his religion again.

6.11 Views on Substances

The boys and men who drink or smoke put a lot of pressure on other boys and men to use substances and to continue using it. Many of the respondents said that they were afraid to lose their friends if they stopped drinking and/or smoking.

'The problem with drinking is that you make a lot of friends and when you stop drinking they think that you are a fool or you are listening to women (your wife)' (Man, 30, Chembe).

One man (25) in Chembe felt that the people in the village have accepted the negative effects of alcohol use and chamba smoking to the community, because of the positive effect it has on tourism in the area;

'It seems people are just watching the situation going on in the name of boosting tourism. Malawian youths are copying from the English men and the community seems to be just looking at the situation unfolding without taking any initiative. But very soon it will have a negative impact on the community and on Malawian culture.'

Most parents are not happy that their children are drinking, and are afraid that the children will not be good citizens or have good futures because of substance use.

'When we look at the community it seems they are not happy to see young boys and girls being involved in such behaviour because they say we are leaders of tomorrow, so what kind of a leader will they be if they continue drinking beers and smoking chamba. They sometimes advise the young people to stop drinking beer. But the young people just go ahead with drinking beer. They say people can not teach them what to do because they are now grown ups' (Man, 24, Chembe).

Similarly, a 21 year old man from Chembe said that;

'There is a big negative impact on the youth from chamba and beer. These things are really degrading the youth so that they are becoming unproductive and unruly. Elders cannot give them advice anymore because they think there is nothing good that they can get from the elders. The youths are walking their own way.'

One respondent, who belongs to the Church of Rastafarism in Chembe, said that his church encourages its members to smoke chamba because it is a plant, and they are supposed to eat it. He does, however, see that the community (especially parents) is not happy with what is happening in Chembe village, with the young people smoking chamba and drinking more and more.

One bargirl (19, Chembe) said that most people do not accept or respect the girls who are working as bargirls.

'People around Cape Maclear are not happy to see good young ladies drinking beer or being bargirls. Several women have approached me saying that I should stop drinking beer and being a bar girl because I am losing my dignity. I should instead find something to do, or find a man and get married. The career will take me nowhere but to death.'

Similarly the women brewing Kachasu in both Lilongwe and Chembe felt that people did not respect them for their business. And many women felt that it was bad that the Kachasu brewers make the alcohol for the men to drink, because it is so bad for the men, and has such a bad effect on them. In spite of this, the Kachasu brewers continue to brew, because it is their way of life, and the only way for them to make money.

6.12 Economy and Substance Use

The men interviewed in this study drank beer and smoked chamba regardless of how little money they had. Most of the respondents considered themselves to be poor, and many of them spoke of difficulties and worries related to their poverty, but they still spent large proportions of their income on alcohol or drugs.

'Drinking and money are two different things. Money or no money we will still drink because sometimes those who are rich they go in a bottle store and buy Carlsberg and he

becomes drunk, and those who get little money they will go for Kachasu and get drunk. Sometimes we go to the pub without money but we'll get drunk because of friends. Therefore drinking is just like a habit whereby even those that are poor will strive to drink' (Man, 30, Chembe).

As mentioned previously, the fishermen and the beach boys usually make some money every day, and so every day they have some money for drinking or smoking.

'Drinking beer and the way people get money go together. Because Cape Maclear is a fishing area and a lot of people get money almost each and every day after their sales from the fish. They can use their money anyhow because they know that they will get the money the following day' (Man, 25, Chembe).

How much they spend varies, but those who are not responsible for a household (wife and children, or oldest son in a household without a father) tend to spend all or most of their money on substances, while those responsible for a household give some money to the women to buy food, before they spend the rest on alcohol and drugs. The respondents spend from one fifth to half of their monthly salary on substances, and one man (34, Chembe) said that he had once spent his whole salary of 50 000 MK on beers;

'I used up all the money I received as salary in December 2005 on beers. Whenever I try to recall on what happened I feel sorry for myself because the following month I starved very much because I had nothing to feed the family.'

6.13 Substances as an 'Artificial Requirement'

Economy and poverty do not seem to have much of an impact on whether or not people in the two study sites use substances. No matter how poor a person is, he will use the little money he has to buy alcohol or chamba, or he will find a friend who will buy it for him. Economic and personal status is connected to the types of substances a person uses. A person who is very poor will drink Kachasu or smoke chamba, while a rich person will consume bottled beer or imported spirits.

'Those who are rich also drink and smoke they way poor people are doing, the difference is the quality of substance used. Rich people would go for expensive beers and drugs like Carlsberg, and spirits like Chateau, Powers, Malawi Gin,

while the poor will go for Kachasu, Chibuku and chamba but the damage made is the same' (Man, 22, Chembe).

'Those that are rich also drink beer only that they go for their own expensive beers in the lodges. Those who are poor drink inexpensive types of beer. They all drink beer only that the difference is the quality of the beer' (Man, 29, Chembe)

It was said by some that they had started using substances and were continuing to use it because of the status connected to substance use in the community.

'What made me start using substances was to have peace of mind and to look like people of high levels' (Man, 29, Chembe).

One respondent said that he sometimes uses so much money on alcohol that his family does not have enough money left for food. He realises that this is not good, but when he is drinking with his friends he said that he wants to *'show that I have money'* (man, 29, Chembe). He had once tried to stop drinking alcohol, but after some time he lost so many friends because of this, so he decided to drink again.

One of the bar owners in Chembe said that he knows that most men have got drunk on Kachasu or chamba before they come to his bar to socialise, and they usually only drink a few beers at his bar. They pretend, however, that they have got drunk only from bottled beer from his bar, because it is seen as better to drink Carlsberg or KucheKuche.

6.14 Preventive Actions against Substance Use and Abuse in the Community/Country

The village headwoman in Chembe village said that she was very worried about the people in her village, and the men and young people in particular, because of the excessive use of substances in the village. She had once tried to speak to people to encourage them to stop drinking, but to no avail.

'Cape Maclear was a good place to stay and do business in the past, but now a lot of young people are busy drinking beers and smoking chamba. This is worrying people because these youths are the future leaders, and looking at what they are doing definitely we shall have no good

leaders. At one time, the Village Headman tried to reason with the community to talk to their children to stop drinking beer and smoking chamba but things are not changing a thing, which is worrying the community. Parents have been trying to talk to their children but things are not changing' (Man, 30, Chembe).

One man (22) in Chembe felt that substance use is a big problem to the village, but that not enough is done to combat the problem.

'This habit of drinking beer and smoking chamba is indeed affecting the community around Chembe Village because when they see young boys drinking beers and smoking chamba they see no good future in the youth. The most surprising thing is that no person has ever talked about it.'

All the men interviewed in Chembe village considered themselves to be Christians, belonging to different churches (CCAP, Seventh Day Adventist, Anglican, etc.), and some of the churches are against substance use. This did not, however, seem to have much of an impact on the men. One man said that he used to belong to the Seventh Day Adventist Church, but he stopped going there, because the church was against alcohol, and he wanted to drink alcohol. He said that,

'When I go there and the words of God says you don't have to drink beer, you don't have to do this, and you don't have to do this, and so I was just telling myself I should just stop (going there) to make one (thing) at a time. If I stop this (drinking) then I will go back. People nowadays they don't follow the words of God, they can drink, they can be with another woman' (Man, 28, Chembe).

The women in Chembe are always encouraging the men and young people not to drink and smoke, but the men do not listen to them. Many of the men said that they knew that women did not like it when they are drunk or high, but it is not enough to make them stop smoking and drinking. One man (28, Chembe) said that *'I feel free when I drink beer'*, and although his wife had asked him to stop, he would not stop because she said so. If a doctor told him to stop or if he decided to go back to church, he would stop, but not because his wife told him to. He said that *'I don't know how she feels (about the alcohol drinking), but me I feel okay; me I am a free man.'*

None of the informants knew of any preventive actions against substance use at country, government or policy level in Malawi, apart from the laws against chamba production, sale and use.

6.15 Rehabilitation and Treatment for People with Substance Abuse Problems

In Malawi there is one treatment facility in Zomba for people with psychiatric problems, and people who have problems with their chamba smoking can get treatment there.

'Whenever a person is sick, say because of chamba, he is taken to Zomba mental hospital' (Man, 29, Chembe).

There is no established rehabilitation or treatment facility for people with alcohol problems, but several informants spoke of a traditional treatment for people who have an alcohol abuse problem. The treatment is done by traditional healers (herbalists), who put some herbs (some say it is some kind of root) into the beer of the alcoholic, and when he drinks this mix of beer and herbs he gets sick and vomits. This experience (and possibly the effects of the herbs) is meant to prevent the man from ever drinking again.

'There is a certain type of medicine they mix with beer, say Chibuku, and it is given to the person who wants to quit drinking. When he drinks the beer he vomits right away and whenever he thinks of beer or if comes near beer he feels like vomiting and he would never take beer anymore' (Man, 22, Chembe).

6.16 Legislation on Substances

Kachasu brewing used to be illegal during the Banda-regime, but after the implementation of a multi-party democracy in 1994 it was legalized. Kachasu is brewed and mostly consumed within the private compounds of the women who brew it. The established bars and pubs do not allow people to drink Kachasu on their property, but people are occasionally seen drinking Kachasu in public (on the street, in the market, etc.) both in Chembe and Lilongwe.

As far as alcohol drinking is concerned, the respondents said that it is legal to drink alcohol; it only becomes illegal if one becomes aggressive;

'It is not an offence to drink beer, only if you start quarrelling with people' (Man, 29, Chembe).

Some of the informants said that it is illegal to use alcohol for those under 18 years of age, and it is illegal to sell alcohol to people under 18. This regulation, however, is neither enforced by the police nor obeyed by young people and bartenders.

'Even though there are laws saying that liquor should not be sold to persons below 18 years of age this law is not being enforced, because small children below 18 are drinking beer so long they have money. So there is need to enforce this law in order to protect our youth' (Man, 25, Chembe).

Chamba is illegal, and all the informants knew that it was illegal. In spite of this, many boys and men in both Lilongwe and Chembe smoke chamba regularly. Because it is illegal it is usually used in hiding, or after dark, and if you are caught smoking or selling chamba by the police you are likely to be arrested.

'It is not an offence to drink beer because even policemen drink. If they see you drinking they will not say anything, because it is not an offence so long you are not violent. But with chamba no policeman will tolerate that, because it is against the law to grow, possess and smoke chamba. It is punishable by the law. When people are smoking they do it at their own risk' (Man, 30, Chembe).

'When the police find you smoking chamba definitely you'll face the law' (Man, 22, Chembe).

Several respondents felt that the government, and the existing laws and policies, placed too much emphasis on chamba and too little on alcohol. In addition, many feel that existing alcohol laws are not enforced;

'Laws in Malawi need to be looked into and amended, because the government is putting too much emphasis on chamba smoking only, and not much is said about beers. The law only states that liquor should not be supplied to children under 18 years of age, but looking at what is happening in the bars even children of 14, or as low as 10 years are visiting the bars. The owners of the bars are just looking at this because they are only interested in money making businesses' (Man, 34, Chembe).

6.17 Consequences of Substance Use

The informants mentioned several negative consequences of alcohol and chamba use. The consequences can be divided into physical health, mental/psychological health, family/social relations, education and society in general.

Most of the men who drink or smoke regularly admitted that substance use brings very little good with it. In Chembe, men's excessive use of substance brings misery and increased poverty to families, and poor health to the man himself. Substance use often plays a role in destroying families and breaking up marriages. Kachasu is said to be especially bad for a person's health. Some say that it affects the lungs, or the liver, while others say it's dangerous because it dehydrates a person. It is said to be particularly bad when drunk on an empty stomach, and it is therefore widely recommended to drink Kachasu with food.

'Kachasu is not a good drink because it is bad to our health and other beers are not good to our health too. If you drink Kachasu you become dehydrated which means you can easily fall sick' (Man, 30, Chembe).

Apart from the physical side effects of alcohol, many informants also said that they do bad things when they are drunk or high, and they often regret these things when they are sober. This can mean being aggressive or violent, stealing, having sex with someone other than your wife or having unprotected sex with someone other than your wife. Furthermore, when they are drunk or high they spend even more money on substances, which further impoverishes their families.

The woman brewing Kachasu in Chembe said that often men get aggressive when they drink Kachasu in her garden, and when that happens she kicks them out. She knows that some men are aggressive and abusive to their wives when they drink but she says that *'that is not a concern to me, I only want my business to grow.'*

One bargirl (19) in Chembe said that she often gets aggressive, violent and very careless when she smokes chamba and drinks alcohol;

I intend to stop smoking because it is not good for me. Whenever I have smoked I become confused in the head. I become aggressive and can quarrel with friends over very small matters. Sometimes when I have smoked I can just keep on shouting and doing all sorts of bad things, like speaking abusive language. I started drinking beers and smoking chamba after being persuaded by my friends. Drinking beer and smoking chamba is not good for my health because these things retard my thinking capacity. Drinking beer and smoking chamba puts my life at danger because I can sometimes sleep with men unprotected because of drunkenness.'

Some expressed concern about the future of the young people and the future of the community if the young people continue to use substances as they do today;

'The community here is seeing the way children are behaving. It seems that the young people are now becoming unruly and a lot of them drink beers, which means that their future will not be good at all. There are times when the village head talked about the young people being involved in beer drinking and chamba smoking. The development is really worrisome to the community and there is a need to assist these youths' (Man, 25, Chembe).

As mentioned above, many were concerned about what substance use can do to the community in Chembe;

'Chembe, as a village, has got all resources, and with a lake and fishes the beach could have developed beyond recognition, but because of beer drinking the village is not developed. This is one of the problems that beer drinking is causing to the community' (Man, 25, Chembe).

Young people in Chembe often drop out of school because they can start working as fishermen or beach boys as early as 13, 14 or 15 years, and they make money, but have few economic obligations, so they can spend all or most of their money on alcohol or chamba.

'It also affects the children because a lot of pupils drop out of school because they get a lot of money when they sell fish. When they see that their friends are getting money from the sales of fish they think it's a waste of time to go to school, compared to making money from selling fish. The other thing is because of the white men who visit the area. They hire tour guides to escort them and they pay them a lot of money, which they use to drink beers. Whenever the children have seen this they run away from school to join their friends and get money. The community has not yet realised that there is a problem going on and if left unchecked it will have a negative impact to the community in the near future' (Man, 23, Chembe).

In Chembe, many men and women were concerned about the way western culture affects the village, and this was summed up by the research assistant after three weeks in the village;

'Chembe village is being exploited by the tourists who visit the village. These foreigners bring in their strange cultures which are being copied by the youth, ie, beer drinking, smoking chamba. In 10 years time the village will be

completely ruined by the western culture. Young children are dropping out of school just to be tourist guides. What kind of the community shall we have? The government should do something to sensitise the communities on the negative impact tourism is bringing to the community. If the situation is left unchecked then the future community will be doomed.' (Robson)

In Chembe, there is a clinic, which is run by an Irish foundation. The clinic has been there for eight years, and the founder of the clinic has noticed a change in Chembe over those eight years. She said that there has been a dramatic increase in the drinking in the past 3-4 years, while her impression is that the use of chamba has decreased. She has also seen an increase in prostitution in the village, and there are more bars and Kachasu places than before. At the clinic there has been an increase in women coming there with burns, sores, wounds, etc. from domestic violence.

As to why she thought this change had occurred in Chembe, she could not say for sure. She had noticed that there was more tourism in the village now, but she felt that it was not so much as to be responsible for the big change in the village.

Other respondents also said that there had been an increase in the drinking in Chembe compared to when they were younger. One man said that he thought the increase was connected to electricity being brought in to the village. Some years ago they did not have electricity, and so after dark there was no light and people went to their homes and to sleep. Nowadays it's light at night, and people play music, and so people want to party.

6.18 What Can be Done?

The informants, men as well as women, had many opinions as to what could be done to encourage young people and adults to stop using substances. Many felt that the laws concerning Kachasu brewing and selling were not strict enough, and that the government places too much emphasis on chamba, and too little on alcohol. Furthermore; existing alcohol legislations are not enforced. In Chembe, for example, many informants said that in spite of legislations saying that young people cannot drink or buy alcohol before they are 18 years old, children start drinking as early as 12 years of age. The bar owners happily sell alcohol to children under age, and the police do nothing to stop it from happening.

Several respondents said that to make young people use fewer substances it will be necessary and important to raise their awareness of the effects of alcohol and drug abuse and the effect it has on them, their families and the community. One bargirl (19) said that,

'For this thing of drinking beers and smoking chamba to stop, the community need to be sensitised on the dangers of smoking and drinking beers. The community has to be sensitised on the impact this is having on the community because people are becoming unproductive because they are busy drinking beer instead of going to their gardens or business.'

Many said that a way to prevent people from spending so much time drinking and smoking would be to introduce alternative activities to the villages. Such activities could be sports activities and sports leagues;

'As a way of mitigation there should be things like sports leagues introduced within the village for the youths to compete so that they should be kept busy' (Man, 22, Chembe).

7 Discussion

This study has shown that there are two main substances of use and abuse in the study sites; namely alcohol and chamba. The results indicate that alcohol constitutes a bigger and more widespread problem than chamba. Alcohol is widely and openly sold and used in both Chembe and Lilongwe, while chamba is smuggled into the study sites, where it is sold by middlemen referred to as 'Bush Doctors'. Chamba is sold and used in secret, because people in Chembe and Lilongwe know that chamba is illegal to sell and use, and if they are caught by the police doing either, they will be punished. While there has been an increased trend globally in the last century towards tobacco use (Pampel 2005), none of the informants in this study reported smoking tobacco. Only one female respondent said that her husband occasionally used tobacco.

Given the literature from Malawi, as well as the priorities of the Government of Malawi, it is somewhat surprising that the results from this study indicate that alcohol constitutes the biggest problem in the study sites, and not chamba. Chamba, which has been emphasized in literature and by government priorities, certainly exists, and constitutes a problem, but to a much lesser extent than alcohol. The informants report regular and excessive use of alcohol, as well as an acceptance in society to alcohol use. This corresponds with previous findings from Malawi (Bisika et al 2004) indicating that alcohol is consumed and accepted by the general public, while chamba use is much more stigmatized.

Furthermore, the informants said that alcohol legislation is not enforced and to some extent may not be strict enough, especially concerning Kachasu. According to the law, people are not allowed to buy or consume alcohol before they are 18, but in both study sites children buy and drink alcohol from as early as 12 years of age.

Which substances are used seems to be closely linked to the income of the user, but there is no clear connection between poverty and using substances. No matter how poor people are they use substances, but the types of substances they choose depend on the money they have available at the time. Those who have very little money available tend to use chamba or Kachasu, while those with a bit more money drink bottled beers such as KucheKuche and Carlsberg. Only those with a lot of money drink imported spirits. Similar findings were reported in the study by

Peltzer (1989). Peltzer (1989) found that cannabis was smoked more often when people had little money available, while people preferred to drink bottled beer when they had more money.

Studies from several African countries (Eide 1997, Bøås & Hatløy 2005, Ibanga et al 2005, Tumwesigye & Kasirye 2005, Gureje et al 2007, Flisher et al 2003, Bisika et al 2004, Carr et al 1994 and Pampel 2005) have shown that women are less likely than men to use substances. This is supported by this study in Malawi. The data shows that in the rural study site (Chembe) local women, apart from the bargirls (prostitutes), never use substances or visit the places where substances are sold and used. In the urban study site (Lilongwe), it is more common for women to use substances and to visit pubs, bars or Kachasu places compared to Chembe, but in Lilongwe it still seems to be much more common and accepted for men to use substances compared to women.

The reasons for smoking chamba and drinking alcohol seem to have been consistent in Malawi in the past few decades.

Previous studies (Peltzer 1989, MacLachlan et al 1998 and Bisika et al 2004) have shown that people smoked chamba because it was cheap, makes a person feel good, gives them more courage and confidence, increases intelligence, makes a person stronger, improves sexual arousal and potency, etc. All of these positive effects of chamba use were also reported by the respondents in this study. Furthermore, this and previous studies (MacLachlan et al 1998) have shown that people also experience negative side effects from chamba smoking. The negative side effects are aggression and violent behaviour, 'inability to see clearly' (blurred vision and thinking), unwanted and uncontrolled behaviour.

Reasons for alcohol use in selected study sites in Malawi was found by Pelzer (1989) to be connected to the authority dimension (lack of authority figure, vague hierarchy in family and inferiority feelings), the group dimension (bad influence and problems fitting in with or coping with peer demands) and the body-mind-environment dimension (unemployment, loss of job, low income, poverty, people drinking or smoking to get physical and mental or emotional strength to deal with problems in their lives). This corresponds with findings from this study showing that people drink alcohol to 'look like people of high levels', 'to be a man', because friends do, to feel happier, to forget problems and to get courage to talk to people.

Traditional rites were mentioned as a reason for drinking alcohol and/or smoking chamba, but this was not the foremost

reason for substance use. Substance use is a part of daily life in both the study sites, and traditional beliefs and rites are subordinate reasons for use. This corresponds with the conclusions of MacLachlan et al (1998), stating that chamba is no longer used primarily as a traditional drug, but rather as an occupational, medicinal and recreational drug.

This study has no data to show if there is a religious difference in those who use alcohol and chamba in the study sites. Most of the informants considered themselves to be Christians, but the data indicates that those who use alcohol and/or chamba frequently practise their religion less (go to church or pray less often etc.). Some churches condemn alcohol and chamba use, and the men who belong to these churches had either stopped going to church (thinking that they could return should they ever decide to stop drinking or smoking chamba), or they had changed to another church which did not have such strict rules concerning alcohol and drugs.

One very important finding in this study, is that, in the rural study site, the use and abuse of alcohol and chamba has a negative affect on the education of the young people. Young people drop out of school to start working as fishermen or beach boys (tour guides) (jobs that do not require an education), and when they do this, they make money, which is almost entirely used on alcohol or drugs (as most of them still live in families where the father is the breadwinner of the family, the young boys are not expected to contribute much to the household). Many adults and the village head woman in Chembe expressed concern at this development in the young population, and what it would do to the future of the community.

Some of the informants said that it is the young people who use the most substances in both the urban and the rural study site. Especially chamba was said to be a substance used primarily by young people. The results from this study can not be generalized to young people throughout Malawi, but results from other studies in Africa have seen a trend towards increased substance use and abuse among the younger part of the population (Odejide 2006, Parry et al 2004 and Bisika et al 2004).

Other studies from Africa, on the other hand, indicate that it is the adult, male part of the population who commonly use substances (Tumwesigye & Kasirye 2005, Bøås & Hatløy 2005 and Carr et al 1994), and from the results of this study that could be just as likely a conclusion.

This study has shown that both the young people and adults use substances in both the urban and the rural study sites, and there are split views among the informants as to who is more likely to use substances. More research is called for to explore this further.

The informants were selected mainly because they were known to be people who used substances, or because they were women who were married to men who were known to use substances. This means that the informants has good knowledge of substance use and abuse in Malawi, and they give a good picture of the people using substances, or people living with those using substances, in the two study sites. The study does not, however, give any indication to the proportion of the population in the study sites and/or in Malawi who use substances and what substances they use.

Many of the informants, both the users and the non-users of substances, are worried about what substance use and abuse are doing to the community in which they live. When asked what can be done to improve the situation many people felt that by introducing alternative activities, such as sports or other recreational activities, into the community people might have other and more meaningful things to do than to drink alcohol and smoke chamba. People also felt that it would be important to make the communities aware of the dangers of substance use and what it is doing to families, communities and to Malawi as a country.

8 Conclusion

This study highlights the importance of focusing on alcohol and drugs in the attempt to further develop Malawi as a country and the Malawian people

From the results of the study and from the literature review some recommendations for future activities can be drawn.

- Place more emphasis on problems concerning alcohol use, as well as chamba use in Malawi
- Stronger enforcement of alcohol legislations
- Consider the possibility of illegalising Kachasu brewing and sales, or placing stricter regulations on the brewing process (where it is done, how, etc) and the sale (where it is sold, price, etc).
- Make the population aware of the consequences of substance use and abuse
- Introduce alternative social meeting arenas in communities where substance use has no place (sports/other recreational activities)
- Further studies are needed to explore the profile of the part of the Malawian population who use substances. What makes people vulnerable to substance use and abuse (age, socio-economic status, area of residence, family background, education, etc.).
- Further studies to explore the relationship between substance use and poverty and substance use and HIV/AIDS (see pilot project 2 for more information about substance use and abuse and its affect on gender based violence).

9 References

Babor, T., Caetano, R., Casswel, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Gruenewald, P., Hill, L., Holder, H., Homel, R., Österberg, E., Rehm, J., Room, R. and Rossow, I. 2003, *Alcohol No Ordinary Commodity: Research and public policy*, Oxford University Press, Oxford.

Bisika, T., Konyani, T. and Chamangwana, I. 2004, *Rapid Situation Assessment of Drug Abuse and HIV&AIDS in Malawi*, Center for Social Research, University of Malawi.

Bøås, M. and Hatløy, A. 2005, *Alcohol and Drug Consumption in Post War Sierra Leone - an Exploration*, FAFO-report 496.

Carr, S., Ager, A., Nyando, C., Moyo, K., Titeca, A. and Wilkinson, M. 1994, A Comparison of Chamba (Marijuana) Abusers and General Psychiatric Admissions in Malawi, in *Social Science and Medicine*, Vol. 39, No. 3, pp. 401-406.

Eide, A. 1997, *Adolescent Drug Use in Zimbabwe: Cultural orientation in a global-local perspective and use of psychoactive substances among secondary school students*, University of Bergen, Research Centre for Health Promotion, Faculty of Psychology.

Eide A.H., Diallo I., Thioub I. and Loeb M.E. 2001-2002, Drug Use Among Secondary School Students in Senegal, in *Psychopathologie Africaine*, XXXI, 2: 235-255.

Flisher, A., Parry, C.D.H., Evans, J., Muller, M. and Lombard, C. 2003, Substance Use by Adolescents in Cape Town: Prevalence and Correlates, in *Journal of Adolescent Health*, 32:58–65.

Gureje, O., Degenhardt, L., Olley, B., Uwakwe, R., Udofia, O., Wakil, A., Adeyemi, O., Bohnert, K.M. and Anthony, J.C. 2007, A Descriptive Epidemiology of Substance Use and Substance Use Disorders in Nigeria during the early 21st Century, in *Drug and Alcohol Dependence*, vol. 91, pp. 1-9.

Ibanga, A.J., Adetula, A.V., Dagona, Z., Karick, H. and Ojiji, O. 2005, The Contexts of Alcohol Consumption in Nigeria, in *Alcohol, Gender and Drinking Problems- Perspectives from Low and Middle*

Income Countries, eds. Obot, I.S and Room, R., WHO, Department of Mental Health and Substance Abuse, Geneva, pp. 143-166.

IMCDC, 2004, *Results of a Cannabis Survey in Malawi*, Inter-Ministerial Committee on Drug Control, Ministry of Home Affairs and Internal Security, Government of Malawi.

Jernigan, D. H. 1999, Country Profile on Alcohol in Zimbabwe, in *Alcohol and Public Health in 8 Developing Countries*, eds. Riley, L. and Marshall. M., Substance Abuse Department, Social Change and Mental Health, WHO, pp. 157-175.

Loeb, M. and Eide, A. 2004, *Living Conditions among People with Activity Limitations in Malawi: A National Representative Study*, STF78 A044511, Oslo, SINTEF Health Research, Available online at www.sintef.no/lc

MacLachlan, M., Page, R. C., Robinson, G.L., Nyirenda, T. and Ali, S. 1998, Patients' Perceptions of Chamba (marijuana) Use in Malawi, in *Substance Use & Misuse*, 33 (6), 1367-1373.

Malawi- Demographic and Health Survey (DHS), 2005, *DHS, 2004-Final Report*, National Statistical Office Zomba, Malawi and Macro Calverton, Maryland USA (Retrieved at: http://www.measuredhs.com/pubs/pub_details.cfm?ID=575#dfs)

Morse, J.M. and Richards, L. 2002, *Readme First for a User's Guide to Qualitative Methods*, Sage Publications, USA.

Odejide, A.O. 2006, Status of Drug Use/ Abuse in Africa: A review, in *International Journal of Mental Health and Addiction*, 4, 87-102.

Pampel, F. C. 2005, Patterns of Tobacco Use in the Early Epidemic Stages: Malawi and Zambia, 2000-2002, in *American Journal of Public Health*, Vol. 95, No. 6, pp. 1009-1015.

Parry, C.D.H and Bennetts, A.L. 1999, Country Profile on Alcohol in South Africa, in *Alcohol and Public Health in 8 Developing Countries*, eds. Riley, L. and Marshall. M., Substance Abuse Department, Social Change and Mental Health, WHO, pp. 135-156.

Parry, C.D.H., Myers, B., Morojele, N. K., Flisher, A.J., Bhana, A., Donson, H., Plüddemann, A. 2004, Trends in adolescent alcohol

and other drug use: findings from three sentinel sites in South Africa (1997–2001), in *Journal of Adolescence*, 27, 429–440.

Peltzer, K. 1989, Causative and Intervening Factors of Harmful Alcohol Consumption and Cannabis Use in Malawi, in *The International Journal of the Addictions*, 24 (2), 79-85.

Room, R., Jernigan, D., Carlini-Marlatt, B., Gureje, O., Mäkelä, K., Marshall, M., Medina-Mora, M.E., Monteiro, M., Parry, C., Partanen, J., Riley, L. and Saxena, S. 2002, *Alcohol in Developing Societies: A public health approach*, Finnish Foundation for Alcohol Studies in collaboration with WHO, Finnish Foundation for Alcohol Studies volume 46, 2002.

The World Bank, 2006, *World development Report 2007: Development and the next generation*, The World bank, Washington DC.

Tumwesigye, N.M. and Kasirye, R. 2005, Gender and the Major Consequences of Alcohol Consumption in Uganda, in *Alcohol, Gender and Drinking Problems- Perspectives from Low and Middle Income Countries*, eds. Obot, I.S and Room, R., WHO, Department of Mental Health and Substance Abuse, Geneva, pp. 189-208.

UNDP, 2007/2008, Statistics of the Human Development Report, Available at: <http://hdr.undp.org/en/statistics/> (retrieved on January 31st 2008).

Wilsnack, R. W., Wilsnack, S.C. and Obot, I.S. 2005, Why study gender, alcohol and culture?, in *Alcohol, Gender and Drinking Problems- Perspectives from Low and Middle Income Countries*, eds. Obot, I.S and Room, R., WHO, Department of Mental Health and Substance Abuse, Geneva, pp. 1-23.

World Factbook, 2008, *Malawi*, available at www.worldfactbook.org (retrieved February 29th 2008).

10 Appendices

10.1 Interview Guide Men

Thank you!

Thank you very much for agreeing to talk to us. We appreciate your willingness and generosity to make time to talk to us. Your stories, opinions, experiences and thoughts are of great importance and value for the results of the study that we are doing.

Presentation of researchers and the study

First of all we/I would like to present ourselves/myself and the study we are doing.

This study is initiated by FORUT (Norway) and NGO gender coordination network, and will be carried out by researchers from SINTEF Health Research (Norway) and the University of Malawi. We want to learn from you about your experiences, knowledge and thoughts with regards to the use of substances. We want to talk to both women and men in the study. The information that we collect in this study will be useful for FORUT, NGO gender coordination network, government departments, and more.

We are/I am going to ask you about your childhood, youth and about your adult life/life today.

You may find some questions difficult to answer, or you may not want to answer them. You are, of course, fully entitled to refuse to answer any questions you don't want to answer. You may also - at any time - say that you want to stop the interview, and we/I will respect your decision.

We/I will ask for your permission to tape-record the interview. We/I only do this in order to take more extensive notes from the interview. The recorded interview will be deleted after notes have been taken/interview has been transcribed, and will not under any circumstances be taken out of Malawi or used for any commercial purposes. You may refuse to allow the interview to be tape-recorded.

Remember also that everything you tell us/me will be kept anonymous. Your name will not be used in our papers and reports, or for any other purposes, and it will not be possible to trace the answers you give back to your name and your person. Your name will not be written down anywhere in the interview notes, in the report or in articles to be written.

Do you have anything you want to say or any questions before we start the interview?

The Interview

1. Demographics informant and his family
 - a. Informant
 - i. Area of residence
 - ii. Urban/Rural
 - iii. Age/year born
 - iv. Tribal group
 - v. Religion
 - vi. Education
 - vii. Job
 - b. Parents
 - i. Parents alive
 - ii. Parents education
 - iii. Parents job
 - iv. Where do they live
 - c. Sisters/ brothers
 - i. Job of sisters/brothers
 - ii. Education of sisters/ brothers
 - iii. Where do they live
 - d. Marital status
 - i. How many wives
 - ii. Wife education
 - iii. Wife job
 - iv. Number of times married
 - v. Number of times divorced
 - e. Children (number of living children/same mother/how many mothers?)
 - i. Children age
 - ii. Children education
 - iii. Children job
 - iv. Children married
 - v. Grandchildren
2. Living arrangements/life
 - a. Who do you currently live with?
 - b. How are daily chores divided in the household (who does what?)?
 - c. Who makes the earnings in the family?
 - d. Who has control of the economy in the family?
 - e. What do you do during an average day in your life?
 - f. Do you have many friends?

- g. What do you normally do when you are with your friends?
 - h. What do you normally do when you are with your family?
3. Personal substance use (ask the questions that are relevant)
- a. Do you use any substances such as alcohol, tobacco, chamba, etc? What do you use? (alcohol – Carlsberg, other similar products? Spirits? Homebrews – spirit or beer? Chamba – (imported or grown in the area?) other drugs? (types, price, local names, etc))
 - b. How often do you use the different substances?
 - c. How much do you normally use when you use substances?
 - d. When do you normally use substances (morning/lunch/evening/night, on special occasions, rituals, during the week/weekends, etc)?
 - e. Who are you usually with when you use substances?
 - f. Are there any people you would *not* use substances when you are together with?
 - g. Where are you (at home, market, bar, friend's house, etc.) usually when you use substances?
 - h. How old were you when you first started using substances?
 - i. How do substances (the ones you use) affect you?
 - j. Why do you use the substances you use? (change mood/escape sober reality/to fit in a social setting/social and symbolic value of drinking)
 - k. Proportion of daily household budget that goes to alcohol and drugs? Do you have to give up other things in order to afford substances?
 - l. Do you ever do things when you are drunk that you shouldn't do/that you regret? (Privileges of being drunk: can do stupid things and get away with it because he was drunk) Do you know other people who do this?
 - m. What kind of reactions do you meet from other people/do you have with regards to stupid or bad things you or others may do when you or they are drunk?
 - n. Do you consider yourself to have a problem with the use of substances?
 - o. If yes, have you sought help with your problem? What kind of help would you want or have you got?
4. Other People's substance use/Society/culture

- a. Who commonly uses substances in your village/town (subgroups)?
- b. How old are children or young people normally when they start using substances today?
- c. What kinds of substances are commonly used in your village/town/area of residence?
- d. Where do people in your village/town usually consume substances?
- e. What is the availability of substances in your village/town like? (who sells? Where? Price?)
- f. How are substances grown/imported/brewed?
- g. Is it commonly accepted that people use substances?
- h. Is it legal to use substances?
- i. Is it common to use substances in relation to traditional beliefs and rites? (rituals connected to different substances (weddings/funerals/childbirth, etc))
- j. Is it common for both men and women (boys and girls) to use substances?
- k. How, in your experience, do substances affect other people?
- l. How is the use/abuse of substances looked upon in society? To what degree is it tolerated? Encouraged? Respected? Shunned?
- m. Are there social settings where it is unacceptable/acceptable to use substances? (work, at home, with children, etc...)
- n. Economic status in relation to substance use (can drugs and alcohol be an 'artificial requirement'? Do rich people or poor people use substances?)
- o. Are there any preventive actions against substance abuse and use?
- p. Are there rehabilitation clinics or measures for people with substance abuse problems?
- q. How do you view/do you know of existing substance legislation (for alcohol or drugs)? Views on/awareness of these?
- r. What are the positive sides to people using substances?
- s. What are the negative sides to people using substances?

10.2 Interview Guide Women

Thank you!

Thank you very much for agreeing to talk to us. We appreciate your willingness and generosity to make time to talk to us. Your stories, opinions, experiences and thoughts are of great importance and value for the results of the study that we are doing.

Presentation of researchers and the study

First of all we/I would like to present ourselves/myself and the study we are doing.

This study is initiated by FORUT (Norway) and NGO gender coordination network, and will be carried out by researchers from SINTEF Health Research (Norway) and the University of Malawi. We want to learn from you about your experiences, knowledge and thoughts with regards to the use of substances. We want to talk to both women and men in the study. The information that we collect in this study will be useful for FORUT, NGO gender coordination network, government departments, and more.

We are/I am going to ask you about your childhood, youth and about your adult life/life today. You may find some questions difficult to answer, or you may not want to answer them. You are, of course, fully entitled to refuse to answer any questions you don't want to answer. You may also - at any time - say that you want to stop the interview, and we/I will respect your decision.

We/I will ask for your permission to tape-record the interview. We/I only do this in order to take more extensive notes from the interview. The recorded interview will be deleted after notes have been taken/interview has been transcribed, and will not under any circumstances be taken out of Malawi or used for any commercial purposes. You may refuse to allow the interview to be tape-recorded.

Remember also that everything you tell us/me will be kept anonymous. Your name will not be used in our papers and reports, or for any other purposes, and it will not be possible to trace the answers you give back to your name and your person. Your name will not be written down anywhere in the interview notes, in the report or in articles to be written.

Do you have anything you want to say or any questions before we start the interview?

The Interview

1. Demographics informant and her family
 - a. Informant
 - i. Area of residence
 - ii. Urban/Rural
 - iii. Age/year born
 - iv. Tribal belonging
 - v. Religion
 - vi. Education
 - vii. Job
 - b. Parents
 - i. Parents alive
 - ii. Parents education
 - iii. Parents job
 - iv. Where do they live
 - c. Sisters/brothers
 - i. Job of sisters/brothers
 - ii. Education of sisters/brothers
 - iii. Where do they live
 - d. Marital status
 - i. Husband education
 - ii. Husband job
 - iii. Number of times married
 - iv. Number of times divorced
 - e. Children (number of living children/same father-how many fathers?)
 - i. Children age
 - ii. Children education
 - iii. Children job
 - iv. Children married
 - v. Grandchildren
2. Living arrangements/life
 - a. Who do you currently live with?
 - b. How are daily chores divided in the household (who does what?)?
 - c. Who makes the earnings in the family?
 - d. Who has control of the economy in the family?
 - e. What do you do during an average day in your life?
 - f. Do you have many friends?
 - g. What do you normally do when you are with your friends?
 - h. What do you normally do when you are with your family?

3. Substance use/personal (ask the questions that are relevant)
 - a. Do you use any substances such as alcohol, tobacco, chamba, etc? What do you use? (alcohol – Carlsberg, other similar products? Spirits? Homebrews – spirit or beer? Chamba – (imported or grown in the area?) other drugs? (types, price, local names, etc))
 - b. How old were you when you first started using substances?
 - c. How often do you use the different substances?
 - d. When do you normally use substances (morning/lunch/dinner/night, on special occasions, rituals, weekends/weekdays, etc)?
 - e. Who are you usually with when you use substances?
 - f. Where are you (at home, market, bar, friend's house, etc.) usually when you use substances?
 - g. How do substances (the ones you use) affect you?
 - h. Proportion of daily household budget that goes to alcohol and drugs? Do you have to give up other things in order to afford substances/ for your family members to afford substances?
 - i. Do you ever do things that you shouldn't do/ that you regret when you are drunk? (Privileges of being drunk: can do stupid things and get away with it because she was drunk)
 - j. What kind of reactions do you meet from other people with regards to stupid or bad things you do when you are drunk?

4. Husband/ other people's use of substances (ask the questions that are relevant)
 - a. Are there people in your family/ friends who use substances? (who)
 - b. How do you feel about these people using substances?
 - c. How does other people's substance use affect you and your life?
 - d. What is your experience with people who use substances – throughout your life?
 - e. Who commonly uses substances in your village/town (subgroups)?
 - f. What kinds of substances are commonly used in your village/ town/ area of residence?
 - g. Where do people in your village/town usually consume substances?
 - h. How is the availability of substances in your village/town? (who sells? Where? Price?)

- i. Is it commonly accepted to use substances?
 - j. Is it legal to use substances?
 - k. Is it common to use substances in relation to traditional beliefs and rites? (rituals connected to different substances- weddings/ funerals/ childbirths, etc)
 - l. When is it common for people in Malawi to start using substances?
 - m. Is it common for both men and women (boys and girls) to use substances?
 - n. Why do you think people use substances? (Why do you use?) (change mood/ escape sober reality/ to fit in a social setting/ social and symbolic value of drinking)
 - o. How is the use/abuse of substances looked upon in society? To what degree is it tolerated? Encouraged? Respected? Shunned?
 - p. Are there social settings where it is unacceptable/ acceptable to use substances? (work, at home, with children, etc...)
 - q. Economic status in relation to substance use (can drugs and alcohol be an 'artificial requirement'?)
 - r. Are there any preventive actions against substance abuse and use?
 - s. Are there rehabilitation clinics/ measures for people with substance abuse problems?
 - t. How do you view/ do you know of existing substance (alcohol/ drugs) legislations: views/ awareness of these?
5. Unwanted behaviour with regards to substance use:
- a. How, in your experience, do substances affect other people?
 - b. Have you experienced drunk/drugged people doing things they wouldn't do when they are sober? What do they do? (Privileges of being drunk: can do stupid things and get away with it because she was drunk)
 - c. How is this looked upon?
 - a. Do you have experience with drunken people/people on drugs being violent (towards you or others)?
 - b. How does men's (husbands', fathers', sons', friends', acquaintances') use of substances affect women?
 - c. Have you ever heard of/experienced sexual abuse related to men's use of substances?
 - i. Has your husband ever had sexual relations with you without your consent? Has this ever had to do with him being under the influence of substances?

- ii. Has your husband ever slept with another woman? Is he/has he been under the influence of substances when this happened? How do you feel about this?
- d. Have you ever heard of/experienced physical abuse related to men's use of substances?
 - i. Does your husband ever hit you, beat you or strike you, and is he ever under the influence of substances when this happens?
- e. Have you ever heard of or experienced psychological abuse related to men's use of substances?
 - i. If yes to any of questions c, d and e tell us what happened or happens, how it is looked upon, what do you or the abused woman do, is it reported to the police, etc.
 - ii. How have acts of violence impacted on you; when it happened and today?
- f. How is the household money spent? Is it ever used on things without your approval, and things that you disapprove of? How? What?
- g. How do men's personalities change when they use substances and how does this affect you and/or other women that you know/know of?
- h. Are there particular settings or particular types of men that are violent towards or disrespect women?
- i. How much money do the men you know spend on substances and how does this affect the household economy?
- j. How do you feel about men's drinking/use of substances?
- k. Ideally, how would you like things to be with regards to substances?
- l. What could be done to make things better?

10.3 Participant Information Sheet

Study on the use of substances in Malawi Participant Information Sheet

This study is initiated by FORUT (Norway) and NGO gender coordination network (Malawi), and will be carried out by researchers from SINTEF Health Research (Norway) and the University of Malawi. We want to learn from you about your experiences, knowledge and thoughts with regards to the use of substances. We want to talk to both women and men in the study. The information that we collect in this study will be useful for FORUT, NGO gender coordination network, government departments, and more.

We will ask for your permission to tape-record the interview, and to take some notes along the way. You are free to refuse any of these requests without prejudice.

Some of the questions may be too personal, or you may be unable to answer them for other reasons. You are free to answer or not answer whichever questions you like. If you at any point wish to terminate the interview, this will be done without any questions or prejudice. If you at any time wish to withdraw from this study, even after the interview is conducted, you are free to do so. All the information obtained in this interview will be kept confidential, and your name will not be used at any point.

If you have any questions regarding this study please contact Stine Hellum Braathen, ph. +47 982 30 472, e-mail: stine.h.braathen@sintef.no, or Alister Munthali, the Centre for Social Research, University of Malawi, ph. +265 8822004.

Thank you for considering participating in this study.

Principal Investigator
Stine Hellum Braathen
Research Scientist
SINTEF Health Research

10.4 Informed Consent Sheet

Study on the use of substances in Malawi Informed Consent

I (the informant) _____ agree to the conditions as stated in the Participant Information Sheet. I am aware of the fact that I am participating in this study on a strictly volunteer basis, and that I can withdraw at any time.

All the information obtained in this interview will be kept anonymous, and can not be traced back to the individual informant. Name and picture of the informants will not be used in public without consent from the informant.

Informant Signature

Researcher Signature

Researcher Signature