

Deadly divide: Malawi's policy debate on HIV/AIDS and condoms

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Published online: 23 June 2010
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Abstract This paper examines the dynamics of condom policymaking in Malawi by analyzing debates, which took place in the Malawi National Assembly between the year 2000 and 2004. Using content analysis and key informant interviews, and situating the overall discussion within policy and science literature, we examine how scientific evidence is being applied in the policymaking process as it relates to the place of condoms within the context of HIV/AIDS prevention. The study not only shows the extent to which the policymaking process on condoms in Malawi largely embodies a tendency to blur the conventional divide between science and politics, but also demonstrates why controversy around condoms still persists at the highest level of government in a country with one of the highest HIV prevalence rates in the world. It was found that even when people are dying, consensus in HIV/AIDS policymaking can be difficult to achieve in a policy climate characterized by a binary perspective to social problems, and where different actors compete for control over the policy terrain. The paper makes recommendations that may be helpful in facilitating a more inclusive HIV/AIDS policymaking process in Malawi.

Keywords Condoms · HIV/AIDS · Malawi · Science · Content analysis · Policy sciences · National Assembly

Introduction

This paper examines the condom policy dynamics within the context of HIV/AIDS prevention in Malawi. Apart from being one of the poorest countries in the world, Malawi also

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has one of the highest HIV/AIDS prevalence rates. Current estimates indicate that about 12% of the population is living with the virus and that 70,000 adults died of HIV-related illnesses in the year 2007 (UNAIDS 2008). One of the major consequences of the epidemic has been the rapid increase in the number of orphans, which account for 7% of the national population (UNAIDS 2008). The HIV/AIDS epidemic has also been causally linked to the persistence of food insecurity and increased poverty (de Waal and Whitehead 2003; Bryceson and Fonseca 2006).

While there are many institutions involved in the HIV/AIDS sector in Malawi, the government has mainly led the fight against the epidemic since the virus was first reported in 1985. Initial interventions to deal with the epidemic focused on blood screening, creating awareness about the dangers of the disease and how to prevent it, and the establishment of the National HIV/AIDS Control Program. However, strategies have now greatly expanded and include care, support, and treatment of those who are living with the virus and mitigation of the socioeconomic impact of the epidemic (Malawi Government 2003). The government has also been responsible for formulating policy and providing overall technical direction of the national response to HIV/AIDS. The national policy on HIV/AIDS serves as a framework for implementation, monitoring, and coordination of all HIV/AIDS activities in the country.

Although the institutional framework for responding to the HIV/AIDS epidemic is largely in place, the increasing HIV prevalence in the country means that there is still urgent need for measures that would reinforce prevention. One of the areas that currently need attention relates to the use of condoms. Generally, the government in Malawi has been slow to act on the condom policy against the backdrop of a persistent controversy about the appropriateness of condoms as an HIV/AIDS prevention strategy (Bryceson and Fonseca 2006). In this paper, we examine the dynamics of policymaking in relation to HIV prevention in Malawi. We attempt this through a content analysis of debates that took place in Malawi National Assembly at different times between the year 2000 and 2004. Content analysis is complemented by key informant interviews with selected individuals deemed highly knowledgeable about the HIV/AIDS situation in the country. The period understudy is particularly important as it coincided with the review of previous HIV/AIDS strategies and the formulation of the first national policy on HIV/AIDS. In particular, the paper explores the manner in which Members of Parliament (MPs) grapple with uncertainties associated with condoms, and how 'facts' or ideas constructed under such uncertainty feed into policy. In addition, the paper explores how merits of condoms are generally evaluated by MPs, including the worldviews that influence policy preferences for resolving the HIV/AIDS problem. We also examine the role of both science and values in shaping policy claims and counterclaims in the condom debate and how this makes the condom policy arena especially problematic. Although this analysis relates to the Malawian context, the conspicuous absence of documented studies on social processes around policymaking in the HIV/AIDS policy sub-system in Sub-Saharan Africa in general renders this study of potential benefit to other settings in the region currently confronting the HIV/AIDS epidemic.

In the next section, we present a brief political history of medicine in Malawi not only to set the context for understanding the accelerated spread of HIV/AIDS, but also to show how the policy environment during both the colonial and post-colonial periods might have facilitated the entrenchment of apparently incommensurate worldviews about health, which significantly contribute to the controversy that surrounds the current condom policy. This is followed by a brief analysis of the political economy of Malawi to provide a glimpse into the contingent environment that characterized the period during which the

HIV/AIDS policymaking took place. Following this narrative is a theoretical discussion on the relationship between science and politics that argues that science and policy intersect at various levels, contrary to the popular view that science is objective. The methodology used in this study i.e., categorical content analysis complemented by key informant interviews, is then presented, followed by an analysis of HIV/AIDS condom policy claims and counterclaims in which arguments and rebuttals by MPs in Malawi National Assembly and findings from interviews are examined. Finally, the paper presents discussion and conclusions.

Political history of medicine and HIV/AIDS in Malawi

Pre-colonial period

The colonial period in Malawi heightened the impact of Christianity and European culture on local traditional values, including those governing public health and sexuality (Lwanda 2002). In the Malawian traditional context, for instance, a wide range of afflictions such as *kanyela* (body chills), *tsempho* (weight loss and marasmic appearance), and *mdulo* (difficult breath), which had similarities with sexually transmitted diseases were perceived to be consequences of transgressing sexual norms (Moto 2004; Drake 1976). For instance, according to cultural norms, a man risked inflicting on his wife *mdulo* if he committed adultery while she was pregnant. In addition, access to sufficient and incontestable amount of land was critical for ensuring food sufficiency, better health, and individual as well as social stability. Responsibility for ownership of land was invested in religious and/or secular heads of the community who were also important sources and perpetrators of rituals of harvesting, planting, puberty, deaths, and prayers for good agricultural weather (Mandala 1990). As such, the traditional concept of disease prevention was a mixture of morality, social harmony, and religion, such that people's understanding of health was integrated with their social, political, and religious experiences. It therefore followed that the definition of public health not only referred to an illness that affects the public, but also what the public itself undertook to influence its own general health status (Kalipeni et al. 2004). Although the arrival of early Christian missionaries in the mid-nineteenth century marked the beginning of the devaluing of these concepts of health, it was the declaration of the country as a British Protectorate in 1891 that significantly increased European opposition to these local percepts. Given these inter-linkages between cultural values, medicine, and politics, expropriation of land following colonization not only undermined food production, but also threatened the very material and cultural basis of local preventive medicine for Malawians (Peltzer 1987).

Conflict between Western biomedicine and indigenous culture during this period was also characterized by an elitist bias since the colonial government health care system was largely geared toward providing medical care to the imperial Governor, European civil servants and settlers (Baker 1975). Although Christian missionaries also established hospitals, these facilities were very few and were mainly located away from where the majority of Malawians lived. While biomedicine was dominating at this point, it lacked the psychosocial, communal, and religious elements widely preferred by rural Malawians (Kalipeni et al. 2004).

By promoting a health policy largely based on the medical needs of Europeans, the colonial government inadvertently created a dual culture of medicine (Lwanda 2002). With Western values, norms, and perceptions of health prevailing in urban areas where most

Europeans settled, core cultural and health beliefs were not significantly challenged by colonial and Christian missionaries in rural areas. Furthermore, the discriminatory manner in which the colonial medical establishment provided health services served to strengthen the case for continued reliance of the majority of Malawians on traditional medicine.

Post-colonial period

The public health discourse in the post-colonial period is dominated by the ambiguous figure of Dr Hastings Banda, the first president of Malawi. Dr Banda, a Western trained medical doctor, inherited a colonial bureaucracy that was structured to provide healthcare primarily to the elite. Cast in image of ‘messiah’ after leading the country to independence, Banda ironically continued with the colonial policy of promoting better medicine for the elite at the expense of primary health care needs of the majority of rural poor Malawians. Furthermore, his dictatorial tendencies drove discussions of sensitive medical and cultural matters underground. This style of leadership precluded efforts to integrate the two health systems and served to perpetuate a dual healthcare system characterized by Western and traditional systems (Lwanda 1993).

The onset of HIV/AIDS presented a great threat to the Banda regime, which was founded on the rhetoric that Malawi was a ‘land of milk and honey’ where ‘people were better fed’ and ‘lived in houses that did not leak’ (Englund and Mapanje 2001). As such, public discussion about HIV/AIDS, like other politically charged topics, was highly censored and suspected perpetrators were often mercilessly suppressed (Gould 1993; Kalipeni and Ghosh 2007). It was little surprise that the handling of the HIV/AIDS epidemic emerged as one of the key issues that was used to galvanize popular support for political transition from the one-party to a multi-party system of government.

The introduction of multi-party democracy in the country in 1994 somehow reduced government monopoly over public policy analysis (Englund and Mapanje 2001). However, the handling of the HIV/AIDS epidemic under the leadership of the first democratic government was highly problematic. Apart from deregulating medical research, the government did little more than conducting and sponsoring sporadic public HIV/AIDS awareness events. The National AIDS Committee also suffered from underfunding. This minimalist and ambiguous stance created a climate conducive for the continued resurgence of traditional medicine (Kalipeni et al. 2004). The credibility of local medicine and traditional sexual perceptions was particularly enhanced during this time as many people were beginning to be affected by an illness that they did not clearly understand and which the government apparently ignored.

The *mchape* episode characterizes the entrenched dual medical culture in Malawi. In August 1994, Billy Chisupe, an elderly subsistence farmer in southern Malawi announced that his ancestors showed him a tree whose bark contained a definite cure for HIV/AIDS. Tens of thousands of people flocked to his rural hamlet to take the potion called *mchape* (which means to clean). The response of the government was contradictory. While publicly asserting that there was still neither a cure nor vaccine for HIV/AIDS, the government not only provided security at the site of the healing, but also used its vehicles to carry civil servants to the site (Schoffeleers 1999). It is in this highly varied, ambiguous and complex social, cultural, and political context that the condom policy situation in Malawi is being examined.

Table 1 shows a timeline and systematic chronology of the key HIV/AIDS policy and events that took place and how this chronology overlaps with the condom debate in the

Table 1 Timeline of key events and policies

Time	Key events and policies
Early 1960s	Condoms existed in Malawi but use limited to foreigners
Late 1960	Modern family planning banned by the Banda regime
1982	Modern family planning reintroduced, focus on child spacing
1985	The first case of the HIV virus reported, national prevalence at 2%
1985	Government adopts a blood screening policy for all transfusions
1986	Public Education Strategy on HIV/AIDS developed
1989	National AIDS Control Program set up within the Ministry of Health
1991	Medium-term Plan for HIV/AIDS developed
1994	Cairo International Conference on Population and Development resolutions adopted, condom largely promoted for child spacing and HIV in marriage
1994	Political transition to multi-party politics, HIV/AIDS tops government agenda
1994	Billy Chisupe launches <i>Mchape</i>
1996	Government and partners evaluate the HIV/AIDS response
1998	National HIV prevalence estimated at 14%
1999	Fourth National Health Plan (1999–2004), with HIV/AIDS taking center stage
2000	National HIV/AIDS Policy development process starts
2001	National AIDS Program dissolved, National AIDS Commission (NAC) formed
2001	National HIV prevalence reaches 15%
2002	Integrated Behavior Change Intervention Strategy launched
2003	First National HIV/AIDS Policy launched
2004	Joint Program of Work for Health Sector-wide Approach (2004–2010) launched

national assembly. This chronology serves to highlight continuities and discontinuities in public health policy in Malawi and places the HIV/AIDS and condom issue in context.

Political economy of Malawi at the time of the HIV/AIDS condom debate

The socioeconomic and political landscape of Malawi during the years 2000–2004 was not only characterized by the deadly parliamentary divide over the issue of condoms. The country was also experiencing one of its worst famines in decades, caused by a combination of drought, floods, and declining soil fertility. As a result, about 3.3 million Malawians (30% of the population) faced starvation. However, a more critical analysis reveals that the 2001–2002 famine also had political causes. These include misplaced complacency on the part of the donor community as evident in its urging of the Malawi government to sell its strategic grain reserve, and the government's denial of the existence of the famine or at least impeding famine despite availability of various strong signals (World Development Movement 2002). The crisis had far-reaching consequences for the HIV/AIDS epidemic. For example, increased numbers of reported cases of family disintegration around this period were directly linked to the acute food shortages that many poor households experienced (AIDS in Malawi 2002). People adopted various strategies to cope with the famine. For instance, migration to find work elsewhere, especially from rural to urban areas, became a particularly attractive adaptation strategy. However, this not only had the effect of tearing families apart, but also made migrants vulnerable to new sexual

networks. As will be alluded to later, incidences of women exchanging sex for food in some parts of the country were observed during this period (Bryceson and Fonseca 2006).

This period also coincided with the quest by the government to qualify for the Highly Indebted Poor Countries (HIPC) initiative. Although Malawi eventually qualified for the initiative toward the end of the year 2002, the move did not necessarily entail debt cancellation by the World Bank (WB) and the International Monetary Fund (IMF), but rather, a restructured debt repayment including the possibility of grants (AIDS in Malawi 2002). This arrangement meant that the Malawi government continued servicing its foreign debt even though the country was in the middle of a crippling food crisis, thereby raising fundamental moral and political questions about the role of foreign aid (AIDS in Malawi 2002). The influence of the donor community in shaping the general HIV/AIDS landscape in the country was not only limited to the ill-advice with respect to national strategic food reserve management and the failure to extend a temporary moratorium on debt repayment during the food crisis itself. One of the key preconditions advanced by World Bank and IMF for Malawi to qualify for a full debt relief was that the government should ensure that 75% of condom outlets are stocked with condoms at all times in an effort to reduce the prevalence of the epidemic (AIDS in Malawi 2002; Malawi Government 2002). As will be seen later, while it can be argued that this precondition was motivated by a genuine need to strengthen national response to HIV/AIDS, its timing and the circumstances within which this policy prescription was pronounced by the World Bank and IMF had profound implications for the condom debate in the national assembly and the ultimate policy choices that the government made with respect to HIV/AIDS. However, it should also be understood that the quest for HIPC qualification and its attendant preconditions had some positive consequences with regard to HIV/AIDS. For example, the development of a Poverty Reduction Strategy Paper helped to place HIV/AIDS at the center of national development efforts, including the urge for adequate funding and staffing for the National AIDS Commission (Malawi Government). The government was also encouraged to pay more attention to the poor and step up its efforts to curb corruption.

Science-policy relationship

The analysis in this paper is framed within the context of a growing body of literature in policy sciences regarding the interface between science and policy. Science-policy interface refers to social processes encompassing relations between science and other actors in the policy process that allows for exchanges and joint construction of knowledge to enrich decision-making (van den Hove 2007). Far from being mutually exclusive, science and policy are intersecting domains of human activity (Aronson 1984). For example, products of scientific research form an important input into policymaking. This linkage builds on a long-lasting philosophical, sociological, and political question about the societal role of science (van den Hove 2007). As argued, the fundamental aim of science is to provide explanations of the world and solutions to social problems (Lubchenco 1998; Popper 1989; Aronson 1984; Garvin and Eyles 1997). The science-policy relationship is also demonstrated by the contention that the processes of science do not take place in political vacuum (van den Hove 2007; Wynne 1984). According to van den Hove, this interconnection between science and politics does not only impinge on the range of topical issues that scientific inquiry focuses on, but it also shapes how the discipline proceeds, the dissemination of research findings, and the diffusion of knowledge into society.

Science-politics relationship also extends to the process of validation of scientific knowledge. Pointing to the subjective nature of peer-reviews, Jasanoff (1994) argues that standards of validity of scientific knowledge are not necessarily rigid constructs. This is because while these rules hold up under circumstances of friendly scrutiny, they quickly disintegrate under controversy, thereby casting doubts as to whether peer-reviews can seriously operate above politics to produce 'objective' knowledge. Even more pertinent for policymaking is that regulatory science, which provides the basis for policymaking, is more open to contestation by different interest groups. This is because disciplinary norms, which facilitate consensus among scientists in academic settings, as well as rigorous quality assurance standards, are largely unavailable in scientific research directly meant for policy (Jasanoff 1987). Controversy around construction of scientific facts is further fuelled by the assertion that regulatory science operates with different goals and priorities and takes place in a context where potential outcomes of competing applications of science are politically salient. In such polarized contexts, public policy analysis involving scientific issues usually entails conflicts not only over scientific knowledge, but also over the distribution of gains and losses (Ozawa and Susskind 1985). To this end, it has been asserted that consensus in such situations is often achieved through mechanisms that promote negotiation among rival claims and interpretations of science. This tendency blurs the presumed divide between science and politics (Jasanoff 1987; Aronson 1984).

Despite the foregoing recognition that science and politics are interdependent (Kuhn 1962; Dunn 1981; Wynne 1984), the conventional view that science is objective still holds tremendous appeal for policymakers mainly because it promises an enhanced ability to understand social problems and predict policy outcomes. The resultant relatively superior status of science in policymaking has sometimes led to application of scientific knowledge to deal with controversial social issues and to legitimize political action (Wynne 1984; Ozawa and Susskind 1985). This tendency especially relates to situations involving complex physical systems characterized by fuzzy boundaries between physical and social sciences, such as global warming and exposure to toxins and carcinogens (Sarewitz and Pielke 1999). Unfortunately, oftentimes when science cannot offer definitive explanation to a social problem, it paves the way for values and political interests to shape interpretation and analysis (Harrison 1991). Furthermore, public policies formulated on the basis of such indeterminate science are often framed in a manner that does not acknowledge these gaps and contingencies.

It has been argued that uncertainty is not alien to scientific inquiry and the knowledge it produces; it is central to its workings (Jasanoff 2007). But the reversal of this presumption can be explained by the growing authority of science as described earlier and the expanding influence of modernity, both of which tend to contribute to a binary way of thinking (O'Brien 1981; Jasanoff 2007). A recurrent critique is that such dichotomies should be viewed with a great deal of skepticism because their conception is usually not empirically derived (Sprague and Zimmerman 2004). In fact, dualisms are socially constructed and motivated by a basic requirement of a particular social order, e.g., a perception of opposition between science and non-science, the powerful and weak, or the poor and the rich or men and women (Jay 1981). As such they might be limiting, not the least, because they force us into artificial thinking that less of one pole means more of the other (Jay 1981), but also because of their inherent tendency to gloss over complexity and unpredictability of natural and social systems (Sarewitz and Pielke 1999). Consistent with this view, policy analysts have also argued that many social problems are often not amenable to analysis by an analytical style that reduces issues to their component parts

because broader social and political considerations also impinge on the definition of policy problems as well as choice of solutions (Dunn 1981; Sabatier 1987).

Elaborating the role of values in policy analysis, Sabatier (1987) policy-oriented framework postulates the role non-cognitive factors such as ideologies and belief systems play in the formation of coalitions and advocacy for policy change. According to Dunn (1981), public policy problems are ‘messes’ or systems of problems where no two members are identical in all or even any of their properties; yet the properties of each member have an effect on the properties of the system as a whole as well as on the behaviors or properties of each member.

Roe (1994) also extensively discusses the role of problem structuring in policy analysis and demonstrates that competing issues in a policy debate gain salience not only on account of their factual basis, but also on the basis of how they are framed. Through framing the dimensions of public policy issues, scientists and policy analysts can generally shape public understanding, public discourse, and decision-making. Effective framing may also require a credible explanation of even incomplete states of knowledge and putting it into an understandable context (Graffy 2008; Wynne 1984) in order to promote a particular kind of problem definition, causal interpretation, and potential remedy (Epstein 1996).

Methods

The first part of this section outlines how content analysis, the primary research method in this study, was carried out. This includes a description of the sources of data, identification of policy claims, how claims were coded, number and percent of claims broken down by direction and substance, as well as an analysis of proposed policy claims by MPs. The second part describes the key informant interviews as a complementary study method. Only the summaries, rather than detailed narratives of the interviews with key informants, are presented in this sub-section in order to maintain an appropriate balance with regard to the relative importance of the two methods in this study.

Content analysis

In seeking to understand policymaking dynamics relating to condoms in the Malawi National Assembly, this study largely follows the Content Analysis Categorical System developed by Howland et al. (2006). Lasswell’s (1971) work emphasized the links between policy sciences and content analysis. Generally, content analysis can be defined as a method for gathering and analyzing the content of text (Krippendorff 1980). The content analysis categorical system can be seen as a variant of the traditional content analysis method. It is a data collecting and analysis methodology that produces maps of rhetorical landscape of policy formulation that are designed to assist policy scientists in describing decision processes surrounding a public policy (Howland et al. 2006).

Content analysis is generally appropriate for this study because it facilitates sifting through large amounts of text in a systematic fashion with relative ease and at comparatively lower cost (U.S. General Accounting Office 1996). Secondly, as this study involved examining the condom debate in Malawi at a distance, this method permitted an examination of historic documents even though the authors were not present at the time of the policy debate. Thirdly, content analysis facilitated the revealing of particular condom policy arguments and claims by MPs, which would otherwise be potentially difficult to elicit with causal observations or face-to-face interviews (Neuman 2006; Neuendorf 2002).

In particular, the Content Analysis Categorical System technique as advanced by Howland et al. (2006) comes with additional strengths, which make it especially suitable for this study. As postulated by Howland et al. (2006), the content analysis categorical system has the ability to integrate content analysis with a policy science framework (Lasswell 1971) by focusing on the following themes: (1) identification of arguments bearing upon a specific policy problem and solutions to resolve it; (2) assessment of the direction of policy arguments in relation to a specific set of policy goals proposed to deal with problem; (3) determination of the relevance of a claim to a policy problem, and (4) identification of stakeholders associated with arguments. We used the preceding methodological framework to ask two research questions, namely (1) are the arguments in the Malawi National Assembly in support or in opposition to condoms (2) in what ratio are the arguments around condoms informed by Western science, religion, economics, traditionalism, or politics.

Source of data

In this study, data analyzed using Content Analysis Categorical System technique was collected from Hansards obtained from the National Assembly in Malawi. Hansards are official government booklets, which record parliamentary discussions. As data sources, Hansards are generally reliable and easily accessible to the general public. The study period is from the year 2000 to 2004 and also coincides with national consultations for the formulation of the first national policy on HIV/AIDS in Malawi. From a total of 201 archived Hansards over the period under study, a computer search using key words of 'Condom' and 'HIV/AIDS' identified 32 electronic booklets containing parliamentary discussion on condoms, which were later analyzed manually.

Identification of condom policy claims

In the context of this paper, a policy claim is an inference drawn as a conclusion from available evidence such that the statement is relevant either to the policy problem (i.e., HIV/AIDS epidemic) or to the proposed solution (Howland et al. 2006). The identification of policy claims involved isolating statements from the 32 Hansards with a bearing upon condoms as well as other policy proposals aimed at resolving the problem of HIV/AIDS in Malawi. As already indicated, the process of selecting policy arguments was done manually. In particular, this involved carefully sifting through all the 32 booklets and flagging texts, which contained claims and counterclaims relating to the condom. As will be seen from the two examples given in the sub-section describing the results, statements qualified as arguments if they contain both a claim and a supporting data (Howland 2006). In order to isolate claims from data, particular attention was paid to transition words such as 'because', 'thus', 'hence', during the policy claim identification stage because such phrases join a policy claim with evidence or supporting data. This yielded a total of 29 different arguments (Table 2).

Coding of the condom policy direction and substance of policy claims

A coding system is defined as a set of instructions or rules regarding how to systematically observe and record the content from text (Neuman 2006). It is tailored to a particular kind of text or specific medium of communication and depends on the unit of analysis of

Table 2 Breakdown of code claims by direction and substance

Codes	Number	Percent	# of MPs
Pro condom	11	38	20
Against condom	18	62	31
Total	29	100	51
Scientific	9	32	19
Political	2	7	2
Cultural	10	34	12
Economic	1	3	1
Religious	7	24	17
Total	29	100	51
P-S	8	28	18
P-R	1	3	1
A-S	1	3	0
A-E	1	3	3
A-P	2	7	1
A-C	10	35	12
A-R	6	21	16
Total	29	100	51

interest. Condom policy arguments and claims were coded for both substance and direction. Coding for direction generally involved noting whether the content of the message was positive or negative (Neuman 2006); whether a claim made by an MP opposes or supports the promotion of the condom policy in Malawi (Howland et al. 2006). Arguments, which proposed the use of condoms, were coded as ‘P’, meaning that the statement was pro-condom, while those against the promotion of condoms as an HIV prevention strategy were coded as ‘A’, meaning ‘anti-condom’.

Coding for substance generally refers to whether the argument is grounded in economics, science, religion, politics, or traditionalism. This resulted in the creation of sub-categories, depending on the reason for the policy position. For example, arguments advocating for condoms purely based on scientific credibility were coded as ‘P-S’, while those claims against condoms grounded in religious beliefs were coded as ‘A-R’. Similarly, claims against condoms because they were viewed as instruments of politics, and representing economic interests of pharmaceutical companies were coded as ‘A-P’ and ‘A-E’, respectively. This culminated into 10 possible coding permutations for direction and substance. Five are ‘Pro’-condoms; P-S, P-R, P-C, P-P and P-E, and five ‘Anti’-condoms; A-S, A-R, A-C, A-E and A-P. For example, consider the argument by one of the MPs against condom distribution in prisons in the country:

...if you are imprisoned, you are not supposed to have sex. Warders should ensure that no sex takes place in prisons. Oh yes, that’s better than providing them with condoms, because when you give them condoms you are telling them, “now it is every night, use these condoms among yourselves...”

In the earlier claim, the argument that condoms should not be distributed in prisons is supported by reference to the ‘political rights’ of prisoners in Malawi; that as incarcerated individuals they are prohibited from having sex. As such, distribution of condoms in prisons will be a way of telling prisoners that they can now have sex. This argument was therefore coded as A-P.

Consider another example of an argument in favor of the condom:

Condoms can be counterproductive to the fight against HIV/AIDS in Malawi to the extent that they promote immoral behavior. But deliberately infecting someone with the virus constitutes a sin. So if a condom can protect life, then I can see a spiritual reason for supporting a condom policy.

The earlier argument, in favor of providing unfettered access to condoms, is backed by a religious justification; saving life. This argument was coded as P-R.

Coding results

Table 1 below reports the findings of content analysis of condom policy arguments in the Malawi National Assembly. The aim is to determine whether arguments are supportive or opposed to the condom policy. Furthermore, the table shows the proportion in which the policy claims are scientific, cultural, political/imperialist, religious, or economic, and the number of MPs associated with a particular kind of argument.

As indicated in above table, overall, the majority of members of parliament who participated in the condom debate were against any proposed policy, which would provide unconditional access to condoms (31 against 20). This opposition was mainly based on cultural values (34% of the arguments), seconded by those based on religious grounds (24%). On the other hand, almost all of the MPs who supported a universal condom policy used the scientific claim of the efficacy of condoms in preventing HIV transmission.

Identification of stakeholders in the condom policy sub-system

Finally, we examined the various stakeholders involved in the condom question in Malawi. Unlike the era of one-party regime, where contentious health issues were banned from public debate, the public is to certain extent allowed to participate in policy analysis in the now democratic Malawi. Hence, the condom issue has wide range of individuals and interest groups, including government ministries and departments, local and international NGOs, the media, researchers, the clergy, traditional leaders, and commercial sex workers. Although there is potential for widespread public participation in policy analysis, like in many nascent sub-systems (Beverwijk et al. 2008), policymaking in Malawi largely remains confined within government circles, hence, the focus on MPs in this study.

Validity and rigor

While content analysis does not substitute for other methods such as surveys (Neuendorf 2002), it nonetheless lends itself well to this study. This is primarily because we are concerned with the direction of policy arguments and assumptions that underwrite and stabilize condom policy claims, rather than the distribution of different views on condoms in the general population in Malawi. To ensure validity of the analysis inter-coder reliability technique (Neuman 2006; Neuendorf 2002) was used, where two researchers were involved in coding and cross-checking regularly for consistency across the codes that emerged. Rigor was further enhanced by ensuring that both coders clearly understood the underlying meaning of particular statements, correctly followed the established coding system, and sought clarification for ambiguous phrases. Reliability was also enhanced by the use of two researchers for coding instead of computer-based methods. In addition, one of the authors is a Malawian and was therefore better placed to capture nuances in the use

of language and idiomatic expressions in statements uttered by MPs in the debate. This approach permitted careful examination and judgment on important elements of policy arguments, which were sometimes implicit in their statements and claims (Howland et al. 2006; Woodward and Denton 2000). Although manual coding of the Hansards was slow, this was generally compensated for by the gains in the quality of the analysis. The methodological technique described earlier was used to guide the analysis of the HIV/AIDS policymaking dynamics on condoms in Malawi.

Results

Condom policy claims in the national assembly

Although parliamentarians may articulate views that are shaped by their own personal predispositions, MPs in the National Assembly are expected to generally reflect aspirations of their constituents and interest groups. In these particular debates, while MPs were not representing the pro- or anti-condom coalitions per se, the deliberations generally mirrored this divide.

The pro-condom policy claims

Opening the debate on the need for a universal condom policy, parliamentarians demanded that the government should ensure that the general public has unrestricted access to condoms in order to contain the spread of the HIV virus in the country as indicated in the statement below:

...the government must ensure that condoms are available in every single part of this country at all times. Condoms will ensure that everyone has a chance to protect themselves and others from contracting HIV/AIDS and other sexually transmitted diseases...

Supporting this motion, another MP pressed the government for a condom policy in order to avert the increasing number of HIV-related mortality in the country:

...people seem not to care about death these days even though it is evident that many people are dying of AIDS. The discussion we are having here is all about death. Instead of people changing their sexual behaviour and start using condoms, they argue that you cannot feel the sweetness if you consume it with the wrapper (condom). This needs to be stopped immediately...

While MPs in the National Assembly frequently tend to tow political party lines during policy debates, it is interesting to note that the discussion about condoms was one policy issue that seemed to have changed this pattern with some opposition MPs coming out in full support of the government's side as indicated in an argument below:

...the government should provide condoms because some people are already infected with this deadly virus. What is the government going to do with those who are already infected?

With women constituting only about 13% of parliamentarians in the national assembly, female voices are rarely heard. So it was significant that a female MP strongly supported the condom policy motion saying that:

The problem is that children nowadays do not listen and if you don't allow them access to condoms they will still go and do it...after all they have a right...

Another member of parliament from the opposing side argued for the need for a universal condom policy and was among one of the few MPs who attempted to link this need with the overall relationship between HIV/AIDS and poverty:

...let's be realistic with the issue of HIV/AIDS. Government has to make condoms readily available because most people engage in immoral behaviour because of poverty... They also want to feed their children just like all of us here do to our own. If poverty was not such a big problem in this country, we would not have been discussing about people dying of HIV/AIDS...

The debate took somewhat different storyline and complexity when a parliamentarian drew the attention of the house to the speculated increase in the prevalence of homosexuality in the prisons and hence, the need for government to make condoms available to prisoners throughout the country:

...I understand that there is homosexuality taking place in the prisons. Prisoners are part of us and are citizens of this country. The government should ensure there is a steady supply of condoms in prisons because everyone has a right to self-protection...

Like the preceding arguments, the above claim was aimed at achieving a policy that ensures unconditional condom availability and access to all regardless of their particular circumstances. As a matter of fact, one would think that the recognition of the HIV/AIDS menace, the perceived need for protection against the HIV virus, and the present uncertainty around the future of the HIV vaccine would help to sway arguments in support of the universal condom strategy, with the scientific merits of condoms alone forming the basis of national policy. However, reality suggests otherwise as there were strong views and arguments within the anti-condom storylines.

Anti-condom policy claims

The anti-condom discourse generally gained momentum following the launch of the US President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, which coincided with this debate in the Malawi National Assembly. The fund placed more emphasis on mutual faithfulness and abstinence. The abstinence and mutual fidelity argument against the condom was also supported by many other MPs. For example, an MP made the rebuttal pointing out the disgraceful character of condoms:

...the government should handle the issue of HIV/AIDS carefully. This struggle will never be won with a condom, with all the pornography on its covers. Such a weapon defeats honor and dignity and grants victory to the enemy... A person's life is precious. It cannot be put in a rubber. You cannot entrust your life to a mere rubber.

In the comment below, an MP argues that abstinence should be the nexus of HIV/AIDS prevention in the country:

The question of HIV/AIDS can only be addressed by ensuring that people abstain from immoral behaviour. Morality is the biggest weapon against this epidemic. People must reconcile with the fact that sex is not for pleasure...It is a privilege to those who are appropriately married. Married people have a reason for having sex.

It is interesting to note that although the technical merits of condoms are apparently not being disputed in the above policy claim, the proposed solution is framed in moral terms. Another MP extended the moral argument by shifting the focus to young people:

Young people are the main culprits of HIV/AIDS in this country...The government should focus on programmes that educate the youth about abstinence and mutual faithfulness...

Although the concern about young people is legitimate, all groups of people in Malawi have been severely affected by the HIV/AIDS epidemic (UNIAIDS 2008). Hence, the appeal from a rare female voice for MPs themselves to teach young ones by example:

...let me also ask each one of us to do what we preach on the need for abstinence as one of the best ways of preventing HIV/AIDS...

The above argument should be understood in the context of the fact that a considerable number of MPs, government ministers, and other top government officials have also died of HIV/AIDS in Malawi. In fact, it was the increase in the incidence of death among senior government officials that generally compelled both the previous and current regimes to publicly accept that HIV/AIDS was a serious problem in Malawi (Englund and Mapanje 2001). Yet the perceived failure of modern science to provide an effective cure or vaccine for HIV/AIDS seems to provide great ammunition for those who oppose condoms. Placing undue enthusiasm on Western medicine tends to raise suspicion, especially in a context where biomedicine conflicts with traditional social and cultural values in various ways. Inevitably, this created an opportunity for counter and speculative claims about special interests of the global pharmaceutical industrial complex:

...Condoms are primarily made for business, not for protection against HIV infection. I am made to believe that if a cure for HIV/AIDS was discovered, it would be bad news for companies which make condoms... So too with those who sell coffins...they will be out of business.

The above argument against condoms resonates with concerns pertaining to corporate interest in HIV/AIDS. For example, the use of the World Trade Organization Trade-Related aspects of Intellectual Property Rights (TRIPS) by pharmaceutical companies to block access of life-saving therapies to people in poor countries because of profits reinforces the skepticism about whether the promotion of condoms is indeed for the prevention of sexually transmitted diseases (Collins 2003). While the above argument is generally valid, it should be noted that this kind of claim tends to be used to cover up for poor government policies, corruption, and mismanagement, which frequently impede efforts to contain the spread of the epidemic in Malawi.

Some MPs also talked about the discomforts associated with how the notion that condom issues have disrupted domestic space and has made parenting difficult:

People in this country are either Christians or Moslems, and neither of these religions condones condoms. Condoms are a big embarrassment ...indecent adverts are everywhere. These days one can no longer listen to the radio with your family without being embarrassed by messages which always all about condoms. The amount of shame condoms inflict on families is unimaginable...

Sexual practice in Malawi is exclusively seen as an adult business. As such, ignorance about sexual matters among the youth is generally considered as a marker of innocence and good behavior. Consequently, sexually explicit information, which accompanies condom

advertises, is generally seen as source of premature exposure of youths to knowledge that can lead them to inappropriate sexual behavior.

The anti-condom argument was also extended to the proposal to distribute condoms in prisons, and this was vehemently rejected as indicated by some of the MPs:

Once you have been imprisoned, you are not supposed to have sex. Therefore, providing prisoners with condoms is out of question. When you give them condoms, it is as good as saying they are free to have sex. We need to ensure that there is no sex taking place in prisons...

The argument as to whether to supply condoms to prisoners sidetracked the policy debate to a moralizing issue, whereby homosexuality, which has been subsumed in public denial, suddenly gained a prominent spot in the national HIV/AIDS policymaking. Invariably, an MP questioned the existence of the practice of same sex relationships in the country:

There is no evidence to prove that homosexuality is being practiced in this country. Therefore it could not be legalized for the mere reason that it has been made legal elsewhere in the world. If we do not see homosexuality, then it does not happen and should not be created.

At this point, it is interesting to note the change in the scope and direction of the debate to include linkages among HIV/AIDS, condoms, homosexuality, and rights of prisoners. In addition to doubting its existence, another MP even questioned the context of the very definition of homosexuality itself:

We cannot legalize homosexuality as we are not defining homosexuality by what happens in our prisons. Those people do it because they are deprived of female company...we are defining homosexuality as preferring men even where one has the opportunity to be with a woman.

The above findings provide not only the different storylines that formed the basis of the Malawian HIV/AIDS policy, but also the associated confounding of moral issues as they relate to HIV/AIDS in context.

Key informant interviews

Key informant interviews were conducted with five participants in order to compliment and validate the findings of the content analysis with primary information and situate them in a relatively broader context. Individuals selected for these interviewees were generally those considered to be highly knowledgeable about the HIV/AIDS epidemic in Malawi. They included a member of the clergy, an MP, a traditional leader, a civil rights activist, and a person living with HIV/AIDS. While the inclusion of the MPs was guided by the fact that parliamentarians are considered to be duty holders with regard to local as well as national development, the choice of a clergy was informed by the fact that, in Malawi, the dispute over condoms is largely seen as confrontation between the government and the church. We also included a civil rights activist based on the notion that NGOs tend to view access to health care and for that matter condoms as a human rights issue. The inclusion of a person living with HIV/AIDS (PLWHA) was in response to the need to understand the question of condom policy from the perspective of someone who is personally struggling with the virus itself. As traditional leaders are generally custodians of traditional culture in Malawi, it was necessary to get deeper insights into how the notion of condoms resonates

with traditional values. The participants interviewed therefore represented a range of key stakeholders in the condom policy controversy. Nonetheless, perspectives from these informants provided complimentary views to the arguments gathered from Hansards.

All the key informants interviews were guided by the key question: How would you describe the role of condoms in HIV prevention and control in Malawi? On average, the interviews lasted about 1 h. Table 3 below presents a summary of the main findings from each key informant interview. The varying arguments and claims that emerged from the interviews capture the context within which many of the key arguments advanced in the parliament during the policy debates.

From the views presented in Table 3, the relative importance of condoms as a strategy for HIV prevention and control varies across different stakeholders. For example, whereas the clergy saw no role for condoms, the traditional leader appreciated its importance but accorded it very limited salience. It is in the context of all these differences that the national HIV/AIDS condom policy was made.

Discussion and conclusions

Data from content analysis and key informant interviews are pooled together in this section. The content analysis focused on the relative role of science and politics in condom policy and the disproportionate influence of the pro-condom policy statement on subsequent government action. The interviews validated the policy arguments and provided context within which the condom policymaking evolved in Malawi.

As evident from content analysis MPs generally opposed a universal condom policy. However, with Western medicine as the predominant paradigm guiding national health policy and under immense pressure from donors to strengthen national HIV/AIDS response, including the stepping up of condom distribution as part of a set of preconditions for full debt relief, the government opted for a pro-condom coalition argument in October 2003 barely before the debate in parliament had been concluded. This is reflected in the policy statement below (Malawi HIV/AIDS Policy pp. 17):

Government and its partners shall promote the proper use and disposal of both the male and female condom and other barrier methods to prevent HIV and STI transmission.

Government shall ensure that male and female condoms and other barriers are of good quality, affordable and widely accessible. In particular, Government shall ensure that male and female condoms and other barrier methods are available to prisoners.

Consistent with pro-condom policy arguments the condom policy statement above is framed in unequivocal terms. The straightjacket manner in which pro-condom arguments made by MPs as well as the policy prescriptions by government are framed leave no room for uncertainty of condoms as a strategy for HIV/AIDS prevention. Information about potential technical failure of condoms did not accompany policy arguments or their final policy prescription. Although it appears that scientific demerits of condoms did not figure in the parliamentary debate, studies have nonetheless shown that condoms have an estimated mechanical failure rate of about 2.6%, both in homosexual and in heterosexual practice (Maurizio et al. 1999; Stone et al. 1999). This malfunctioning relates to breakages and slippages. Research has also shown that the risk of mechanical failure of condoms increases with increased use of alcohol or drug abuse. Other studies have found that in a

Table 3 Summary of findings from key informant interviews

Interviewee	Summary
Clergy	Condoms are the biggest liability in the fight against HIV/AIDS in this country. Life is one of the highest moral values, and God's greatest gift. As such the church does not arrive at decisions on morality on the basis of deductive logical argumentation, but by examining the extent to which moral decisions can save life. The definition of sex as sin is not only limited to the extramarital context, but also applies to any sex that is not in principle open to conception
Human rights activist	The right to sexual and reproductive health is a fundamental human right as espoused in the 1948 United Nations Universal Declaration of Human Rights and the United Nations Convention on the Rights of the Child and Sexual and Reproductive Health Rights. With the HIV/AIDS epidemic, people have the right to protect themselves. The duty of government then becomes one of ensuring an appropriate environment for the fulfillment of these rights. Access to condoms therefore is one of those imperatives. This right does not only apply to children, but also extends to those who are incarcerated, regardless of their sexual orientation. Condoms are central in the fight against HIV/AIDS in Malawi
PLWHA	While it is appreciated that different people hold different views on the question of condoms, we need to understand the actual context within which HIV/AIDS is usually spread. Many people living with the virus today may not have acquired it knowingly or intentionally. Structural factors, such as poverty and gender inequality, create situations where it not becomes extremely difficult for certain people to refrain from sex, but also to have meaningful control over terms of sex. This implies that while condoms are obviously necessary for HIV prevention, they are not sufficient unless accompanied by concrete action aimed at reducing deprivation and other social inequalities such as gender
MP	A healthy population is critical for national development. Yet HIV/AIDS presents arguably the biggest threat to national development in this country. As a Christian, I am aware of the potential moral and ethical dilemma a universal condom policy presents. But I am also cognizant of the sheer scale of the epidemic in this country, which precludes reliance on a narrow minded strategy that only emphasizes abstinence and mutual faithfulness. Against this background, the condom should remain an essential part of the overall strategy for dealing with the HIV/AIDS epidemic in Malawi. Although the government and the church remains divided on the condom issue, we can still complement each other; the church can continue to focus its energy on teaching abstinence and mutual fidelity, while the government concentrate on condom promotion in the context of the ABC strategy
Traditional leader	The problem of HIV/AIDS in Malawi is rooted in socioeconomic and cultural aspects not amenable to quick-fixes promised by condoms. That condoms provide a barrier that prevents cross-infection of the HIV virus between sexual partners should not let us lose sight of the fact that the epidemic in this country is mainly driven by the rapidly changing sexual norms brought about by Western culture and worsening economic situation. While strains that poverty places on individuals, especially women, tend to push them into exchanging sex for money, the growing apathy toward marriage among young people today means that youths are less constrained by more restrictive sexual norms that their married counterparts are generally subjected to. The importance of this factor cannot be overemphasized given that 50% of the total population in Malawi is below the age of 24. Condoms will only address a very small piece of the larger problem. More viable measures are therefore those which aim at reducing poverty in the country and protect youths from the corrupting influence of Western culture

generalized HIV/AIDS epidemic, consistent and correct use of the condom only reduces risk of HIV transmission by 85%, and that a 15% risk remains unexplained (Hearst and Chen 2004; Weller and Davis 2003). Furthermore, a study conducted in Uganda, for instance, found an inconclusive public health impact of condom in a generalized epidemic

(Phoebe et al. 2005). But in applying scientific knowledge about condoms to policy analysis and formulation on HIV prevention in Malawi, this uncertainty is generally lost, and politics effectively combines with science to shift concern from a less certain scientific realm to more certain public health policy (Howland et al. 2006; Garvin and Eyles 1997; Rushefsky 1986).

The manner in which condoms were generally portrayed both in the pro-condom arguments in parliament, by key some informants, and in the policy excerpts above is also consistent with notions of health as an individual concern divorced from social and political context. This lifestyle approach to health is also evident in the manner in which condom adverts in response to national policy are framed in social marketing campaigns in Malawi. Examples of some of moralistic and individualistic inscriptions are provided below:

Smart guys use condoms
Condom is your life
Responsibility starts with use of condom
For women who choose to care

While the role of agency in sexual matters cannot be completely ruled out, the assumption that individuals will use condoms once they perceive the risk of being infected by the virus, nonetheless, overlooks the reality that sex often takes place within highly polarized power relationships where certain individuals do not have control over the decision to use a condom (Moore and Oppong 2007; Kalipeni et al. 2004). Therefore, the pro-condom policy claims tend to paper over the highly varied and complex context within which sexual exchanges occur while simultaneously framing the condom as a magic bullet.

On the other hand, those who advocate for abstinence and mutual faithfulness as the nexus of HIV/AIDS policy in Malawi believe that the epidemic can be dealt with by reinstating a moral order that permits the practice of sex to be conducted only within the context of marriage. This is consistent with traditional sexual and religious precepts embedded in notions of individual piety, personal integrity, community harmony, and well-being (Bryceson and Fonseca 2006; Drake 1976). The findings from the key informant interviews suggest that the increasing prevalence of HIV/AIDS in Malawi is partly attributed to the widespread breakdown of moral values. As such the notion of condoms does not seem to guarantee restoration of strict observance of sexual propriety that underlies the solution to the epidemic.

The political significance of the views by some key informants cannot be underestimated, especially in a context where traditionalism and religious dogma is widespread and reinforced by the generally low level of education among rural people, who also constitute the majority of the population. However, the efficacy of a national HIV/AIDS policy exclusively founded on basic values of compulsory abstinence and mandatory mutual faithfulness is equally questionable. As also borne out from key informant interviews, traditional culture and hegemonic influence of religion are coming under increasing threat from the corrupting influence of migration, urbanization, improved mobility, and communication (Bryceson and Fonseca 2006). In addition, overreliance on traditional values seems unlikely to effectively contain the spread of HIV/AIDS in Malawi given not only women's lack of power to negotiate terms of sex, but also because the general perception among men in Malawi is that condoms are appropriate only in the context of extramarital affairs and not within the family arena (Chimbiri 2007). The negative influence of poverty and persistent food insecurity on the sexual economy in Malawi has also been noted in that rural women have been reported resorting to the 'essential exchange' of sex for food

(Bryceson and Fonseca 2006). To that end, it can be argued that despite their fundamental differences, the pro-condom and the anti-condom arguments share similar weaknesses in their respective policy claims in that they both tend to ignore contingency and uncertainty.

Overall, the condom policy in Malawi can also be described as a ‘messy’ terrain because the policy issue at hand is highly interwoven with other contested policy arenas, including homosexuality, cultural norms, religious values, and rights of prisoners, thereby presenting a profound policy dilemma for the government. Although there are many groups of individuals and organizations involved on both sides of the condom argument, differences in opinions are more polarized between the government and secular NGOs on the one hand, and the clergy and traditional leaders on the other. Public policy analysis on condoms in Malawi can therefore be described as characterized by conflicting modes of inquiry and divergent intellectual styles informed by apparently incommensurable ideologies (Torgerson 1986; Berger and Luckman 1980); all this happening while thousands of people are dying. The explosion of the condom debate into broad political, cultural, and social issues points to the fact that most social issues of interests to policy makers do not usually neatly fit within precise and unambiguous frameworks that scientific solutions can provide (Luginaah et al. 2005; Schneider 2002; Sarewitz and Pielke 1999). The condom situation in Malawi seems to refuse to be dealt with using an approach that simply decomposes the problem into its component parts because it is part of the whole systems of problems (Jasanoff 2007; Leach 2007; Dunn 1981).

In conclusion, from a critical examination of policy analysis dynamics, we observe the manner in which uncertainty and contingency associated with the condom science as well as traditional and religious approaches to HIV/AIDS are managed. The disproportionate influence of Western medicine and the commanding role of Western donors in upholding the preeminence of the biomedical approach to HIV/AIDS, including the role of condoms, explain the government’s choice of condom use as a policy strategy despite immense opposition. Similarly, the uncritical emphasis on traditional and religious values should also be seen as a strategy where culture and religion are used to exclude competing forms of knowledge from entering into the HIV/AIDS policy arena. As established from this study, both sides of the condom divide are talking past one another, privileging different sets of values, while missing the bigger picture: HIV/AIDS solutions cannot be boiled down to personal decisions on sex versus abstinence, but are driven by broader forces including poverty and gender inequity that also need to be addressed. Critical for policymakers is to recognize that all forms of knowledge are partial perspectives shaped by social and cultural values and that the role of policymakers should be to explore disciplined ways of accommodating differences in the views (Leach et al. 2005; Haraway 1999). A binary mindset that decomposes the HIV/AIDS issue into sex and abstinence only serves to undermine collective action against the epidemic and thwarts attempts to save hundreds of thousands of Malawians from an enormous life-threatening problem. Further, policymakers should also understand that real-life problems are complex, such that for every potential remedy there is bound to be second-order considerations, which might complicate first-order decisions (Jasanoff 2007). Therefore, there is need for a paradigm shift among policymakers, which transcends narrow ideological divides and upholds core values such as increasing the standard of living of all Malawians, including their rights to good health.

Although this paper may be limited by the possibility that some MPs and other stakeholders may have changed their positions on the condom issue over time, and also by its use of a limited number of key informants, the study has nonetheless clearly demonstrated the contingent nature of the condom science and uncovered a messy systems

problem pertaining to the condom policy that need to be dealt with if the fight against the HIV/AIDS epidemic is to succeed. In addition, this study has exposed lines of further inquiry that can improve HIV/AIDS-related policymaking not only in Malawi, but also in other countries in the Sub-Saharan Africa where controversy over the question of condoms still lingers. For example, future research can focus on exploring strategies aimed at promoting policy-oriented learning in order to forge disciplined ways of accommodating differences and bridge (or minimize) ideological divides over the condom issue, which can otherwise undermine HIV/AIDS control efforts. Such studies, using a wider range of research methods (Lasswell 1971), can include an examination the roles of policy brokers in this and other similar contexts in fostering strategic interaction between coalitions with the aim of helping different policy stakeholders acknowledge the importance of different policy claims in the policymaking process.

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