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The Crushing Impact of HIV/AIDS on Leadership in Malawi

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Introduction

The stark statistics for HIV/AIDS in sub-Saharan Africa are terrifying. Each year, countries like Malawi, for example, are losing more teachers than are being trained. Seventy per cent of major hospital capacity is taken up by HIV positive patients, and orphans now amount to 8 per cent of the population. Such statistics become even more frightening when we dare to think through the implications over the next ten years, when the situation will deteriorate as those already infected get sick and die. The position is so alarming that massive amounts of resources are quite rightly being targeted at making anti-retroviral therapy (ARVs) accessible. Donors are also laudably insisting that HIV/AIDS be mainstreamed in all the development programmes they support. But this is still not enough.

The impact of HIV on leaders *infected* by the virus is increasingly obvious and distressing, and yet the impact on leaders *affected* by the virus is more widespread and insidious. Leaders, in countries like Malawi, are not just leaders in their organisations (and having to bear the weight of HIV in their workplace), but are also leaders in their extended and rapidly extending families. As HIV/AIDS cuts swathes through the population, leaders are responsible for responding to the decimation in their families – as the Chichewa proverb says: 'The big head will not dodge the fists – *mutu ukakula sulewa mkhonya*.' If someone in the family gets sick and later dies, the main wage earners in the family cannot ignore it and say it is not their problem. Yet how many such blows can leaders survive at home, and still perform at their best at work?

Many leaders are being torn apart by cultural demands at home and professional demands at work. The current situation is impossible to sustain and something will soon give. Unless there is a change, good leaders and effective organisations may collapse, losing the most valuable, but also most vulnerable of development resources, and leaving Africa unable to rise to the mounting humanitarian challenge.

Yet most donors are failing to fully appreciate the less obvious, indirect impact that HIV/AIDS is having on their partner organisations implementing development programmes in such contexts. In an HIV-affected environment, development agencies will necessarily do less and do it more expensively (all else being equal). While HIV specialists warn: 'Development becomes virtually impossible in the era

of AIDS' (Barnett and Whiteside 2002), many donors still appear surprised when the indicators contained in their logical framework tables are not achieved. Head office demands for greater focus on results and tighter budgets appear increasingly detached from the reality on the HIV-affected ground. HIV/AIDS can have a significant impact on not just the partner's programme, but the partner organisation itself[1]. Operating in a context of high HIV prevalence will necessarily affect the partner's staffing, systems, structures, strategy and even leadership. This Praxis Note focuses on this aspect of leadership and although the examples are exclusively drawn from Malawi, the implications may be very relevant for other HIV-affected countries in Africa.

Malawian Leadership in Context

Leadership does not occur in a vacuum, but within a very influential cultural context. Social identity theory indicates that leadership behaviour is bound up with social identity – leaders' definitions of themselves in relation to the group (Haslam 2001). Leadership is not therefore so much about an individual person as about a relationship between people, both at work as well as with the extended family and community. As Mayo pointed out 50 years ago, 'The desire to stand well with one's fellows, the so-called human instinct of association, easily outweighs the merely individual interest and logical reasoning upon which so many spurious principles of management are based'[2]. It can be argued that social identity theory has even more weight in countries like Malawi where the African spirit of *ubuntu* – a person is a person because of other people – 'I am because we are' – prevails. To be true to their identity, leaders in Malawi, therefore, cannot divorce themselves from their family's perceptions and expectations of them. So what are these expectations that leaders have to try to live up to?

Leaders in Malawi are viewed by their families as 'the fortunate ones', the ones who, through opportunity or qualifications, have managed to lift themselves out of the extreme poverty that affects most of the country, including much of the rest of the family. Many of those family members who have not made it, are highly dependent and often abdicate responsibility for solving their problems onto their more successful relatives. Women leaders bear even more burdens as they are not only given financial responsibilities, but also expected to fulfil many gender-related obligations, such as caring for the sick.

The Different Blows of HIV/AIDS

The spread of HIV in Malawi has affected every family and employee, but it is the leaders in particular who are expected 'not to dodge the fists'. These fists are powerful and painful and come in various forms.

Financial blows

HIV/AIDS has brought massive financial costs to already impoverished countries like Malawi. Leaders in society are the ones who pay most of these costs. When a family member falls sick, they look to the 'big man' or 'big woman' in the family to pay for the medical treatment.

But as one leader relates, the medical costs are just the beginning of the story[3]:

[1] See Praxis Paper No. 3 'Building Organisational Resilience to HIV/AIDS' free to download at www.intrac.org

[2] Quoted by Haslam, 2001:17

[3] The stories related here are drawn from one small focus group discussion and a few informal conversations. The impact of HIV/AIDS on leadership is so invidious that almost every person would have similar stories.

> Two months ago my young brother passed away. When he lost his job he went home, together with his wife and children, to stay with my mother in our home village. Instead of just financially supporting my mother each month, we also then had to send money for my brother and his family. There were hospital bills to be paid and when he died he left huge debts and his wife and children to look after.

When the person dies, family leaders are expected to bear the financial brunt of the funeral costs. The costs are extensive. As well as the direct costs of the coffin, and the transport of the body to the burial site, the mourners also need transportation as so few people have cars. Even before the funeral party leaves, food has to be provided for those who have arrived to give condolences. Once back in the village, people congregate from the surrounding area and expect to be fed for the duration of the burial process (often two to three days). One young leader whose sister and brother had just died said he had spent two months' salary on their funerals alone and another estimated she spent a remarkable $650 on funerals every month! As another leader relates:

> When someone in my family dies, the least I am responsible for is buying a coffin and paying for transport for the mourners to go back to the home village where they will be buried. Although it would be much cheaper to bury the body here, our families in the village believe that the spirits of the dead must be buried together and they fear that if they are buried away from home, no-one will look after the grave.

There is a lot of family pressure to buy the most expensive coffin possible, as the coffin reflects the status of the deceased. If the person was working before, families sometimes demand that all the death benefits be used up on the purchase of the coffin (one recent case amounted to a full year's income). This can leave nothing for the surviving spouse and children. The spouse and the orphans then often look for ongoing financial support from the leader. As one commented:

> Soon his orphans started coming to me regularly asking for food and loans…yet I am already paying school fees for all my brothers and sisters.

Not surprisingly such expenses, on top of normal 'living' expenses can create very serious financial worries for leaders.

Extending household

There are also extra pressures on leaders through an ever-extending number of dependants as family members become sick and later die. This is a cultural obligation, not a voluntary choice. It is not rare for leaders to be putting between 10–20 family members through school, especially in societies where polygamy used to be practised. As one person said:

> If I do not send these kids to school it will be my own family that suffers later. I must help them to fend for themselves.

In many cases, orphaned children will be taken into the household – one 25 year-old leader has just seen his family expand from one nine-month old child to six children almost overnight in the wake of his siblings' death. Another leader confided she had given up thoughts of having her own children as now she had to look after her sister's

sick child. The orphaned children may also be emotionally scarred by the death of their parents and often cause problems for their foster-parents. It also causes significant tensions with the leader's own children, as it may not be possible to send them all to the same school or give them the same opportunities.

Time

Leaders are expected to visit sick family and friends and attend their funerals. Visiting the sick has become one of the main 'leisure' activities of leaders in Malawi; similarly leave days are spent condoling with relatives – neither of which counts as effective relaxation. When a family member in the village becomes very sick, they often come to stay with the leader in town in order to receive last-minute medical treatment. Leaders are the ones called when an emergency arises and transport is needed. Such events frequently affect work plans.

Once the person dies, the big people in the family are expected to make the funeral arrangements. They are the ones who have to arrange and preferably undertake the collection of the dead body and transport from the mortuary if they have died in town. They are the ones called on to organise logistics such as food and transport back to the village.

Leaders are meant to attend funerals of family members in the village, a cultural expectation that costs some people up to one month's work time each year:

> I have had to go back to my home village (some 12 hours drive away) for family funerals four times in the last six months. Given that this means being away for three to four days at a time, it works out to maybe 30 days a year travelling for funerals of family members. This does not even count the time I spend in town for funerals of neighbours, workmates, and friends.

Another leader recently said he had been off work for the last three weeks to organise and attend the funerals of his brother and his sister. Still another estimated he had attended eight funerals in the last three months. The only way that leaders can continue to keep up with their professional workload is by working most weekends too. This can lead to serious physical exhaustion.

Physical exhaustion

Between someone's death and their burial, mourners are expected to be with the bereaved during the night, sometimes for up to three nights in a row, even for the deaths of neighbours. Waiting for family members to arrive from afar exacerbates this situation. Although this may not eat into work-time, as one person said:

> After spending a night at a funeral, the next day at work you cannot perform.

If the funeral is out of town, leaders may reduce the time costs by driving to the funeral overnight. Given the state of Malawian roads and vehicles, as well as the physical exhaustion, this is very risky. One orthopaedic surgeon observed a significant proportion of his work comes from dealing with car-crash victims who were on their way to or from a funeral at night.

Emotional exhaustion

The exhaustion is not merely physical, it is also emotional:

> My step-brother has been coming and coming and coming to my office in the last two weeks. The landlord had chased him, his wife and his children from their house

> for not paying their rent. We suspect he is HIV positive. You can see the signs and he has been on TB treatment twice. Both he and his wife are sick and there is a lot of family pressure to look after them. But there is no job for him in town and in the end we had to force him home, but I am left with the burden of guilt – what more can I do?

It is impossible to fully appreciate the depth of grief in a country where so many family members and friends are sick and dying. In Europe or North America having a sibling die is still quite a rare and traumatic event, whereas now in Malawi such trauma is 'normal' and unrelenting. Yet as well as the grief there are also many emotional punches that come from the guilt of not being able to do more and not being able to live up to family expectations.

The person mentioned earlier, who had recently been to four family funerals, had also refused to attend another seven funerals at home. Such behaviour often leaves leaders ostracised by their own families and cultures. He said:

> They look upon you as bad if you do not attend funerals in the village. They even think you are the witch that bewitched the dead. They say, 'he has become a white man. He has forgotten himself and his culture'. That makes you feel guilty. You can become isolated from your relatives and treated as a social outcast.

Another related:

> When my uncle died I buried him close to the place of death as we had previously agreed with him and my mother. I could not afford to send his body home. But it became a big issue for the rest of the family who accused me and forced me to apologise for burying him in a strange land.

Conclusions

Something has to give. HIV/AIDS has radically changed much of Africa, but international aid systems and local ethnic cultures are not adjusting. Despite professions of altruism, understanding and caring, the international aid system does not really work like that. Increasing competition for dwindling resources means that today aid is more about quick, visible impact. Far from adjusting to the realities of HIV/AIDS, the aid world is moving in the opposite direction under the short-term slogan of results.

Ethnic cultures are also relatively impervious to change, especially in rural areas. Traditional authorities, the main custodians of culture, have the most to lose and the least to gain by such change.

The outcome is that in the new context of HIV/AIDS, leaders are being torn apart by the competing demands of these two worlds. Trying to keep both cultures satisfied is leaving many leaders emotionally and physically over-stretched and exhausted. Some are very close to burnout. This exhaustion inevitably affects their performance as leaders. They have less time and patience to consult, manage and motivate their staff. As a result they may take hasty and often autocratic decisions out of frustration rather than considered thought. Grief can give way to despair, leaving the leader unable to inspire the staff. Such a situation may cause some leaders to give up hope and simply go through the motions of leadership.

As a result, one very popular option for the most able leaders in Malawi is to get an international job. Not only does this

remove the leader from the unrelenting emotional and physical pressure of having to respond to a new need every day, but the extra salary often enables them to respond financially. HIV/AIDS is making the brain drain a very attractive option.

Challenging Culture in Changing Times?

While CSO leaders in Malawi may have very limited influence on the aid world, they do have some potential to assist change their own cultures in a way that preserves the essential values that underpin them. Leaders need to be at the forefront of challenging their cultures to adapt to an HIV/AIDS infected world. If they do not catalyse change no-one else will and it will be the leaders themselves that suffer most.

Yet as one person put it:

> How do we challenge some of these things, without becoming an outcast?

There are certainly no easy answers to this, as any culture is very threatened by change. In Malawi some CSO leaders have begun to identify some of the ways that their cultures may need to change. Some solutions may be short-term actions that are more easily achieved, while others may be part of a longer-term strategy. It is also necessary to identify how cultural expectations can be challenged in a way that is culturally understandable. For example, in Malawi if a relative dies in the village, it is usually unacceptable to say that you cannot attend because of an important work meeting, but a lack of money for transport is more acceptable (particularly if you can send a financial gift to help with the funeral).

It is also important to proactively discuss such issues before a crisis occurs, when decisions can be taken without being clouded by extreme emotion. It is often helpful to have discussed with family members and community members in advance as to what is now possible for funerals and the like. In this way coalitions of family and community members can ensure that cultural change actually occurs. The burden is more manageable if it is shared.

Some suggestions made by Malawian leaders include:

- **Reducing the time for funerals**. Funerals need to be reduced in length so that people leave soon after the burial and food is not provided for days afterwards.

- **Bury immediately**. Instead of waiting for all different family members to assemble, leaders suggested earlier burials, saving on both time and expenses.

- **Bury people close to where they die**. Rather than paying to take bodies back to their village, it is more realistic to bury people close to where they die.

- **Have funerals at weekends**. In other countries like Botswana, Uganda and South Africa, the HIV/AIDS prevalence has led to funerals being scheduled for weekends to avoid disruption to the working week.

- **Choose which funerals to attend**. In some families attendance at family funerals is done by rotation and so responsibilities are divided.

- **Encourage presents, not presence**. Sending condolences in the form of a financial gift to help with a funeral, rather than having to attend personally.

- **Returning the sick person to the village before they die** would transfer responsibility back to the parents and the community.

- **Sensitising people to accept standard coffins**, rather than 'burying money' with lavish coffins.

Changing culture may be essential, but it is fraught with pain and conflict as many can testify. One leader relates:

> We had a meeting with community leaders and all agreed that we had to reduce the time that funerals were taking. The next funeral we said would be over in a day and we would leave in the evening. When a young child died we stood firm and insisted, compounding the grief of the mother who wailed that her child had not even been given a proper funeral.

Finally leaders need to be assisted in this by their organisations. Organisations are able to assist by adapting organisational policies to reinforce changes such as those suggested above and so put a healthy boundary on employees' responsibilities. In turn, organisations can be assisted in this by their donors, both in making such issues a topic for dialogue, and even as a condition for support.

Questions for donors

As donors, we often try to relate to our 'partners' without the slightest idea of what they are going through. Imagine for a moment:

- instead of having none, one, two to three children in your house, you had ten and seven of them were not your own. How would that change your domestic dynamics?

- that you had to spend 25–40 per cent of your monthly salary on the sicknesses and funerals of relatives and at the same time were paying school fees for ten children – how would that affect your disposable income?

- that your brother or sister died in the last year – and also two of your cousins – and three of your friends from school or university. How would that make you feel? How would it change your view of life?

- that you were expected to spend 15 working days a year on funerals. How would that affect your productivity?

As donors can we really accept that we can legitimately put even more demands on our partners (and on leaders in particular) than before? When partners' reports are late and performance is not as good as was hoped, can we look beyond our logical frustration and seek to understand their reality?

We are of course torn between the demands of our own donors and the suffering of our partners. We need to at least engage with our donors in a considered debate about reasonable expectations in such emergency contexts. For example, at the very minimum donors may need to:

- look more realistically at indicators and targets
- accept the extra organisational costs of partners (such as medical bills, funeral expenses, staff planning and recruitment)
- reduce bureaucratic demands on partners
- lighten and simplify reporting burdens, such as agreeing with other donors on one reporting

template and not tying partners into too frequent reporting schedules
- invest in building relationships and listening in order to understand better the realities that partners and their leaders are experiencing

Challenges for Capacity Building Providers

This Praxis Note has highlighted the extreme, but largely invisible costs that HIV is inflicting on CSO leaders. To remain relevant in such a context capacity building providers need to look for ways to assist leaders in proactively addressing these issues, both on an individual level and corporately. It may mean capacity builders developing the skills and making the time for more on-to-one leadership counselling, and seeing leaders in the context of their whole lives (including their extended families).

Capacity building providers are also in a position to bring together many different leaders to look as these issues and discuss how it is affecting them individually and how they might respond, even as a group.

Finally, capacity building providers are challenged to bring such issues to the attention of donors – encouraging them to respond in a thought-out and strategic way. This is necessary to ensure that civil society leadership in sub-Saharan Africa, one of the most precious development resources, is not completely crushed by HIV/AIDS.

References

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