

Mainstreaming Gender in HIV/AIDS Programs: Ongoing Challenges and New Opportunities in Malawi

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Abstract

Numerous efforts are in place in Malawi to address the high rates of HIV/AIDS in the country. Furthermore, several successes in HIV/AIDS prevention and mitigation (including free antiretroviral drugs to people living with AIDS) have been documented. Fewer successes, however, have been achieved in integrating gender issues into HIV/AIDS programs. In this article I begin by defining gender mainstreaming and why it is central to HIV/AIDS programming. The second objective of this paper is to summarize the existing initiatives to mainstream gender in HIV/AIDS programs. The final objective is to uncover the ongoing needs, gaps and challenges for gender mainstreaming in HIV/AIDS programs. One of the biggest hurdles in HIV/AIDS prevention and mitigation remains the attitudes and cultural norms which reinforce women's disadvantaged position. Efforts to mainstream gender into HIV/AIDS programs are inadequate because they address women's practical needs rather than their strategic interests². Thus, current gender mainstreaming strategies are limited by the superficiality of the approaches for addressing gender inequality and HIV/AIDS, underscoring the need for transformative planning.

Keywords: gender mainstreaming, HIV/AIDS in Africa, non-governmental organizations

Introduction

Issues on the table are like ladies' fashions, it all depends on what's in style this year ... Gender has been put on the shelf at the moment. Two other important issues must first be addressed: HIV and famine, because these two issues are about saving lives (NGO staff member in Malawi).

Development programs are regularly compartmentalized, and gender programs are frequently considered separate and unrelated to other program areas. Divisions in programmatic areas are apparent at all levels. The United Nations, for example, has specialized units to deal with different issues from agriculture (FAO) to women's and gender issues (UNIFEM). Governments are also divided along departmental and

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² Practical needs refer to what women (or men) perceive as immediate necessities such as water, shelter and food. Development projects addressing practical needs offer short-term and unsustainable solutions, often targeting women to carry out specific tasks. Strategic interests are strategies to address gender inequality focusing on power, rights, subordination and empowerment. They are long-term in nature and involve structural changes in society to change women's status relative to men. The term "strategic gender needs" was first coined by Maxine Molyneux in 1985 and used by Caroline Moser as gender planning and policy tools. In this paper, I use the term strategic interests to highlight masculinities and cultural norms that perpetuate gender inequality in Malawi.

specialization lines. At the national level in Malawi, the government is divided into departments addressing a range of needs from finance to education. The Ministry of Gender is a distinct unit and development organizations often have “gender units” or staff appointed to address gender issues for the organization. It is hardly surprising that gender mainstreaming has proven to be such a big challenge for development practitioners implementing HIV/AIDS programs.

Nonetheless, numerous efforts to mainstream gender issues in all aspects of United Nations work, government programs and NGO initiatives have been made. For example, immediately following the 1995 United Nations Conference on Women, most countries adopted national strategies for mainstreaming gender in all development initiatives. NGOs also embarked on a new formula for addressing gender inequality through the development of gender mainstreaming policies.

Despite efforts at the policy level and a growing awareness of the crosscutting gender issues in development programs, gender mainstreaming has been slow to translate from policy into action. Several reasons help us understand why this is so. First, gender issues and AIDS continue to be viewed by many development practitioners as separate and unrelated programmatic issues. For example, some NGO staff members I interviewed for this research (especially senior level male NGO staff) continue to resist any discussion of gender inequality in their work. For many male staff members, gender issues are irrelevant to the development problems they seek to address.

A second reason involves the cultural norms that perpetuate gender inequality within communities, organizations and institutions. Gender inequality is produced and reproduced at all these levels on a daily basis through the sanctioning of norms, behaviours and practices, which reinforce women’s subordinate position in society. A third important factor is the challenge of overseeing and integrating gender in all programmes and activities. Staff members responsible for gender mainstreaming are seldom in positions of power which enable them to make decisions about, and modifications to, other personnel’s programs. Yet, mainstreaming approaches have the potential to alter societal norms and practices. In the next section I explain how the research was carried out followed by a definition and discussion of gender mainstreaming. I also summarize several gender issues associated with HIV/AIDS in Malawi, and highlight progress made in gender mainstreaming in HIV/AIDS programs in the country. In the final section of this article, I highlight the ongoing challenges for gender mainstreaming in HIV/AIDS programs with a particular emphasis on the need for attitude and behaviour change as they pertain to women’s disadvantaged position in Malawi.

Methodology

The research for this article is based on interview material collected in Malawi. Malawi is a small country located in south-eastern Africa, bordering Tanzania to the north, Zambia to the west and Mozambique to the south and east. The population of Malawi is approximately 12 million (CIA Factbook, 2005). As one of the poorest countries in the world, Malawi ranked 165 out of 177 countries in the Human Development Report (UNDP, 2005). Malawi ranked especially low in the area of life expectancy at birth with a score of 171 out of 177 countries (UNDP, 2005). The projected life expectancy for Malawians is one of the lowest in the world, estimated at 39.7 years

(UNDP, 2005). A low projected life expectancy in the country is directly related to high rates of HIV combined with poverty, inequality and food insecurity. There are three core regions in Malawi: the North, the Centre, and the South. All regions of Malawi face high rates of poverty; however, the Southern region is especially prone to food insecurity as a result of extreme environmental degradation, frequent droughts and flooding. Most of the research presented in this paper is specific to communities in the Southern region where I have lived and worked over the past nine years.

The research involved the collection of primary data, documents, reports and literature. This article draws on numerous documents and reports as well as two sets of primary data collected between May 2004 and July 2005³. In both cases, the research technique employed was that of in-depth qualitative interviews with a specific group of individuals. The methodology involved purposive sampling, a technique commonly used in international development research when the researcher is studying the lived experience of a specific population, community, or group of individuals. The first set of data is based on semi-structured interviews with community members in a peri-urban community in southern Malawi, near the town of Zomba. During data collection in 2004, semi-structured interviews were held with 17 individuals (8 men and 9 women ranging in age from 19 – 49 years). Participation in this study was limited to adults only. Efforts were made to find an equitable representation of male and female participants. The purpose of these interviews was to gather a range of perspectives on HIV/AIDS concerns and gender issues in Malawi from members of a lower-middle income community in the southern region of Malawi. Some of the individuals in this community are unemployed, underemployed or work in a range of professions as nurses, teachers, government staff and casual laborers. The participants represent a growing sector in Malawi as more and more people move from rural areas to urban locations looking for employment. Poor soil quality, combined with droughts, flooding and over-use of agricultural land is making it increasingly difficult for Malawians to make a living off the land. This neighborhood was selected because it is home to individuals from a range of educational backgrounds (from primary education to university degrees).

Most of the community members are fluent in English (the language used during research). However, a translator was present to assist when the researcher and research participants were unable to understand key words or expressions. Lower income households in this neighborhood had few amenities and often had many more people living in the small two bedroom houses. Households with professionals such as nurses tended to be occupied by parents and their children. Wealthier homes had televisions, radios, furniture, and electric cooking stoves. In other households, the interview participants had no television, used wood or charcoal for cooking outside, and commented on the challenges of finding employment. In the poorer households, the participants said they lived with distant relatives and boarders in order to assist with rent payments. In some cases, interview respondents spoke of sharing one bedroom with four or more extended-family members.

In order to get a representative sample of the neighborhood (including the better-off and lower income families), all homes on one street were selected for this research. During door-to-door visits, individuals were asked if they were willing to participate in

³ I would like to thank Sarah Pugh and Jennifer Bohl who were my research assistants between 2004 and 2005.

the study. The research participants had to be at least 18 years of age and willing to participate in the study. Over a period of three weeks, the researcher was able to meet and interview a representative from each household on the street. In total, 17 interviews were held with household representatives from one small neighborhood in Malawi. Semi-structured interviews were used because of the flexibility they allow in the interview process as well as the standardization of research questions. Each participant was asked the same questions; however, the participants were also given an opportunity to discuss matters of interest beyond the questions asked during the interview. Community members were asked about their understanding of gender issues and HIV/AIDS. The research participants were asked to comment on the information they receive about both these issues and what programs and activities are in place to address HIV/AIDS in the community. The interviews involved a lengthy discussion about their familiarization with gender issues and HIV/AIDS concerns as well as the types of information and resources available to them from government and NGO programs. The research was limited to 17 interviews in this community as it reflected the number of households on a particular street in a specific community and because of the intensive nature of each interview (interviews often lasted several hours) and because the research took place over a period of three weeks.

The second data set is based on a research visit to Blantyre, Malawi in 2005. Blantyre is Malawi's second largest city after the capital city Lilongwe. It is located in the southern region and home to many development agencies and non-governmental organizations (NGOs) in the country. Semi-structured interviews were carried out with 20 NGO staff members working in ten separate NGOs in Malawi. In total, 12 men and 8 women were interviewed representing a range of positions within the NGOs including Executive Directors, Program Managers, and Administrative Support Staff. The staff members were promised anonymity to encourage them to comment freely and openly. Therefore, the names of the organizations involved in this study will not be identified here. The NGOs participating in this study are all classified as development NGOs with a focus on poverty reduction/elimination and environmental sustainability. The NGOs are a combination of international NGOs (with head offices in Europe or North America) and national or local NGOs operating in Malawi only. The projects carried out by these organizations include small-scale entrepreneurship, nutrition education, fresh water management, re-forestation, maternal and child health, beekeeping, and sanitation management. The beneficiaries of the development projects provided by these development agencies are, for the most part, low income rural families. It is important to highlight that the majority of development staff working for multilateral agencies are from the middle or upper-middle class, while the NGO and government staff members, in general, range from middle class to lower-middle class, by local country standards.

The organizations were selected from a directory of NGOs working in the country. The sample group included only those organizations that are involved in development work and have offices in Blantyre. The location of Blantyre was chosen because it is one of the major cities in Malawi, it is located in the Southern region of the country where much of the development work takes place, and it is home to numerous development NGOs. According to the directory of NGOs in Malawi, there are 12 development organizations operating out of Blantyre. The NGOs were then contacted to establish whether they were willing to participate in the study. Ten out of a total of 12

organizations indicated they had time to meet with the researcher for an interview during the four weeks that the researcher was in the country. Interviews were held with two staff members from each NGO. Additional information used in this article was collected from international news agencies, United Nations documents, NGO reports and gender and development literature.

All interviews were analyzed using content and discourse analysis. The interviews were conducted in English and tape-recorded. The tape-recorded material was transcribed and coded. During the process of coding, specific themes and words were highlighted and counted. These themes were then analyzed in a framework adopted from Moser and Molyneux's practical needs and strategic interests. The responses were measured in relation to their references to operational procedures (superficial work) versus political change (empowerment) in relation to gender mainstreaming in HIV/AIDS programs.

Gender Mainstreaming Defined

Gender mainstreaming is a strategy for institutionalizing gender concerns within development organizations and their development projects. The term gender mainstreaming, popularized during the Beijing Conference on Women in 1995, is concerned with changes to mainstream policies and resource allocations to achieve gender equality.

Many donor organizations, United Nations agencies and NGOs have adopted the language of gender mainstreaming; however, few studies have documented the impact these gender mainstreaming policies have in practice. Gender mainstreaming involves both the integration of women into existing systems as active participants, and to changes to the existing systems to reduce gender inequalities stemming from women's disadvantaged position in society. As such, gender mainstreaming is both a technical and political process (Kardam, 1997) requiring changes in the cultures, values and practices of organizations for the purpose of confronting gender inequality. Gender mainstreaming has been adopted by development agencies to address the root causes of gender inequality "which can be found in the social structures, institutions, values and beliefs which create and perpetuate women's subordination" (UNDP, 2000:281). Governments and NGOs have also adopted the language of gender mainstreaming; however, this language has not adequately translated into specific gender-sensitive practices and strategies for HIV/AIDS programming at any level.

Most striking in reviewing the available literature on gender mainstreaming is the almost exclusive concentration at the policy level. Gender mainstreaming is adopted by various UN agencies such as the UNDP and other international agencies to address the root causes of gender inequality "which can be found in the social structures, institutions, values and beliefs which create and perpetuate women's subordination" (UNDP, 2002:281). As such, these UN documents offer how-to prescriptions for creating gender policies within organizations and extol the virtues of this approach for getting development right for women. Yet a small, but important, body of literature has emerged in the past few years pointing to the challenges NGOs experience in translating these gender and development principles into practice.

The challenges identified by some of these authors include the practical issues such as lack of accountability to women beneficiaries (Goetz, 1998) and the need for responsive development planning involving development bureaucrats since "field

workers are not neutral actors mechanically implementing top-level policy directives; they help to constitute the structure of power relations in the rural environment” (Goetz, 2001:22). Other constraints include limited exposure to the language of gender equality and lack of funding to turn these policies into action. Some authors have pointed to the deep structures of organizational life which prevent gender mainstreaming (Rao, Stuart, Kelleher, 1999); patriarchal culture which marginalizes women and women’s interests (Mies, 1986; Walby, 1988); as well as organizational ideologies, value systems, structures, and management styles (Macdonald, Sprenger, Dubel, 1997) which promote masculine cultures. All of these bodies of literature offer insights into the gendered practices and norms within organizations as well as the gendered attitudes and behaviors held by NGO staff. These norms and attitudes, however, stem from specific cultural practices within Malawian society. Some of those practices (especially how they exacerbate HIV/AIDS rates in Malawi) are discussed in the section that follows.

Gender Inequality Surrounding the Spread and Impact of HIV/AIDS

Malawi is a compelling case study for an analysis of gender mainstreaming in HIV/AIDS programming because of its high rate of HIV infection combined with gender norms which dictate how women are treated and the unequal work burden they experience. I examine these gender norms and their impacts on women later in this section. First, however, I provide some background information on HIV/AIDS in Malawi. The adult prevalence rate of HIV in Malawi is projected at 14.2% of the population (UNAIDS, 2004). Additional information from the UNAIDS Malawi office project the number of people living with HIV at 900,000. As of 2003, as many as 84,000 deaths have been reported to be a result of HIV/AIDS (UNAIDS, 2004).

More women than men are reportedly infected (UNAIDS, 1999). Women represent 56.8% of Malawian adults who are HIV positive (UNAIDS, 2004). The Malawian National AIDS Control Programme estimates infection rates among women attending antenatal clinics are approximately 10% in rural areas and 30% in urban areas (National AIDS Commission of Malawi, 2000). The high proportion of HIV positive women in child-bearing age also has serious implications for mother-to-child transmission. Furthermore, evidence now demonstrates that HIV infection in younger females aged 15-24 is about 4 to 6 times higher than the infection rate in their male counterparts (National AIDS Commission of Malawi, 2000).

Cultural norms and attitudes held by men and women in Malawi are believed to increase the likelihood of HIV transmission. For example, perceptions of what it means to be “a man” reinforce specific societal and sexual norms. During my earlier research with NGO staff members, I learned that NGO staff members who carry out projects in rural communities frequently insist on returning to the nearest town or rest house/truck stop in the evenings. The NGO staff members were asked why they preferred to sleep in the rest houses, which are often attached to noisy drinking establishments rather than the accommodations provided for them in the rural communities. Their response was that they were going to be away from their wives/girlfriends for more than a few days and that they could not be expected to go several days without sex (Tiessen, 1999). Being away from wives or girlfriends on field visits then becomes an excuse for promiscuity that is justified through the appropriation of stereotypes of virility and sexual need. Forster’s research in Zomba found that “[l]ike beer, casual sexual activity is widely seen as an

essential expression of masculine enjoyment” (2001). Expectations surrounding men’s virility and peer pressure are therefore important cultural and societal issues, which need to be highlighted in HIV/AIDS prevention work. Research on young men between the age of 10 and 24, in particular, found that young men often do not see themselves at great risk from HIV/AIDS. In Malawi, 41% of men said they had used a condom at some point in their lives (Panos, 2000). Most men in Malawi admitted they seldom use condoms claiming that they are inconvenient and reduce the pleasure of sexual intercourse (Forster, 2001). Women who use condoms or request the use of condoms are frequently are considered promiscuous and untrustworthy (Panos, 2000). One of the reasons why men choose not to use condoms is because they do not see themselves at risk. “In Zambia, for example, 64% of young men 15 - 24 thought themselves at no risk at all from AIDS compared to 53% of young women. This is despite the fact that having unprotected sex with multiple partners is relatively common among this age group” (Scalway, 2001). Furthermore, some men in Malawi believe that unprotected sex with a virgin will cure them of AIDS (Panos, 2000). A gender analysis in HIV/AIDS research is therefore crucial for understanding the fundamental cultural norms of masculinity and femininity and how they influence sexual knowledge and behaviours (Commonwealth Secretariat, 2002).

Additional reasons for the high rate of HIV transmission in the country include gender-specific norms including negative attitudes toward women; women’s inability to make decisions about sex; and weak, inequitable, and even oppressive social support systems (National AIDS Commission of Malawi, 2000). Gender inequality in Malawi is further linked to inequities in social, cultural, economic, and political areas. In particular, women are disproportionately impacted by HIV/AIDS; women are often infected at an earlier age than men are (UNAIDS, 2004); and gender-based violence accounts for a large proportion of HIV infections in women (Liwewe and Matinga, 2005). Cultural norms of polygamy among men mean that even women in stable relationships are often vulnerable to HIV infection (Forster, 2001; Liwewe and Matinga, 2005). These and other gender issues including the impact on women and young girls are summarised below.

Inequality between the sexes limits women's access to care and services (Ntata, 2005). It also reduces both men and women's opportunities to acquire knowledge about safer sexual practices, and to develop skills to protect themselves from HIV. Inequality between men and women stems from differences in attitudes toward men’s and women's sexuality, both within and outside of marriage. Multiple sexual partners is the norm for men in Malawi (Liwewe and Matinga, 2005); however, this increases the risks of exposure for men to a variety of infections, and therefore increases the possibility those men will transmit HIV to their partners. Cultural attitudes toward suitable sexual behaviours and norms make it difficult for men to admit to gaps in their knowledge about sex and to the link between socialising and alcohol use (UNIFEM, 2001). Society accepts multiple sex partners as an expression of male sexuality and masculinity (Ntata, 2005). However, this acceptance limits behaviour change. Research conducted in Zomba, Malawi by Forster (2001) reveals a pattern whereby men reinforce their positions of power in relation to women and are able to do so partly as a result of holding back income to be used for their own personal enjoyment. Usually, this money is spent on beer and casual sex with “bar girls”: both activities are considered an “essential expression of masculine enjoyment” (Forster, 2001, 247-248). Men buy sex as an expression of wealth

and/or power. Other reasons why men buy sex can be explained by a desire for sexual acts they cannot ask from their wives, distance from their wives, and/or societal norms surrounding myths of having sex with a woman who is menstruating or pregnant (Liwewe and Matinga, 2005).

Gender-based sexual violence remains an additional challenge in the efforts to stop the spread of HIV/AIDS throughout Africa (Liwewe and Matinga, 2005; WILSA, 2003). Several forms of sexual-based violence, including marital rape, coerced sex or rape, are known to lead to high rates of HIV (Commonwealth Secretariat, 2002). One of the biggest challenges to addressing HIV risks posed through sexual-based violence is the perception that this issue is a “private” matter and off-limits in public discussions. The perceived separation of public and private spaces is reinforced through behaviors and norms which prevent women’s issues from being taken seriously; thereby, reinforcing women’s subordination. Women’s subordinate position in society, in turn, makes women especially vulnerable to HIV/AIDS (Onyejekwe, 2004). Gender mainstreaming strategies in HIV/AIDS programs are therefore a vital component of development programming. Several factors, however, contribute to gender inequality in the spread and impact of HIV/AIDS.

One key challenge is that men do not take responsibility for sex or the transmission of AIDS (2005). Men often blame women for enticing them into sex (Forster, 2001; Liwewe and Matinga, 2005). This attitude is an obstacle to HIV/AIDS prevention because it absolves men of responsibility for their sexual behaviour. Gender inequality is also central to HIV/AIDS in the area of community support networks. Women are more likely to feel the burden of additional community responsibilities and work. Primary data collection uncovered a number of references to the unequal burden women experience in caring for the sick and the orphaned. I interviewed one NGO staff member who is working closely with home based care (HBC) volunteers in rural communities in Southern Malawi who noted that women and men are both trained as HBC volunteers; however, women were far more likely to do the work required of this position. In some cases, the research participant noted, women were walking 10-20 kilometres per day to visit and look after a person who is dying with AIDS. This same volunteer then walks back to her own home where she has to rush to prepare meals for her family and look after her own household. All the while, her own gardens are not being kept up and thus putting her own family’s health in jeopardy. To add to this problem, young girls are now even more likely to stay home from school to assist their mothers with cooking, gardening and washing. A 2004 UNAIDS study links young girls staying home from school to higher rates of HIV/AIDS. Girls who stay in school, the report concludes, are less likely to be exposed to HIV because they are less likely to be sexually active at a young age (UNAIDS, 2004). Nevertheless, there is a 10.5% drop out rate for girls in primary school compared to a drop out rate of 6.3% for boys (UNAIDS, 2004). Other young women are encouraged to marry young as a coping strategy in times of extreme poverty (Munthali, 2002).

The risks of HIV infection are also high for girls who stay in school. Many girls in southern Malawi admitted to being coerced into sex by school teachers. In a study commissioned by Oxfam, the researchers found that many of these sexual encounters were not reported to the police because the teacher promised the girl’s parents that he would marry her if she became pregnant (Liwewe and Matinga, 2005). To address this

issue, the Malawi government launched the *National Strategy to Combat Gender Based Violence* (2002-2006) which includes teaching modules to educate young men and women about sexual abuse.

Women also expressed concerns about violence in the case of reporting their HIV status to their husbands (Ntata, 2005). Ntata's study on ARV drug access and use in Malawi uncovered that revealing HIV status can be costly for women since men may force their wives to leave the house if they are found to be HIV-positive. The reason for this attitude stems from perceptions that a woman who goes for testing and tests positive is promiscuous (Ntata, 2005).

Several other cultural practices have exacerbated the negative impact of HIV/AIDS on women in Malawian society. Property grabbing, for example, has resulted in women losing their personal possessions to in-laws upon the husband's death (Munthali, 2002). Widows are often victims of discriminatory inheritance practices in which the majority of the estate is taken unlawfully by the deceased husband's family. The Law Commissioner of Malawi has undertaken a review of legislation that discriminates against women and has proposed legislation to bring the law into compliance with new constitutional standards. In 1998 Parliament passed a wills and inheritance bill that increased widows' rights (UNAIDS, 2004). However, these constitutional rights recognised under constitutional law often go unrecognised under traditional laws in Malawi.

In many parts of Malawi where patrilineal relationships are the norm, women move to their husbands' villages after marriage. If a woman's husband dies, she may be forced to marry her husband's brother or return to her home village with her children, leaving behind all the property acquired during her marriage. These traditional practices of inheritance, or property grabbing, have added significantly to the grief and hardship endured by many Malawian widows. Even in cases when husbands have instructed their families to ensure the wives inherit what was accumulated during marriage, these wishes are frequently unobserved (IRIN, 2002). Education, outreach and legal counseling are provided by an organization, which was set up to help protect women's rights to inheritance. The Women and Law Society (WLSA) works to promote women's rights and to ensure those women gain access to the inheritance their husbands leave behind.

The government of Malawi addresses women's concerns through the Ministry of Gender, Youth, and Community Services. Various other organizations are involved in the promotion of gender equality in Malawi. For example the National Commission on Women in Development co-ordinates government and NGO activities. The Gender Initiative Network, an informal association of women's NGOs, attempts to bring together the largely urban women's rights activists and the overwhelming rural majority to discuss common interests. In an effort to balance power relations between men and women, the Government of Malawi in 1998 produced a *Malawi Platform for Action*, which acknowledges the importance of the new Constitution in safeguarding the rights and freedoms of women. The Constitution also identifies areas of focus in the process of promoting equality and human rights of women, enhancing the effective participation of women in development, and integrating a gender perspective into development. However, lack of legal protection combined with high rates of HIV infection, large medical bills, inability to work, and large funeral expenses, are putting additional stress on the women of the country. Given the wide array of challenges women experience as a

result of gender-based norms in the country, women are especially vulnerable to HIV infection. Recognizing this vulnerability, development agencies working in Malawi have begun to introduce gender mainstreaming in their HIV/AIDS programs. I review these efforts in the next section.

Gender Mainstreaming in HIV/AIDS Programming: The NGOs Response

The 1995 Beijing Conference on Women highlighted gender mainstreaming as the way forward for gender and development policy and practice. At the national level, most governments have adopted the *Beijing Platform for Action*, the document emerging from the Beijing Conference on Women, which highlights gender mainstreaming as central to development policies. The Government of Malawi developed a national *Platform for Action* which identifies strategies to address gender inequality in the country. NGOs operating in Malawi have also made gender mainstreaming a principal component in all their development programs and in HIV/AIDS programs in particular. Part of what makes gender mainstreaming a fascinating subject of study is the way in which this language has been adopted by Malawian NGO staff in the face of growing criticisms in the country that gender is a 'foreign' or 'western' concept that has no place in Malawian development planning. The findings from my interviews with NGO staff revealed that the 'culture' of gender mainstreaming is understood by many Malawian NGO staff as relevant to women living and working in North America and Europe and not applicable to the cultural norms and practices in a Malawian context. This attitude towards gender issues is an important factor in the potential for translating policy into practice.

Research conducted with NGO staff points to slow changes in behaviors as well as organizational cultures, which do not permit gender equitable development. During interviews with NGO staff members in 2005, it became clear that these organizations did not have sufficient gender policies in place. For example, most of the development NGO staff interviewed indicated that there were few gender-related policies adopted by the organization beyond the national policy on maternity leave (which allows women to take two months of paid leave but this leave is only available once every three years). The interviews further revealed that strategies are needed to facilitate gender balance in staffing, including recruitment and promotion. A more conducive environment is required for the discussion of gender issues, including informal means that identify issues in the work place.

Gender inequality is constructed on a daily basis through the gendered norms, attitudes and practices of individuals. The continual re-invention of gendered organizations ensures the maintenance of the status quo and therefore the privileging of male/masculine interests over female/feminine interests. Addressing gender inequality within organizations requires new ways of thinking about gender mainstreaming that get to the heart of gendered practices and the individual and organizational mechanisms through which gender inequality is perpetuated.

The gender dimension in NGOs includes roles and power which are divided along gender lines and "reflect rather than contradict wider society with its stereotypical views of women; here, women act as servers of men; seldom function as decision- or policy-makers; and are seen as women first and workers second" (Fowler, 1997:78). Societal norms and perceptions of culture play an important role in shaping behaviours and

attitudes toward women and toward gender program initiatives within organizations. The challenges that organizations face in getting their structures and practices right for gender and development cannot be neatly written off as superficial changes to organizational operations. Hiring more female staff, and sending more staff to gender training workshops can have some impact on the organization's ability to mainstream gender; however, they alone are not sufficient for challenging the gendered structures of organizations and the deeply rooted gendered attitudes of organizational staff. Rather, attention needs to be placed on behavioural changes among organizational staff, which ensures that gender issues are carefully thought through in all organizational initiatives. In order to get to the core of gendered institutions, this means becoming aware of the deep structures of organizations and how these are "embedded in our own unconscious" (Rao, Stuart and Kelleher, 1999:224).

An examination of NGO activities between 2004 and 2005 uncovered several challenges to gender mainstreaming and a limited commitment at the organizational and individual levels to address gender inequality. While most organizations demonstrated some commitment to doing gender sensitive work in their projects, most organizational staff members were adamant that the organization itself was gender neutral. An overall increase in the number of women hired within NGOs was documented between the early 1990s and 2003 (Tiessen, 1999). However, few women were hired at senior management level and the majority of NGO staff members were men (approximately 67%).

NGO staff members highlighted a variety of activities that have been used to increase awareness about gender inequality such as attending gender training workshops. However, the material learned by one staff member during the training workshops was not being shared with other staff members, nor was the information translating into any changes to project and program development. During interviews, several male NGO staff members equated gender inequality concerns with "females complaining". Staff appointed to carry out gender sensitisation programs among the organizational staff faced various obstacles as these staff members – usually women who were also holding another position within the organization such as secretarial or administrative support – were unable to assert any influence in the organization. According to some of the female research participants, their efforts were often ridiculed and considered a waste of valuable time. One female staff member who tried to perform a gender sensitisation workshop in her organization was unable to complete the session due to the sneers and jokes made by her male colleagues as she attempted to educate men about masculinity and femininity (interview, 2005).

Additional findings from interviews revealed that several NGO staff members attributed the problems with gender mainstreaming to a perceived division between public and private matters. Many individuals felt uncomfortable discussing what they believed to be private matters such as how men and women relate to each other. Organizations are considered gender neutral spaces and therefore many staff members considered these gender discussions an invasion on their personal lives. Yet, a variety of examples of the gendered nature of organizations were made apparent in the practices uncovered within the organization. Women were expected to fulfil duties within the organization that were considered an extension of their roles in the home as the following examples from interviews in 2005 uncovered. Female staff members were expected to help prepare lunch.

When development practitioners were asked how they are carrying out gender mainstreaming in their programs, the vast majority of responses referred to increasing the number of women involved in project implementation. Examples of interview responses include references to the number of women who visit VCTs (Volunteer Counselling and Testing centres), the number of female volunteers involved in home-based care programs, and the number of women sitting on village-level committees or participating in community programs. Counting the number of women involved in development programs can be a first step in disaggregating data and learning about your participant base. However, it does not tell us much about the gender dynamics in these programs and the power relations that stem from deeply entrenched gender norms in Malawi. In fact, these strategies tend to be about targeting women rather than mainstreaming gender. At best, these strategies will address the practical needs of women but will do little to address their strategic interests. For example, women may be targeted as a vulnerable group and provided food and access to clean water. However, the programs currently in place are not able to address gender inequality resulting from power relations, sexual and physical abuse and women's lack of rights.

A few respondents demonstrated a more sophisticated understanding of gender mainstreaming in their interview responses. For example, one staff member noted:

[g]ender mainstreaming to me, and how we've figured it as an organization, is one, a change of thinking, in that we're saying we're already doing work on various issues. Like we're doing food security programs, HIV/AIDS programs... we have relief programs, and we have environmental programs. So we are saying how do we include issues of gender, especially issues that are pertaining to the various roles that are assigned to people by societies? ... So in that case, whichever project we are working in, we are saying how do we make sure that we are sensitive to the various roles that people play, that we are sensitive to the various needs, and in that case, what are the needs of the people, what are the strategic, as well as practical needs of the various types of people?

The quote provided by one NGO staff member (above) is an excellent example of the rhetoric that can be found in project proposals, policy documents, government mandates and mission statements. However, development practitioners do not always practise what they promise. An interview in 2005 with a representative from a donor agency highlighted the challenges of getting development practitioners to take gender mainstreaming seriously. The biggest hurdle, according to the donor representative, is getting people to change their attitudes and behaviours toward women.

Development practitioners in Malawi are working hard to devise programs to address HIV prevention and mitigation with an emphasis on gender equality. In particular, during interviews, NGOs expressed their interest in working with communities to build the community's capacity to identify some of the cultural practices that perpetuate women's and girls' vulnerability to HIV infection. In order to achieve this, NGO staff members noted that they need to educate community members on gender equality and inform them of the ways in which gender inequality contributes to poverty. Communities also need action plans to turn this information into changes in the day-to-day lives of individuals. These action plans require attention to strategies that will support those who are shouldering an inequitable burden by looking after orphans and the ill.

In a report commissioned by Oxfam, the authors highlighted the need for training for men and boys to develop positive self-reflection skills and analyze the relationship between norms of masculinity and HIV transmission. Men also need mentors who can motivate them to change their behaviours and work towards women's empowerment, women's and girls' rights and equality (Liwewe and Matinga, 2005).

Gender mainstreaming in HIV/AIDS programs requires more than policies and action plans. Individuals need to take a personal and political approach to confronting and addressing gender inequality. Gender mainstreaming in HIV/AIDS programs can be understood as part of the public work of organizational staff educating community members about the impacts of HIV. However, these programs most certainly tap into the very private matters of sexual norms, practices and individual health. One successful strategy adopted by an international NGO working in Malawi is the formation of groups of people living with AIDS. These support groups encourage and motivate each other and enable them to change their behaviors and approaches (UNAIDS, 2004). Some of the support groups are in the form of youth clubs whereby the youth are kept busy with sports, poetry, music, etc. in order to prevent opportunities for sexual activities (interviews, 2005). These programs are being implemented with an age group referred to as the "window of hope" or children aged 5 to 15 who are not yet sexually active (interviews, 2005).

One organization committed to mainstreaming HIV/AIDS both within the organization and in the villages has begun using participatory rural appraisal (PRA) techniques to help community members talk openly about HIV/AIDS and how it is affecting them and their prospects for development (interviews, 2005). The commitment of the individual NGO staff member and the organization's commitment to gender equality have resulted in an effort to discuss HIV/AIDS and gender inequality as inter-related issues. When the NGO staff member responsible for gender and HIV mainstreaming first raised the prospect of using PRA to educate and talk with communities about AIDS and gender inequality, her co-workers were skeptical. Many of the NGO staff members still consider community members to be ignorant about HIV and the associated gender issues. However, the gender and HIV mainstreaming officer persisted and after meeting with community members and local extension staff she was impressed with their willingness to discuss these issues. According to her, "it is all about asking the right questions" (interview, 2004). If you begin by asking communities how AIDS is affecting them, they may be unwilling to initiate a discussion. By using PRA techniques, however, this NGO staff member was able to get communities to talk about which households were suffering the most; which fields were fallow; which households are headed by women; and which houses are falling apart and in need of repair. This information was then used to initiate a discussion as to why these problems were arising and what can be done to address them. It was at this point that community members began to express their concern for the number of people dying and the ways in which AIDS is threatening their capacity to produce food and provide for themselves (interview, 2004).

The information from such activities such as resource mapping of vulnerable groups provides the much needed information about who has died in the community; which age group is particularly affected; where the orphaned children are living; women who have been affected by "property grabbing"; and how communities are coping with

the effects of high mortality rates. The identification of vulnerable groups can also help NGO and government extension staff to better direct their resources and projects. The findings from this PRA exercise shed light on how HIV is being contracted and spread and the societal norms that facilitate these practices. The long-term effects of AIDS on the community were also discussed especially in terms of how women and girls often taken on additional responsibilities to look after those who are sick or left behind when parents die.

The resistance to discussions about HIV/AIDS, in this example, was not coming from the communities as some of the staff members predicted. Rather, the resistance came from the staff members themselves. Thus, despite the successes experienced with gender mainstreaming in HIV/AIDS, ongoing challenges exist as efforts are made to educate all staff members about the potential for change in behaviours and attitudes. A similar experience was noted in the late 1990s when some NGOs began to carry out gender awareness sessions with rural communities. Many NGO staff working in urban areas expressed concerns that community members in rural Malawi would be unable to discuss gender issues due to the deep-rooted cultural beliefs about power and gender norms in society (interviews, 2005). It was the educated, middle-class male NGO staff members in particular who considered gender awareness and sensitisation programs a waste of time (interviews, 2005). Nonetheless, some organizations persisted and were met with community members who were both knowledgeable about gender issues and willing to discuss some of the challenges gender inequality poses for them in their own personal lives. In interviews with community members in 2004, most of the research participants were familiar with the term gender and could define it. These same community members said they learned about gender issues from radio and television programs as well as newspaper articles (interviews, 2004).

A group of individuals have also developed volunteer associations comprised of people committed to addressing gender inequality and HIV/AIDS in the country (interviews, 2004). Members of these associations visit schools and youth groups to help facilitate discussions about HIV/AIDS and how young people can protect themselves. The volunteers involved in this initiative reported the visits have been empowering for the youth that appreciate a forum to discuss issues that are otherwise not discussed. The volunteers also expressed how the initiative was empowering for themselves giving them confidence and leadership skills that they considered useful for building relationships (interviews, 2004).

Conclusion

The findings from research on gender mainstreaming in Malawi uncover some examples of the successes and challenges of gender mainstreaming in HIV/AIDS programs. Finding ways to educate community members and development practitioners about gender inequality and the benefits of gender mainstreaming in HIV/AIDS programs is essential for real and sustained changes to the quality of life for both men and women in Malawi. The commitment at the personal level to make gender equality a matter of priority in all development programming, especially HIV/AIDS programs, is essential for getting beyond the superficiality of writing gender issues into donor proposals and reports, or targeting women for community projects. In Malawi, gender mainstreaming in HIV programming requires increased attention to the ways in which gender norms are

recreated and sustained through day-to-day actions and behaviours. The spread of HIV in Malawi is strongly influenced by societal norms. The specific norms and behaviours of individuals hamper translating gender mainstreaming policies into practice. Uncovering these attitudes and behaviours is therefore essential to understanding the barriers to gender mainstreaming in HIV programming.

As long as gender inequality remains a back-burner issue that gets addressed when all other problems are resolved, gender mainstreaming will continue to be a watered down process whereby development practitioners make superficial mention of the gender issues in their work. The challenge for organizations implementing HIV/AIDS programs is to engage men and women in the process of understanding and re-evaluating cultural practices and beliefs. Gender mainstreaming relies on individual commitments to making gender equality a priority. For some individuals, a great deal of success has been achieved in this regard as organizational staff members ignore their colleagues' scepticism and find innovative strategies to encourage community members to discuss issues that are rarely discussed in public.

In order to build on these successes, development practitioners will need to find innovative ways to approach "sensitive" or "private" issues such as HIV/AIDS, sexuality, violence and gender relations in a constructive way. At the policy level more attention needs to be directed at designing actions to correspond with policy promises. Malawi is committed to addressing women's and girls' vulnerability to HIV/AIDS; however, it has not designed explicit procedures to see this through. Development agencies implementing programs with community members need to begin by raising awareness and advocating for changes to the practices that perpetuate gender inequality and the inequitable workload experienced by women who look after orphans and those who are ill. Finally, HIV/AIDS programs need to be committed to women's empowerment especially in relation to sexuality. Men throughout Malawi continue to have sex with multiple partners and control when and how to have sex in their homes. Women's inability to contribute to these decisions leaves them highly vulnerable to HIV/AIDS.

This article evaluated current efforts to address HIV/AIDS in Malawi, focusing specifically on their potential to address gender inequality. Most community members and development practitioners interviewed have had some training in gender mainstreaming; however, current efforts to mainstream gender into HIV/AIDS programs are inadequate. Community programs continue to target women's practical needs rather than their strategic interests. New gender mainstreaming strategies are needed to get beyond counting women who show up for clinics or meetings. Programs that address gender inequality, masculinities, power relations and cultural norms are essential for addressing HIV/AIDS prevention and mitigation programs.

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