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ARE MEN MISSING IN GENDER AND HEALTH PROGRAMMES? AN ANALYSIS OF THE MALAWI HUMAN RIGHTS RESOURCE CENTER, A NON-GOVERNMENTAL ORGANISATION IN MALAWI

CHIMWEMWE NYAMBOSE NKOSI

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By

Chimwemwe Nyambose Nkosi

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DECLARATION

Submitted in fulfilment/partial fulfilment of the requirements for the degree of …………………………………….., in the Graduate Programme in …………………………………., University of KwaZulu-Natal, Durban, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of ……………………………………. in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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ABSTRACT

Literature has shown that the involvement of men in gender and health programmes remains unclear on the ground (Esplen, 2006:1; Rivers and Aggleton, 1999:2-3). This has been happening in the midst of claims to have moved from the Women in Development to the Gender and Development framework which calls for the involvement of men in gender and development work. Furthermore, it has been argued that where literature exists, the work is generally based on studies done in developed countries and the relevance of such findings to the developing world still remains unclear (Abraham, Jewkes, Hoffman and Laubsher, 2004:330; Connell, 1987:235-236). This study therefore attempts to fill this gap by looking at the work of the Malawi Human Rights Resource Center, one of the non-governmental organisations working on gender and health programmes in Malawi. A qualitative approach was used. Six project staff and eighteen project beneficiaries were interviewed to assess their perceptions and experiences.

The study found out that men involvement continues to be minimal and unclear in gender and health programmes. Although there is awareness of the importance of men's involvement this was not implemented effectively. The few men that were involved continue to be intimidated and humiliated by both men and women. The issues of masculinities and patriarchal also continue to shape gender inequalities in the area under study. All these discourage most men from active participation in such work. Furthermore, the few that are involved meet a number of barriers which deter them from greater involvement. Such barriers according to this study include, among other things, cultural barriers, lack of men's own space where they can discuss their own gender related issues, the view held by some gender activists that gender is equal to women's issues and men resistance to change considering the benefits accrued by being men. All these have impacted on the way people, especially men, view gender and health programmes. The study further found that although men are regarded as the main perpetrators of violence, not all men are as such, some do acknowledge the effects of the practise. Furthermore, some men also do experience violence. According to the study findings, this is an area which has also continued to be overlooked by most

developmental agencies. In Malawi, this is also exacerbated by the fact that there are no specific programmes that target men's welfare.

Nevertheless, the study argues that men's involvement is crucial in gender and health work. In areas where men were involved positive indicators were noted and reported. The indicators include improved communication within most families, peaceful family co-existence, happy families and changes in sexual behaviour. All these give hope regarding the reduction of HIV/AIDS and development as a whole. This suggests that where gender equality is to be achieved, men need to be actively involved, both as partners and victim of gender and health related violence. When implementing such programme, there is also need to acknowledge that not all men are violent, some are actually willing to join the fight against the malpractice.

ACKNOWLEDGEMENTS

LIST OF ACRONYMS

AIDS:	Acquired Immunodeficiency Syndrome
CBO:	Community Based Organisation
CSO:	Civil Society Organisation
GAD:	Gender and Development
GDP:	Gross Domestic Product
GOM:	Government of Malawi
HDI:	Human Development Index
HIV:	Human Immunodeficiency Virus
IHS:	Integrated Household Survey
KPVSU:	Kanengo Police Victim Support Unit
MEGEN:	Men for Gender Equality Now
MHRRC:	Malawi Human Rights Resource Center
NGO:	Non-governmental Organisation
NSO:	National Statistical Office
OTTU:	Organisation for Tanzanian Trade Union
STI:	Sexually Transmitted Infection
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNDP:	United Nations Development Program
VSU:	Victim Support Unit
WAD:	Women and Development
WID:	Women in Development
WHO:	World Heath Organisation
ZAPU-UZ:	Zimbabwe AIDS Prevention Project

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CHAPTER I: INTRODUCTION

The conceptualisation of men and women and how gender relations relate to development processes have changed over the last four decades. First, there was a focus on women with what is known as the women in development (WID) projects of the 1970s. Then women and development (WAD) theory followed in the late 1970s. In the 1980s the focus shifted to gender relations between men and women with what is referred to as the gender and development approach or GAD (Razavi and Miller, 1995:11-12). However, it has been argued that whilst GAD theorists rightly call for the involvement of both men and women, translating this into practice remain a challenge (Esplen, 2006:1). Pearson (2000:400-401), further argues that whilst the GAD approach recognises the need for both men and women's gender perspectives to be included in development work, it largely remains silent on practical approaches to engaging them on an equal footing in development. In other words, there still remain few analyses of both sexes' involvement in gender and development on the ground.

It has been argued that if gender equality is going to be achieved then the equal involvement of both men and women, as victims of, and solutions to gender inequalities is crucial. Rivers and Aggleton (1999:3) noted that over-emphasis on gender concerns of women has led to a neglect of two key factors in the attainment of gender equity and equality: equal participation in programmes and programming and broader social circumstances. Cornwall (1997:12) further argues that "if gender is to be everybody's issue, then we need to find constructive ways of working with [both] men and women to build confidence to do things differently".

In addition, even though evidence has shown that gender based violence has serious effects on both men and women's health, sexuality and wellbeing, there are currently few development interventions to prevent gender based violence that involves both men and women equally. How these interventions equally respond to women and men's gender concerns is also not clear on the ground (Rivers and Aggleton, 1999:2-3). This study therefore attempts to fill this gap by analysing the work of the Malawi Human Rights

Resource Center (MHRRC) one of the non-governmental organisations (NGO) that is implementing gender and health programmes in rural Malawi. The study specifically looked at one of its projects involving community mobilisation on gender and HIV/AIDS.

The study was designed to explore levels of men's and women's involvement in gender and health programmes. The health sector has been regarded as one of the areas where unequal power relations between men and women are often most explicitly evident (Wood and Jewkes, 1997:41). Wood and Jewkes further argue that it is these power relations that determine whether women are able to protect themselves against rape, unwanted pregnancy and sexually transmitted disease, including HIV/AIDS (1997:41).

The study aims to understand how the NGO works with men and how it respond to their genders' concerns. Specifically, the study explores the following - how the MHRRC's staff approach men and women, both in a policy and a project context; how NGO staff understand gender and development; how project recipients experienced the NGO programmes; what the role of the NGO has been and, lastly, how the present gender programme affects both men and women.

The MHRRC is a capacity-building organisation. Its main activities revolve around educating and sensitising communities to take responsibility and participate in the efforts to promote a greater understanding about gender, human rights and HIV/AIDS. This is done through training, awareness campaigns, lobbying and advocacy and strengthening the activities of other human rights' organisations through resource provision. The NGO has both worked intensively with a few civil society organisations (CSO) and government institutions as well as a wider network of CSOs. The project under study targets 50 community based organisations.

The project under study is being implemented in twelve districts in the country namely, Lilongwe, Mzimba, Chitipa, Rumphi, Kasungu, Dowa, Nkhota-kota, Dedza, Mangochi, Nsanje, Neno and Zomba. This study however was limited to Lilongwe district as it is

where the NGO has worked for a long time. In order to understand the processes and relationships that have influenced gender and health work, the study considers the experiences of both the project staff and project beneficiaries targeting both men and women in these areas.

This dissertation has been divided into six chapters. Chapter two examines the theoretical framework that informs the study. The chapter also discusses the issues surrounding men and masculinities as a new focus in the GAD framework. Then the literature on challenges of GAD as the main theoretical framework of the study and the involvement of men and boys as a development initiative are each discussed in turn. Chapter three examines the areas of gender and development relevant to the study among other issues men, development and reproductive health; sex and sexuality; gender and HIV/AIDS and gender-based violence and HIV/AIDS. The chapter also reviews literature on gender and HIV/AIDS in Malawi to assess the context in which the study was carried out. Chapter four describes the research methodology and discusses the research processes and methods. The chapter also touches on ethical issues surrounding the study and on research limitations and biases. Chapter five reports the findings of the study. The chapter starts by discussing the background of both the organisation under study and the project before exploring the actual involvement of men on the ground and how their gender concerns are tackled. The chapter also discusses the experiences of both men and women in gender work and how these have impacted on their day-to-day lives in their families/households. This is done with a view to establishing the relevance of the project in the area. Lastly, chapter six contains the conclusions of the dissertation which covers the main issues identified in the study and discusses recommendations and areas for further research.

CHAPTER II: CONCEPTUAL FRAMEWORK: WOMEN AND MEN IN DEVELOPMENT THEORIES

This chapter considers the two primary frameworks that have conceptualised the idea of women and gender issues in development – the women in development (WID) and gender and development (GAD) frameworks. The chapter will also examine the new focus on men and masculinity. Under this section, the chapter will examine how this work has been applied in the field of development theory and practice. Dangers of excluding men in gender and development work will also be outlined. The chapter will discuss the two key challenges to GAD as an approach – the legacy of WID and gender mainstreaming. Thereafter, literature on male involvement in development initiatives will also be examined. This will be done with the view to sharing some of the ways in which men and boys have best been involved in gender and development work and what has been the benefit of such moves.

2.1 WID and GAD Conceptual framework

The origin of WID as a development approach dates back to the early 1970s. Up until this time, the dominant development paradigms viewed women as unproductive agents of the society (Kabeer, 1994 cited in Proudlock, 2003:2). The framework, which is largely attributed to the Women's Committee of the Washington DC Chapter of the Society for International Development, emerged to challenge such beliefs about women and work (Chant and Gutmann, 2000:6). It was argued that gender blindness in the design and implementation of the development projects resulted in excluding women and that male bias ensured that the distribution of economic-development-benefits by-passes women (Moser, 1993:2; Proudlock, 2003:2). In other words, as argued by Razavi and Miller (1995:3) "…WID viewed women as the missing link in the economy" and it challenged the "trickle down" theories of development. During this period it was recognised that elements of social identity such as race and religion differentiate men and women (Pearson, 2000:386). In view of this, the primary need of gender advocates was that

women need to take part in development processes and make the transition from domestic work to more productive work (Razavi and Miller, 1995:5).

A lot of activities followed in response to the call and it brought increased attention to social, traditional and cultural norms that victimised women (Alvarez, 1998:302). The change involved various national machineries including international NGOs as well as local NGOs. Indeed as argued by Pearson (2000:385) one of WID's victories was placing women on the development agenda and this period saw women being incorporated in many development initiatives. However, in the late 1970s, despite this success, its close links to the western ideologies aggravated the ever increasing doubts about WID efficacy and attractiveness; it was argued that viewing 'women' as one category served to estrange those women who did not agree with WID's western assumptions (Cornwall 1997:9). Proudlock (2003:2) further noted that the concept failed to address the impact of a range of social divisions and relationships that prevent women from making independent economic choices. Further to this, WID was also viewed as "non-confrontational" in the sense that it "…accepted the existing social structures and power relations and was focused primarily on the provision of practical rather than strategic needs to women" (Proudlock, 2003:2). In other words, WID failed to challenge the source of women's marginalisation and subordination. These criticisms of WID contributed to the formulation of WAD theory and later to the GAD approach.

According to Pearson (2000:390) WAD criticised WID's notion of women's exclusion in development processes by suggesting that the problem was actually the process itself. In other words, as noted by Deere (1995:53), WAD acknowledges that women were already an integral part of the economy and made visible women's work in production and reproduction. Nevertheless, just like WID framework, WAD has also been criticised. For example, Manion (2002:3) criticises WAD because of its failure to disclose the underlying framework of oppression. It assumed that once equality was firmly fixed in international structures, women's positions would improve. Furthermore, the framework failed to distinguish sex as a biological entity and gender as a social construction. It was argued that WID and WAD treated women's concerns as add-ons to standard

development practice, and excluded men from meaningful participation in changing patriarchal systems (El-Bushra, 2000:56). This, according to Pearson (2000:400), called for a more integrated approach to development processes and this led to the emergence of GAD in the 1980s.

GAD sought to move away from the sole focus on women as characterised by both WID and WAD, to rather shift to the power relations implied by gender as a socially constructed identity (Proudlock, 2003:2-3). The approach was to tackle issues on women's subordination with an emphasis on both socially and historically constructed relations between women and men as rightly argued by Moser (1993:3). It was thus a tool that considers both women and men and their socially constructed roles. According to Young, the approach looks at the totality of social organisation which includes its economic and political life so as to understand the pattern of the particular aspect of the society (1997:52).

One of the principal aims of GAD as noted by Chant was to "reveal and potentially alter, through appropriate development methods and practices, the power relations implied by gender as a socially constructed identity" (2000:8). Thus, while still recognising that women have different roles that need to be acknowledged to achieve gender equality, GAD also recognises that to achieve this equality, development projects need to include both men and women. It really does not matter whether men and women have different roles and responsibilities in the society, in the development paradigm it is still important for them to work together.

As much as the GAD approach views women as active members of the society and not passive beneficiaries of development, GAD's framework is not based on the assumption that neither men nor women have perfect knowledge of their social situations nor does it assume that neither of the two are in some way perfect in all forms of behaviour. Rather as Young (1997:51) urges, the approach assumes that women may well be aware of their subordination and that men may not be aware of their dominance in the society, hence the emphasis on the structural relationships. Doyal (2000:936) also argues that the

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recognition of the socially constructed nature of gender must lead to the recognition that gender inequalities are also context specific. Other aspects of identity, such as race, class and wealth, also shape the gender inequality and subordination experienced by some groups of the society. It is also important to note that the institutions surrounding human daily life play an important role in reinforcing gender bias (Connell, 1987:120).

According to Connell, the relationships between the gender regimes may be complementary, conflicting and/or running parallel to each other and it is very important to recognise these relationships and the effects they may have on gender relations (1987:230). The neo-liberal reforms of the 1980s and 1990s are useful examples of such processes. For example, the cutting back on welfare and care of the sick, elderly and other vulnerable groups, as noted by Connell, increases the unpaid care work burden on women (1987:230). Similarly, neo-liberal processes such as privatisation of the state sectors, market deregulation and trade liberalisation increase the burden on women especially those in developing countries and hence impacts on gender relations (Chen, Vanek, Lund and Heintz, 2005:25). Connell (1987:134) also notes that the family and labour market illustrates this relationship; women's part-time work and their low wage jobs due to heavier domestic work load are augmented by their male partner's income contribution to the household.

GAD also called for gender mainstreaming into general development programmes and projects (Chant, 2000:8). It became common knowledge that targeting women's specific programmes was outdated and ineffective. Gender mainstreaming, as Tiessen (2005:12) urged, is both a technical and a political process which requires change in organisations in order to confront gender inequalities. According to UNDP (2000:281), many development agencies adopted the concept in their effort to address the root cause of gender inequalities. However, as noted by Proudlock (2003:3), in many of these agencies male involvement is still not clear. Thus in many cases in theory there has been a move from the WID to GAD but in practice the move is still undetermined.

Furthermore, the reciprocities and interdependencies between women and men continue to be overlooked. Cornwall argues that the approach has neglected people who diverge from the dominant norms of sexuality such as homosexual men and women, bisexuals, transsexuals, non-macho men, single mothers and women who choose not to marry or remarry (2006:274). The following section therefore discusses the challenges to the GAD framework with a view to understanding why the approach fails to keep to its promises.

2.2   Key Challenges to the GAD Framework

This section will discuss two key challenges to GAD – that in reality GAD still continues to focus on women, to the exclusion of men and, a related concern that it has proved difficult to implement. Each of these will be discussed in turn.

2.2.1 The focus on women

Literature has shown that as much as many development programmes and projects have tried to have a gendered approach and increase the involvement of men, the WID legacy is still hard to surmount (Chant and Gutmann, 2000:19). This has in part been due to the fact that most practitioners involved in the formulation of GAD were the same as those previously involved in the WID. In the same way, the dilemma for most development agencies has been to justify an increasing interest in men without losing ground in overcoming women's oppression (Cleaver, 2003:24).

GAD framework advocates for the involvement of both men and women. However, as noted above translating this into practice remains a challenge (Cornwall, 2003:23). Some Authors such as Tiessen has noted that in most African countries, the deep rooted patriarchal ideology which promotes the masculine values have continued to challenge gender work (2004:5). On the other hand, others such as Ringheim have urged that not all men support the ideology, rather others are also powerless and such men's powerlessness in relation to women and other men is still rarely acknowledged (2002:173).

In addition, Cleaver also noted that GAD still remains a woman's issue, "…when we think or read about gender, we think and read about women" (2002:3). According to

Cleaver, it was women scholars and policy makers who started talking about gender, through "the hidden costs and statistical invisibility of women's participation". It was women who made gender visible as a category of analysis, as a variable that must be factored into the development agendas. Today, there still remains a tendency for gender framework and interventions to be politicised, with men's involvement being feared as distorting or undermining the feminists' agenda within the GAD framework (Cornwall and White, 2000: 2).

Nevertheless, as urged by Ringheim, if transformation is to occur, the gender and development advocates have to shift from viewing gender as women issues and that all men as problematic (2002:173). There is rather need to create alternative ways for men to accept the benefit of gender equity and equality. In other words, rather than seeing gender as a women's issue and treating all men as powerful and problematic, we need to think in terms of relations of power and powerlessness, in which both women and men may experience vulnerability. This then calls for the involvement of both men and women. Focusing on women only may provide limited space for change.

2.2.2 Lack of implementation

According to Esplen (2007:2) gender is defined as "socially contracted roles, behaviours and attributes considered appropriate for men and women in a given society at a particular point in time" and gender mainstreaming refers to "an organisational strategy to bring a gender perspective to all aspect of an institution's policy and activities through building gender capacity and accountability". From both definitions it is all about both men and women. The latter definition goes further to emphasise the involvement of both men's and women's concerns in all spheres of development. However, the context in which the concepts have been undertaken poses challenges to its success. Firstly, as noted by Clisby (2005:23), the incorporation of gender issues at policy level has been more rhetorical than real.

Secondly, the other problem of GAD as described by Wichramasinghe is attitudinal as the approach interacts with power structures and the ability and willingness of

practitioners to understand and work for gender equality which is largely controlled by their context and their positions within it (2000:113). The success of gender mainstreaming is therefore dependent on the willingness and ability of these policy makers and practitioners at all levels (Plantenga, 2004:41-42). The belief and attitude that gender issues can only be addressed through women's projects also needs to be reviewed. According to Levy, Nadia and Vouhe (2000:87), this is not only a powerful legacy of WID but is also at the heart of many feminists' inspired interventions. Gender mainstreaming will not be achieved with a "gender is equal to women" equation - i.e. where men are removed from the equation. According to Kaufman (2003:3), this kind of equation only addresses half of the reality and only addresses the symptoms of the underlying gender systems and problems without necessarily addressing the root cause of the problem. Furthermore, men involvement may also surface new ways of addressing gender issues. This is however not to throw away women's projects and programmes *per se,* but rather to ensure that both men and women are taking part in gender work, let alone development (Levy *et al*, 2000:87).

Further to this, many researchers have noted a problem with the rationale forwarded by most advocates in the promotion of GAD. For example, Razavi (1998:12) noted that in most cases GAD advocates are inclined to "instrumental arguments such as the synergistic link between gender concerns and other development goals of efficiency, poverty alleviation, social development and environmental sustainability instead of promoting the approaches of gender equality and equity". Wichramasinghe (2000:114) further noted that the GAD approaches that are linked to efficiency mostly favours women at the expense of their reproductive roles and responsibilities. In this context as Abeysekere (1999:44) noted, the overall gender approach do not consider the real issues that goes beyond the project level such as domestic work and the cultural subordination related problems. In other words, the gender approach in practice does not practically address core issues around power relations between men and women.

2.3   Men and Masculinities

In the late 20th century men and masculinities increasingly became a focus, not only in gender work but also in other arenas such as the media, academia, politics and popular culture. Masculinity refers to the notion of being a man, and its plural, "masculinities", conveys the message that there are different ways of defining manhood (Lang, 2003:5). Whilst this may be the case, Rivers and Aggleton (1999:4) noted that in many cultures masculinity is mainly associated with greater freedom, power and control. Connell further argues that masculinity is also closely associated with patriarchal dividend through which men assumes honour, prestige, the right to command and control over resources (1995:82). This gives many men a sense of supremacy over women. According to Greig, Kimmel and Lang patriarchy refers to "the institutionalization of men's power over women within economy, the polity, the household and heterosexual relationships" (2000:7).

However, it is also important to realise that patriarchy becomes less meaningful in the light of intra gender equality and equity. For instance, Morrell noted that in Zulu culture, boys in their quest to claim their manhood exercise their sexuality and power over girls and this has ended up creating clashes between younger and older males (2006:16). This disrupts the existing gender hierarchies within males and is a clear indication of intra gender inequality.

Further to this Lang (2003:5) urges that men are also human beings, as such they are social and gendered beings which entails that both men and women are responsible for producing men's gender discourses and can equally act on them. The study of masculinities therefore helps clarify men as gendered beings and also to understand varying principles about manhood that inform men's behaviours. Other scholars such as Morrell have also linked masculinities to fatherhood (Morrell, 2006:13). Morrell noted that men are fathers and masculinity is the men identity. However, fatherhood just as masculinity has mainly be seen as giving power to men over women and children which further justifies authority and tyranny. Nonetheless, it has been urged that fatherhood can make a positive impact on the lives of both men and women. One is that it gives men a

meaning to their lives and may expose the unexplored ways of emotional engagement which may contribute to the overall goal of gender equality (Richter and Morrell, 2006:23). In view of this then examining masculinity should not only be simply an analytical practice but it also has implications for coming up with interventions that seek gender equality and affect development. Fatherhood according to Hunter is the social roles associated with child caring (Hunter, 2006:99).

Men nevertheless are experiencing major and rapid changes in their lives and the crisis of masculinity is indeed evidenced. According to Chant and Gutmann (2000:27) as much as the exact nature of men's crisis and *"whose crisis is it"* is not clear, what is clear is that men are uncertain. This according to Richter and Morrell (2006:7) is evidenced by a number of factors which includes among others high suicide rate among males, declining academic performance in boys and change in gendered nature of work which challenges male hierarchical entitlements. This is further supported by Foreman (1999:21) who reported that where masculine values no longer provide security, men's fear is growing especially among those with low incomes.

Studies have also shown that there remains a persistent focus on men as intrinsically violent, oppressive and culpable (Esplen, 2006:14). Esplen suggests that masculinities' research and the GAD agenda could fruitfully be extended into more traditional spheres of development such as the economy, politics and governance rather than focusing solely on harm reduction such as stopping men from infecting women with HIV or battering their wives. Issues, such as who does the housework or who gets paid less on account of their gender, warrant greater attention.

According to Levy *et al* (2000:87) there are two reasons for considering men and masculinities in gender work. Firstly, it is argued that in the context of the unequal power relation that exists between men and women, involving men and capitalising on their masculinities is one of the important ways of improving women's rights. Secondly, like women, evidence has shown that some men are also subjected to inequalities based on gender, class, race, age, religion and abilities. Richter further suggests the importance of

fatherhood as a subset of masculinities especially in Child caring. She noted that men with their patriarchy power provide the much needed security to children and the connection to the wider community. She further noted that where fathers or any adult males are not available children lack protection and losses the social value (2006:55). Fatherhood in this case provides that social value and status on children and the family as a whole.

Masculinity according to White (2000:36) is a more restricted subset of the cultural imagery of manliness and it is increasingly used to encompass all men. However, Cornwall (1998) among other 'men and masculinity' advocates argues that putting all men in one category challenges the contested nature of gender identities and the variety of differences that exists between men. In whichever form, this then suggests that involvement of men is crucial in the attainment of just and equitable development.

Researchers should now start focusing on the multiple roles of men in society. Men's ability to fulfil new responsibilities poses challenges for both men and women and the new thinking demands the contribution of men as part of the solution as well as the problem (Pearson, 2000:400). Indeed, if projects end up focusing only on women then it underestimates the scale of the battle to achieve a more just society. Women's empowerment should be conceived as improvements in women's self confidence and ability to act and not as taking over powers from men as mostly perceived by sexists (Moser, 1989:1815). Similarly, empowering women should not be seen as disempowering men; rather it should mean greater involvement of men as partners in development.

2.4   Involving Men and Boys as a Development Initiative

There are many ways in which involving men in gender and development programmes has been suggested. One way as suggested by Rivers and Aggleton (1999:11) is conducting educational sessions with men in the workplace. These may also be conducted concurrently with women's programmes to strengthen women's sexual negotiation skills. Rivers and Aggleton give an example of the Zimbabwe AIDS

Prevention Project (ZAPU-UZ) which registered positive outcomes after the involvement of men in one of their programmes. In a research which involved 2,500 male factory workers living in Harare, it was revealed that most Zimbabwean men preferred dry sex which forced most women to use herbs and other practices to ensure that their vagina remains dry during sexual intercourse; a practice which increases the chances of contracting HIV and other sexually transmitted infections (STI). After an education programme with these men about sexual practices, a change was noticed; most men developed a new altitude towards sexual practices.

Similarly, a case of the Organisation for Tanzanian Trade Union (OTTU) also illustrates the importance of men's involvement and targeting in reproductive health issues. In this study an increase in condom use was reported after conducting a series of awareness sessions with male workers. Importantly such programmes have promoted men's participation as equal partners in safe sex planning (Rivers and Aggleton, 1999:7).

Tsey, Patterson, Whiteside, Baird and Baird (2002:280-282) suggests the establishment and support of men's groups as a means of engaging men around issues of masculinity. If men can only understand how their behaviours damages both men and women then their intervention could well be successful. Jobson in a study on the Valley Trust (2007:48), for example, illustrates that supporting men's groups affirms men's value as men and that employment as a masculine ideal is key to sustainability of the groups. The group provides an opportunity for men to share and discuss issues around health care, HIV/AIDS and gender based violence. They meet on an agreed schedule to discuss such issues. Valley Trust according to Jabson is a non governmental organisation in South Africa established in 1953. The organisation's main focus is on health care and has a number of projects ranging from preventative health care to the development of infrastructure. The organisation has also established men's groups in away of promoting its community garden projects.

Sexual and reproductive health issues are particularly acute among youths since they lack experience (Munthali, Eliya, Zulu, Madise, Moore, Konyani, Kaphuka, and Maluwa-

Banda, 2006:148). Interventions that target young men and boys are thus needed. Wood and Jewkes (1997:45) also emphasise the need to work with adolescents and pre-adolescents around communication skills and the provision of alternative ways of interacting with each other. This could again be effectively addressed through men's groups if the men in these groups are able to act as role models for their peers and their own children. Role modelling is one weapon for changing men's gender norms (Cleaver, 2002:20). The principles around which such men's groups are formed and operate are thus of vital importance to their success in transforming gender relations.

The way in which men are mostly viewed also needs to be reviewed. For years men have been seen as perpetuators of violence and/or agents of women's subordination. In fact, programmes that primarily support victims of violence and those law-enforcing programmes for violent men did create a negative altitude towards engaging men. In such circumstance non-violent men and those willing to join gender programmes find it difficult to become fully involved. A national public opinion study conducted in 2000 in America is one such example where a new tone on men's involvement paved the way for the engagement of a large group of men in domestic violence prevention, (Adrine and Runner, 2005:178-179). The study was a computerised system that monitored public responses with a view to exploring men's and women's reactions towards various media programmes, and a series of men's focus group discussions on issues of violence. The study showed that men were willing to take their time and get involved in the efforts to end violence. Men also reported willingness to advocate for the strengthening of the anti-domestic violence campaigns and also providing counselling services to children on the importance of health and of violence-free relationships. All this gives hope to the attainment of gender equity and equality.

2.5   Conclusion

In this chapter we have seen how gender and development paradigms changed from the WID framework of the 1970s to the recent framework of GAD. The GAD as well as the WID framework have been adopted and practiced by many development agencies which have registered both successes and failures. There is an increasing focus on promoting

men's involvement in gender and development programmes. Literature has shown that focusing on women alone provide limited space for change. Indeed, as noted by many researchers masculinities and patriarchal ideologies need to be considered when examining power relations between men and women in development paradigms. Men involvement as partners to development is thus crucial in the attainment of gender equity and equality.

CHAPTER III: GENDER AND HIV/AIDS IN A DEVELOPMENT CONTEXT

This chapter discusses the literature about gender and health issues in the developing world. Four areas relevant to this study have been considered – sex and sexuality; men, reproductive health and development; gender and HIV/AIDS and gender-based violence and HIV/AIDS. The chapter will also reviews the literature on gender and HIV/AIDS in the context of Malawi so providing background information about the study site.

3.1   Sex and Sexuality as a Development Issue

Sex, according to Guatemala and Guatemala (2000:6), is defined as "the sum of biological characteristics that define the spectrum of humans as females and males" while sexuality refers to "a core dimension of being human which includes sex, gender, sexual and gender identity, sexual orientation, eroticism, emotional attachment/love, and reproduction". Guatemala and Guatemala also note that sex is either expressed in thoughts or fantasies or desires while sexuality is a result of the combined forces of biological, psychological, socio-economic, cultural, ethical and religious/spiritual factors.

Sex and sexuality issues have continued to be controversial in the development paradigm. Some believe that sex and sexuality has nothing to do with development while some believe it has a place in development endeavours. To the former, sex is a separate issue to the more pressing issues such as economic growth and poverty reduction while others see sex as a total embarrassment; it is rather a private issue which should not be talked about in public which therefore places it outside development (Cornwall, 2006:275).

Nevertheless, evidence has revealed that sex and sexuality are developmental issues as they affect things that largely constitute development. Cornwall (2006:275) states "…the right to bodily intensity, to sex that is consensual, pleasurable and safe, is at the core of our very well being". Cornwall further argued that putting sexuality on the development agenda is one of the ways to break the silence about sex, "it is about asserting sexual

wellbeing as a legitimate development goal in itself, whether framed in terms of sexual rights or as inextricably bound up with poverty reduction" (2006:285).

Sex and sexuality also influences the reproductive outcomes of both men and women (Varga, 2001:180). Varga adopted a framework first put forward by Ruth Dixon-Mueller which is based on two assumptions. One is that sexuality is determined by ones sexual and reproductive behaviours and two, sexual and reproductive dynamics are shaped by power relations or inequalities. In both cases, the scenario depicted suggests that both men and women are crucial in reproductive health. This therefore calls for the involvement of both groups as focusing on one group may increase the risks of sexism which ultimately oppresses both men and women rights and reproductive health.

3.2 Men, Reproductive Health and Development

As already noted above, there has been a growing interest in men's involvement in gender and development programmes (Cornwall, 1998:46). On one hand, evidence has shown that most often gender issues are becoming less tied to nature and biological imperatives. For instance, decisions such as whether to have children, how many and the spacing between children are usually made by men despite the fact that they have profound effects on women's lives and health (Baylies, 2001:42). This even extends to making decisions on what type of food pregnant women and children should eat. Ringheim (2002:170) noted that the interventions around teaching women about nutrition during pregnancy may be undermined by the lack of power that many women experience in controlling their own food intake. On the other hand as noted by Rivers and Aggleton (1999:4) the existing gender relations have serious impacts on men's sexual health and that of their partners and families. They further noted that 60 – 80 per cent of women who have HIV/AIDS only have one sexual partner while most men have a greater number of sexual partners which increases the chances of contracting the virus.

Greene (2000:49) points out that despite family planning and reproductive health being the cornerstone of international population policies, for years the focus has been on women. Men's involvement, whether as women's partners or customers, has continued to be sparse. Men's roles in reproductive health have continued to be viewed as peripheral

and problematic. Greene further noted that, in pursuit of the demographic objectives, many programmes and projects often overlook the social circumstances in which women make choices and the gender dynamics that often prevents women from making the best decisions about their wellbeing. According to Hunter, men's roles in reproductive health have also been shaped by the different cultural beliefs and practises. For instance, in isiZulu culture fulfilment of social roles of fatherhood is a sign of manhood and where they fail to do so is a good indicator of social weakness (Hunter, 2006:99).

All this calls for greater male involvement as they are seen to possess greater control in the society (Cornwall, 2006:280). Indeed, men's involvement in health must be designed to increase the likelihood that men are educated about, supportive of and positively involved in the range of health concerns that affect both women and men (Ndong, Becker, Haws and Wegner, 1999:55). Health, as defined by the World Heath Organisation (WHO), goes beyond merely the absence of diseases and/or infirmity; rather it consists of physical, mental and social well being (Kabira, Gachukia and Matiangi, 1997:25). In addition, the Global Health Watch links health and well being to social, economic and political conditions (Global Health Watch, 2005:1-2). This suggests that the health of both men and women are the determinants of development but men's sexual responsibility continues to be key to both men's and women's health (Rivers and Aggleton, 1999:4)

Baylies's 2001 study in Zambia illustrates the need for men's involvement in reproductive health interventions. In the study the women wanted children but were afraid that they would be exposed to HIV/AIDS if they had unprotected sex with their husbands as their husbands had multiple sexual partners. Studies have shown that family planning and AIDS awareness campaigns' emphasis on the reproductive rights that all should enjoy obscures the complexity of the process of negotiating and the nature of sexual activity. These are the dynamics which often lead to gender-based violence and expose women to HIV/AIDS as will be seen below. For a long time it has been assumed that men play minimal roles in fertility decisions and behaviours; often men are seen as

"uninformed and irresponsible and as blocking women's contraceptive use, as sexually promiscuous and as under investing in their children" (Greene, 2000:53).

3.3 Gender and HIV/AIDS

The relationship between health and gender inequality has been made evident by the HIV/AIDS pandemic. Phillips (2005:1) argues that powerlessness and lack of control are believed to lead to much exposure to HIV/AIDS for both men and women. According to Foreman (1999:62), quoting Ana Luisa Liguori the head of the MacArthur Foundation in Mexico, the AIDS crisis "provides proof that the very unequal relationship between men and women in poor countries is a danger for the human race". Whilst acknowledging the adverse impact of HIV/AIDS on women as a result of their powerlessness, literature has shown that there is much less known on male sexual and reproductive health and its connection to well-being and the risk of infection and spreading of HIV/AIDS. Much of what is known comes from the work of women and is mostly linked to improvement of women's health and not that of men (Varga, 2001: 175&179). Men continue to be implicated rather than explicitly addressed in development programmes focusing on gender. According to Greig *et al* (2000:15), in diverse countries such as Thailand, Great Britain, Australia and Senegal the most successful HIV prevention programmes have targeted men's behaviour. Rivers and Aggleton (1999:18) further argue that if the rate of HIV transmission is to be reduced, there is need to consider the issues of power relations between men and women. In other words, it is necessary to ensure that men, within their patriarchal system, take on greater responsibility for their own and their partners' sexual and reproductive health.

Varga (2001:176) gives two explanations for the involvement of men in HIV/AIDS programmes. One is that men's health issues are mostly overshadowed by female health concerns although they are equally important. The other reason is the fact that men are more likely than women to behave in a way that puts both them and their partners at risk of contracting the virus. Studies have shown that one in every four men worldwide have engaged in unsafe sexual practices and substance abuse which increases the chances of contracting the virus. Studies have also shown that men worldwide engage in both

unprotected homosexual and heterosexual behaviours and such networks put both male and female partners at risk of the disease (Varga, 2001:176). A study done in Senegal on homosexual men, for example, revealed that about 43 per cent of them have once been raped outside their homes, 37 per cent have being forced to have sex and 13 per cent have been raped by policemen which exposes them to HIV (Niang, Diagne, Niang, Moreau, Gomis and Diouf, 2002:2). The study also revealed that most of these men deliberately do not use condoms as they reported that condoms reduces sexual pleasure and it a sign of being untrustworthy to their partner. All these combined, put both the homosexual men and women/girls at a high risk of HIV and other sexually related diseases.

In addition, it has been argued that culture has a role to play in the spread of the disease especially in African context. Tiessen (2004:9) noted promiscuity and polygamy practised by most men in the continent as some of the cultures which exacerbate the spread of the disease. Most African men believe that their identity as men is defined by their sexual prowess. In addition, research on the continent has shown that in general boys and young men engage in behaviours which risk contracting the disease more than girls and young women. For example, Varga (2001:176) noted that in Africa alone, over 10 million men are infected with the disease amongst which a significant proportion is below the age of 25. Furthermore, most boys in the region reportedly initiate sex much earlier than girls and have unprotected sexual intercourse more often than girls. Boys and young men are also more likely to contract STI at an earlier age than girls (2001:176). Similar trends have also been noted in other continents. For instance a research study done in the United Kingdom indicated that one fifth of young men believe that making a young woman pregnant is a sign of manhood (Morrell, 2006:17). This also increases the chances of contracting the HIV.

Evidence has also shown that there still exists a gender-specific attitude to premarital sexual activity. In most cases men continue to be more likely to consider premarital sexual activity to be acceptable than females. Furthermore, both females and males consider premarital sex to be more acceptable for males than for females (Brown, Jejeebhoy, Shah and Yount, 2001: 37). For example a study done among Zimbabwean

secondary school students showed that boys were allowed by both their parents and peers to have many sexual partners. Similarly, a study done on boys in South Africa revealed that most South Africans associate masculinity with sexual performance such that even if a man preferred abstinence he feels obliged to be sexually active to be accepted by the society thereby increasing vulnerability to HIV infection (Varga, 2001:177). Varga further noted that with the stigma attached to homosexuality in African society, most men who have sex with men do so secretly and it becomes difficult for them to access information on how they can protect themselves from HIV infection (2001:176).

Indeed, as already noted above, if gender work is to be for men and women, then we need to find practical ways of working with both groups. Simoni (2007:29) also noted that "the potential for lasting change lies in addressing men's needs and concerns as well as working with men to change some of their attitudes and behaviours". Pursuing such approaches would recognise men as both agents of patriarchy and victims of masculinity. This being the case, such programme attempts will be sufficient to link masculine privilege with responsibility and accountability. The main objective is to work with men to acknowledge and deepen the understanding that the effect of gender norms has a bearing on their lives while holding them accountable for the choices they make in relation to these gender norms. Gender disparities between men and women limit both sexes access to care and services and it hinders both men and women's opportunities to acquire knowledge and skills to protect themselves from contracting the virus (Tiessen, 2004:9)

3.4 Gender Based Violence and HIV/AIDS

Gender based violence cuts across culture, class, region, age, caste and location. It can be defined as many forms of violence used to establish, enforce or perpetuate gender inequalities and keep gender hierarchies in place (Lang, 2003:4). It is rooted in the gender discourse of masculinity and femininity and the position men and women holds in society. According to Lang, gender based violence is structural and personal (2003:3). At structural level it is rooted in patriarchal system which instils power over women whilst at personal level, the act is based on a number of issues such as pressures, fears and

stifled emotions that trigger many of the dominant forms of manhood. Gender based violence is thus mostly perceived to be at the hands of men toward women and girls and it accounts for the larger proportion of HIV/AIDS infection among women as noted by Tiessen (2004:9).

Gender based violence is recognised by many as an economic, human rights and health issue particularly related to sexual violence which, according to Jewkes, Rachel, Prrna and Garcia-Moreno, is defined as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances … using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (2002:149). Evidence has shown that this type of violence has serious effects on men's and women's health, sexuality and wellbeing such as AIDS related death, suicide, traumatic stress, depression and low self-esteem (Rivers and Aggleton, 1999:4). Simoni (2007:29) further noted that men's refusal to access HIV services exacerbated women's vulnerability to infection as well as exposure to gender based violence. Further to this as noted by ICRW, HSRC and AfD gender inequality reduce women decision-making power within sexual relationships and contributed to violence. Women are in most cases unable to negotiate safer sex and those that experience violence are more likely to practise casual or transactional sex and other risky behaviour whereby increasing chances of contracting the HIV (2008:5-7).

Nevertheless, evidence has shown that development interventions to prevent gender based violence involving men are currently few and far between. Even in cases where violence is a product of men's behaviour, most research has focused on the women and girls who experience it (Abraham *et al*, 2004:330). Other studies have shown that in some cases men have also been victims of violence either by women or their fellow men. However, despite this violence the development interventions to prevent gender-based violence against men are currently few and their effects undetermined. In fact, as noted by Barker (2005:6), for every man who uses violence as a sign of manhood, there is another man who lives in fear of this violence as the woman whose rights are being

violated may be his sister or mother or any other female relative which leads to traumatisation.

Niang *et al* (2002:13) also report men being victimised by other men. In their study on homosexual men in Senegal, many men respondents reported physical abuse, being raped, stoned and verbally abused by family members, community members as well as the police. Actually, as reported by Niang *et al* (2002:11), most homosexual men's first sexual experience occurred in adolescence and most were forced into unprotected sex. For example, one of the respondents they interviewed reported the following:

> We were seven boys in 'Kolda'. Our mother waited a long time to have a daughter. And I was the youngest. My mother made me wear girl's clothes. Also, I slept in the same room with my uncle due to the lack of space in the house. I was 12 years old and he was much older. One night, he took off my shorts, touched me on the behind and penetrated me. In the morning, he left and didn't come back for a month

All these factors increase the chances of contracting HIV/AIDS and retards development as they restrict peace and freedom of both men and women within which are boys and girls.

3.5   Gender, Reproductive Health and HIV/AIDS in a Malawian context

Attention is now turned to gender and HIV/AIDS in a Malawian context. It documents the social and economic environment context and discusses the issue of Malawian masculinities and the way in which this has informed gender relations, HIV/AIDS and reproductive health in the country. Since the study will examine the work of one of the NGOs in the country, this section also documents issues of gender within the NGOs in Malawi.

3.5.1   Social, Economic and Political Environment

Malawi is divided into three administrative regions – the Northern, Central, and Southern Regions with a total number of twenty eight districts. According to the UNDP (2008:232-264), Malawi is one of the poorest countries in the world ranking 164 out of 177 countries with Human Development Index (HDI) of 0.437, life expectancy at birth of 45 and GDP per capita of US$667.

The country's poverty is widespread and deep. According to Watkins (2002:2) the country experiences extremely low standards of living and substantial inequality which is more pronounced in the rural areas. The Integrated Household Survey (IHS) of 1998 estimated that 65.3 per cent of the population, representing about 6.3 million people, lives in poverty. Further, the IHS states that poverty incidence is high among the female headed households, 62.2 per cent of the population, as compared to male headed households, 54.5 per cent of the population (GOM, 2008:2).

HIV prevalence rate in Malawi continues to be among the highest in the world with an infection rate as high as 23 per cent in urban areas and 12 per cent in rural areas as of 2003 (Munthali *et al*, 2006:12). Nearly 95 per cent of the people affected by HIV/AIDS are economically active adults who are in the age range of 15-49 (Watkins, 2005:2). This has implications for production in the country as the economic efficiency of the population is reduced by the increasing morbidity and mortality of the working age population. Watkins estimated that due to HIV/AIDS, Gross Domestic Product (GDP) during 2000-2010 would be reduced by between 1.5 and 2 per cent per annum (Watkins, 2005:2). Tiessen (2005:12 quoting UNAIDS, 2004) also notes that women represent 57 per cent of the HIV positive adult population. She further reports that the infection rates among pregnant women are estimated at 10 per cent in rural areas and 30 per cent in urban areas which also have serious implications for reproductive health of the mother and the unborn child.

Agriculture remains the primary economic activity of the country as it contributes between 35 to 39 per cent to GDP and over 90 per cent of export earnings. It also

employs 80 per cent of the labour force. Malawi is also characterised by a high illiteracy rate which is especially high among women and the poor. The 1998 population census estimated that only 58 per cent of the adult population was literate which when disaggregated in term of gender translates to 64 per cent and 51 per cent for adult male and female respectively (NSO, 2000 quoted in GOM, 2008:2)

Malawi's political history is characterised by the pre-independence period until 1964 (when it became independent under the leadership of Gwazi Dr Hastings Kamuzu Banda up until 1994) and the post-independence single party era until 1994 when Dr Bakili Muluzi took over the leadership. During the time of Dr Banda, information flow especially for sexual and reproductive health was strictly controlled by the government and HIV/AIDS was never acknowledged in public as one of the major health challenges. It was only after 1994 when Malawi attained democracy that these issues topped the government priority list and were acknowledged in public (Munthali *et al*, 2006:12). The current period of multiparty democracy is also characterised by the adoption of a written democratic constitution in 1994, which contains provisions for the observance, protection and upholding of rights and freedoms for both women and men hence the promotion of gender equality (GOM, 1994:12-23).

3.5.2 Gender Inequality and HIV/AIDS

In Malawi, gender inequality is linked to inequalities in social, cultural and political areas which include the spread of HIV/AIDS. The high HIV/AIDS incidences in Malawi have been as a result of many factors surrounding these gender inequalities. The first as noted by Tiessen (2005:13) and Mtika (2007:2454) is attributed to the fragility of the country's political economy which has encouraged wage based and commercial labour migration for the young adults (mostly male) in the country. According to Mtika (2007:2455), migration contributes to a substantial pattern of extramarital multi-partner sexual behaviour which contributes to the spread of HIV. The country has a very small employment base as it largely depends on donor funds. The challenge is then for the government to provide for employment among other social and economic needs. Many Malawians are unemployed and those men who are employed often have to migrate

within and outside the country, leaving behind their families. Those in such relationships often have little time together since a husband visits his family and then leaves again for work.

In her study in the country, Tiessen (2005) also noted that what it means to be 'a man' also reinforces specific society and sexual norms. For example, a study with NGO staff members in the country revealed that most men working with the NGO, when doing field work, had casual sex arguing they could not be expected to go for several days without having sex. In this way, being away from their wives and girlfriends justifies their promiscuous behaviour. Tiessen (2005:14) found that many men think that as men they can not easily contract the disease and most of them admitted to having not used condoms as a result of such beliefs. This belief exacerbates the high level of HIV/AIDS in the country. Tiessen (2005) also found that women who requested the use of condoms were regarded as promiscuous and untrustworthy.

Multiple sexual relationships as "essential expression of masculine enjoyment" as noted by Foster (2001:247-248), is also one of the major factors contributing to the spread of HIV in Malawi. According to Mathiassen, Eliasi, Mahowe, Chunga, Iversen, Pedersen and Roll-Hansen (2007:30), in Malawian society having multiple sex is an expression of male sexuality and masculinity. Consequently, Afro News (2008) noted that most rural Malawian men think having HIV is a sign of being a man and of sexual prowess. All these factors increase men's chances of contracting the disease which in turn is transmitted to their wives and/or other sexual partners. Other factors include polygamy, cultural attitudes towards men's and women's sexual behaviours both within and outside marriage and the belief that having sexual intercourse with a virgin cures HIV/AIDS (Tiessen, 2005:14).

In addition, culturally boys in Malawi just as in many African countries, engage in behaviours which put them at risk of contracting HIV/AIDS at an earlier age than girls. For example in the study done by Munthali and others on adolescent and sexual health, the proportion of males who reported being engaged in unprotected sexual activities was

twice as high as that of females – 42 per cent and 21 per cent respectively – and a higher percentage of males than females reported having had sexually transmitted infections (Munthali *et al*, 2006:52&93). This, coupled with the existing negative attitudes in many aspects of community life and institutions, appears to contribute significantly to the continuing status quo. The study was conducted in Malawi in 2004 with the aim of producing country data on adolescent knowledge, attitudes and practices that are either protective or put youths at risk of contracting HIV. A total number of 4, 031 males and females were interviewed from both the urban and rural areas.

This, therefore, as noted by Tiessen (2005:14) calls for the understanding of cultural norms of masculinity and femininity in the country and how these influence sexual knowledge and behaviour. She further suggests that men's expectations and peer pressure need to be highlighted in HIV/AIDS prevention work if the battle for gender inequality and against HIV/AIDS is to be won in the country.

3.5.3 *Gender and the Non-governmental Organisations*

Ever since Malawi attained democracy in 1994, there have been a growing number of NGOs dealing with gender and development and there have also been ongoing awareness programmes to empower and protect women (Mathiassen *et al*, 2007:37-38). According to Kadzamira and Kunje (2002:4), the democratisation process characterised by more openness and less restrictions coupled with political and economic liberalisation and access to donor funds has paved the way for NGOs to flourish in the country. Kadzamira and Kunje (2002:4) argue that the growth of these NGOs has largely been unregulated and their transparency and accountability has remained questionable.

Malawi adopted the GAD development approach in 1997 and, in an effort to ensure gender equality, the government of Malawi developed a National Platform for Actions which identified strategies to address gender inequalities. Consequently, the NGOs in the country have made gender mainstreaming a principle component in their development programmes including those for HIV/AIDS (Tiessen, 2005:17). According to Wainaina (2002:6) despite many development agencies in the country having recognised the

importance of involving men in achieving gender equality, there has been very little documented on men's involvement. In addition, many men's initiatives still depend on the support of women's organisations.

In addition, among the NGOs in Malawi, gender as a concept has also often being viewed as a 'foreign' or 'western' ideology (Tiessen, 2005:17). One of the findings of Tiessen's interviews with NGO staff members on gender in Malawi revealed that many NGO staff members view the culture of gender mainstreaming as relevant to countries in the North and is not applicable to the cultural norms and practices in a Malawian context (2005:17). This kind of attitude has a bearing in the way gender policies are being translated into practice.

3.6 Conclusion

In this chapter literature on gender and development issues including health have been discussed. On one hand evidence has shown that there has been a growing interest of men involvement in gender and development in order to achieve the so much need gender equality and equity. On the other hand, some have argued that as much as there is this call of men involvement, it is only true in theory but the reality is different on the ground; men involvement still remains unclear.

Malawi as a country is also caught in the same trap. Men's involvement continues to be uncertain in gender and development work although there is political will to integrate a gender perspective in development. Given this context, it is thus important to assess what is happening on the ground in as far as men involvement is concerned and this is what this study is trying to establish. Indeed, how well men are informed and involved is an important factor in determining gender equality, let alone development as a whole. It is difficult for women to achieve this as it all depends on the kind of relationship they have with men.

CHAPTER IV: RESEARCH METHODOLOGY AND METHODS

This chapter considers the research design, sampling framework and the data collection methods used. Ethical issues surrounding the study and the study limitations and biases are then discussed.

A qualitative case method was used to carry out the study. The research used the MHRRC's projects on gender and health which is called *"Community Mobilisation on Gender and HIV/AIDS",* as a case study with the view of understanding how men are involved in gender and health work.

A case study method was chosen as the study aimed at generating the subjective experience of a particular study population and since it affords the potential to use a variety of data collection methods that are both interactive and humanistic (Creswell, 2003:181). According to Yin (2003:33) case studies refer to "an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident".

The study made use of a variety of data collection methods which included semi-structured interviews, focus group discussions and document analysis. The emphasis here is on the stated experiences of the participants and the meanings they attach to themselves and their societies at large.

4.1 Research Design and Sampling Framework

The study followed a purposive sampling method (i.e. based on the existing knowledge and literature) to get the right case-study project and respondents who have the knowledge of the interventions and are in important sectors. Thus, the sampling of the MHRRC specifically looking at one of its projects on gender and health as stated above. According to Creswell, snowball purposive sampling refers to a situation where the researcher intentionally selects individuals and/or sites to learn and/or understand a

particular phenomenon (2004:204). The NGO was chosen because it is one of the most active NGOs in gender and development work and covers a wide area in the country in terms of its project implementation. The project is being implemented in twelve districts in Malawi. However, the study was limited to Lilongwe district as it is where the organisation has had long standing interventions with regard to gender and health. In Lilongwe, the project is being implemented in three traditional authorities and all of these were included in the study.

Case studies are often criticised regarding the validity of generalisation of their findings as they provide little basis for scientific generalisation. However, some scholars such as Yin (2003:10) have argued otherwise. He argues that case studies, like experiments, are more generalisable to theoretical propositions and not necessarily to populations. Yin further argues that the issues of internal validity are a concern where there is a cause-effect relationship which does not apply to case studies of this nature (2003:36).

Robson (1993:176) notes that it is important to distinguish between internal and external generalisation of a case study. Internal generalisability refers to conclusions that are generalisable within the setting being studied, whereas external generalisability refers to generalisation beyond a particular setting or context. With respect to internal generalisation, those interviewed were of a certain socio-economic background which is not unusual in any way in comparison to the average participants in the NGO's activities. As for the external generalisability for this study, it is hoped that this study will assist in understanding other situations or cases of men's involvement in gender interventions.

The study started with preliminary field visits to the MHRRC offices as well as the communities in the project impact area. Within the MHRRC, a total number of six (four men and two women) technical staff members were interviewed. The interviews were conducted at the NGO's offices in Lilongwe from December 2008 to January 2009. The six respondents interviewed form the whole technical team of the NGO except one female staff member who was on sick leave. As for the project recipients a total of eighteen people were interviewed – there were equal numbers of male and female

interviewees. Among the interviewees five were couples. The interviews were conducted in December 2008 and those interviewed were purposefully sampled. Among those interviewed were the traditional leaders, project committee members and community representatives. Two Police Officers from Kanengo Police Victim Support Unit (KPVSU) were interviewed to supplement the data collected from both the organisation and the communities especially on gender based violence.

According to Creswell (2004:207), it is typical in qualitative research to study a few individuals or a few cases. In other words, one objective of qualitative study is to present the complexity of a site or of the information provided by individuals. The interviews (with both women and men) were held at their homes. Given the complexity of the issue being studied, as noted by Baylies (2001:40), men and women (where a husband and a wife were both sampled) were interviewed separately to avoid being influenced by their partners except on one occasion where a man was interviewed in the presence of his wife. This may have affected the way the respondent represented his responses.

Once all the individual interviews were completed a focus group discussion with staff members was held at the NGO's offices for reflection purposes and to triangulate the research findings.

4.2   Data collection methods

A number of data collection methods were used including document analysis, semi-structured interviews and focus group discussion. Relevant documents, which include the project proposal document, field reports, organisational gender policy and the organisational strategic plans, were analysed. This partly informed the semi-structured interviews with the staff members and the communities.

Semi-structured interviews were used as they allowed flexibility in the ways the respondents answered questions, while ensuring that the same issues are covered in all the interviews (Bryman, 2004:321). Robson (1993:270-271) also noted that semi-structured interviews are useful in flexible study designs as they allow the wording of

questions to be changed and questions to be added or omitted according to their appropriateness. One-on-one interviews were conducted with the project staff mostly using open ended questions and the interviews were done in English. Similarly, open ended questions were used to collect data from the project recipients. Community interviews were done in local language (Chichewa) as most respondents do not understand English.

Considering the sensitivity of the issues discussed, open ended interviews and probing mechanism were used to get more information as done in Jobson Valley Trust study (2007). These types of questions were asked to allow participants to voice their experiences without being prejudiced by the researcher's views. According to Creswell (2004:115, 217), open-ended questions also give the participants a chance to create the option for responding and allow the researcher to explore reasons for the close-ended responses. They also allow a researcher to identify and get to know of any comments people might have that are beyond the responses to the close-ended questions.

All the interviews were structured following Robson's (1993:277) suggested succession where less sensitive issues were covered first and more sensitive issues followed later as a means of settling into the interview process. For the staff members, the interviews started with their general knowledge about the gender concept and the project (refer appendix 1 below). This was done with a view to understand the staff understanding of the concept and their involvement in the project. Then questions on the involvement of men in the project were also explored with a view to understand how men are involved. Issues on gender based violence were also tackled during the interview to unearth how the project addresses the concerns of both women and men. All this was done to inform the data collected from the communities.

All the community interviews started with an inquiry to their basic demographic information. This was done with the aim of exploring the respondent's background information. These were then followed with questions on their knowledge and experiences of the project and then the involvement of men in the project. Questions on

gender based violence were also asked as the concept is closely related to the spread of HIV/AIDS as shown in chapter three of the report (refer appendix 2). All interviews were recorded on a tape recorder which was later transcribed and translated from Chichewa to English.

At the end of the research process, a focus group discussion with the staff members was conducted for reflection purposes as recommended by Tsey *et al* (2002). According to Tsey *et al* (2002:215), focus group interviews are a way of collecting data through interviewing a group of people at a time (usually a group of four to six people) and it works well when the group is composed of similar and cooperative people. The discussions provided an opportunity to report back on the research and also to triangulate the research findings. This final meeting was attended by all the technical staff members, both those that were interviewed and those that were not.

Focus group discussions have both advantages and disadvantages. The advantages include the generation of large amount of data where individuals are hesitant to provide information (Creswell, 2004:215). Robson (1993:284-285) also notes that, with focus group discussions, one is able to collect data where the issues which are usually regarded as taboo are being discussed as those talkative members break the ice and provide mutual support to the diffident participants.

The disadvantages include the limited number of questions that can be covered and that some people tend to dominate in the discussions and considerable expertise is required in facilitating such groups (Robson, 1993:284-285). In this study senior officers tended to dominate the discussions. To deal with this the researcher specifically asked junior officers to comment on issues.

4.3   Data Analysis and Interpretation

After data collection the data was grouped into different thematic areas for analysis. The study followed data analysing steps as suggested by Creswell (2003:191-194). It started with the organisation and preparation of the collected data for analysis. This step

involved transcription of the data and typing up field notes and sorting them according to the sources of information. For the community data, this also involved translation of the data from the local language [Chichewa] to English as data was collected in Chichewa.

After getting a general sense of the collected data, coding of the data was done. Coding, according to Rossman and Rallis (1998:171), refers to a process of organising the collected data into themes. This involves grouping data into categorises and labelling them with familiar terms and/or wording. In the same way, the data collected for the study was categorised. Then interpretation of the categorised data followed.

4.4   Research Ethics

In qualitative research, the researcher needs to seek and obtain permission from individuals and/or organisations he/she wants to interview (Creswell, 2004:209). Permission to carry out the study was sought from both the NGO and the communities who were interviewed. This was done both in writing as well as verbally. The verbal permission was done during the preliminary visits to both the NGO and the impact areas and during the actual data collection process.

All the respondents were assured that their answers would be confidential and that no names would be mentioned in the report unless permission was obtained. According to Creswell (2004:225), a researcher needs to protect the anonymity of the respondent by, for example, assigning numbers or aliases to them to use in the process of analysing and reporting data. Creswell (2003:201) also notes that the researcher has an obligation to respect the rights, needs, values and desires of the respondents. In this study, numbers and broader positions within the technical team (senior and junior staff) were used to represent the respondents who sought anonymity. Respondents were also not forced to answer all questions asked; they were given the liberty to choose what to answer and what not to answer. Before the interviews began, the consent letter was read out to the respondents and they signed to acknowledge this.

4.5   Limitations and Biases

This study explores sensitive issues. There was a worry particularly with male respondents being forthcoming towards a female researcher as some men do not feel comfortable discussing such issues with a woman. To deal with this a male research assistant was hired to assist in interviewing those male respondents who did not seem comfortable.

The researcher is an employee of the organisation being studied. While this was a strength according to the researcher's previous experience, it may well have made especially junior staff reluctant to disclose some information or be totally honest.

4.6   Conclusion

The chapter has outlined the research methodology and methods used in the study. A qualitative approach was used as the study was trying to assess peoples' perception on gender and health programmes and a total number of 26 people were interviewed. The interviews were done both within the organisation under study and the project impact areas. The study used a number of data collection methods which include document reviews, semi-structured interviews and focus group discussions. In ensuring the authenticity of the study findings, research ethics have also been discussed. The researcher got respondents permission to be interviewed before the start of interviews and respondents were also assured of confidentiality of their responses. Then study limitations and biases have been discussed in turn.

CHAPTER V: MISSING LINK - MEN'S INVOLVEMENT IN GENDER AND HEALTH PROGRAMMES

Men's involvement is key to the attainment of gender equality and providing space for men in gender work and may be a way of challenging destructive patriarchal values. This chapter discusses the missing link in current gender work as evidenced by the results of the field study (research findings). The chapter begins by discussing the background of the MHRRC and the project under review with the aim of understanding their relevance to the subject in discussion, and purposefully justifying the suitability of the case study to research objectives. The knowledge and experiences of the MHRRC staff members and their understanding of gender concepts is also discussed in order to get an understanding of the circumstances that led to the work around gender and health. Thereafter life experiences of men and women on the ground are examined. The chapter provides an examination of the question; 'how men are involved in gender and health programmes' with a view to exploring the current pattern of men involvement in the project impact area. The barriers to involvement in gender and health programmes among men and women as well as the implications of excluding men are discussed in turn. This revolves the challenges and constraints men encounter in gender and health programmes in the country in general. Finally, the chapter looks at what the future holds with the current trends and the way forward to ensuring gender equality in development endeavours with a special focus on the health sector.

5.1. Background to the MHRRC and the Development of the Gender and Health project

MHRRC was established in September 1997 under the Trustees Incorporation Act (MHRRC Strategic Plan 2007–2009). Its overall objective is to promote and strengthen a culture of human rights as a contribution to the national development in Malawi. The organisation works with CSOs to support the developing democracy in the country. It contributes towards the consolidation of channels of free expression and other rights for the citizens by working with and building the capacity of NGOs and CSOs working in the

field of human rights. The idea behind the approach is that the observance of human rights will in turn promote respect for human dignity, equality and ultimately bring about prosperity for the Malawi nation. This is being done with a background and realisation that, prior to 1993, NGOs promoting human rights (including gender) did not exist in the country, and freedom of expression and other rights were severely curtailed.

However, the current Strategic Plan outlines the major shift in its operations. The organisation extended its target support from only NGOs to Community Based Organisations (CBO) in order to ensure more connectivity with the ultimate beneficiaries who are grassroots people, as also noted by one of the staff members as indicated below.

> … initially MHRRC focused its capacity building activities on NGOs and government departments, but currently we have extended our focus to building the capacity at grassroots level (Interview with senior male staff member 1, 15/01/09)

Currently, MHRRC employs a total of sixteen staff members, nine of which are technical staff and, of these, seven are directly involved in the implementation of the project under study. Out of the seven, three are women (two managers and a project officer) and four men (the Director and three Project Officers). Only two out of the seven have served the organisation for less than five years, the rest have been employed for more than ten years.

The project under study (gender and health) is a NORAD Gender project funded by the Government of Norway through the Royal Norwegian Embassy in the country. It started in 2007 following the policy direction of the national efforts to promote gender equality through combating gender based violence and HIV/AIDS in the country. According to the project document, the project design was also based on the results of the baseline study which was conducted early 2007 in the impact area which revealed that there is an awareness gap in gender and HIV/AIDS and that there is a strong link between the two. The first phase of the project is for three and half years and is expected to phase out in June 2010 with the possibility of extension.

Within the context of the entrenchment of human rights culture and the culture of accountability, the project under study is aimed at empowering both women and men as well as opinion leaders in the target communities with gender and HIV/AIDS knowledge. This is done with the belief that the initiative will result in community action against gender based violence thereby reducing the spread of HIV/AIDS and bringing equality in the homes between women and men. Specifically the project aims at creating gender awareness among men and women which should lead to the reduced spread of HIV/AIDS and gender imbalances; mobilising community structures to fight against gender based violence; and building the capacity of gender and HIV/AIDS advocates in gender and HIV/AIDS issues.

The project's main activities centre on empowering both CBOs and the communities through sensitisation campaigns, training, counselling and advice to victims of gender based violence, publication and translation of Information, Education and Communication materials such as newsletters, posters, and leaflets and making sure that gender equality is being observed in all sectors of the society. These project activities aim at reducing gender disparities and preventing the spread of HIV/AIDS among the target population.

The implementation of the project is participatory and is mostly implemented by the organisation's partner CBO which has various community structures on the ground. The structures include the group for men and women. 'Men-to-Men groups' whose main activities includes counselling male victims and perpetuators of gender based violence, raising awareness on the effects of gender based violence amongst fellow men, organising training of trainers for men and role modelling within men. The grouping also provides space for men to discuss other issues affecting their lives such as HIV/AIDS, general issues of masculinity and gender based violence. 'Women-to-Women groups' do similar work as men's grouping but targeting women. In addition there are 'watch dog committees' which consist of both men and women. Its main roles centers on surfacing and reporting gender related cases within the communities; and human rights committees

which are also a combination of men and women. The committee assist in the implementation of general project activities as stated above.

The project has adopted the GAD approach which calls for involvement of both men and women. However as the study establishes, the involvement of male and female staff in the project implementation differs on the ground. This is also supported by the nature of work women and men do within the organisation. It is the women staff who takes a lead in activity implementation and makes decisions for the project. As for the male staff, activities are rarely delegated to them and are not involved in the planning stage. They do not take control of the activities even when the activity is by design supposed to be facilitated by men such as the Men-to-Men activities. This happens despite the fact that some of the male staff are equally qualified and have much experience in the subject matter as their female counterparts. When asked why this was the case, female staff members indicated having little confidence in the males as the issues at hand in most cases affect women more than men. On the other hand, male staff members held a different view; they felt gender issues affects both sexes hence the need for equal involvement.

> The CBO together with the community plan what they need to do based on their needs and objectives and we work together to achieve these objectives. As technical team, we review and reflect on our progress every three months and weekly within our departments. Nevertheless decisions are mostly made by the female staff and they usually take the leading role in implementing the activities (Interview with junior male staff member 2, 26/01/09)

> To my understanding gender and HIV/AIDS issues affect both men and women and this calls for equal involvement in such projects (Interview with junior male staff member 4, 19/12/08)

The thinking depicted here has implications on how men and women view gender projects. To men it is the issue of equal involvement whilst female staff still holds the

view that gender is equal to women issue. This may drive the situation further away from attaining gender equality as men feel neglected.

The goal of reducing gender related violence implies that both victims and perpetrators of such violence should be targeted and included in the project initiatives to yield intended results. With this understanding, the researcher sees this project as having potential to promote men's inclusion in important sectors of development such as health. Thus, the project provides an opportunity for the organisation and the society at large to demonstrate the need for inclusive involvement and impacts related therewith.

5.2   Knowledge and Experiences: Staff Experiences and their Understanding of Gender

Organisational gender practice is deeply embedded in the constructed organisational cultures, practices, management systems and bureaucratic structures. According to Greig *et al* (2000:16), this poses a challenge for an organisation to reflect on the gendered processes that exists in its own operational structures. Furthermore, if not properly handled, this may lead to the exclusion of at least some sections of the people whether women, children, elderly or even men (Cornwall 2003:1325). In a study like this, it is therefore important to examine how the project implementers interpret the concept. In the project under study, all the respondents demonstrated the same understanding of the term 'gender' in as far as the position of men and women are concerned in the society. However, the definitions varied from one individual to another. Table 1 below shows the different definitions given during the interviews.

Table 1:   Staff Definitions of Gender Concept

Respondent	Definition
Male respondents	We have no organisational consensus of the way gender term is defined. To me, I define *gender* as 'the balancing of powers between women and men. It is a change of thinking on both men and women as a gendered being'.
	Gender 'refers to roles and duties that the society have on women and

	men'
	Gender 'to me refers to equal opportunities between men and women'.
Female respondents	'No consensus as to which definition to follow. To me it refers to roles, duties, perceptions that the society have on women and men'
	'Gender refers to the socially determined ideas and practices of what it is to be a man or a woman'

The above table is an indication of the differentiated thinking within the organisation. While most men have the notion that 'gender is about balancing powers between men and women', women have the notion that gender is about 'the already socially constructed roles being played by men and women'. While both are arguably correct, they have different implications in practice. From the researcher's point of view, the first line of thinking implies that gender is a goal or vision which we need to attain while the second notion implies that gender is social construction which we need to break or renovate.

It is agreed that the two have their own merits. The second notion reflects a fight against some cultural systems which perpetuate inequality. For instance, in the northern region of Malawi women cannot easily divorce once dowry is paid, even when the situation is particularly bad. This is because a woman goes to the home of the man as soon as they wed. By contrast, the marriage pattern in the central region, and some parts of the southern region, is that a man goes to the home of the woman as soon as they wed. As such, the man is easily allowed to divorce if things are not going well, but he is not allowed to claim any possessions or the children. Such differing practices in societies in the same nation affect an individual staff member's mindset about gender considerations in the organisation. Furthermore, it divides the intended union between male and female beings, both within the organisation and project beneficiaries. This is what the second notion of gender tries to focus on.

The study results and experiences also demonstrate the problem of neutrality. As noted by Tiessen (2005:18), "…most gender organisations are themselves not gender neutral in as much as they demonstrate commitment towards doing gender sensitive work in their

projects". In this study, most male respondents were adamant that the organisation itself is not gender neutral. A number of issues were reported and noted which demonstrates this. Some of the most reported indicators were fewer men involved in decision-making in terms of the project implementation. They also reported that female staff members are favoured when it came to formal short term training on gender and HIV/AIDS which further exposes them to the issues.

According to Greig *et al* (2000:16) organisational cultures play an important role in the involvement of men in gender related programmes. He argues that issues such as sexism, hierarchical structures in decision making and the prevailing attitude that holds gender as a woman's issue discourages men from getting involved. For this study, as reported above, it was found out that the involvement of male and female staff members differs on the ground despite the organisational rhetoric that they have adopted a balanced approach in its service delivery (Section 4 of MHRRC gender policy). The communities interviewed were also in support of this claim as they reported more female staff frequenting their areas and taking the leading role in most project activities on the ground.

> I am not very much involved in the project unless there is a gap in terms of staffing and mostly, decisions are made by the female staff members (Interview with junior male staff member 3, 23/01/09)

> In this project, am not very much involved in the implementation, unless invited. In this way I feel sidelined maybe because the project is on gender and women would want to take full control (Interview with junior male staff member 4, 19/12/08)

On the other hand though, some women respondents indicated that there is equal involvement between male and female staff which contradicts the views of the male staff respondents.

…there is equal involvement between male and female staff in the project (Interview with junior female staff member 2, 22/01/09)

The disparity in the responses could have implications in the way the two groups perceive gender issues and deliver their respective duties.

Similar trends were also noted at the organisation's management level. The organisation has a seven member management team. However, as reported by the male staff members, even at this level most decisions for the project under study are made by the female staff members. This was also noted during the focus group discussions as women staff dominated the discussion. This to some extent as noted by male staff discourages them from active participation.

We are seven in the organisation management team, three are females and four are men. Even though we seem to outnumber the female staff most decisions for the project are taken by them (Interview with junior male staff member 2, 26/01/09)

The interview materials also show that it is the female staff who undergo formal training more often than male staff members. This is despite the fact that all staff members have similar qualifications and experience in gender and HIV/AIDS. Their qualification ranges from Master degree to Diploma in areas of gender and human rights and most of them have not less than ten years experience in gender issues. Though it is difficult to make a firm conclusion with such little information, it is still important to note that gender bias of this nature brings anxieties to men's careers as they feel less exposed and knowledgeable than their female counterparts. The scenario depicted here as reported by male respondents also extends to the general employment sector.

When invited for an interview together with women, chances of getting employed reduces and when it is a gender position, then you may as well just forget it even

when those women [being interviewed] have less expertise (Interview with junior male staff member 2, 26/01/09)

Furthermore, the study also found out that the low familiarity of the organisation's gender policy provisions might be one of the contributing factors to male staff minimal involvement in the project. Most of the men interviewed expressed ignorance about the provisions of the policy hence have little grounds to advancing their concerns. On the other hand though, interviews with female staff indicated knowledge of the policy. This was also observed during the focus group discussions where female staff would comfortably discuss issues pertaining to the development of the policy and its operation. In as much as there might be other reasons that contributes to men ignorance of the policy such as sexism and paternalism, this still contradicts some of the provisions of the policy, like section 7.1, which says that the organisation will make sure all the staff members are conversant with the policy as well as gender issues.

> …we have a gender policy in place which defines the concept, but we rarely refer to it in our operations and each one of us defines the concept the way he or she understands the term. I personally see a danger with this as some staff members define the term in a way that may mislead the communities (Interview with senior female staff member 1, 26/01/09).

> …I have been here for more than a year now, but I have not heard about this policy (Interview with junior male staff member 4, 19/12/08)

> … I was involved in designing this policy, but I have not seen the final product and am not sure if it is being used (Interview with junior male staff member 2, 26/01/09)

Clearly, then, familiarity with the policy is uneven. This is a challenge for the organisation as it is implementing a gender sensitive project. It is to the best interests of the organisation to make sure all staff members are knowledgeable of the policy. Overall,

the findings indicate disparities in the knowledge and experience of men and women staff in gender issues which drive the differentiated drives towards implementation of gender initiatives.

5.3   Men and Gender: Community's Perceptions and Experiences

All the respondents interviewed indicated their involvement in the project since its inception in 2007 and expressed knowledge of the project in the area. Most of the men interviewed were members of various gender structures on the ground (such as Men-to-Men group, Watchdog Committees, Human Rights Committees e.t.c.), amongst which more than half were the traditional leaders. These structures as noted above are there to assist in training, counselling and general sensitisation on gender and HIV/AIDS in the impact area.

> MHRRC trains us so that we also train others, conduct awareness campaigns and offer counselling to the victims and survivors of gender based violence. We also offer counselling to the perpetrators of violence if need be (interview with male respondent 9, 18/12/09)

However, it is worth noting that the perceptions of men, women, their families and the communities at large are shaped by beliefs, traditions, customs and norms about what men are supposed to be and the roles and responsibilities that they are supposed to fulfil (Connell, 1995:72). Their relationships are therefore strongly affected by whether men are seen to be fulfilling their masculine roles or not. In the community in which this study was undertaken, men's roles are strongly centred around work and the provision of income for their families. Thus, work and 'being active' is clearly an important aspect of masculinity in the study area. This according to the researcher is evidence of patriarchy and a kind of paternalism that gives men power over the other members of the household and this has implications on how men view gender work:

> …a man who works to brings money to the family is more respected than those who do not work (Interview with male respondent 4, 16/12/09)

... a man is respected as a man when he fetches for the family (Interview with female respondent 3, 16/12/09)

… a man is useless when he does not make any substantial contributions to the family (Interview with female respondent 5, 18/12/09)

The most common activities for both men and women in the study community are farming and doing small scale businesses. Only few are in formal work. However, the distribution between the two groups differs. For men, all those interviewed take farming as their main source of income and very few run small businesses. Formal employment is viewed as a supplement to farming. Similarly, most women are also engaged in farming business. However, many of them (unlike men) have small scale businesses. This, according to them, was mainly because women have more chances of accessing credit facilities than men in the area as many organisations prefer giving loans to women than men. In as much as this has good intentions in as far as women empowerment is concerned, the reasons usually given according to male respondents are unenthusiastic. Some of the reported reasons by both sexes were that men are regarded as not being trustworthy, not forward looking, self centred and extravagant such that they could not be entrusted with the loan. This has implications on the way men view gender issues and increases the burden on women as noted by some respondents.

men are somehow disadvantaged as most credit organisations prefer giving loans to women than men and this has an impact on the way people especially men look at gender issues. In addition this increase burden of women (Interview with male respondent 8, 18/12/08)

… men cannot be given loans as they are untrustworthy and selfish (Interview with female respondent 6, 18/12/08)

The loss of status associated with such economic constraints is thus an important factor behind men's level of involvement in gender work.

Further to this, though the study revealed mixed feelings regarding men's involvement in the project, many respondents, especially men, expressed negative sentiments. All the men reported to have in many cases been humiliated and intimidated by their fellow men and women in the area as compared to their female counterparts who reported none of the two. The commonly reported cases of humiliation and intimidation include being regarded as a gossiper, being weak and promoting women to compete with men, having joined a group which cares little about men's concerns and has little to do with men. This, according to the researcher is sexism; most men do not like to be knocked off their perch. Nevertheless, this has implications on how both men and women view gender issues and there is need to come up with ways of addressing this if gender equity and equality is to be achieved.

Varga (2001:179) further noted that even with the growing attention to men's involvement in sexual and reproductive issues, their participation is often linked to improving women's health rather than towards improving their own. Similarly, men's involvement in this project is mostly presumes to do with women's empowerment and not necessarily looking at men's concerns as well. Below are some of the responses recorded that expressed similar sentiments.

> … we do all this for the sake of women, it is all about women empowerment and combating gender related violence against women. As men we do not have direct benefits from the project as compared to women (Interview with male respondent 1, 16/12/08)

> We are involved not for our own good, it is for the sake of women. This is demeaning as we also have our own concerns which need assistance. This is why some men laugh at us when we join this type of work (Interview with a male respondent 6, 18/12/08)

Likewise, male staff also reported feeling excluded and mistrusted in relation to the project:

> The way we are excluded in this project is intimidating, we are grouped within the group of perpetuators such that we are not trusted with anything regarding the project (interview with junior male staff member 4, 19/12/08)

> It is indeed true that we receive male complainants, but they are just dismissed without being given proper assistance. It is difficult for us to assist as we do not have readily available information regarding the project (Interview with junior male staff member 4, 19/12/08)

It is however, also in men's best interest to change because men's involvement in gender related work has, in many past cases, registered improvement in both men's and women's lives (Flood, 2007:11). Men also need to change their perceptions towards gender work. They should not see the project as disempowering but rather as part of the development agenda and there is need to clear the understanding that gender is not equal to sex. For this particular study, despite the humiliation and intimidation, more men recognised some positive impacts on their personal lives, as well as that of their families, and expressed interest in such work. Some of the indicators for the positive impacts reported by both male and female respondents include happy families and peaceful coexistence in families, behavioural change in terms of sex patterns and networks, improved communication between partners in issues of sex and sexuality and appreciating each other. With this, it is believed that there will be a reduction of HIV/AIDS in the area.

The picture here shows that the project is of great importance in the area.

> It was only after I attended one of the trainings on gender and HIV/AIDS that I realised the importance of being involved. Even if am a laughing stock amongst fellow men and some women, now in my family we are living in peace as we

have opened up in our communication. For example, if I don't feel like having sex, my wife respects my decision. Similarly I also respect her decision if she doesn't feel like having sex. And this goes down to every decision we have to make as a family. But you see, this takes a courageous heart otherwise we are discouraged by the approach these gender projects take most of the time (Interview with male respondent 4, 16/12/08)

…we used to quarrel much over small issues before my husband got involved in the project, but thank God for this project, my husband has now changed. We are now able to appreciate each other and the contribution one makes. This understanding has tremendously reduced the quarrels even when we have different views; we are now concentrating on issues that earn our livelihoods rather than spending time on very small matters (Interview with female respondent 2, 18/12/08)

The project in itself is important; it promotes peaceful co-existence in our families, which is also one of our main duties as local leaders. Subsequently, the project is lessening my burden of resolving family quarrels. I greatly support it, even though some of the things need to be changed so that both men and women benefit from the project (Interview with male respondent 1, 16/12/08)

From the study findings, the researcher is of the view that the project has the potential to contribute to gender equality. On one hand there is need to change some of the approaches being employed that actually discourage men from taking an active role in the project and on the other hand, there is need for men to change their approach to gender work. There is need to re-examine men's patriarchal behaviours that sees them being more powerful over other members of their household. Men should see gender projects as part of the development initiatives which calls upon equality between the two social groups.

5.4   Who is the Victim: Men and Gender Based Violence

Men are usually regarded as the main perpetrators of gender based violence. Others like Sen (1998:7) argue that gender based violence most often occurs at the hands of men mostly in a domestic situation. It is usually not a random occurrence and its use and meaning is usually connected with power (Sen, 1998:8). On the other hand, others like the Men for Gender Equality Now (MEGEN) in Kenya as quoted by Miruka (2007:21) argue that not all men are perpetuators of violence; rather many of them acknowledge the evils of gender based violence and are willing to be part of the fight against the practice. In the present study, some men reported that they were in fact ill treated by their spouses and other men with the following being offered as examples:

- being chased from home especially in matrilineal system
- jealousy by wives (always thinking husbands sleeps around)
- being reported to Police where they are further humiliated
- being beaten and locked out of homes
- love portioning (is a situation where the partner unknowingly is given charms by his or her partner to love him or her more and/or do what the other partner wants whether bad or not.)
- wife's excessive demands which are beyond their husband's capability
- general social exclusion

Some of these might reflect an assumed victimhood by men who claim to be hen pecked by their wives. We cannot know without further data but it might be related to the threatening nature of women's empowerment to some men. Other cases may well constitute gender based violence which should be of concern to those attempting to intervene in gender relations in the community. Such instances are exacerbated by the fact that men usually do not report for redress as women do. This was confirmed by one of the respondents;

Some men like women suffer from emotional and psychological violence. But for men it is made worst by the fact that they usually do not report or seek help (Interview with senior male staff member 1, 15/01/09)

Police reports and statistics on reported cases on gender based violence also allude to the fact that some men also suffer from the act and that few report cases for redress. According to KPVSU, on average 70% of the reported cases are reported by women and 20% by men and rest 10% is shared between boys and girls. The most common reported cases against men include being chased out of home, locked out and women high demands. This demonstrates the fact that some men also suffer violence.

Yes, men do come to our unit to complain but they are fewer than women. However, there are reports that many do experience gender based violence but usually do not report (interview with one Police Officer at the Unit, 16/03/10

From what this study found out as compared to the recorded cases at the VSU, the study reveals a lot of unreported incidences of gender based violence against men. This is probably the case as the Police wait at the station for the cases whilst the researcher went in the field. The situation here alludes to the same fact that not all men are perpetuators of violence rather some do experience some form of violence. What is crucial here is that men usually do not report cases for redress. Culturally, the issue of reporting suffering is regarded as a sign of weakness hence the need for men's involvement in such programmes. The staff interviews also confirmed this.

Fewer men than women report cases on gender based violence to our offices. The most reported cases includes chased out of homes, physical attacks, denied food, lack of wife support – i.e. making unnecessary demands even where the husband do not have the capacity, love portioning, and being humiliated when reported to redress authorities (interview with senior male staff member 1, 15/01/09)

In relation to this, the staff member gave an example of one of the senior police officers in the country who had the courage to testify during one of the workshops that his wife terrorises him in many ways such as beating him, locking him out of the house because of jealousy and makes unnecessary demands which he was forced to do even when he felt incapable of doing it.

> …this has been happening to him for such a long time that now he is traumatised and he really needs help. …this is a senior person who it cannot be imagined that such things can happen to him. If this is happening at that level what about down there [lower level], it may be pathetic (15/01/09)

In addition, during the period of data collection, there was a story in one of the local newspapers in the country where a man's sexual organs were cut off by a wife (the Daily Times, Malawi Local Press, 06/11/08). The case was commonly cited by both male and female respondents. Some respondents noted that there has been no follow up on the story by the gender and human rights activists in the country as they traditionally do with women victims.

> This is becoming a common trend in the country and is a threat to the society. What is more disturbing is that male victims do not receive support as women does… I have not heard of any follow ups on that man's issue (whose sexual organs were cut) by neither NGOs nor the government (Interview with junior male staff member 3, 23/01/09)

Both cases allude to the fact that some men also suffer from gender based violence and some respondents argue that male victims do not get the support that women do. The situation is exacerbated by the fact that most NGOs have no deliberate programmes which target men's welfare and this extends to the government as a whole as also noted by some respondents below. This study is therefore an opportunity to demonstrate the urgent need for men's involvement as both perpetrators and victims of violence. Men's involvement can reveal more cases and new types of gender based violence in addition to

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those that have usually been reported by women. Men's involvement might further encourage them to report, thus exposing new forms.

> Gender based violence against men is an area which has not been given much attention in the country. It is an area where we are grossly lacking (Interview with senior male staff member 1, 15/01/09)

5.5 Barriers to Men's Involvement

Many barriers to men's involvement in gender and health related work have been documented. For example, Greig *et al* (2000:16) suggests three main barriers. The first is the organisational culture which refers to barriers which are embedded in the organisation such as sexism, male/female staff ratio, hierarchical structures in decision making and the prevailing attitudes that holds gender to be a woman's issue. The second is the lack of opportunity and/or space for men to discuss gender equality with other men and women, as identified by the UN men's group for gender equality. And third is the limited number of men participating in mainstreaming efforts.

In this study, similar barriers were reported by both project staff and the project beneficiaries during the interviews as listed below.

Table 2:   Barriers to Men's Involvement

Reporting level	Respondent	Type of Barriers
Staff	Men	Attitude by most gender activists especially women that gender is equal to woman issue
		The assumption that all men are violent, untrustworthy and malicious and that they are better off in the society
		Cultural barriers
		Lack of men's own space
	Women	Resistance to change
		Attitude by most gender activists especially women that gender is equal to woman issue
		Benefits accrued by being a man such as issues of power, men's

		superiority and sexism
		Cultural barriers
Community	Men	Language used by most gender activists – i.e. man is equal to trouble
		Cultural barriers
		Economic hardships
		Approach used as gender is equal to women issues
		Lack of space for men
		Assumption that all men are better off and do not need support
	Women	Resistance to change
		Benefits accrued by being a man

The responses, as report above, show a variation in the way men and women view barriers to men involvement. While men at both levels reported barriers which are mostly targeting women, women's responses mainly suggest that the barriers are of their own making. This again poses a challenge in the way such programmes are implemented. Instead of concentrating on ways on how to attain gender equality, the two groups are placed in competition with one another. Nevertheless, during the focus group discussion both men and women agreed that the belief that gender is equal to women's issues hugely affects the way some decisions are made at both the organisational and community level. They also agreed to the fact that residual patriarchy and sexism also plays a role in keeping men away from such programmes.

> The approach to the whole issue of gender is one which is problematic. Even when we are now talking of GAD as a gender approach, we still live in WID. The notion of gender is equal to women is still there within most gender organisations in the country and this is probably why all these barriers are coming in (Focus group discussion, 08/02/09)

Connected to this, is the issue of the language used by most gender activists regarding men where such projects are concerned. This also came out strongly during the

interviews by both men and women especially at community level. They indicated that often it discourages them from actively getting involved in such projects as they would if the programmes were being implemented as they should be. Men are usually regarded as perpetrators of violence, cruel, untrustworthy, malicious and troublesome as noted by some respondents;

> The language used in most of these gender and health programmes is not good for men. Men are usually accused of victimising women. This type of language discourages men from joining gender related programmes even when they really want to (Interview with male respondent 8, 18/12/09)

> Gender approaches such as those that look at men as perpetrators of violence and interpretation of gender as a women's issue often discourages men from actively getting involved in gender and health work (Interview with female respondent 4, 16/12/09)

> …where men's involvement exists there are cultural barriers and other social values which are neglected by both the government and NGOs in the country; the generalisation of strategies to tackle issue of gender (Interview with junior male staff member 3, 23/01/09)

> …the attitude of some women is very bad. Instead of appreciating efforts made by their husbands in embracing gender issues, they use gender equality as a tool for demeaning their husbands (Interview with male respondent 4, 16/12/08)

During the discussion it was also apparent that some men do resist change. They would still want to hold on the benefits accrued in terms of power and supremacy as a result on the prevailing patriarchy system. They are also influenced by sexist prejudice. This again is an important barrier to their involvement and has implications in the way they view gender issues. Programmes of this nature should thus strive to balance the two and acknowledge that not all men are as such.

We also need to acknowledge that due to prevailing patriarchal system, most men thinks they are superior than women and the rest of the household hence assumes more power (Focus group discussion, 08/02/09)

The study also found out that lack of space for men to interact and cultural barriers are also important barriers to men's involvement. Despite the mixed feeling got from the individual interview, the focus group discussion confirmed the finding. It was agreed that men have other issues which they need to discuss on their own such as issues regarding sexual performance, impotency and other sensitive issues. When combined in one group with women, as is the case at the moment, they fail to discuss such issues.

The organisation has made an initiative of involving men in its program. They have a 'men's' group, known as Men-to-Men, which was formed under the project as noted above. However, as reported by all the respondents (both project staff and the communities), the group has largely remained inactive since its inception and its future is somehow undetermined. This is contrary to the Women-to-Women groups which were formed under the same project. The latter are active and operational. The main reason for this disparity according to this study is the disproportional support given to women groupings as compared to men groups. The men groups were just formed and they have neither been trained nor given any other form of support as women group have. The support is mainly in form of trainings and material support.

We have a grouping of men as an organisation but it has remained inactive with very little attention given and I doubt its continuity. This is despite the fact that these men are willing to work for the project despite the humiliation they get from both fellow men and women. …on the contrary women groups are very active and operational (Interview with junior male staff member 3, 23/01/09)

We are very much willing to serve in the committee, but we do not get the deserved support from the organisation. We just formed the groups and nothing

else. We do not know where to start from. On the contrary, we see our colleagues (women groups) functioning. They have been trained and they get the support from the organisation (Interview with male respondent 1, 16/12/08)

The situation depicted here is concerning. In as much women empowerment is crucial at this point in time; neglecting men's gender initiatives is a missed opportunity to engage men in the re-shaping of gender relations. The creation of social networks for men can be an effective way of building social support. All members of staff during the focus group discussion agreed that men's groups are important in the attainment of gender equality. In other words, they all see the building of solidarity among men as an important aspect of gender equality.

There is a need for men's groups for gender equality in the villages. A lot of gender issues could be explored, learnt and resolved through these groups. There are other things men cannot talk about in the presence of women and these clubs will provide us with ample space to discuss such issues (Focus group discussion, 08/12/09)

We would want to see the involvement of men in this project going beyond partnership of women and perpetrators of violence, rather they should also be seen an victims of violence, marginalised group and so on (Focus group discussion, 08/02/09)

We should move beyond seeing men as perpetrators of violence rather we should see them as development partners as well as victims (Focus group discussion, 08/02/09)

The men's group plays an important educational role around gender and health issues for the men. Santow (1995:157) argues that men's and women's educational levels play an important role in their decisions regarding whether or not to seek medical attention. The information that men receive at the workshops is often passed on to their family members

and other members of the community. Ringheim (2002:170-175) also notes the potential benefits of approaches that focus on men and women which includes improvement in access to health care for the men and their families, improved health, increased levels of negotiation around reproductive issues and increased support for women's family planning decisions. This project therefore has the potential to avail benefits of involving men in such programmes.

Culturally men are also not expected to perform certain things in the society and this poses a big challenge if they are to suddenly change as expected by most gender activists. The study found out that within the equality component of the project, the emphasis is on sharing of roles and responsibilities within the homes such as cooking and cleaning which in Malawian culture is not accepted. The respondents felt the focus should rather be on gender as a developmental agenda within which fall such issues.

> … culturally, men are not expected to do certain things which are promoted in gender programmes such as men helping with the cooking, cleaning and so forth. Maybe if we could concentrate on it as a developmental issue, the whole gender concept would mean something else and attract all social groupings (Focus group discussion, 08/12/09)

> …need to find solutions for each group within its local context, which is to say we should not have a one size fits all strategy (Interview with junior male staff member 3, 23/01/09)

Discussed here are both internal and external barriers to men's involvement. This calls for organisations to balance the two in terms of their approaches if they are to achieve gender equality.

5.6   What If: Implications of Excluding Men

Including men and boys on the gender equation is an important ingredient in gender and development work (Kaufman, 2003:3). Furthermore, as Chant (2000:11) argued, excluding men in poverty alleviation programmes means less impact than that would have been achieved if men were included. For this study, most respondents agreed to the fact that leaving out men in gender and health programmes will lead to reduced project impact on the ground:

> For easy attainment of gender equality and the elimination of gender based violence, there is a need for men to take an active role. Otherwise the same concept that we are trying to promote will be the very source of confusion and conflict in the families. This will in turn stop the project from attaining its intended goal (Focus group discussion, 08/02/09)

> Leaving out men in gender work will bring in more confusion and misunderstandings as is the case now in some instances (negatively impacting on the communities in some cases) (Interview with male respondent 1, 16/12/08)

Chant (2000:10-11) argues that acting as if men are not relevant in gender and health programmes imposes more demands on women which are not easy to fulfil. Wood and Jewkes (1997:45) further argued that excluding men makes assumptions about women's ability to control their bodies which is also very crucial in as far as HIV/AIDS is concerned. MHRRC's approach to men's involvement also assumes that if women are empowered they would have full control over issues that affect their lives which is not the case as noted in the study. Instead, it can lead to antagonism between the two sections thereby retarding development. Thus, there is that need for inclusiveness. The sentiments were shared by many respondents in the study, as recorded below:

> For this project to yield positive outcomes, then men should be actively involved because women have no control over most things starting from their own bodies (Interview with female respondent 8, 18/12/09)

Men should also learn to take responsibility in as far as gender and health issues are concerned, and the only way is to get them involved (Interview with male respondent 5, 18/12/09)

Some respondents also linked the issue of men and women to the bible. According to them, it all began in the old days when God created a man and then a woman to help him. This showed that a man could not stand alone and God saw it as appropriate to make him a helper which implies co-existence between the two.

…as a society right from the creation of the earth, God created a man and a woman to stay and work together (interview with senior female staff member 1, 26/01/09)

However, some respondents (mostly women) expressed different views. They felt most gender programmes exclude men by design. This might be true, but the notion that all men resist change may not be entirely true as noted above. In the researcher's view, these kinds of sentiments may discourage the few that are willing to join and those that are already there. What is rather needed is to encourage the few as these will be the role models among others and may easily influence others to get involved.

…it is their own making, mostly men feel they know everything (Interview with female respondent 7, 18/12/08)

The discussion above is largely in agreement with the fact that men's involvement is crucial in gender and health programmes (cf Cornwall, 2006:280; Ndong *et al*, 1999:55). Chant (2000:12-13) suggested three reasons why men need to be involved in gender and health programmes. The first is that women rarely operate as autonomous individuals and involving men makes the interventions more relevant and workable. Secondly, men are at present caught in a 'crisis of masculinities' and men's fears are growing, hence the need for their involvement.

5.7 What the Future Holds with regard to the Current Trends of Gender and Health Programmes in Malawi

With the current trends in gender and health work, both men and women respondents were pessimistic regarding the future pertaining to the attainment of gender equality. Many expressed the view that things will not work out as intended because men's involvement continues to be minimal and indistinct in many gender and health programmes in the country. On one hand, some men continue to resist change and on the other hand the approaches and strategies used in most gender programmes continue to embrace all men as perpetuators of violence, untrustworthy and malicious. This discourages the few that are willing to join as already noted above. The situation here is also exacerbated by the fact that at a national level there is no deliberate effort that targets men as both partners and victims in gender and development work as a whole.

> With the current trends of these programmes gender equality may not be achieved as expected because of so many factors. One of which is that most men do not like being looked down upon. This is exacerbated by the fact that the approaches and strategies used towards men are problematic (Interview with junior male staff member 3, 23/01/09)

> This will not take us anywhere, the equation is not balancing and the missing part will continue resisting change (Interview with junior female staff member 2, 22/01/09)

One important example was cited during the interviews which most respondents thought sidelines men – i.e. the 50:50 campaign for parliamentarians. This is a campaign where women aspirants for 2009 presidential and parliamentary elections are provided with material and moral support by most NGOs in the country. According to some respondents although the campaign is for a good cause they felt it is discriminatory especially where equally vulnerable male aspirants are concerned. They felt that such campaigns where men feel sidelined widens the gap and deepens the rift that is already there between men and women.

What are we doing for the equally vulnerable men aspirants for the Members of Parliament? These kinds of approaches makes men feel bad about women's empowerment and that is really discrimination (Interview with junior male staff member 4, 19/12/04)

Such statements highlight the sensitivity of women's empowerment for some men, possibly because they dislike the threat to their numerical dominance in positions of political representation.

As a way forward, both men and women agreed on the need to balance up in as far as men and women are concerned (not only concentrating on affirmative action towards women). They argued that sidelining men in gender and health programmes will not yield anything. There is need to move away from lip service to gender and HIV/AIDS issues in addition to the need for continuous checks to see to it that gender and health projects are benefiting both men and women.

There is need to balance up things. Men should also be involved not just as perpetuators of violence but also as victims and development partners. There should be balanced sensitisation on these issues for both sexes and men should be approached bearing in mind their biological wellbeing 'umuna' (their being a man) (Focus group discussion, 08/02/09)

There is a need to lobby and advocate for sensitive laws and policies on gender and stop paying lip service to gender issues. As gender activists we also need to understand and know the international documents on gender equality and apply them accordingly (Interview with senior female staff member 1, 26/01/09)

…what is needed most is the continuous checking to see to it that gender and health programmes benefit both men and women equally (Focus group discussion, 08/02/09)

While there are many issues regarding the topic of men's inclusion in gender related projects, the future could well be positive. Kaufman (2003:4) notes that there are positive outcomes to addressing and involving men and boys to challenge gender inequality. The first one is to create a social consensus on a range of issues which were initially viewed as only important to women when in fact they are equally important to men. There is also a need to develop partnerships not only between men and women but between institutions and organisations, some representing the interests of women and girls and others representing the traditional interests of men and boys. This will help in reaching a compromise where neither men nor women feel sidelined. Kaufman further notes the need for raising the next generation of both boys and girls in a framework of gender equity and equality.

5.8 Conclusion

According to the above discussion, men's involvement in gender issues in Malawi continues to be relevant in gender and health programmes. Most people continue to view men as being outside the gender equation and this affects the way the community at large view gender and health projects in the country. Men continue to be held accountable for women's subordination and this paradoxically discourages them from getting involved. On the other hand, some men continue to resist change considering the benefits they accrue being men. This then calls upon the involvement of both men and women.

Nevertheless, everything held constant the project is of vital importance to the lives of both men and women as illustrated in the study. It is mainly the approach and strategies used that is problematic. If men continue to be left out then the attainment of gender equality is far from a reality. The nature of the project does not matter, what matters most is to strike a balance between men and women as they are all gendered beings and are part of the society.

CHAPTER VI: CONCLUSION AND RECOMMENDATIONS

After considering literature surrounding gender and health as well as the findings of the study in the above chapters, this chapter concludes the report and suggests recommendations and areas for further studies in the gender and health sectors. The chapter starts by outlining a summary of the main emerging issues from the study which demonstrate that men involvement in gender work is still minimal and ambiguous in the country. The chapter also outlines the researcher's recommendations and suggest areas for further studies with a view to giving further direction on the subject matter. The recommendations are both short and long term. The short term recommendations will help address the current short falls at both organisational and community level whereas the long term suggests long term solutions. This could also apply to other gender and health organisations in the country as the issue of generalisability has to some extent been applied in the study.

6.1   The Issues Emerging from the Study

The study revealed a number of issues surrounding men's involvement in gender and health programmes in Malawi. The first is the understanding of the gender concept within the organisation. It was found that despite organisational work in a gender sensitive project the understanding of the concept varies amongst project staff members themselves. Most male staff view gender as a goal to attainment of balanced power between men and women while female staff feels gender is about the already socially constructed roles being played by men and women which need to be renovated This has implications for the way individual staff members translate the concept on the ground. Connected to this is the organisation's lack of gender neutrality in as far as male and female staff members are concerned. From the interviews carried out most male staff members reported to have been sidelined to some extent in the project in that most decisions are made and implemented by female staff members.

Cases of humiliation and intimidation on men who are involved in gender work have also been registered. They are regarded as being weak and supporting ideologies which have nothing to do with men. In addition to these negative perceptions towards men who get or wish to get involved in gender related projects, men also face a number of barriers to their involvement as noted in the study. One of the most reported barriers in this study at both levels is the approach used by some gender activists mostly women. The study found that some activists in the country still hold the view that gender is equal to a woman's issue and that all men are problematic. Conversely, the study also found out that, some men are resistant to change; they still hold the view that gender programmes are there to dis-empower them and detach them from the benefits they usually get being men in the society. All these affect the way such projects are designed and implemented.

Lack of space for men was yet another important barrier to men's involvement the study found out. Men do not feel comfortable to talk about issues which affect their lives in as far as gender and health is concerned in the presence of women. This constrains them in that their other feelings and concerns are not heard. Other barriers reported include cultural barriers where men culturally are not expected to do certain things and economic barriers. All these make it difficult for them to easily take an active role in gender and health work.

The study also found that not all men are violence and untrustworthy, some actually consider themselves to be subject to problematic and sometimes violent behaviour by their partners or others. The study revealed that some men actually acknowledge the effects of gender based violence and are willing to get involved to fight against the malpractice. The common reported types of violence which according to the researcher are more of ill treatments include physical, emotional and psychological violence such as being beaten, chased out of the homes especially in matrilineal homes, love portioning and social exclusion. These are said to weaken the ego of those men involved in gender related work. This is exacerbated by the fact that culturally most men do not report such matters for redress. The study also found that both at organisational level and national

level there are no direct initiatives which target men and address their gender related concerns. This further affects the way men view gender work.

Nevertheless, with the few men involved in the project, the project demonstrated that men's involvement is crucial in such projects as positive impacts were reported. The reported impacts include improved communication within most families, peaceful family co-existence where a husband respects the views of the wife and visa versa, happy families and changes in attitude toward women.

6.2   Suggested Solutions to the Issues

With the current trends in the gender and health sectors, many held a pessimistic view for the future. The study supported the principle that gender equality will best be achieved by including men. This is in line with what most literature on gender and masculinities have documented on men's involvement in gender and health programmes as noted in chapters two and three above. However, participation as noted by Cornwall (2003:1326) in itself is not a direct answer to development rather its success is based on an ethic of commitment to social transformation. Thus, both men and women need to be committed to the work at all levels.

As the way forward to the issues identified in the study, below are the researcher's recommendations.

- Looking at the gender approach used which has brought about problems as identified in the study, the study recommends continued sensitisation in a manner that does not make other groups feel left out. The organisation should make sure the GAD approach is closely followed in the project. The organisation should recognise that gender is about both sexes and not only women and that the project in particular is targeting both: It is important to note that the way in which gender work is approached is very important to its effectiveness as also noted by Tiessen (2005:17), the daily construction of gender inequality in the organisation is based on the individual gendered norms, attitudes and practices and it is therefore

necessary to recognise that in order to address gender inequality. In addition, it is also important to note the varying levels of gender consciousness within the staff members and between the staff and the project beneficiaries. According to Fowler (1997:78), the organisational gender dimension includes power and roles which are divided along gender lines that reflects the wider society with its stereotypical views regarding women and men. Sensitisation in this case will also help to change the individual cultures about gender which will later contribute to the change of the overall organisational culture on gender and HIV/AIDS. This will also help address some of the barriers encountered by men as revealed by the study.

- Regarding men's lack of own space, the study recommends for the strengthening of the men's groups and provide them with support so that they are encouraged to take part in the fight against gender inequality and HIV/AIDS. Studies have shown that men's own space is important in the attainment of gender equality and development as a whole. The study done by Jobson in the Valley Trust for example illustrates that men's groups provide men with space to discuss their own concerns which cannot be discussed in open forums. The groups also provide the opportunity for men to support each other both morally and materially hence the advancement in gender work (2007:61).

- On the issue of some men also being subjected to violence, the study recommends for the realisation that not all men are perpetuators of violence; some acknowledges the evil of the practice and are willing to join such programmes. It is also important to consider issues of masculinities and patriarchy in such programmes as they also contributes to both women and men subordination. There should thus be deliberate initiatives of getting men involved and giving them the much needed support in times of need. Getting male staff members involved will also provide another remedy as they can easily be approached by fellow men when they have problems. At the same time the male staff will act as role models to other men and boys in the community. Targeting boys in this case will be a long term solution to gender inequality as the boys will grow up knowledgeable about the subject matter.

- Given the situation that at both organisational and national level there are almost no deliberate efforts that target men, the organisation should also consider getting into lobbying and advocating for policies and laws that promote both men's and women's involvement in gender and health work in the country and should make sure that those laws and policies recognise the roles and responsibilities of men. This can be done in collaboration with other gender organisations in the country.

- Finally, the MHRRC should also find ways of addressing the cultural barriers to men's involvement. This requires a long term solution as changing people's attitudes take time. The organisation can continue with the sensitisation initiatives in the impact area and at the same time keep on checking that one group is not left out in the process.

6.3 Suggested Areas for Further Studies

The following are the suggested areas for further studies in as far as this study is concerned;

- Given the low involvement of men in gender and health programmes in the country, it is important to explore further the barriers to men's involvement in different cultures within the country and how these can be addressed.

- Although there is some literature on men and masculinity in the country, there is a need for further studies on the area as there is very little known about men and masculinities in a Malawian context. The role of fathers in connection with gender work also needs to be explored. This will assist in finding out how these have affected and informed the gender order and norms in the country. There is also need to find out why government and NGOs do not have direct interventions which specifically target men.

- Exploring men's involvement in other sectors of development in the country is also of vital importance. This will give a bigger picture of how men are involved and what can be done to make sure they take an active role in development.

6.4   Conclusions

The study has found that men's involvement in gender and health programmes is still unclear despite the claims to have adopted the GAD approach. This as shown by the result of this study may promote a degree of tension resulting in slow progress on improved gender relations and development in general. Men's involvement is crucial in the attainment of gender equality as well as for development. Hence the need for organisations and governments to make sure that such projects targets both men and women even in the event that the primary target is one group. It is important to note that it is difficult to attain gender equality by working with one group. If one group feels left out, they may keep on resisting change.

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APPENDICES

Appendix 1:   Interview Schedule for Staff Members

I. Interviews with NGO staff members

Thank you for agreeing to be interviewed, should you have any question or need any clarification at any point, please feel free to do so. You are also free not to answer any question(s) you don't want to.

General

1. What is your position in the organisation?
2. In brief, what work do you do?
3. How long have you worked with the organisation?
4. What is your involvement in the gender programme?
5. How has this changed over time?
6. What is your organisation's understanding of 'gender'?

Background details (For the head of the organisation and heads of departments)

7. When was the organisation formed?
8. What was the aim and remit when the organisation started and how have these changed over years?
9. What do you think are your new responsibilities?
10. How many staff members do you have? Break down by gender, position and grade?
11. What are the projects currently being implemented? Which ones are gender related?
12. Why gender and health projects?
13. When did they start?
14. Who funds these projects?

Men in GAD

15. What are the main targets for the project? Explain

16. From your experience in the work of the project, are men involved?

17. How have they been involved?

18. Do you think it is an effective way? Why?

19. Does your organisation have any initiative that solely focuses on men or a group of men? If yes what are they? If no why?

20. What do you think are the implications of excluding men in gender work? And what about including them?

21. What do you think are the barriers to men's involvement? And what can be done to overcome these barriers?

22. What do you think NGOs in gender and development can do to achieve gender equality?

Gender based Violence

23. From your experience, do you think men are also victims of GBV? If yes, explain with examples. If no why?

24. How does the organisation address specific men's gender and health related concerns? Give examples

25. What implications if any does this have on the way the organisation look at the question of power?

Appendix II: Interview Schedule for Project Beneficiaries

I. Interviews with the communities – Male respondents

Date:

Place of interview:

Sex of interviewee:

Thank you for agreeing to be interviewed, should you have any question or need any clarification at any point, please feel free to do so. You are also free not to answer any question(s) you don't want to.

Background

1. How old are you?
2. How many years of schooling did you complete?
3. What work do you currently do?
4. What kind of work do men usually do in your community as their main source of income?
5. What kind of work do women usually do as their main source of income?
6. What problems do men face in your community?
7. What problems do women face?

Feelings about the project

8. What do you know about the gender and health programme in your area?
9. Are there other similar projects in your area
10. How long have you been involved in the project?
11. What has your involvement been?
12. Why did you get involved?
13. What have you found most valuable?
14. What have you found difficult?

15. Are there any changes in your household as a result of the project? Please give me some examples.

16. How do other men view your involvement in this project?

17. How do women view your involvement?

Experience with the organisational staff

18. Who from the organisation do you frequently come in contact with? Give sex and position if known

19. Give me your impression of how you have worked with the staff member/s

Men in GAD

20. Do you think men have a say in general health and reproductive health of women? Explain

21. What do you think are the implications of excluding men in gender and health work?

22. What are the barriers of men's involvement in gender and health work? And what can be done to remove the barriers?

23. From your experience how do you think men can best be involved in gender and health work?

Gender Based Violence

24. From your experience, do you think men are also victims of GBV? If yes, explain with examples. If no why?

25. What implications if any does this have on the way you look at the question of power?

Future

26. How do you think the project interventions could be improved?

II. For the communities – Female respondents

Date:
Place of interview:
Sex of interviewee:

Thank you for agreeing to be interviewed, should you have any question or need any clarification at any point, please feel free to do so. You are also free not to answer any question(s) you don't want to.

Background

1. How old are you?
2. How many years of schooling did you complete?
3. What work do you currently do?
4. What kind of work do men usually do in your community as their main source of income?
5. What kind of work do women usually do as their main source of income?

Feelings about the project

6. What do you know about the gender and health programme in your area?
7. Are there other similar projects in your area
8. How long have you been involved in the project?
9. What have you found most valuable?
10. What have you found difficult?
11. Are there any changes in your household as a result of the project? Please give me some examples.
12. How do you view men involvement in this project?

Experience with the organisational staff

13. Who from the organisation do frequently come in contact with? Give sex and position is known

14. Give me your impression of how you have worked with the staff member/s

Men in GAD

15. Are men involved in the project? If yes, how? If no why?

16. Do you think men have a say in the general health and reproductive health of women? Explain

17. What do you think are the implications of excluding men in gender work?

18. Do you think including them will make any difference?

19. What are the barriers of men involvement in gender work? And what can be done to remove the barriers?

Gender Based Violence

20. From your experience, do you think men are also victims of GBV? If yes, explain with examples. If no why?

Future

27. How do you think the project interventions could be improved?

Thank you very much for your cooperation and the information given.

Appendix III: Interview Schedule for Police VSU Officers

Thank you for agreeing to be interviewed, should you have any question or need any clarification at any point, please feel free to do so. You are also free not to answer any question(s) you don't want to.

1. What is the general trend on reported cases between men and women?
2. From your own assessment, what do you think are the trends of gender based violence within the communities?

Thank you very much for your cooperation and the information given.