

# Men with Money and the “Vulnerable Women” Client Category in an AIDS Epidemic

MICHELLE POULIN<sup>a</sup>, KATHRYN DOVEL<sup>b</sup> and SUSAN COTTS WATKINS<sup>b,\*</sup>

<sup>a</sup> *The World Bank, Washington, DC, USA*

<sup>b</sup> *University of California Los Angeles, USA*

**Summary.** — Why have African men been largely overlooked in HIV policy and programs, while poor women are almost always targeted? Men are more likely to die of AIDS than women, and multiple studies in Africa find that wealthier men are more likely to be infected with HIV than are poor men. We draw on survey and ethnographic data from rural Malawi, a country in southeastern Africa that has experienced a major AIDS epidemic, to examine this puzzle of the “missing men.” Using longitudinal survey data collected at the height of Malawi’s epidemic, we find that not only are wealthy urban men more likely to be HIV positive, but so too are rural men who are wealthy by rural standards. We further advance our argument using ethnographic data to show that rural Malawians understand that men with money are a risk, both to themselves and others. We then systematically analyze HIV policies and documents from the World Health Organization (WHO), UNAIDS, and the President’s Emergency Program for AIDS Relief (PEPFAR)—large international organizations at the forefront of responding to AIDS—to identify the extent to which women and men and poverty and wealth appear as targets. We present evidence showing that women, who appear in these documents more than twice than do men, are framed as unquestionably vulnerable and in need of aid, whereas men are overlooked. We argue that the international discourse on AIDS in Africa cannot be conceived of as separate from the broader discourses of economic development. The campaigns by international donors and NGOs to protect poor women while sidelining men with money gives an incomplete picture of AIDS epidemics.  
© 2016 Elsevier Ltd. All rights reserved.

*Key words* — gender, policy discourse, institutions, organizations, feminization, HIV

## 1. INTRODUCTION

This paper addresses a puzzle: Why have men in sub-Saharan Africa, where the AIDS epidemic has been most intense, been largely ignored in HIV policy and prevention programs? Millions of women and millions of men have died of AIDS, yet the policies and programs of governments and development organizations have focused on groups that rarely include heterosexual men but almost always include women, who are conceptualized as particularly vulnerable to the epidemic (Cornell, McIntyre, & Myer, 2011; Higgins, Hoffman, & Dworkin, 2010). When policies or programs do focus on men, often the aim is to transform them into better partners for women, not for the benefit of men themselves (e.g., Musoke *et al.*, 2008; Stern, Pascoe, Shand, & Richmond, 2015). The exclusion of men is becoming increasingly incongruous given the evidence that throughout the sub-continent men are more likely than women to die of AIDS (Bor *et al.*, 2015; Druyts *et al.*, 2013), and that wealthier men have a significantly greater likelihood of being HIV positive than poorer men (Hajizadeh, Sia, Heymann, & Nandi, 2014; Ishida, Arnold, Stupp, Kizito, & Ichwara, 2012; Mishra *et al.*, 2007). In what follows, we draw on a bricolage of evidence that includes a literature review on the relationship between men’s wealth and HIV risk, as well as survey and ethnographic data from rural Malawi, a country in southeastern Africa that has experienced a major AIDS epidemic. We first argue that not only are wealthy urban men more likely to be HIV positive, but so too are rural men who are wealthy by rural standards. We then describe how resources in international policies and programs earmarked for HIV prevention focus disproportionately on women, particularly those who are poor and young. We certainly support policies and programs that improve the lives of young women and girls, but we have come

to believe that the feminization of AIDS policy and the inattentiveness to men’s HIV risk, and particularly the power of men with money, distort the realities of the AIDS epidemics in sub-Saharan Africa.

## 2. GENDER, HIV, AND MORTALITY

A common slogan in sub-Saharan Africa is “AIDS has the face of a woman” (Annan, 2002). Another is “young African women and adolescent girls are especially vulnerable to HIV” (UNAIDS, 2015, p. 8). Rhetoric such as this is typically justified by statistics showing that in sub-Saharan Africa, women comprise 58% of all adults living with HIV, and that among young people aged 15–24, women are between two to three times as likely as men to be infected (UNAIDS, 2015). Explanations for these gender discrepancies are usually linked to gender inequality: that women’s risk of intimate partner violence places them at increased risk of HIV, and that women’s poverty and powerlessness force them to exchange sex for resources (Dunkle *et al.*, 2004; Gupta, 2002; Jewkes, Levin, & Penn-Kekana, 2003).

There is evidence, however, that raises questions about the relative risk of women and men in high-HIV countries. First, as seen in Figure 1, modeling of HIV incidence (the rate of new infections) in Zambia, Tanzania, Zimbabwe, and Malawi

\* We are grateful to Sara Yeatman, Anne Esacove, and Abigail Harrison for contributions that substantially improved this paper. The MLSFH is supported by grants from the Rockefeller Foundation; NICHD (R01-HD4173, R01 HD372-276); NIA (AG1236-S3), and the Center for AIDS Research and the Center on the Demography of Aging at the University of Pennsylvania. Final revision accepted: April 7, 2016.

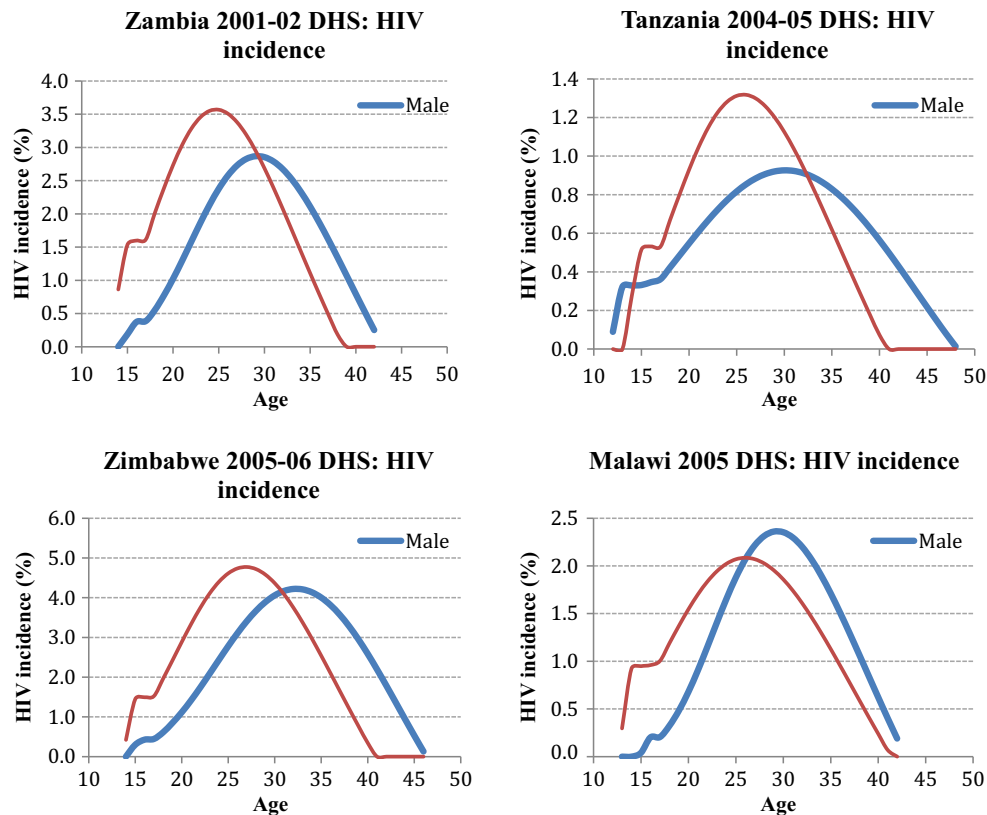


Figure 1. Incidence by gender and age for Zambia, Tanzania, Zimbabwe, and Malawi.

shows that although incidence is higher for women in younger years of age, by around middle age incidence becomes higher for men (see also [Bärnighausen et al., 2008](#); [Eyawo et al., 2010](#)).<sup>1</sup> Second, men are more likely than women to die from AIDS, comprising 60% of all AIDS-related deaths in sub-Saharan Africa ([Bor et al., 2015](#); [Druyts et al., 2013](#); [Kanters et al., 2013](#); [Mills, Beyrer, Birungi, & Dybul, 2012](#)), a disparity that has been attributed to men's lower use of HIV services ([Muula et al., 2007](#); [Venkatesh et al., 2011](#)), later initiation of AIDS treatment ([Hawkins et al., 2011](#)) and, once on treatment, higher rates of loss to follow up compared to women ([Ochieng-Ooko et al., 2010](#)).

Third, in sub-Saharan Africa AIDS has often been considered a disease of poverty, but studies have found a positive correlation between men's wealth and HIV infection. Our review of population-based studies published in major journals during 2006–14 showed that of the 19 that examined the relationship between men's wealth and HIV infection or risk behavior, wealth was associated with increased risk of HIV in 13 ([Table 1](#)), findings were mixed in three ([Fortson, 2008](#); [Fox, 2012](#); [Parkhurst, 2010](#)), and no relationship was found in another three ([Dinkelman, Lam, & Leibbrandt, 2007](#); [Hargreaves et al., 2007](#); [Lopman et al., 2007](#)).<sup>2</sup> Of the three with mixed findings, wealth and HIV risk was found to be positive in low-resource, but not high-resource settings ([Fox, 2012](#); [Parkhurst, 2010](#)). In one of the three studies with null findings, men's wealth was found to be associated with an increased number of total partners and casual partners; this study also found an association between wealth and increased condom use, and the combination of these findings is a possible contribution to overall null finding ([Lopman et al., 2007](#)).

HIV prevalence is typically higher in urban than in rural areas, a fact that has led researchers to model HIV infection with an inclusion of an urban–rural control variable, and few have considered the relationship between wealth and HIV in rural areas ([Fox, 2012](#); [Hajizadeh et al., 2014](#); [Magadi & Desta, 2011](#)). Although urbanization in sub-Saharan Africa has become rapid, at 63% the rural population remains large, and the influence of wealth on HIV rates may differ across urban and rural settings ([World Bank, 2014](#)). In urban Africa, wealthy men are often successful businessmen or university graduates who hold high, long-term positions in government or in non-governmental organizations. But in rural Africa, wealthy men are only relatively wealthy compared to rural men engaged in small-scale farming and self-employment, jobs that do not bring steady income or long-term security ([Arbache, Kolev, & Filipik, 2010](#); [World Bank., 2012](#)).

In Malawi, as in many other countries in SSA, the formal economy in rural areas is relatively small. One route to relative wealth is through employment in the public sector, including teachers, health care workers, police, agricultural extension agents and officials in the district government. These positions are predominantly held by men; of the civil service employees, 81% are men, and of the police force, 82% are men ([Food & Agriculture Organization, 2011, p. 7](#)). A second route is through white-collar jobs in a non-governmental organization or the national office of an international agency, such as the United Nations. Farmers who produce the cash crops of tobacco, cotton, or tea can also become relatively wealthy, albeit often temporarily. When weather conditions are good and cash crop prices are high, rural households often display their wealth by replacing their mud huts and thatched roofs

Download English Version:

<https://daneshyari.com/en/article/990556>

Download Persian Version:

<https://daneshyari.com/article/990556>

[Daneshyari.com](https://daneshyari.com)