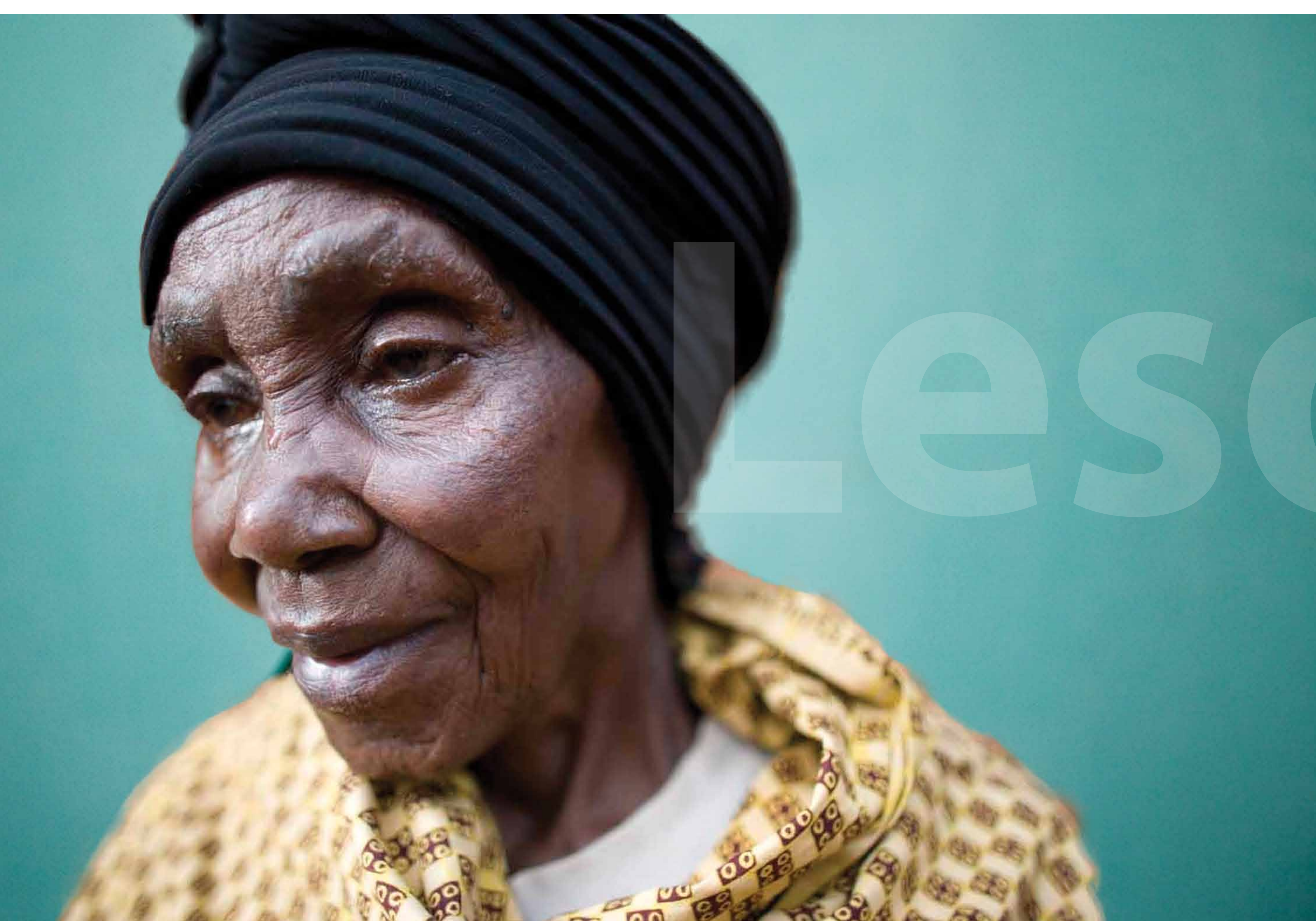




Alleviating Women's Burden of HIV/AIDS Care in Lesotho



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An estimated 92% of HIV/AIDS caregivers in Lesotho are female. The gender segregation apparent in community HIV/AIDS caregiving results in an unsustainable burden on women and girls that produces social, physical and psychological/emotional stress and lost opportunities for education, careers and income. Reducing occupational segregation is a priority of Lesotho's Gender and Development Policy. A 2008 study conducted in three districts in Lesotho on behalf of the Lesotho Ministry of Health and Social Welfare sought to identify sustainable, gender redistributive practices to recruit, train, support and retain men in community-based HIV/AIDS home-based care and support jobs traditionally considered the province of women.

Methods

- Key informant interviews and focus group discussions were conducted with 264 male and female participants of different ages in villages, health clinics and hospitals from three districts purposively sampled to include ecological zones, rural and urban sites and public and private sector facilities.
- Participants were district administrators, HIV coordinators, nurse clinicians, village chiefs, HIV-infected men and women, village men and women and community health workers (CHWs).
- Qualitative methods were chosen to explore the cultural meanings of caregiving, HIV and men's and women's roles.

Gender Segregation

- Assigns caring/nurturing jobs to women and technical/managerial jobs to men
- Tends to differentially restrict access to health occupations, positions and tasks by gender
- Is sustained by stereotypical conceptions of women and men
- Makes for inefficiencies and missed opportunities
- Curtails equality of opportunity and access in education and work.

Impacts of an Unequal Burden of Care

An unequal burden of care has been linked to :

- Social, physical and psychological/emotional stress and distress
- Lost opportunities for education, careers and income
- Deepened poverty and lowered workforce productivity
- Vulnerability to infection exacerbated by the lack of adequate training, mentoring and support
- Sexual and physical abuse.

Findings

A perceived need for and feasibility of engaging men as HIV care-givers

- Community needs are increasing; CHWs are generally overburdened, and report difficulty in providing care to men.
- Many communities lack information about HIV and AIDS; male involvement in educational outreach and care programs will increase the spread of information. Unemployment among men is high, and men appear to have discretionary time.
- Some men report they already perform some female-identified tasks associated with community home-based care, such as obtaining water and firewood, preparing food, washing clothes. Some men report sharing child care duties, but only a few share the duties of caring for the sick in the family.
- Lack of financial incentives and information, fear of stigma and lack of resources (travel expenses, medical and hygienic supplies) hinder men's involvement in HIV/AIDS caregiving
- However, engaging men as care providers is feasible especially with financial incentives, training and support.

Cultural barriers, gender norms and perceptions

- Caregiving has traditionally been the domain of women; women are perceived as more nurturing and altruistic.
- Men are expected to be breadwinners; at this point, caregiving is done on a volunteer basis, and so is not an income-generating activity.
- Despite gender norms, women have fully assumed the role of economic provider
- It is considered unacceptable for a man to provide intimate care for a woman unless he is the husband; a perception exists that men have "promiscuous minds" and cannot be trusted to respectfully and easily care for women's health needs.
- Men who do act as caregivers are often denigrated and ridiculed both by women and men for taking "women's work."
- Male respondents emphasized the technical aspects of caregiving and identified with more powerful male tasks and groups (first aid workers, miners), representing this work as more masculine by citing male-identified traits such as bravery, courage, dignity and discretion.



"The burden of HIV and AIDS care has dehumanized women; it has feminized poverty and turned women into workhorses in the name of volunteering and caring for the community. [It is an unsustainable strategy] to try to achieve universal access through continuing to exploit women's unpaid labor."

**Augustine Chella,
Voluntary Service Overseas, Zambia**



"[Men working as HIV/AIDS care providers] is not acceptable really because men are not trustworthy people [and] because he can pounce upon you irrespective of your condition, no matter how sick you are."

Female focus group participant



"In our tradition, there are things which are the responsibility of women, and caring for sick people is one such thing. It is obvious though, that because of changing times and new diseases, both men and women should unite against HIV/AIDS."

Male focus group participant

Perceptions of Comparative Performance, Advantages and Disadvantages of Men as HIV/AIDS Caregivers

Men can:



- Bathe a man
- Undress/dress a man
- Provide lavatory assistance
- Feed patients
- Carry patients.

Women can:



- Bathe a sick person regardless of gender
- Wash soiled linens and clothes
- Cook
- Speak kindly and persuasively to patients ("sweet talking," "submissive begging")
- Sweep/clean house.

Disadvantages of involving men



- Men's perceived dishonesty/womanizing/untrustworthiness/promiscuity/lack of patience
- Men's perceived tendency to sexualize care situations
- Women's sense of modesty/decorum
- Traditional prohibitions against entering spaces where women need to be alone
- Male breadwinner status/unwillingness to work without financial incentives.

Conclusions

- Caregiving is not gender-neutral. Men are extremely underrepresented in the unpaid, informal HIV/AIDS caregiving workforce. A nexus of gender stereotypes about essential "male" and "female" traits, status beliefs and perceptions of men and of caregiving has kept women in unpaid, voluntary HIV/AIDS caregiving and kept men out of it. Gender beliefs and stereotypes have sustained gender segregation of this job.
- Men stand to lose both discretionary time and the respect of other men by engaging in community-based HIV/AIDS caregiving, but stand to gain economically by entering the now-remunerated CHW cadre. While the disproportionate burden on women can be alleviated by men's participation in the caregiving field, women stand to lose the benefit of social recognition and may face competition from men in the CHW jobs.
- Gender segregation in caregiving impedes the development of a robust, fair and sustainable response to HIV/AIDS.

Recommendations

- National policies should promote an equitable sharing of responsibilities between women and men and be actively promulgated through curricula to reduce gender segregation of caregiving.
- Policies should continue to support women who are already involved in caring for those affected by HIV/AIDS through gender-responsive policies, budgets and initiatives.
- Training should include critical reflection on gender roles and gender equality, ethics and gender-based violence. HIV/AIDS care programs should recruit men and assure equitable sharing of responsibilities through supervision.
- Working conditions (including working hours and remuneration, pensions), supplies and protections for caregivers must be standardized.
- Public education and community mobilization should promote the value of caregiving and gender equality, and should not reinforce stereotypes or expectations of masculinity that might exacerbate existing gender inequalities.
- Gender analysis/evaluation is essential to evaluate if and how policies and programs actually alleviate the burden of HIV/AIDS care on women.