

Women's Rights Gone Missing: Gender Inequality and HIV Prevalence in Malawi

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Abstract

This article examines the socio-demographic and behavioral characteristics underlying gender inequalities and how it is related to the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) epidemic in Malawi. Malawi is one of the countries that has made unsatisfactory progress in reducing the HIV prevalence rate, especially among women. Some of the main reasons for Malawi's little progress is due to gender inequality, specifically in the areas of violence, education, empowerment, and healthcare. This article examines these four areas and how much progress has been made in reducing the gender gap in these areas in the interest of controlling the HIV/AIDS epidemic in Malawi.

I. Introduction

In Malawi, the first case of AIDS was diagnosed in 1985.¹ The HIV/AIDS prevalence rate then increased continuously until reaching a peak of 16.4 percent in 1999 among persons aged 15-49, after which the prevalence has been declining steadily, reaching 12.0 percent in 2004, 10.6 percent in 2010, and 9.2 percent in 2016.² However, the HIV prevalence rate for women between ages 15-49 years is currently about 50 percent higher than for men between ages 14-29, and HIV/AIDS has remained the leading cause of death in women in Malawi.³

Women in Malawi are generally more vulnerable to getting infected with HIV/AIDS than men, due to women's rights being neglected by social and cultural norms of Malawian society. This article sheds light on understanding the complex threats to poorly addressed gender rights discourse that has first of all increased the incidence of HIV/AIDS in Malawian women and second, prevented that more progress has been made in reducing the incidence of HIV/AIDS in women. Following this introduction, the next section (Section II) provides a brief review of the literature. Section III presents some socio-economic background for Malawi before Section IV examines the HIV/AIDS epidemic in women in the light of gender-based human rights violations within four areas: violence, education, empowerment, and health care. The last section provides some conclusions.

¹ Government of Malawi (2014), p. 6.

² Government of Malawi (2014), p. 6 and World Bank (2018a).

³ Government of Malawi (2014), p. 6.

II. Brief Literature Review

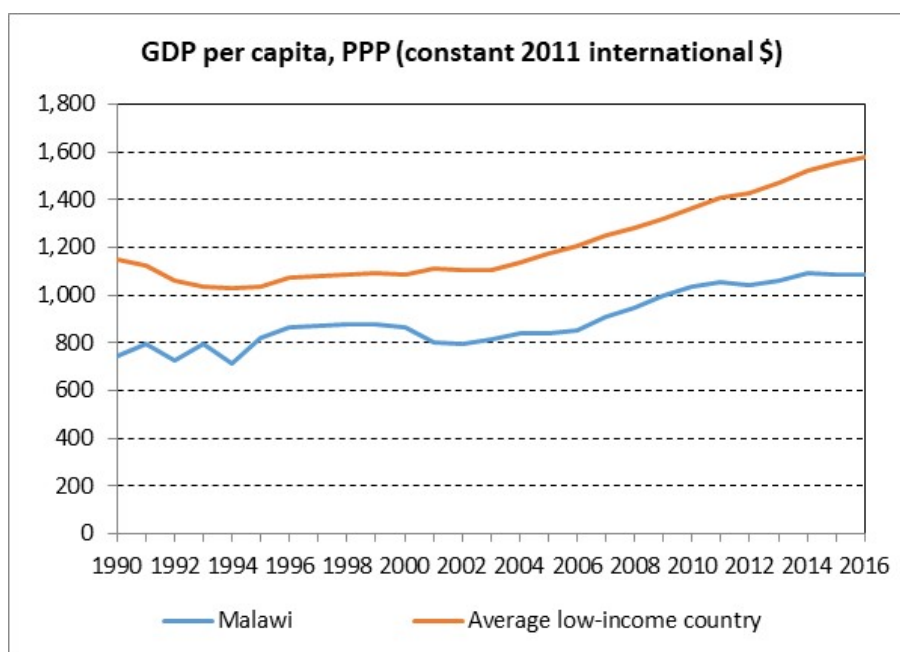
While there is a wide range of literature addressing how gender inequality affects the incidence of HIV in women in Sub-Saharan Africa, there are relatively few publications that focus on Malawi. In one of the earliest contributions, Marcus (1993) discusses how gender norms have contributed to women's HIV in Malawi and Uganda. The same issue has been reexamined more recently by Watkins (2010), covering the whole of Sub-Saharan Africa, and then also by Sia, Onadja, Nandi, Foro and Brewer (2013), focusing mostly on evidence from Kenya, Lesotho and Tanzania. Hayes (2013) explores how gender norms have increased the vulnerability of Malawian women to HIV. Reviewing a variety of HIV/AIDS programs in various African countries, Tallis (2000) focuses on the integration of structured and equal gender policies to address HIV. In each of these publications, the authors recognize that tackling gender inequality is vital to ending the global HIV/AIDS epidemic. The following summaries cover each of these contributions in chronological order.

- Marcus (1993) discusses the gender dimensions of HIV/AIDS in Malawi and Uganda. The primary focus of this report is the transmission of HIV and its prevention, raising issues of gender and sexuality. In particular, Marcus explains the extent to which HIV/AIDS education materials reassert traditional gender inequalities instead of presenting empowering alternatives, which would induce behavioral change and therefore increase protection against HIV infection.
- Tallis (2000) focuses on the need to incorporate gender inequality issues in HIV/AIDS programs in a structured way and suggests that gender inequality is an obstacle to HIV/AIDS prevention. Tallis explains how people need to understand the nature of power and inequality and ensure that government can implement better policies in HIV prevention and make more efforts to consider women's rights.
- Based on case studies from many countries in Sub-Saharan Africa, Watkins (2010) examines how women are vulnerable to HIV infections due to social and cultural norms that disadvantage women. She investigates the gender differences in the HIV prevalence and how these gender differences are related to the inefficiency of programs that are meant to either empower women economically or are aimed at changing social norms.
- Hayes (2013) explores how the proliferation of poorly translated human rights has increased the vulnerability of Malawian women and girls to HIV. The author shows how the collision between culture and gender roles has led to Malawi's sorrowing sexual behaviors based on gendered ideas. Hayes reveals that these ideas have had consequences for both, HIV rates in Malawi and the empowerment of Malawian women and girls.
- Sia, Onadja, Nandi, Foro and Brewer (2013) examine whether gender inequalities in HIV prevalence in Sub-Saharan Africa are explained by differences in the distributions of HIV risk factors, differences in the effects of these risk factors, or some combination of both. They highlight how investigating the differences in the distribution of HIV risk factors between men and women contributed to inequalities. They stress that HIV/AIDS programs that focus solely on equalizing resources may not achieve their objectives and may even exacerbate HIV differences by gender.

III. Socio-economic Background

As Figure 1 shows, Malawi has made little progress with increasing its GDP per capita during the last 26 years. In 1990, Malawi's average GDP per capita (PPP-adjusted and in constant 2011\$) stood at \$744; in 2016 it was \$1,084, which implies a cumulative increase of only \$340 or 45.6 percent over a period of 26 years. For the average low-income country (LIC), GDP per capita increased from \$1,149 in 1990 to \$1,578 in 2016, which implies a cumulative increase of \$429 or 37.3 percent. Hence, while Malawi's GDP per capita increased less than that of the average LIC in dollar terms, it increased slightly more in relative terms. Still, as Figure 1 shows, the recent trend in GDP per capita growth is far more optimistic in LICs than in Malawi.

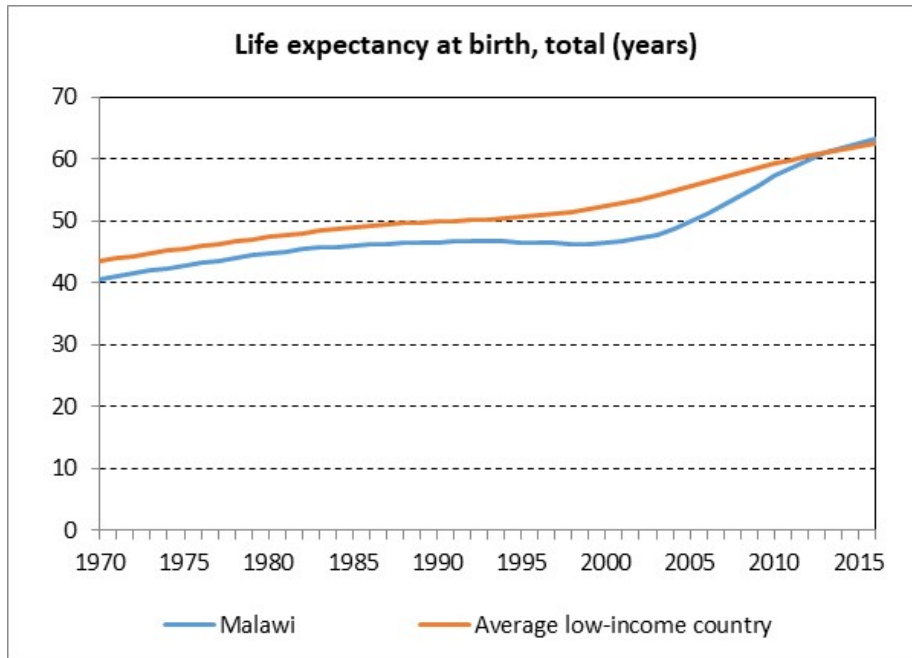
Figure 1: PPP-adjusted GDP per capita in Malawi and the average LIC, 1990-2016



Source: Created by author based on World Bank (2018a).

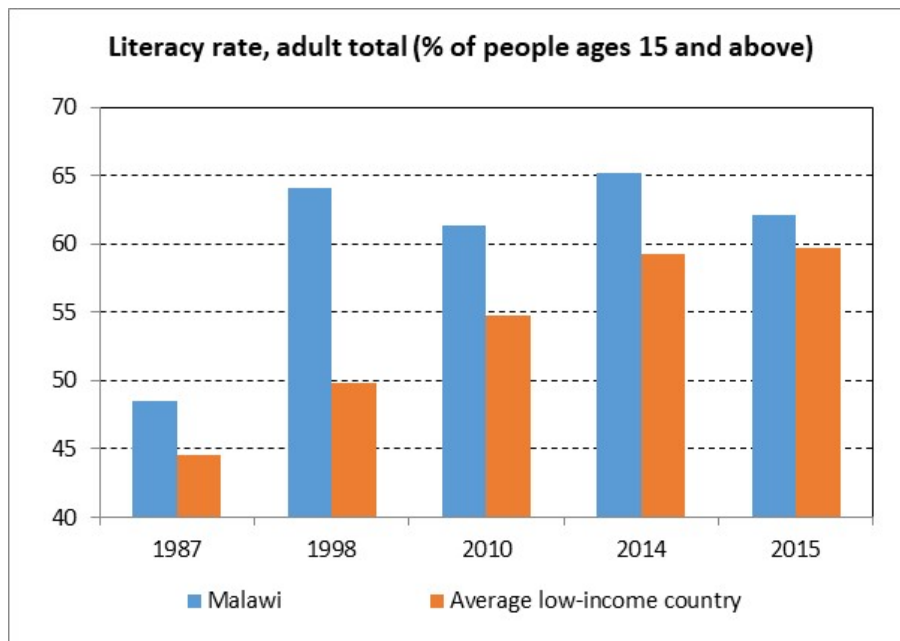
The second broad development indicator we review to determine Malawi's progress is life expectancy. Life expectancy is determined by many factors, like access to health care, food, water, etc., some of which are not necessarily based on income. Hence, life expectancy is an alternative informative indicator to GDP per capita. As shown in Figure 2, Malawi's progress in improving life expectancy was slow during the 1970s and 1980s, then stagnated during most of the 1990s (mostly due to the HIV/AIDS epidemic), but then accelerated since the early 2000s. Hence, as Figure 2 shows, Malawi has recently surpassed the average LIC in terms of life expectancy at birth, after having been about three years below the average LIC in the 1970s and about six years below the average LIC in the early 2000s. Malawi is now doing better than the average LIC in terms of life expectancy even though its GDP per capita remains more than 25 percent below that of the average LIC. Dossani (2012) suggested that Malawi's progress in life expectancy can be attributed mostly to investments in immunizations of children and increases in access to safe water and sanitation.

Figure 2: Life Expectancy at Birth in Malawi and the average LIC, 1970-2016



Source: Created by author based on World Bank (2018a).

Figure 3: Literacy Rates in Malawi and the average LIC, 1990-2015



Source: Created by author based on World Bank (2018a).

Figure 3 indicates that another factor for Malawi's relatively high life expectancy has been Malawi's relatively high levels of literacy. Even though Malawi's GDP per capita continues to be more than one quarter below that of the average LIC literacy rates have always been higher in

Malawi than in the average LIC for the years such data is available. The biggest increase in Malawi's literacy rates had been achieved from 1987 (when it was 48.5 percent) to 1998 (when it was 64.1 percent). Unfortunately, literacy rates decreased from 1998 to 2010, and then again from 2014 to 2015. Hence, compared to the average LIC, Malawi's previous lead in literacy rates has nearly been eliminated by 2015. As of 2015, literacy rates were 62.1 percent in Malawi and 59.8 percent in the average LIC.

IV. Violence, Education, Empowerment, and Health

The challenge of protecting women and girls from HIV/AIDS is closely related to human rights abuses. The protection of women's rights is a key to turning around the HIV/AIDS crisis in sub-Saharan Africa. This section reviews the progress Malawi has made in four areas that drive the HIV/AIDS epidemic in women: (a) gender-based violence and intimate partner violence, (b) a lack of education, (c) a lack of empowerment, and (d) a lack of access to healthcare.

IV.1. Gender-based Violence and Intimate Partner Violence

Gender-based violence is a consequence of gender power inequities, at both a societal and individual level. Although some women might resist male power, most Malawian women largely accept these practices. Based on the Violence Against Children and Young Women Survey (VACS) undertaken in 2013, 42 percent of young women believed it is acceptable for a husband to beat his wife under certain circumstances.⁴

Based on a study by the Malawian National Statistical Office (NSO) et al. (2012), Figure 4 shows that women in Malawi experience more physical, sexual and psychosocial (emotional) violence than men. Based on the study, 29.8 percent of males have reported to have experienced sexual violence, however, the percentage for women is with 40.3 percent much higher. Similarly, 29.5 percent of women have reported to have experienced physical violence, compared to 18.8 percent of men. With regards to psychosocial violence, the gender gap is relatively small, with 43.6 percent of women and 42.0 percent of men having reported to having ever experienced psychosocial violence.

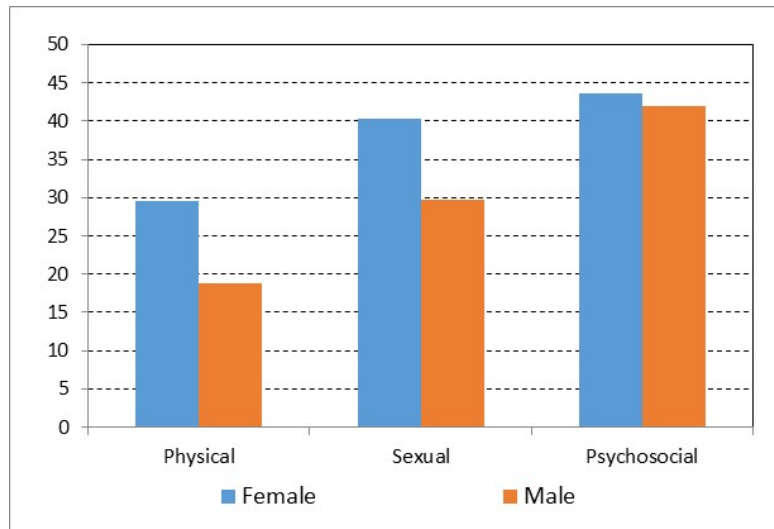
Qualitative research has shown that HIV/AIDS, gender inequity, and gender-based violence are closely linked to the patriarchal nature of Malawi's society and ideals of masculinity that are based on controlling women. These ideals readily translate into risky sexual behaviors and acts of violence against women.⁵ Violence prevents women from influencing the circumstances of sex, resulting in more frequent sex and less condom use, thus increasing their chances of encountering HIV. In Malawi, violence increases the risk of HIV infection in women as a result of community acceptance of norms of masculine behavior and men's use of power over women, promoting inequality between the genders.⁶ Women who fear violence are less able to protect themselves from infection. They do not have the power to negotiate for safe sex or to refuse unwanted sex, nor do they have the power to get tested for HIV and to seek treatment after infection.

⁴ Ministry of Gender, Children, Disability and Social Welfare, Republic of Malawi (2014). For similar results from a previous study, see Pelser et al. (2005).

⁵ Conroy (2014), pp. 873-874.

⁶ Watkins (2010), p. 155.

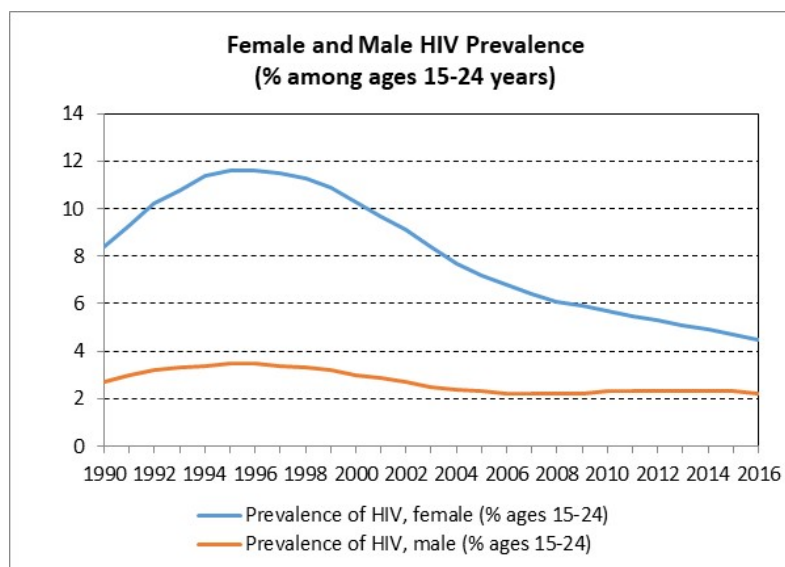
Figure 4: Percentage of Females and Males Reporting to Having Ever Experienced One or More Types of Violence



Source: Created by author based on Mellish, Settergren and Sapuwa (2015), Table 14, p. 14, referring to National Statistical Office (NSO) et al. (2012).

When comparing the HIV prevalence in Malawi between females and males, women suffer far more from HIV than men. Figure 5 shows the huge gender gap among young people, those between 15 and 24 years. For young men, the HIV prevalence stayed between two and four percent during 1990 to 2016. For young women, the HIV prevalence reached a maximum of 11.6 percent in 1995 (more than three times that of young men), and despite the relative sharp decline during the early 2000s, the prevalence rate among young women was still more than twice that of young men in 2016.

Figure 5: HIV Prevalence in Malawi by Gender, 1990-2016



Source: Created by author based on World Bank (2018a).

Intimate partner violence (IPV) is a specific manifestation of gender inequality which has been shown to be an important risk factor for HIV/AIDS. IPV results in women less likely to report the abuse, and in many cases, results in more sexual activity with less consistent condom use. In many African countries, including in Malawi, woman getting married is seen as the “riskiest” behavior for women, where they can potentially be exposed to a) unprotected sex with a husband who has multiple sexual partners and b) power dynamics between men and women that prevent women being protected by condoms.⁷

There is a growing agreement about the nature of IPV. IPV is not seen as an isolated act or physical aggression, but rather a pattern of abuse and controlling. Heise et al. (1999, p. 5) state: “Intimate partner abuse can take a variety of forms including physical assault such as hits, slaps, kicks, and beatings; psychological abuse, such as constant belittling, intimidation, and humiliation; and coercive sex. It frequently includes controlling behaviors such as isolating a woman from family and friends, monitoring her movements, and restricting her access to resources.”

IV.2. Women’s Education Status

The World Bank (2002, p. xvii) states that “education is a proven means to prevent HIV/AIDS.” Education protects against HIV infection through information and knowledge that may affect long-term behavioral change, particularly for women by “reducing the social and economic vulnerability that exposes women to a higher risk of HIV/AIDS than men”, including prostitution and other forms of economic dependence on men.⁸ As documented in World Bank (2002), many studies have shown that women’s education levels positively correlate with HIV prevalence and prevention practices.

The World Bank’s Girls’ Education Program is a strategic development priority, based on the fact that “better educated women tend to be healthier, participate more in the formal labor market, earn higher incomes, have fewer children, marry at a later age, and enable better health care and education for their children, should they choose to become mothers. All these factors combined can help lift households, communities, and nations out of poverty.”⁹ However, though the gender gap has been eliminated in Malawi for primary education in the early 2000s,¹⁰ female youth literacy rates (defined as literacy rates for people between 15 and 24 years of age) have only caught up with male youth literacy rates in 2015, and only because youth male literacy rates suddenly dropped from 78.8 percent in 2014 to 72.5 percent in 2015.¹¹ With regards to adult literacy rates, there still was a huge gender gap in 2015 as 69.8 percent of males were literate while only 55.2 percent of females were literate.¹²

Figure 6 shows that girls still have less access to secondary education than boys in Malawi. Though the gender gap narrowed over time and was nearly eliminated in 2015, it increased significantly in 2016. There also is a relatively large gender gap for tertiary education, though gross tertiary school enrollment ratios are extremely low for both boys and girls. In 2011, which is the last year such

⁷ Hayes (2013).

⁸ World Bank (2002), p. 7.

⁹ World Bank (2018b), Context, p. 1.

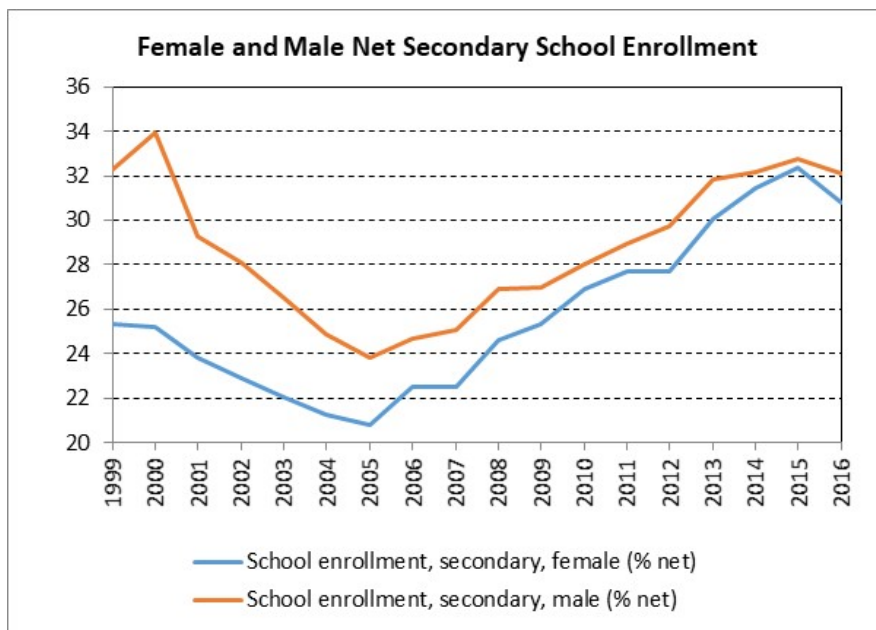
¹⁰ Based on data for net primary school enrollment provided in World Bank (2018a).

¹¹ World Bank (2018a).

¹² World Bank (2018a).

data is available, only 0.60 percent of females attended tertiary education, while 0.95 percent of the males attended tertiary education.¹³

Figure 6: Net Secondary School Enrollment Rate by Gender



Source: Created by author based on World Bank (2018a).

In the Global Gender Gap Report 2017, Malawi was ranked 126th among a total of 144 nations within the Global Gender Gap’s sub-index on Educational Attainment, which is based on four indicators: the ratio of female to male literacy and the ratios of female to male school enrollment in primary, secondary and tertiary schools.¹⁴ The report supports the vital importance of girls having access to education, as well as boys, to inform and protect themselves against contracting the virus. Watkins (2010) states that when a family has limited resources and must choose between educating the boy or the girl, most parents choose the boy. Girls are likely to be pulled out of school to care for sick family members or to have to provide financial support for their families. The reasoning behind preferring to send a boy to school also comes from the thinking that a girl does not need education since she is supposed to get married.¹⁵

IV.3. Women Empowerment

In Malawi, the male societal role makes men feel empowered and makes the woman feel subordinated. Many Malawian women feel pressured to have unsafe sex, leading them to contract sexually transmitted diseases, such as HIV/AIDS. UNAIDS (2019) reported that 60 percent of sex workers in Malawi are living with HIV. Condoms have been identified as an effective tool in the fights against HIV. Medical researchers Pinkerton and Abramson (1997) reported that condoms, if used correctly and consistently, prevent transmission of HIV by 90-95 percent. However, Malawi’s women continue to struggle to obtain condoms for their reproductive needs, due to

¹³ World Bank (2018a).

¹⁴ World Economic Forum (2017).

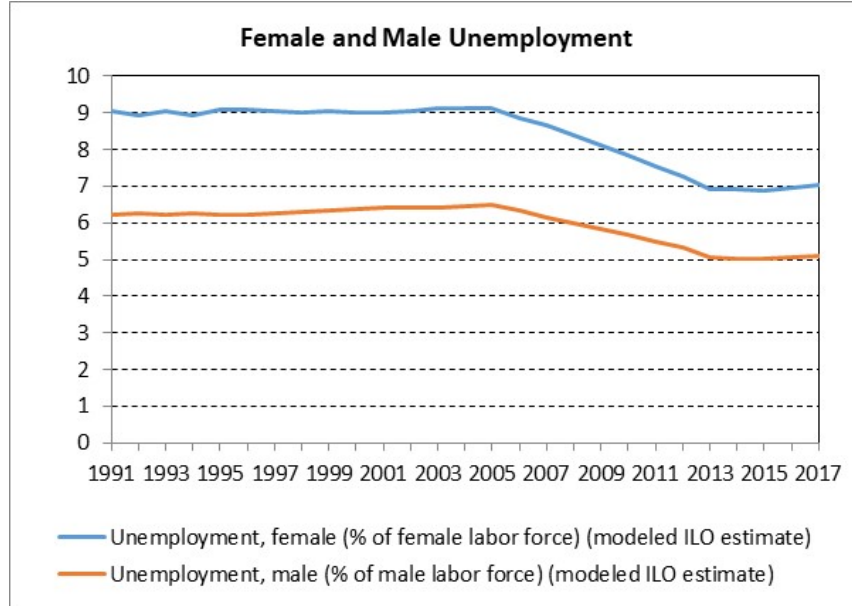
¹⁵ Watkins (2010), p. 158.

policymakers in Malawi arguing that condoms are ineffective for the prevention of HIV. A qualitative study of condom use conducted by Muula (2006) of members in the Malawi National Assembly (which is composed of mostly men), suggests that condoms are yet to be accepted universally by the country's political leadership. The common discourse on the possibility of failure to protect infection by condoms, as well as the reduced pleasure that condoms are perceived to cause, were noted by the parliamentarians.

Malawi is one of the poorest countries in the world. As of 2010, which is the latest year the World Bank (2018a) has such data, 70.9 percent of the population lived below \$1.90-a-day (i.e., in extreme poverty), 88.4 percent lived below \$3.20-a-day, and 95.9 percent lived below \$5.50-a-day (all in 2011 PPP\$).¹⁶ As is typical in many poor countries, most Malawi women are generally conditioned to believe that violence against them is normal. A Report by Malawi's Ministry of Gender, Children, Disability and Social Welfare (2014, p. 30) stated that "nine out of ten females and eight out of ten males aged 18 to 24 years endorsed one of the following gender biases: that men should decide when to have sex, that men need more sex than women, that men need other women, that women who carry condoms are "loose", and that women should tolerate violence in order to keep their family together."

There is a strong link between poverty and HIV/AIDS in Malawi. AIDS affected families suffer harsh economic problems due to illness and death. Women in Malawi often struggle to secure employment in the formal sector due to a lack of education because of gender bias, which leads them to seek employment as unskilled workers, including sex work.

Figure 7: Female and Male Unemployment Rate in Malawi



Source: Created by author based on World Bank (2018a).

A major issue that women in Malawi face, and to which women around the world may relate to, is inequality in the workplace. As shown by Sia et al. (2010), one issue that many women in

¹⁶ World Bank (2018a).

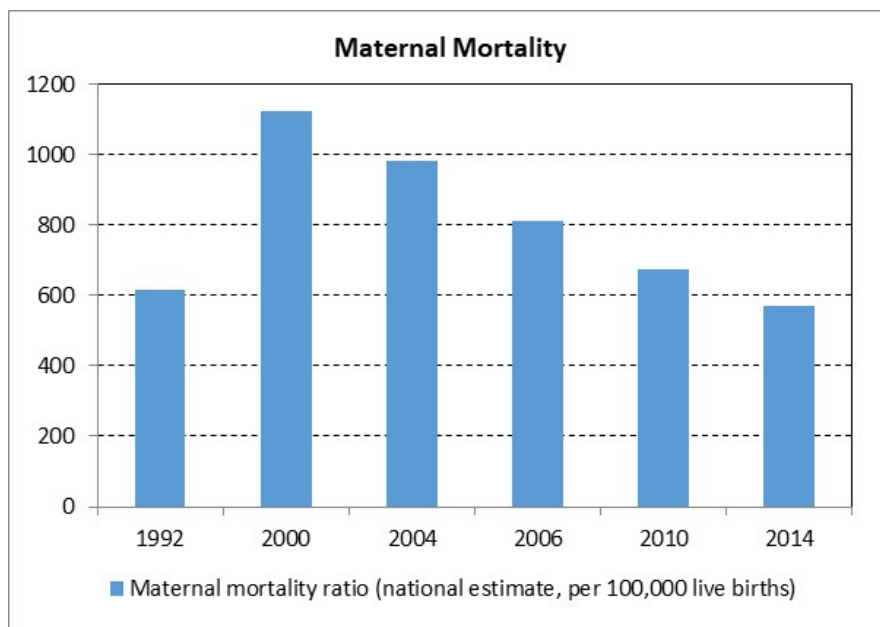
Malawi face is not having the knowledge or resources to obtain a higher-skilled and better paying job due to lack of education. Low levels of education and illiteracy has reduced women's capacity to gain formal employment in Malawi. Figure 7 clearly illustrates that women have consistently a higher unemployment rate than men, though the gender gap reduced a bit from about 3 percentage points in the 1990s to about 2 percentage points in the last few years. While economic factors and poverty play a central role in constraining women's choices and opportunities, long-held and deeply-embedded cultural practices continue to prescribe and proscribe roles and behaviors of women, limiting their access to key resources and perpetuating gender-based inequalities in employment.

IV.4. Women's Lack of Access to Health Care

One of the biggest issues with gender inequalities in healthcare in Malawi is women picking up infections and diseases such as HIV and leaving them untreated. As a joint World Bank and Asian Development Bank (2006, p. 23) report for China stated, and this also applies to Malawi: "If women fall ill, they usually delay seeking medical treatment (due to lack of money and time), and also because their health is ignored and not prioritized by the family."

In Malawi, sex workers face high levels of discrimination when seeking HIV services, which further increases their vulnerability to HIV. The gender inequalities in Malawi impact and affect women's access to health services in many ways. While there is no solid data on women's access to health care in Malawi, the high rate of maternal mortality (shown in Figure 8) is indicative on how much Malawi cares about women's health.

Figure 8: Maternal mortality ratio (national estimate, per 100,000 live births)



Source: Created by author based on World Bank (2018a).

V. Conclusion

Many societies attribute the low status of women to the social roles women are required to perform. This degradation of women often leads to a denial of rights such as access to healthcare. As a result, in countries like Malawi, where women who are infected with HIV/AIDS are not able to get treatment, become vulnerable to death.

An effective response to HIV/AIDS among women in Malawi requires the active involvement of all sectors of society. Thus, a multisectoral approach is required that includes partnerships, consultations and coordination with all stakeholders, in the implementation, review, monitoring and evaluation of the national response to HIV/AIDS. Research should continue to explore power dynamics among couples and IPV victimization to better inform couples-based approaches for domestic violence prevention in Malawi.

Regarding the inequalities in women's education, more efforts need to be made in reducing gender gaps at higher education levels. Women need to be motivated and provided with more resources to receive a better education. Until the gender gap in education has been eliminated, specific actions must also be taken to lower the high unemployment rate of women, in order to prevent that they end up as sex workers, which increases their risk of contracting HIV/AIDS.

If more women can be given the opportunity to get an education equal to that of men, there would be more opportunities for higher-paying jobs and better lifestyles for themselves. The topic of equal employment for women may take longest until we see results since it ties in closely with societal roles and habits. However, as was shown in this article, investing in female workers' skills and promoting education and empowerment can be one big step into making a change. Finally, though gender inequality is common throughout the world, the more people become aware, informed, and educated, the more likely will we be able to see a world in which a man and woman are treated the same.

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