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The Role of NGOs in Addressing Gender Inequality and HIV/AIDS in Uganda

Roberts Kabeba Muriisa

Résumé

La reconnaissance du VIH/sida comme épidémie en a fait l'une des menaces à la sécurité humaine du 21^e siècle. Tant le déséquilibre des ressources que les relations de pouvoir entre les sexes contribuent à la fois à comprendre le VIH/sida comme question de sécurité humaine et à creuser l'inégalité entre les sexes. Les ONG impliquées dans la lutte contre le VIH/sida abordent actuellement les questions sexospécifiques en vue de promouvoir l'égalité entre les sexes. Les recherches pour cet article ont portées sur l'évaluation de deux ONG en Ouganda — The AIDS Support Organization (TASO) et le Post-Test Club / Philly Lutaaya Initiative (PTC/PLI) — dans le but de connaître leur rôle dans la lutte contre l'inégalité entre les sexes et le VIH/sida. Les résultats de cette recherche soulignent l'importance des programmes sensibles au genre tels le counseling des couples et l'éducation et la sensibilisation. Les résultats des recherches montrent que ces programmes ont facilité l'autonomisation des femmes, leur permettant de s'affirmer davantage avec leurs partenaires masculins dans la négociation des rapports sexuels protégés. L'article conclut que les travaux de la TASO et du PTC/PLI ont eu un impact important et positif sur la vie des Ougandais, en particulier les femmes.

Abstract

The recognition of HIV/AIDS as an epidemic made it one of the human security threats in the 21st century. Gender-based resource imbalance and power relations contribute not only to the understanding of HIV/AIDS as a human security issue, but also the aggravation of gender inequality. NGOs involved in fighting HIV/AIDS are currently embracing gender concerns with a view to promoting gender equality. Research for this article involved an evaluation of two NGOs in Uganda — The AIDS Support Organization (TASO) and the Post-Test Club / Philly Lutaaya Initiative (PTC/PLI) — with the aim of finding out their role in addressing

gender inequality and HIV/AIDS. The findings from this research highlight the value of gender-sensitive programs such as couples' counselling and education and awareness. The research findings show that these programs have facilitated women's empowerment, enabling them to be more assertive with their male partners in negotiating safe sex. The article concludes that the work of TASO and PTC/PLI has had an important and positive impact on the lives of people in Uganda, especially women.

Introduction

Non-governmental Organizations (NGOs) play an important role in the support of a wide range of development activities, including HIV/AIDS prevention and mitigation programs. NGOs, for the purpose of this article, include all self-help, voluntary initiatives, including community-based organizations that are involved in development. NGOs are typically not motivated by profit, and are not set up by the government, although in some cases NGOs may receive funding from the government. There are now numerous NGOs operating in Uganda, many of which are involved in activities to address the spread and mitigation of HIV/AIDS in Uganda. The role of NGOs in HIV/AIDS mitigation is highly recognized both within Uganda and globally. There are few studies, however, that have provided a detailed analysis of the role played by NGOs in HIV/AIDS awareness in Uganda. The work that NGOs have carried out in HIV/AIDS awareness and mitigation in Uganda has played a crucial role in the promotion of human security and gender equality in the country. The role of national organizations, particularly TASO and PTC/PLI, and their work promoting awareness and change in relation to HIV transmission and gender equality, is examined here.

The findings discussed in this article are based on a study carried out in 2004 and involved an investigation of the workings of NGOs that are addressing HIV/AIDS and its related challenges in Uganda. The study was done in the district of Mbarara located in southwestern Uganda, which in 1990 had an HIV prevalence rate of about twenty-eight percent. By the end of 2001, however, the HIV prevalence rate dropped to around ten percent (MDLG 2003; Putzel 2004; Wendo 2004). The research carried out for this study mapped and analyzed strategies that were employed by NGOs to address the challenges of HIV/AIDS. I analysed the work of two NGOs with

a long history (in Uganda) of mitigating HIV/AIDS. TASO and PTC/PLI were founded in 1986 and 1990 respectively (Muriisa 2009, 138-45). The reason for choosing these two organizations is because of their focus on the social aspects of HIV/AIDS programs. The spread of HIV/AIDS is rooted in the social environments in which people live. Addressing these impacts therefore calls for not only medical approaches but also for a focus on the social environment. The study employed a variety of research techniques such as interviews, focus group discussions, observations, and document review of government and NGO materials. The participants in this study included NGO program beneficiaries (both those living with HIV/AIDS and those who are not HIV positive) as well as government and NGOs functionaries. The respondents included eighty people belonging to TASO, the majority of whom were HIV/AIDS infected; women and widows; as well as forty-five members of PTC/PLI. Additional study participants included seventeen NGO officials and four government officials mainly drawn from the Mbarara district Directorate of Health, and several informants from the community. These respondents were purposively selected because of their involvement with the NGOs examined in this study. For example, beneficiaries of TASO and PTC/PLI were selected so as to get their views on how organizations have impacted on their lives. The government officials were selected for interviews because of their relationship with NGOs involved in HIV/AIDS health service delivery and because they could give their views on the relationship between government and NGOs. Different thematic questions were asked, including questions on social relations, social behaviours, power relations and inequality between men and women, as well as service delivery and NGO/government responses to HIV/AIDS with regard to gender (Muriisa 2009). The article analyzes these responses, starting with an overview of the research parameters and a historical overview of the growth of NGOs involvement in HIV/AIDS mitigation. The article then focuses on the relationship between HIV/AIDS and gender inequality in southwestern Uganda, followed by a situational analysis of HIV/AIDS in Uganda and the role of NGOs in HIV/AIDS mitigation. Attention is drawn to the different gender-related strategies employed by TASO and PTC/PLI in mitigating HIV/AIDS.

NGOs and HIV/AIDS Mitigation

The role of NGOs in HIV/AIDS mitigation is a recent development which, although recognized in the 1980s, only gained prominence from the 1990s onwards. The recognition and the legitimization of the non-governmental sector in HIV-related activities first came in the late 1980s with the establishment of the World Health Organization Global Programme on AIDS (GPA). The GPA facilitated the establishment of international networks dealing with AIDS, including the Global Network of People Living with AIDS (GNP plus) and the International Council of AIDS Service Organizations (ICASO) (Altman 1999, 566). These organizations were linked to existing local and national organizations that were dealing with HIV/AIDS in various countries. NGOs working with HIV/AIDS soon gained recognition both as contributors to international policy decisions concerning HIV/AIDS (Mohga 2002) and as implementers of policy programs (UNAIDS 2002). The 2004 UNAIDS report supports NGOs by recognizing the role played by civil society organizations in fighting the epidemic. The increasingly prominent role played by civil society organizations can be attributed to their innovative approaches to addressing the HIV/AIDS epidemic and the way in which these organizations have been able to channel funds to communities. NGOs and civil society organizations have also been recognized for their ability to improve the delivery of state services and to and monitor national government policies (UNAIDS 2004).

In Uganda, NGOs such as TASO are important in mobilizing communities and fostering interpersonal dialogue about HIV/AIDS. These roles are gaining recognition in epidemiological analyses (Webb 2004, 23). At present, the HIV/AIDS NGO sector is large and NGOs are recognized by donors as the champions of success in the prevention of HIV and in mitigating its effects. By 2003, there were estimated to be over 2 500 NGOs and Community Based Organizations (CBOs) working solely on HIV/AIDS related issues in Uganda. These NGOs provide a range of services, including care and support, advocacy and policy shaping, and community sensitisation and education campaigns related to HIV/AIDS transmission and prevention. The wide range of non-governmental organizations operate at different levels and include: national NGOs with branches in various districts (for example, TASO and

PTC/PLI); the National Community of Women Living with AIDS (NACWOLA) and AIDS Information Centre (AIC); district or regional based organizations; faith based organizations (FBOs); community-based organizations; international NGOs; and networks (umbrella organizations) such as the Uganda Network of Aids Service Organisations (UNASO). For the purposes of my research, I was interested in examining those NGOs concerned primarily with social, cultural and gender-related issues in relation to the spread of HIV and TASO and PTC/PLI meet that criteria. Through their efforts, TASO and PTC/PLI are promoting equality of opportunity, empowerment and local capacity to a select group of communities in their catchment areas. Their contributions to reduced HIV transmission rates and better knowledge about gender-related HIV/AIDS challenges promotes a sense of human security in Uganda as improved health and well-being contributes to food security, political stability and economic opportunities.

HIV/AIDS, Gender Inequality, and the Security of Women in Southwestern Uganda

Women in Uganda, and particularly in southwestern Uganda, have not historically received adequate support from both state and society in the protection against HIV/AIDS and its social consequences. The government has not mainstreamed gender equality in its laws and in the rights of widows with respect to inheritance and care (Muriisa 2007, 2009). With respect to society, the failure to be protected from certain vulnerabilities such as HIV/AIDS stems from the masculine roles and social norms embedded in societies, which in turn reinforce certain behaviours and disparities between men and women. The majority of women do not own property in much of south and western Uganda. Property ownership is directly linked to economic and social well-being and therefore to prospects for human security. In some cases, women are considered part of the property owned by men because of the practice of "bride wealth" whereby money or goods are paid to a woman's parents in exchange for their daughter (Leistikow 2003). Kistner (2003, 18) points out: "HIV has exacerbated the economic and social insecurity of women and women's social and economic insecurity in turn, makes them vulnerable to HIV infection." Cultural practices in Uganda often result in women's dependence on men for survival.

This dependence can leave women unable to negotiate for safer sex and the use of available HIV preventive measures (Batard and Ouma 2005). Ultimately, women do not have the right to determine when to have sex and what type of sex to have, nor can they negotiate for safer sex (Monico, Tanga and Nuwagaba 2001; Oruboloye 1993; Kelly 1995). In some cases, women may be forced to turn to commercial and transactional sex as a way of earning a living (see Jones in this issue; Barnett and Whiteside 2002; O'Manique 2004).

Women who have become infected with HIV face even greater challenges, including social discrimination, abuse, harassment and blame: "Gender issues are essential elements in planning behavioural interventions aimed at preventing HIV transmission" (Ng'weshemi *et al.* 1997). The relationship between the dynamics of masculinity and the incidence of HIV/AIDS has received attention in recent studies (Kibutu 2006). Bujra (2002, 209-10) also suggests a need to consider the effects of the social construction of masculinities since, as she puts it, "AIDS is gendered ... but not everywhere in the same way." Several authors have begun to demonstrate how masculinity influences sexual health risk behaviour (Kibutu 2006; Singh 2005; Mane and Aggleton 2001). It is such behaviour that translates into failure to respond to services provided for HIV/AIDS prevention and mitigation and the increased spread of HIV/AIDS (Baylies 2004). Thus, women are particularly threatened by the risks and consequences of HIV/AIDS transmission because of their social and economic position in society as well as societal norms that reinforce a gender inequality. Many Ugandan men have multiple sexual relationships that are claimed to be legitimate since this is supported by the existing social institutions. For example, polygyny is a social institution recognized in Africa and most men and women accept that men will have sexual relations with different women (Caldwell 2000, 118). It is also considered acceptable for men, even married men, to pay for transactional sex with sex trade workers. This practice facilitates the rapid spread of HIV/AIDS (Muriisa 2007). The promotion of the male condom as a preventive measure in a country like Uganda, where male dominance in controlling the nature of sex is high, does not favour women. The recent emphasis on male circumcision as a new approach to prevent the spread of HIV also

favours men as it is geared to reducing the spread of HIV to men directly (Dowsett and Couch 2007).

The bias towards men in HIV prevention strategies partly explains why the prevalence of HIV/AIDS among adults remains higher for women than for men. In 2001, the number of infected adult women in Uganda was reported to be 49 092, while the number of men was significantly lower at 40 533 (UAC 2003). Mbabazi, Mookodi and Parpart (2005, 120) stress that women in Uganda are considerably more susceptible to AIDS than men and that women constitute more than half of the 1.2 million in Uganda people living with HIV/AIDS. The role and work of NGOs interested in HIV/AIDS and gender specific issues is therefore crucial in Uganda. The formation of NACWOLA was a response to issues and problems facing women, and especially widows. Although TASO addresses issues of all the people infected by HIV/AIDS, its clients have largely remained women and widows who constitute more than sixty percent of those seeking assistance from this organization.

The failure of women to protect themselves against HIV infection is further compounded by the lack of a supportive legal environment. According to a Human Rights Watch's (HRW) (2003) Report "Just Die Quietly: Violence and Women's Vulnerability to HIV in Uganda," many women expressed fear of repercussions if they demanded fidelity from their partners or if they request the use of protective measures against HIV, such as condoms. Consequently, HIV/AIDS prevention approaches focusing on fidelity do not achieve desired results. Thus, the report argues:

Current approaches focusing on fidelity, abstinence, and condom use do not address the ways in which domestic violence inhibits women's control over sexual matters in marriage, minimize the complex causal factors of violence, and incorrectly assume that women have equal decision-making power and status within their intimate relationships (HRW 2003, 3).

Domestic violence against women impedes women's access to HIV/AIDS information, HIV testing and HIV/AIDS treatment and counselling (Mbabazi, Mookodi and Parpart 2005). Addressing gender inequality in relation to HIV/AIDS prevention and mitigation must also take into account marital challenges such as discor-

dance and associated conflicts among couples. Discordance in this respect is a situation where one of the partners is infected with HIV while the other partner remains HIV negative despite being exposed to the HIV virus. There is little data available about the number and behaviour of discordant couples in Uganda. However, TASO (2002, 34) mentions that the statistics indicate that there are increasing numbers of discordant couples registered under TASO. The relationship between men and women is often strained when one person in the relationship is found to be HIV/AIDS positive. The strain becomes more complex when the HIV positive person is the wife. When a woman discovers she is HIV positive, she is frequently met with social exclusion and stigmatisation and often she is accused of promiscuity and unfaithfulness to the husband.

To deal with HIV/AIDS, a variety of approaches are required, including behavioural change to prevent new and re-infections, treatment measures for those with HIV/AIDS, and approaches that target gender relations as a factor contributing to the spread of HIV/AIDS. These issues provide a basis for developing successful mitigating approaches and explain why many NGO interventions have focused on reducing gender inequality as part of their HIV/AIDS programs.

A Situational Analysis of HIV/AIDS in Uganda

In Uganda, the first two cases of HIV/AIDS were identified in Kasensero village in Rakai district on the shores of Lake Victoria in 1982. By 1990, HIV prevalence had reached thirty percent in some regions in the country and averaged around eighteen percent for the whole country. This rate however, had reduced to around five percent by 2001. Nonetheless, the Ugandan Ministry of Health (MoH) in 2003 reported that approximately 73 830 deaths occurred in Uganda in 2002 due to HIV/AIDS or related causes. These deaths, especially of adults, have resulted in about 1.5 to two million orphans living with HIV/AIDS. Presently, there are over one million people living with HIV/AIDS in Uganda. Thus, in spite of some of Uganda's successes, HIV/AIDS remains a serious health and human security concern for the country.

Emerging literature such as Allen (2005) is critical of Uganda's success in reducing HIV/AIDS infections and several studies argue that the success which Uganda claims may not be realistic. For

example, the methods and approaches used in measuring success, such as the sentinel surveillance reports, are limited by the fact that there are few women who attend antenatal clinics. Such criticisms are based on the fact that from 2001 onwards HIV prevalence increased. Thus by the end of 2005, the prevalence rate had stabilised at around 6.7 percent of the adult population with an estimated figure of about one million people living with HIV/AIDS (UNAIDS 2006, 17). There are several explanations for this increase in HIV rates, including the relaxed use of condoms and the emergence of religious fundamentalists who are critical of the use of condoms in the prevention of HIV spread (see Jones and Pugh, this issue). An article in the *Economist* ("The War against AIDS" 8 September 2005) reports that a Ugandan Ministry of Health survey indicated that the HIV/AIDS infection rate may be on the rise — to seven percent for men and nine percent for women. The study blames the abandonment of condom use in favour of the Abstinence and Be Faithful (AB) strategy. In addition, the introduction of antiretroviral drugs emerged as a restoration of hope that living with HIV is possible. The introduction of antiretroviral drugs thus changed people's behaviour. People who in the past may have feared contracting HIV/AIDS now often embrace false notions that life can go on normally with HIV infection.

Despite the new trends of HIV/AIDS in Uganda, Uganda has achieved some key successes in the past, including the provision of communication avenues through which knowledge about HIV/AIDS can reach people. The personal behavioural strategies, such as personal communication networks are quite significant in the Ugandan context (Barnett and Whiteside 2002). There are lessons to be learned from Uganda's registered decline in HIV prevalence. One, findings in Uganda demystified the earlier contextual explanations such as witchcraft as the cause of the disease which had dominated community approaches to understanding HIV/AIDS. Two, the findings in Uganda showed that fighting HIV/AIDS goes beyond the medical profession to include social approaches. Uganda's approach to HIV/AIDS prevention was taken up by other countries such as South Africa (Parkhurst and Lush 2004, 1918). Three, the success witnessed in a ten-year time period (1990-2000) is attributed to the contribution of many actors, including non-governmental organizations (NGOs), business orga-

nizations, government, religious groups that have incorporated HIV/AIDS into their religious teaching, and international collaborations with the donor community. The contribution of NGOs in fighting inequality and the promotion of human rights in HIV/AIDS programming has been especially important.

GENDER-RELATED STRATEGIES TO FIGHT HIV/AIDS BY TASO AND PTC/PLI

The primary tool used by NGOs to fight HIV/AIDS has been behavioural change education. TASO and PTC/PLI have focused on integrating social, economic, and political issues, as well as gender relations, into their education programs. The focus of TASO and PTC/PLI has been on educating people about the dangers of different cultural practices related to the spread and mitigation of HIV/AIDS. In particular, the organizations are educating people about the dangers and problems associated with widow inheritance, women sharing and the absence of wills. Traditionally, many people would not make wills, arguing that once one makes a will, it is a bad omen that is always followed by death of the head of the family. Education about will-making is important for dispelling these myths. Women suffer disproportionately when their husbands die as norms around "property grabbing" mean that widows are left with nothing while the husband's family claims the deceased's possessions. Will-making therefore became one of the strategies adopted by NGOs to address the challenges facing widows.

Education and dissemination of HIV/AIDS-related knowledge by NGOs takes place through informal and formal group meetings. Group meetings and interaction between individuals facilitate discussions about the roles of cultural practices in increasing HIV transmission and how these practices and their impact may be alleviated. The main focuses of HIV/AIDS education have been: (1) the cause and transmission of HIV/AIDS; (2) the various impacts of HIV/AIDS; and (3) the ways to deal with these impacts. Acquisition of such knowledge is important for behavioural change, particularly for developing people's assertiveness. Women have especially benefitted from this training as it has empowered them to fight for their legal rights. Education and discussions have been shown to have a profound impact on changing social values.

NGOs have also targeted behavioural change around sexual relations and protection through sex education. The NGOs in this study have emphasized both abstinence and having protected sex. In order to prevent the spread of HIV and re-infection of those already infected with HIV, the organizations distribute free condoms to the clients and also they teach them how the condoms are to be used.

Research carried out in 2007 (see Muriisa 2009) found that because of increased knowledge about HIV/AIDS and the encouragement they receive to use condoms, women are beginning to be assertive in their relationships with their husbands. Women are demanding safer sex if they suspect their husbands of being HIV positive or of being promiscuous. Women demand not only safer sex, but also influence their partners' decisions to take the HIV test. This assertiveness is based on their knowledge of the impact of the disease and their fear of dying from HIV/AIDS-related illnesses.

Apart from training sessions, TASO and PTC/PLI fund radio programs such as talk-shows that target issues like cultural norms and gender relations and their relationship to the transmission of HIV/AIDS. During the talk-show, people participate in question and answer sessions about HIV/AIDS-related issues, causes, impacts, and prevention approaches. In 2003, 115 radio talk shows were conducted by TASO Mbarara. Although it is not possible to establish the actual impact these shows have had with respect to HIV/AIDS challenges, they act as important sources of information for various people including those who, for various reasons, are not able to join organizations such as TASO and PTC/PLI. This finding is reflected in the following narrative taken from an interview with a PTC/PLI member. According to my respondent,

After listening to a radio programme and attending meetings of the organisation, I decided to take the HIV/AIDS test. I was informed about the dangers and modes of HIV/AIDS transmission. The results of the test were negative. After finding that I was HIV/AIDS negative, I wanted to start practicing safe sex with my husband, who comes to visit occasionally from the urban centre where he lives with his other wife. However, my husband didn't know how to use a condom. He demanded that I have unprotected sex with him. I refused to give in and demanded that he should first find out his HIV/AIDS status. So

today he came to take the test although reluctantly; but he could not force his way to make me give in. I now know what to do to save my life from this deadly disease.

During the whole process of pre-test counselling, the husband was grumbling and muttering. I asked him his opinion on this issue, and he replied:

Women these days have been given freedom and independence to demand what they want. She could not allow me to have my conjugal rights because I have not taken a HIV test. She thought I would be reluctant to come. She is my wife, but I could not force her to do anything against her wish. I am here to take the test. She is satisfied and our marriage is hopefully going to work again (Interview with a respondent at AIC).

However, women's assertiveness is often limited because of the existing laws, especially the law regulating property ownership and custodial rights of children after the death of one or both parents (a common trend in AIDS era). Apparently in Uganda there is no clear law regarding inheritance and custody of children (Garbus and Marseille 2003). And while violence against any person is a crime, marital violence is still not streamlined in criminal law and jurisdiction. O'Manique (2004, 136) asserts that the Ugandan government has ignored the role of violence, particularly the issue of forced sexual relationships in marriage.

Nevertheless the increasing number of NGOs such as the Uganda Association of Women Lawyers (FIDA) are providing legal counselling regarding the limits of these laws and how such laws can be used to women's advantage, which is facilitating assertiveness. These NGOs work closely with TASO through a client referral system. In this system, the AIDS support organization acts as a link between its clients and other organizations such as FIDA and HOSPICE which offer specialised services. TASO records indicate that between January and March 2003, TASO had referred 172 clients to other agencies for more specialised services (Muriisa 2007). Through such organizations, clients are able to get services such as legal counselling, property rights and inheritance advice, as well as AIDS care and management.

Apart from sensitizing women, men are also involved through couples counselling and home visits. TASO works with others in the delivery of home care programs and employs AIDS Community

Workers (ACWs) to assist them. Other strategies employed by TASO include community sensitisation and counselling family members. This is especially done in order to encourage positive attitudes towards HIV/AIDS. This program targets community and families and men are included. At the end of 2000, ACWs had offered counselling to 7 936 clients, and had made 723 home care visits (TASO records). Although cultural values take time to change (Hofstede 1991), it is no doubt that these approaches are having a profound impact on HIV/AIDS transmission.

Through group interaction and training sessions, clients of organizations such as TASO are able to acquire knowledge regarding HIV transmission and to develop a relationship with different people, including spouses and relatives (Muriisa 2009). NACWOLA helps to address issues related to the family pressures put on widows, particularly regarding the matter of widow inheritance. Through this group and others such as FIDA, widows and people with HIV/AIDS related challenges acquire essential knowledge specifically related to their personal rights and rights to property. It is important to note that once women clients get such knowledge they are able to protest against male pressure to inherit them when their spouses die.

Throughout my research, I asked respondents, mainly clients of TASO and PTC, about the type of information they obtain at organization meetings and how this information helps to alleviate HIV/AIDS. In this regard, I asked them to comment on the impact made by HIV/AIDS NGOs on behaviours, for instance promiscuity, widow inheritance and wife sharing. The question I asked was: "How would you rate the impact of the NGO you belong to (TASO or PTC/PLI) on the following behaviours: Promiscuity, Wife sharing, and Widow Inheritance?"

The majority of respondents who are the clients of the two organizations acknowledged that these organizations have had an impact on such practices as wife sharing and widow inheritance and indicated that although they are still practiced, they are slowly disappearing. In the words of one of the respondents,

... widow inheritance is uncommon these days. A widow is regarded as any other member of the family especially by brother in-laws who by culture and custom would immediately take her over as a wife upon the death of her husband.

This finding is evidence that the cultural practice of wife sharing and widow inheritance has reduced. This finding is confirmed by other studies carried out elsewhere in the country. In their study in Eastern Uganda, Asingwire *et al.* (2003, 72) found that cultural practices such as widow inheritance have been reduced due to the involvement of civil society organizations. The majority of my respondents from TASO, who were mostly widows, indicated that they have been able to resist male approaches with intentions of inheriting them after the death of their husbands.

ADDRESSING PROBLEMS RELATING TO DISCORDANT COUPLES

To guard against the strain brought by discordance, TASO embarked on designing approaches to tackle this problem by relying on joint-partner counselling. This type of counselling requires specialised training and attention. Since government institutions, such as hospitals and health centres, have no permanent counselling positions, this activity has been left to NGOs like TASO. One of the focuses of joint-partner counselling is the regeneration of deteriorating sexual relations between partners. In particular, education during counselling sessions focuses on challenging the belief that HIV is only transmitted through sexual activities. Apart from sexual transmission, other means of transmission include sharing sharp objects such as blades which people often use for shaving, nail cutting, and in some traditions are used during the ritual of circumcision. Educators also stress that people should always carry their disposable syringes in case they are to receive an injection from the traditional health practitioners in their localities. Such transmission mechanisms are strongly emphasised because of the daily interaction with such practices. Other means of transmission, such as blood transfusion, are talked about but with less emphasis because health standards are observed by health practitioners in hospitals.

Through the joint-couple counselling approach, couples are living with HIV/AIDS positively. An interview with a TASO client at Katungu outreach in Bushenyi district revealed that he was HIV/AIDS positive while his wife was not. He said that joint-partner counselling and training had helped to sustain his marriage, which had been about to break down due to his HIV status. He stressed that he was happy with his wife and children.

While the NGOs studied here have experienced many successes, there are several ongoing challenges that can be observed. One of the challenges of NGOs is their limited scale of operation since NGOs often reach a small number of people and in most cases they work in areas a few miles away from the main clinical centres. The study found that TASO for example works in a radius of thirty to forty kilometres from the main centre. The impact of this is that issues and education about gender and HIV/AIDS do not reach most of the affected people who are located outside the work-distance of the organization.

It is important to bear in mind, therefore, that cultural practices facilitating HIV transmission have not been eradicated completely. They still exist in some areas, especially where the NGOs have not ventured deep enough to make people aware of the diverse effects of such practices. An interview with another TASO client revealed that widow inheritance is still practiced by some men, as the case of her brother in-law. According to the client,

Although I continually reminded him of the death of his brother and the cause of death, he continued to follow me about, insisting on taking me as his wife. I could not stand it; I came back to my father's home, leaving behind my children (Interview with a client at Buteraniro).

Education and awareness about the impact of having multiple sexual partners is also essential to HIV/AIDS prevention. According to the client in Kigarama-Bushenyi District in Western Uganda,

Men do not listen. They keep on coming to me, trying to seduce me for sex. I keep on explaining to them that I am sick, but they insist on having sex with me. They argue that a man does not live to be the age of a tree to be harvested for timber. If it was not for the teachings of TASO, maybe I would give in to some of them and they would follow in my footsteps with HIV too. But I thank TASO for its teachings. Its clients (she generalises) do not simply give in to sex pressure because we are taught not to spread HIV apart from getting a new HIV infection.

The client went on to add:

We are taught that getting HIV does not mean that you are going to die tomorrow or the next day. Therefore, each day you live you should guard against new HIV infections. It is better

that you deal with the HIV that is in your own body, instead of getting new infections through unprotected sex. Every person has a unique virus in terms of its composition. That is what they teach us. Each time you have sex with another person with HIV, you get a different type of HIV. When it combines with your own, a different type is formed. This accelerates your body deterioration and you die in a short time.

The examples above are an indication of the extent to which organizations can assist in limiting HIV/AIDS transmission. As the examples illustrate, people who are members of HIV/AIDS organizations are often better able to change their sexual behaviour to protect themselves and others from infection or re-infection.

Conclusion

HIV/AIDS is one of the key human security concerns in the 21st century. This article argues that the spread of HIV/AIDS, and its wider impact, is rooted in the social, economic and political environment in which people live. Therefore, mitigating HIV/AIDS requires a focus on all these aspects as well the gender issues associated with HIV/AIDS transmission and prevention. The work of two NGOs operating in Uganda was discussed here, that of TASO and PTC. The article concludes that through gender-related approaches such as couples' counselling and education and awareness, women have been empowered to be more assertive with their male partners in negotiating safe sex. Furthermore, the provision of services targeted specifically to women has also had an impact on promoting HIV/AIDS prevention. The work of these two NGOs with regard to gender equality and human rights has therefore had an important and positive impact on the lives of people in Uganda, especially women. Addressing gender inequality in the context of cultural norms and the spread of HIV/AIDS is essential to creating a safer world for women and will improve their prospects for protecting themselves against HIV infection and mitigating the effects of HIV/AIDS in their day-to-day lives.

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