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Advancing gender equality to improve HIV prevention: A study of practice
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ABSTRACT

Addressing gender inequality as a social driver of HIV risk and vulnerability has become a key activity of non-governmental organisations (NGOs) in South Africa. This paper sheds light on the factors that influence gender and HIV prevention activities in this context. A multisite ethnographic study including 150 hours of participant observation and 32 in-depth interviews was conducted with 26 NGOs carrying out gender and HIV prevention interventions. Using thematic network analysis, 108 different intervention activities were identified, categorised and further analysed to explore contextual factors that influence intervention design and delivery. The findings highlight how practitioners draw on different theories of change about how to address the gender inequalities that contribute to HIV risk and vulnerability, which in turn influence the way interventions are delivered. Despite these theoretical differences, commonalities arise in practitioners' use of popular narratives about the right to health and lived experiences of AIDS to ensure interventions are contextually relevant and to gain buy-in from participants. Other contextual factors influencing intervention activities include the role that insecure funding for gender plays in undermining the capacity of practitioners to design interventions based on their local knowledge and experience by forcing NGOs to adapt to the priorities of international donors. In conclusion, reliable funding for gender and HIV prevention is needed to support contextually relevant interventions.

Keywords: gender, HIV and AIDS, non-governmental organisations, South Africa

INTRODUCTION

Gender inequalities are well recognised as a major contributor to the transmission of HIV among vulnerable groups including sex workers (Pauw & Brener, 2003), drug users (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005), displaced women (Logie & Daniel, 2015), men who have sex with men (Lane, Mogale, Struthers, McIntyre, & Kegeles, 2008), transgender men and women (Samudzi & Mannell, 2015), and women in patriarchal societies (Susser, 2009). Non-governmental organisations (NGOs) have played an important and positive role in addressing gender inequalities as a social determinant of HIV (Blas et al., 2008). In South Africa, the Sonke Gender Justice Network is helping men reconfigure notions of masculinity and recognise women's rights with its successful One Man Can campaign (Dworkin, Hatcher, Colvin, & Peacock, 2013). Other NGOs across Africa are using the community education module Stepping Stones to facilitate discussions about gender, relationships and HIV, which has been successful in reducing the perpetration of intimate partner violence (IPV) and transactional sex (Jewkes et al., 2008). The NGO Raising Voices in Uganda has had similar success in increasing reported condom use among men and shows promise in reducing physical IPV within targeted communities through training local activists to promote gender equality (Abramsky et al., 2014; Kyegombe et al., 2014). The Rakai Research and Health Services Program, a regional NGO also based in Uganda, has in turn shown the enormous potential of interventions such as SASA! and Stepping Stones for HIV prevention by using an adaptation of these two approaches to effectively reducing HIV incidence by 2% in women and 3% in men in comparison to control groups (Wagman et al., 2015).

While these studies have provided valuable accounts of how NGOs are addressing the gender inequalities that contribute to HIV risk, few studies have sought to systematically describe the gender-related activities NGO practitioners undertake as part of improving HIV prevention within a particular geographic space. This limits conceptual understandings of the strategies that diverse NGOs use to address gender inequalities as a social determinant of HIV and the contextual factors that either foster or inhibit these efforts in particular settings. In order to address this gap, this paper draws on a multisite ethnographic study of the gender-related activities carried out by

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NGO practitioners working for a diverse range of organisations (e.g. advocacy, legal support, research, microfinance, etc.) in the HIV and AIDS sector in South Africa.

The aim is to explore the enablers and barriers practitioners face when attempting to carry out gender activities for HIV prevention in a specific social environment.

Feminist researchers have previously examined the enablers and barriers involved in carrying out gender activities by paying particular attention to the patriarchal challenges practitioners often face within organisational environments. Path breaking arguments put forward by Goetz (1997), Kabeer (1994) and Jahan (1995) in the 1990s drew attention to how gender policies and interventions were being marginalised within health and development organisations because of the inherently patriarchal nature of these organisations. These arguments contributed to a focus on gender mainstreaming in organisations throughout the late 1990s and early 2000s as a means of improving awareness within NGOs of the impact of gender inequalities on the design and implementation of interventions. The push to mainstream gender in organisations has faced major resistance from NGOs in several countries (Mannell, 2012; Moser & Moser, 2005; Tiessen, 2007; Walker, 2013). In trying to explain the challenges facing gender mainstreaming activities, feminist scholars have focused once again on how the patriarchal nature of organisations depoliticises feminist activism and silences calls for gender transformation within organisations (Mukhopadhyay, Steehouwer, & Wong, 2006; Palmary & Nunez, 2009; Porter & Sweetman, 2005; Ravindran & Kelkar-Khambete, 2008; Smyth, 2007). While these critiques are important, attention to the challenge of addressing gender inequalities both in and by patriarchal organisations has also limited current understandings of other barriers to implementation as well as the ways in which NGO practitioners *do* challenge resistance to gender equality within organisations (Eyben, 2010). This paper aims to move beyond the focus on organisational patriarchy and resistance by NGOs to take account of what practitioners *are* doing to advance gender equality as a way of improving HIV prevention, and examining the role of the surrounding social context in fostering or inhibiting these activities.

South Africa faces enormous challenges in tackling gender inequalities that have contributed to a high HIV prevalence among the general population (estimated adult

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prevalence is 18.9% (UNAIDS, 2014)). A national survey conducted in 2012 shows rates of new infections among younger women to be more than four times greater than among men in the same age range (Human Sciences Research Council, 2014). The substantially higher rates of HIV among women across the southern African region is explained as stemming from a range of social factors, including the high prevalence of gender-based violence (Andersson, Cockcroft, & Shea, 2008; Kalichman & Simbayl, 2004), differences in power between men and women in heterosexual relationships (Dunkle et al., 2004), economic and historical patterns that have brought about a reliance on sex for material benefits (Hunter, 2010), and the stigmatisation of the sexuality of women and young people (Campbell, Nair, & Maimane, 2006). Gender norms that condone men's control and dominance over women in sexual relationships contribute to men being less likely to use condoms, more likely to force sex on their partners and more likely to have multiple partners (Dunkle et al., 2004; Jewkes & Abrahams, 2002), while women become less able to negotiate safe sex (Thege, 2009). In order to address these social factors, multilateral donors have invested significant funds for gender interventions run by NGOs in South Africa (over \$106 million USD from the top ten multilateral donors in 2009 based on OECD figures¹). In 2015, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) alone committed \$80 million to a new DREAMS Innovation Challenge Fund as a direct funding mechanism for NGOs in southern Africa to reduce HIV infections among adolescent women and girls (PEPFAR, 2015). This increase in funding has intersected with well-developed gender and women's rights activist networks in South Africa in ways that have led to a substantial cross fertilisation between NGO interventions that targets gender inequalities and those that try to prevent HIV (Muthien, 2004). This paper takes account of these intervention activities as a means of gaining a better understanding of the contextual factors that influence them.

METHODS

The research questions guiding the study include: *What activities do NGOs use to address gender inequality as a means of improving HIV prevention in South Africa?*

¹ <http://stats.oecd.org/Index.aspx?DatasetCode=CRSNEW#>

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What are the contextual factors that enable or inhibit these efforts? Ethical clearance was obtained through the University of KwaZulu-Natal (UKZN) in South Africa and the London School of Economics (LSE) in the UK.

Study location and sampling

The study was carried out in the most populated urban areas of South Africa: Durban (and Pietermaritzburg), Cape Town, and Johannesburg. As dense urban areas, these cities have the highest concentration of NGOs working on gender and HIV prevention interventions in South Africa. Specific NGOs were selected using a combination of snowballing techniques and purposeful selection. Snowballing techniques, or asking participants for contacts in the sector that they worked directly with, provided a natural network or ‘policy community’ (Shore & Wright, 2011) of NGOs working collaboratively on gender and HIV across South Africa. Purposeful selection was also used to ensure the sample of organisations was as diverse as possible and capture the widest possible range of organisational activities. A total of 44 South African NGOs were selected and 26 of these organisations agreed to an interview.

The organisations identified were all South African NGOs registered with the Department of Social Development, small to medium in size (operating budgets less than \$10M), with specific interventions targeting HIV and AIDS, and at least one international donor. In comparison, the organisations had highly diverse areas of focus (e.g. advocacy, legal frameworks, community-based, community-focused, health, governance, media, men’s involvement, LGBT, and creative arts). This diversity provided the variety necessary to identify a wide range of different activities being used by practitioners.

Data collection

The data collection drew on both ethnographic techniques and in-depth interviews across multiple sites. Ethnographic techniques included observation of inter-organisational meetings, and field notes taken as part of the personal involvement of the primary investigator as a consultant on a gender and HIV and AIDS policy project based in Durban during the research period from October 2010 until September 2011. Across the 26 organisations identified, 32 individual semi-structured interviews were conducted over two separate time periods with a range of practitioners from different

positions within their organisations (e.g. executive director, management, field workers); and a variety of gender; age; cultural, religious and racial affiliation.

Interviews were conducted in English, audio recorded, and later transcribed.

Table 1: Relevant demographics of research participants

	Main focus of the NGO	Role within the organisation	Location of interview	Gender	Age	Cultural/religious/group identities (if and as mentioned)
1	Advocacy	Executive Director	Johannesburg	Woman	30-40	Black African
2	Advocacy	Gender & Women's Rights Programme Manager	Johannesburg	Woman	30-40	
3	Advocacy	Country Director	Cape Town	Woman	40-50	
4	Capacity building	Country Director	Cape Town	Woman	40-50	
5	Community-based	Executive Director	Durban	Woman	30-40	Xhosa
6	Community-focused	Co-Director	Durban	Woman	30-40	Zulu
7	Community-focused	Programme Lead	Durban	Woman	30-40	Zulu
8	Community-focused	Co-Director	Durban	Woman	40-50	
9	Theatre	Programmes Manager	Cape Town	Woman	30-40	
10	Theatre	Executive Director	Durban	Man	40-50	
11	Education	Researcher	Durban	Woman	30-40	
12	Education	Director	Durban	Woman	40-50	
13	Education	Programme Lead	Durban	Man	30-40	
14	Faith-based organisation (FBO)	Gender & HIV Manager	Pietermaritzburg	Woman	30-40	
15	Gender identity/Intersex	Advocacy Manager	Cape Town	Man	30-40	Trans-gender man
16	Gender-based violence (GBV)	Programme Lead	Durban	Woman	30-40	
17	Gender-based violence	Crisis Supervisor	Cape Town	Woman	20-30	
18	Gender-based violence (GBV)	Counsellor Supervisor	Johannesburg	Woman	30-40	Jewish
19	Gender-based violence (GBV)	Programme Director	Johannesburg	Woman	30-40	Pedi
20	Gender-based violence (GBV)	Advocacy	Johannesburg	Woman	20-30	
21	Legal support	Executive Director	Cape Town	Woman	30-40	Afrikaans
22	Legal support	Executive Director	Pietermaritzburg	Woman	40-50	
23	Legal support	Researcher & Policy Analyst	Johannesburg	Woman	40-50	
24	Medical	Programmes Manager	Durban	Woman	30-40	

	Main focus of the NGO	Role within the organisation	Location of interview	Gender	Age	Cultural/religious/group identities (if and as mentioned)
25	Men's organisation	Field worker	Johannesburg	Man	20-30	
26	Men's organisation	International Programmes Coordinator	Durban	Man	30-40	
27	Microfinance	Executive Director	Pietermaritzburg	Man	40-50	Afrikaans
28	Research	Gender (men/masculinities) researcher	Durban	Man	20-30	
29	Research	Gender Researcher	Durban	Man	20-30	
30	Rural	Executive Director	Cape Town	Woman	40-50	
31	Technology	Programme Lead	Johannesburg	Woman	20-30	Northern Sotho/ Rasta
32	N/A	Independent Consultant	Durban	Woman	40-50	

The interviews were open-ended discussions following a topic guide designed to elicit specific details about the types of activities carried out by organisational personnel to address the gender inequalities that contribute to HIV. In the interviews, practitioners were asked to discuss the work they were engaged in on a daily basis in relation to gender interventions (e.g. activities conducted with individuals and communities that have been designed to address socially constructed differences between men and women). Activities included the daily tasks involved in designing and implementing gender interventions (e.g. searching for funding, attending meetings, or networking with other practitioners in the sector); internal administrative tasks (e.g. developing organisational policy, filling out forms, or attending training sessions); as well as interactions between practitioners and interventions participants.

Data analysis

The interview transcripts were analysed using thematic network analysis (2001) in order to systematically capture the various activities. Attride-Stirling (2001) identifies six stages involved in identifying the themes implicit in a body of textual material and progressively clustering them at increasing levels of abstraction. As a first stage, practitioner accounts of the different practices they engaged in on a daily basis were associated in NVIVO with short descriptions or codes (e.g. teaching a group of

students, developing a video that could be used as an educational tool). Stage two involved abstracting themes from the coded text in order to establish basic themes. These basic themes represented the underlying strategy of the activities that were being used to challenge the gender inequalities that contribute to HIV (e.g. explaining gender as roles; training traditional leaders). The basic themes were then arranged into groups or organising themes, which included for example: imparting information/ skills/ knowledge; mobilising changes in service provision; facilitating critical thinking about gender roles, etc. The organising themes were then grouped again around a number of global themes in order to construct a final network of similar practices that drew on an overarching strategy or approach to addressing gender inequalities (stage three). Three global themes were identified: (1) Education, training and skills-building; (2) Advocacy; (3) Targeting structural inequalities.

Table 2: Thematic network analysis – basic, organising and global themes

Basic themes	Organising themes	Global themes (Networks)
<ul style="list-style-type: none"> - Communicating messages - Educating about gender and HIV - Educating about violence - Providing financial advice 	Imparting information	(1) Education, training and skills building
<ul style="list-style-type: none"> - Explaining gender as roles - Explaining gender as relational - Creating awareness - Talking about sex/ gender 	Explaining gender	
<ul style="list-style-type: none"> - Discussing the constitution - Creating awareness of injustice - Providing legal information - Developing rights awareness videos 	Teaching about legal rights	
<ul style="list-style-type: none"> - Police training - Training of traditional leaders 	Government training	
<ul style="list-style-type: none"> - Professional skills training - Financial literacy - Legal literacy training - Agricultural training 	Skills building/ training	
<ul style="list-style-type: none"> - Creating awareness/ consciousness among funders of economic inequalities - Conducting HIV and AIDS policy analysis - Creating awareness of gender injustice by the health system - Holding meetings with health-related government agencies about gender 	<ul style="list-style-type: none"> Advocating for economic gender equality Mobilising changes in service provision 	(2) Advocacy

Basic themes	Organising themes	Global themes (Networks)
<ul style="list-style-type: none"> - Providing financial support for home-based care work - Supporting women in trade unions - Facilitate consultations between legal authorities and poor women - Offering safe spaces for internet use by women - Relating social issues to personal relationships - Connecting power to personal experience - Encouraging personal reflection about social relations - Using storytelling techniques - Holding men's support groups - Recruiting men to women's rights campaigns - Training men for home-based care 	<ul style="list-style-type: none"> Supporting women as a group Increasing safe access to services Facilitating critical thinking about gender relations Addressing the role of men and masculinities in gender inequality 	<p>(3) Targeting structural inequalities</p>

The three networks composed of global themes and subthemes (which represented specific NGO activities) were analytically explored for particular patterns and common characteristics (stage four), resulting in a summary of the organising character of each network (stage five). The network summaries were then interpreted in light of the original research questions (stage six). Illustrative quotes for key themes are provided in the findings section below, which elaborates on the three networks identified through this analytical process.

RESULTS

Education, training and skills building activities

NGO practitioners attempt to address gender inequalities in South Africa through improving knowledge about the social factors that make women particularly vulnerable to HIV. Activities carried out by practitioners to improve this knowledge include conducting training to impart information, facilitating group sessions to build skills, and developing educational videos. These activities are targeted at the general public, as well as government and public sector officials (e.g. police, policy-makers, traditional leaders).

In the interviews with participants, discussions about rights were an essential feature of these educational activities. For example, the following quote is from the Director

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of a small NGO working on a gender module within the public school system. Here she describes how her intervention was designed to use rights to preface information about gender:

Essentially we looked at defining what gender is. A lot of the activity was based on the preceding module on human rights where we looked at rights, you know, rights and responsibilities and then we followed through on gender. So there was a whole lot of stuff that was going on about what rights are and who has rights and who doesn't and what it actually means.

[Education NGO, Director, Durban]

In this case, a rights frame provided the basis for the educational intervention to 'teach' students about gender inequalities.

Practitioners also discussed how they adopted the right to health as a means of 'selling' services to potential beneficiaries. For example, a Programme Manager adopted language around the right to health (including the right to non-violence, the right to treatment) in order to provide incentives for women to use her organisation's services:

Once or twice a week we go out to local clinics. There's two local clinics that we work with where we go to raise awareness by talking to the patients that are in the waiting line and then give them the pamphlets and, you know, just basically talking to them about what, generally, violence is and telling them their rights as women to report that kind of violence and their right to go for treatment...rather counselling and therapy.

[Gender-based violence NGO, Programme Director, Johannesburg]

This practitioner makes reference to the 'right to treatment' and the 'right to report' – rights that are directly linked to the services that were offered by the organisation – a violence against women counselling centre. The right to health, enshrined in South Africa's constitution, plays a strategic role for practitioners to convince others of the relevance of gender and HIV, and acts as a framework for educational activities.

Advocacy activities

Advocating for the importance of gender as a focus for HIV and AIDS interventions is a large part of the day-to-day activities of the practitioners interviewed. Advocacy activities included discussions with potential funders about the need to address gender inequalities, conducting gender-related analyses of HIV and AIDS policy as an advocacy tool, and holding meetings with government employees and other organisations to discuss gender issues in the context of HIV prevention.

Practitioners' discussions of these advocacy activities were characterised by a limited and unstable funding environment for gender interventions in the field of HIV and AIDS. Larger organisations with different programmes (including HIV and AIDS) had often merged their AIDS and gender activities in order to maximise their budget for these two areas of intervention. On the other hand, practitioners in organisations with gender as their main intervention focus talked about the need to be adaptable to donor priorities and the emphasis on HIV in the region:

In terms of our overseas funding for this year, sometimes South Africa is seen as a middle-income country and not such a huge focal point. There's always the flavour of the month; whether it's domestic violence or HIV or whatever is next. So we need to look at how to not be driven by funding priorities, to stay focused on our core business. But within our core business, we need to include what funders are demanding on the outside also.

[Advocacy NGO, Executive Director, Johannesburg]

According to practitioners, limited funds for gender interventions are increasingly an issue for organisations. Practitioners mentioned that many donors had decided not to fund projects in South Africa because of its status as a 'middle-income country' under the classifications outlined by the World Bank, as mentioned by the practitioner quoted above. In this context, the significant funding provided for HIV and AIDS provides practitioners working on gender with a potential source of funding:

I mean we've seen what's happened to women's rights globally but particularly in our region, it was just decimated by lack of funding. Other things have become more important. HIV came along and the smart women's rights organisations got on that

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agenda and the ones that were sort of holding on and saying ‘no, we will remain core to what we’ve always done’, lost out.

[Advocacy NGO, Executive Director, Johannesburg]

Using HIV and AIDS to advocate for attention to gender issues is used by practitioner not only in funding proposals, but also in the context of interventions. As an example, in this excerpt the Director of an organisation talks about how she approached the traditional leader of a community where she hoped to do a gender intervention:

Practitioner: We went in and we were very conscious to tell him that we were working on gender issues. We are talking about gender and women’s rights. I was very upfront with it. I’m not going to hide it. It’s got to be on the table, that’s why we are here.

Interviewer: And how did he react?

Practitioner: They all listened. I said why it was important and sort of linked it to HIV and AIDS and let them know that it’s one of the main drivers of the HIV pandemic and we are all dying. Which is true, that area has the highest incidence of HIV in the world. And if we don’t do something about this in a different way, which is what gender is - this is actually fundamentally about gender and power, and women’s inability and men’s inability to change – then we are going to die. Do you want to die, or do you want to change?

[Legal support NGO, Executive Director, Pietermaritzburg]

This practitioner draws on the relevance and visibility of the impact of HIV and AIDS on people’s lives in a remote rural community to draw attention to the need to address gender inequalities. In this way, HIV and AIDS acts as an advocacy tool to highlight the importance of addressing gender inequalities.

Activities targeting structural inequalities

Structural changes refer to changes in the gender norms that contribute to HIV-related risk and vulnerability for both men and women. This differs from educational activities in including specific steps to transform unequal gender norms over and above the transfer of information. To accomplish this change in gender norms, practitioners use activities including: encouraging personal reflection about gendered

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experiences in people's lives through group discussions, storytelling, participatory theatre (characterised by the active participation of audience members in the development of the play's story), training men in home-based care skills, recruiting men to women's rights campaigns, and supporting women's involvement in trade unions. This moves beyond activities that use a didactic approach to teaching about the link between gender and HIV in classroom settings to critically engaging with personal lived experiences in ways that seek to transform behaviour.

An example of these types of activities comes from a HIV and AIDS feminist organisation conducting women's support groups in poor urban communities. The strategy of practitioners working within this organisation is to draw out personal experience and then connect these experiences to power relations, as described by the organisation's Director:

Our approach is very participatory and very much based on talking about my experience, unpacking it, sharing it, analysing it in a very gentle way. And then comparing it with other young women's experiences, what we have in common, why does this happen, why have so many of us been raped, why are there so many of us abandoned by our mothers...for most of those young women it was the first time they had ever spoken about those traumatic events. So for those that had survived rape it was the first time to speak about it. So I guess bringing it into consciousness and trying to understand this hasn't just happened to you as an individual but it is something that happens to women because of a particular way society is organised, and how power is distributed and so on...now what we're working with the young women on is trying to design a community project, using the theme of sexual and reproductive rights in each of the communities so that they can kind of share that learning and create awareness in the community and galvanise some kind of community action around sexual and reproductive rights.

[Community-focused NGO, Co-Director, Durban]

Through this approach, these practitioners have been successful in bringing out certain forms of change in the communities where they work. The community project described at the end of this quote has mobilised groups of women to source female condoms for the community, act against the stigma and discrimination they are

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experiencing at their local health clinics, and lobby the local police office to improve the ability of women to report rape.

In the structural change activities mentioned by practitioners, personal experiences of HIV provide the foundation for developing gender awareness. For instance, in the following quote an independent gender consultant talks about an HIV awareness intervention she ran for a group of 12-year olds and how she used HIV as a means of discussing the impact of gender inequalities on their personal experiences:

Then I would do HIV and gender and I would do a bit of stats: so, how many women do you think at a clinic are infected with HIV? A public clinic versus a private clinic, that kind of stuff. And then I would do a bit of visualising with them about the first time they experienced things differently because they were a boy or a girl. And then we start talking about the different realities for boys and girls and men and women and why that is.

[Independent consultant, Durban]

In this way, HIV is perceived as a means of making connections between structural inequalities and lived experience, and creating awareness of structural injustices.

Exploring personal experiences of power is also the core strategy of many of the practitioners working with men and masculinities to reduce HIV in South Africa. For example, an activity outlined in a manual that has been developed by one of the leading organisations working with men to address violence against women and HIV in South Africa, asks participants to share experiences of when they have been told to 'act like a man' (Sonke Gender Justice Network, 2008). Through talking about and reflecting on their personal stories male participants are expected to come to a better understanding of how messages about gender can affect human behaviour, and influence relationships between men and women. Another activity then connects these personal stories of experience to broader relations of power. Participants standing in a straight line are each given a description of a persona (i.e. female refugee from DRC, male taxi driver, female nurse, male teacher), and then asked to think about whether or not a series of statements applies to the description (i.e. statements such as 'I can negotiate safe sex with my partner'). The participants take one step forward for each statement that applies to their persona, producing a visual representation of

hierarchies of power. Facilitators are then advised to use this visual representation to instigate discussion and personal reflection by participants on power and how it shapes people's everyday experiences. These two activities seek to address gender inequalities by connecting the personal stories of participants to the structural power dynamics that make some individuals (including women) more vulnerable to HIV than others.

Study limitations

These findings provide an in-depth exploration of the diverse activities NGO practitioners are using to advance a gender agenda in South Africa. However, they are limited in two main ways. First, in focusing on urban areas where the majority of NGOs are based, the relevant work of many rural NGOs in South Africa is largely unrepresented. Secondly, in focusing attention on practitioners' accounts of NGO activities, the study does not include the perspective of individuals that participate in these interventions who may have different insights about how activities are carried out on the ground. In-depth qualitative research with gender and HIV intervention participants and rural NGOs would be useful in further developing the findings presented in this paper.

DISCUSSION

This study identifies a huge variety of intervention activities being used by practitioners to address gender inequalities as a determinant of HIV in South Africa. Interventions use training techniques, classroom curriculum, skills building techniques, theatre, videos, legal services, policy analysis, safe spaces for internet use, storytelling, financial support for home-based care, training men as caregivers, etc. The analysis separates these activities into three distinct categories: education, advocacy and structural interventions. Further analysis of these thematic categories reveals different underlying conceptual assumptions that NGOs in South Africa are making about how gender inequalities should be addressed as a means of improving HIV prevention. Providing educational interventions that tell participants about gender inequalities and the risk it holds for HIV assumes that an absence of knowledge and awareness drive gendered behaviours and risky sexual encounters. Advocacy interventions focus on the gap in funding available for gender inequalities

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and/or women's issues and see the links between gender and HIV as a relationship that can be strategically leveraged. Structural interventions assume that the problem is women's inferior social position in relation to men and that solutions are found in directly challenging acceptance of this inferiority in the lives of both men and women. These findings show that practitioners in South Africa are drawing on diverse theories of change to address gender inequalities as a determinant of HIV, and that this is in turn shaping the way HIV prevention interventions are being implemented in this context.

The value of the different conceptual understandings and approaches to addressing gender inequalities as a determinant of HIV are passionately debated in the literature and in practice (Chant & Gutmann, 2000; Connell, 2012; Mannell, 2014). Structural interventions that challenge the underlying power dynamics between men and women through giving participants the opportunity to critically reflect on how power manifests in their everyday lives are widely upheld within these debates as having the most potential for sustainable social changes (Abramsky et al., 2016; Gibbs, Jewkes, Sikweyiya, & Willan, 2015; Shefer et al., 2008). Epstein and colleagues (2004) argue that the impact of HIV and AIDS on people's everyday lives in South Africa has in fact created a social context where these critical conversations about gender inequalities, sexualities, and power relations are increasingly possible. However, the findings presented in this paper show that in practice NGO practitioners are taking diverse approaches to addressing gender inequalities, some of which may be more adept at taking advantage of the space that exists in South Africa for reflective critical conversations about gender inequalities than others. In particular, the use of authoritarian approaches to educate individuals about gender, women's rights and sexuality can end up reaffirming rather than challenging the gender inequalities that perpetuate HIV (Morrell, Epstein, Unterhalter, Bhana, & Moletsane, 2009).

The funding environment in which gender and HIV interventions are situated may also be undermining the potential of gender and HIV prevention interventions in South Africa. Diminishing funds for gender and women's rights issues has led some organisations to join gender interventions strategically with the better-funded HIV and AIDS interventions. Some women's rights organisations admit to running HIV-

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prevention interventions in order to maintain their organisational funding. These are examples of how organisations are bending to the prioritisation of HIV by international donors, potentially obscuring attention to other ways in which gender inequalities negatively affect people's lives (e.g. through systemic homophobia or women's burden of labour). This confirms findings from other contexts that funding regimes can influence HIV and AIDS organisations to move away from social and political goals towards more narrow medical objectives (Miller, 2016). Moreover, as Walker (2013) warns, the relentless pursuit of international funding by feminist organisation may have detrimental consequences for efforts to achieve gender equality and women's empowerment because of the ways in which it undermines attention by NGOs to design interventions based on current evidence and best practice.

While the integration of the gender and HIV and AIDS agendas may obscure attention to gender equality as a core objective by putting an overemphasis on funding, the findings also suggest that the symbolic importance of HIV and AIDS in South African's everyday lives provides a valuable means for gender practitioners to gain buy-in from potential participants. This is consistent with studies that point to the ways in which the status of HIV and AIDS as a mature and generalised epidemic in South Africa has led to new forms of negotiation in the procurement and delivery of interventions (Leclerc-Madlala, 2006). Narratives about the right to health in South Africa appear to play a similar role in facilitating NGO discussions of the importance of gender in people's everyday lives. Rights-based approaches are widely recognised as providing the opportunity for individuals to analyse and challenge gender inequalities (Eyben et al., 2004), but are particularly powerful in the South African context where the post-apartheid government has relied heavily on 'rights' as a political discourse (Hunter, 2010). Scholars have discussed the central role that narratives about the right to health played in the fight for access to anti-retroviral treatment (ART) by the Treatment Action Campaign in 2001, which used language about people's right to health in order to successfully lobby against the American Pharmaceutical Association's claim to patent rights for ART (Friedman & Mottiar, 2005). The findings point to how practitioners are similarly leveraging South

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African's awareness of the right to health to encourage the uptake of gender and HIV interventions by individuals and communities.

CONCLUSION

Attention to the gender and HIV and AIDS activities being carried out by NGO practitioners across a single country reveals several contextual factors that influence the implementation of these interventions. Firstly, NGO practitioners draw on both implicit and explicit theories of change about how gender inequalities contribute to the spread of HIV. This has implications for the design and implementation of interventions and contributes to a wide diversity of different approaches. Secondly, narratives that are relevant in people's everyday lives such as HIV and AIDS and the right to health are used by practitioners to gain buy-in for gender interventions, which demonstrates that efforts are being made by practitioners to adapt their discussions about gender to local needs and realities. This resonates with urgent calls by social scientists for contextually relevant structural interventions to address the social drivers of HIV (Auerbach, Parkhurst, & Cáceres, 2011; Gupta, Parkhurst, Ogden, Aggleton, & Mahal, 2008; Mannell, Cornish, & Russell, 2014; Parkhurst, 2013). However, the unstable funding environment for gender interventions in South Africa has contributed to the adaptation of interventions by NGOs in ways that are often driven more by international funding priorities than by local knowledge of what is most needed. While the priorities of international funders are certainly not always misaligned with local knowledge, stable and reliable funding for gender and HIV interventions is critically important in supporting the design of contextually relevant and locally adapted interventions.

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