



Published in final edited form as:

*Cult Health Sex*. 2010 June ; 12(5): 555–568. doi:10.1080/13691051003768140.

## Engendering care: HIV, humanitarian assistance in Africa, and the reproduction of gender stereotypes

**Deborah Mindry**

Program in Global Health, University of California, Los Angeles, USA.

### Abstract

This paper takes as starting point research conducted in Durban, South Africa to unravel the complexities of care ethics in the context of humanitarian aid. It investigates how the gendering of care shapes humanitarian aid in the context of the HIV/AIDS epidemics in Africa constructing an image of “virile” and “violent” African masculinity. Humanitarian organizations construct imagined relations of caring invoking notions of a shared humanity as informing the imperative to facilitate change. This paper draws on varied examples of research and NGO activity to illustrate how these relations of care are gendered. Humanitarian interventions which invoke universalizing conceptions of need could instead draw on feminist care ethics that seeks to balance rights, justice and care in ways that attend to the webs of relationships through which specific lived realities are shaped. Essentialising, feminized discourses on care result in a skewed analysis of international crises that invariably invoke women (and children) as victims in need of care and, at best, ignore the lived experiences of men, and at worst, cast men as virile and violent vectors of disease and social disorder.

### Keywords

gender; Africa; masculinity; HIV/AIDS; humanitarian aid

---

In the course of conducting research in the mid-1990s in Durban, South Africa, I found that philanthropic work was central in shaping relationships between women of different class and racial classifications. I was struck by the feminized rhetoric of caring in women’s (black and white) discourses on development and philanthropy, and began to ponder the significance of the politics of “caring” in the work of local and international NGOs. In 2007, as I embarked on research on gender and HIV/AIDS in South Africa, I found that humanitarian discourses were similarly invoking a feminized rhetoric of caring. In this paper I argue that humanitarian aid for HIV/AIDS is shaped by a feminized rhetoric of caring that casts men as “virile” and “violent”, the source of rampant heterosexual HIV transmission, and women as powerless victims in need of rescue. These gender stereotypes are reminiscent of globalising colonial discourses on African women as beasts of burden and of indolent African men preying on white women. Using feminist (rather than feminized) ethics theories that invoke care, I discuss how philanthropy could instead strive to unmask and reject the demonization of men, and obtain the full participation of both men and

---

women in the design of humanitarian interventions. It is vital that humanitarian interventions treat men and women more equitably, seeing them as partners and considering the differential and similar impacts of HIV on men and women. Drawing primarily from research experiences in South Africa, I argue that humanitarian interventions must attend to the specificities of particular lived experiences rather than invoking stereotypical narratives of gender that have limited value in effecting change.<sup>1</sup>

In the past two decades South Africa has undergone major transformations. First, with the transition to a democratic state in the 1990s, there were significant shifts in the racial and gendered politics of the state. National and international enthusiasm and support for the long-awaited democratization was accompanied by an influx of development aid, and the burgeoning of NGOs. During this time I conducted research with women's organizations in KwaZulu-Natal, and found they were scrambling to resituate themselves in this changing landscape. The new discourses of reconstruction and development focused on micro-financing and economic empowerment. The politics informing these projects emphasized the need to empower black/African women (and their communities) in the face of gender oppression and the racist legacies that induced poverty. In the late 1990s these endeavors took shape within the context of the enlightenment ideals of the neoliberal shift (Mindry 2008).

A second major political shift took place as the nation, and the international AIDS community, came to terms with the exploding HIV epidemic. Subsequently, South Africa has become the focus of numerous international HIV research, prevention and treatment programs that entail collaborations between local and international organizations. This period has been marked by the politicization of sexuality and gender relations (Posel 2005). In recent research I have observed that the discourses on HIV/AIDS are profoundly gendered, and are startlingly reminiscent of colonial era discourses on the gendered order of African societies. I use the South African case to reflect on the particularities of these discourses in order to highlight the problems inherent in globalizing humanitarian discourses on HIV/AIDS in Africa.

## **Raced and gendered politics of philanthropy and humanitarian interventions**

Humanitarian interventions draw on the philanthropic impulse which is profoundly shaped by classed and raced inequalities. Barbara Heron's (2007) investigation of white Canadian women's engagements in development work in Africa vividly captures the raced and classed overtones and the colonial continuities in the "Desire for Development." She notes that "[t]oday there are thousands of organizations involved in development work, to the extent that there are likely more expatriate development workers operating in Africa at this point than there were ever colonialists in the era of empire" (2007, 14) (see also Hearn 2002). Humanitarian discourse is framed by middle-class sensibilities of the obligations of privilege to assist the poor. In the global context this is framed in racialised terms such that, in the

---

<sup>1</sup>These gender stereotypes also shape HIV/AIDS interventions in the USA and elsewhere. The HIV literature tends to identify risk groups inadvertently marking certain categories of people as at risk and others as vectors of disease.

case of Africa and Africans, they are cast as especially needy victims of dictatorial (male) leaders and sometimes of global inequalities and injustices. Dominant discourses construe “Westerners” as champions of the “Third World” poor, and especially of “Third World” women (see Trinh 1989, Chauduri and Strobel 1992, Jayawardena 1995, Mindry 2001). The assumptions underlying these discourses of privilege are that women, the poor, and the “Third World” are incapable of making changes themselves. Certainly, the poor and the oppressed have shown time and again their ability to protest, demand, and make changes in their lives (South Africa’s anti-apartheid struggle is evidence of such successes).

In the African context the classed and raced nature of humanitarian interventions has been given renewed salience in response to the AIDS pandemic. Local and global struggles to address inequalities together with activism and media attention (as in the case of the struggle for affordable treatment)<sup>2</sup> fueled the ever greater focus on international humanitarian aid for HIV/AIDS via PEPFAR, the Gates Foundation, and the Global Fund. These are only the major contributors, there are hundreds (if not thousands) more smaller humanitarian organizations, and a plethora of international and collaborative medical research programs, addressing the HIV/AIDS epidemics in African countries. These organizations’ desire to help impoverished people, who they view as disenfranchised members of the global community, demands ingenuity and determination to actively work in collaboration with people in far-flung communities. One such organization is GAIA (Global AIDS Interfaith Alliance), a non-profit organization founded in 2000 by U.S. based medical professionals to work collaboratively with grassroots organizations and women in Malawi to address the needs of people living with HIV/AIDS in a locally sustainable fashion. On its website, it claims that

Global AIDS Interfaith Alliance is part of a global conspiracy of kindness. We have in common with strangers we’ll never know, a commitment to the planet’s people struggling in deepest need. We may together possess an intolerance of such suffering from a preventable disease flourishing amid the social ills of poverty, decrepit infrastructure, inferior education, malnutrition, gender oppression and race-based neglect. ([www.thegaia.org](http://www.thegaia.org), 2 October, 2008).

Similarly, Art Aids Art ([www.artaidsart.org](http://www.artaidsart.org)), an organization based in California provides assistance to impoverished women in the townships of Cape Town. This NGO holds events at community centers and in private homes in the USA to raise awareness of the HIV/AIDS crisis in South Africa and funding through the sale of beaded dolls made by women in Cape Town. These are usually intimate events that draw people in the USA into a network of caring about the women and their families. At each event they take photographs of the individuals with the dolls they have purchased. They compile a photographic album which is vital to constructing a sense of imagined community between American donors and the women in Cape Town. As Kennedy (2009) notes, media and imagery are key technologies deployed by humanitarian organizations to bridge the distance (physical and social) between donor and recipient of aid. They are actively engaged in creating and fostering a sense of an

---

<sup>2</sup>For an analysis of the activist forces that propelled the moral debate on pharmaceuticals and HIV/AIDS treatment in South Africa see Robins (2004).

imagined global community of kindness and caring in order to raise funds to support programming and interventions in African countries (cf. Bornstein 2001).

In humanitarian discourses, it is the emphasis on the “other” that deflects attention away from the “self” engaged in caring work and often results in a failure to examine the broader political motivations informing efforts to improve the lives of “others.” We frequently fail to attend to the ways in which philanthropy and humanitarian assistance, expressed in liberal humanist terms of social responsibility toward one’s fellow human being, are implicated in the maintenance of relations of domination between giver and receiver of aid. That is, why are people in the USA and Europe located in places of privilege in the first place? How are large structural processes under colonialism, capitalist expansion, and neoliberal economic and trade policies implicated in shaping these relationships of privilege and need? What changes in these structures need to take place to dismantle privilege and establish greater global equality? Numerous scholars have interrogated these questions, but humanitarian assistance seems to take as starting point privilege and inequality, seeking to alleviate suffering rather than to change the structures that maintain inequality. As feminist and minority struggles have revealed, the challenge always is to dismantle or transform existing social structures so that the oppressed or disenfranchised are able to set the terms of engagement and to determine the changes that need to take place to facilitate equity.

In the colonial era there was a complex overlaying of classism and racism in the application of philanthropy to the colonies which persists in the postcolonial era. As the work of Chauduri and Strobel (1992), Stoler (1995), and Jayawardena (1995) has shown, white women were central to the colonial civilizing mission, inscribing the hierarchically superior position of whites. In nineteenth and twentieth century South Africa, women’s philanthropy was vital to regulating relations between African and European women (Wilson 1972, McClintock 1995). Although government legislation was central in the regulation of racial intimacy, philanthropy became a vital mechanism for ensuring the social regulation of distance between white and “non-white”. During apartheid the programs run by women’s organizations were integral to sustaining government policies and practices (Mindry 1999). They legitimized apartheid policies by locating the problem in the black household defining it as a problem of ill-informed, uneducated black mothers, and indolent black fathers. They deflected attention away from the multitude of structural constraints and problems of apartheid such as the removal of Africans from the land, restrictions on migration to the cities, poor wages, and lack of social services. In post-apartheid South Africa, philanthropy has become a means of regulating distance not only between whites and “non-whites”, but also between educated and un(der)-educated, urban and rural, and remains a means of regulating distances between classes. The structures of racial inequality persist but have become more nuanced as these varied forms of social distinction have become more salient in regulating class distinctions.

The issue of privilege and obligation was frequently articulated by white women with whom I conducted research in the mid-1990s. It was raised by Lindsay Hackett-Payne, vice president of the international Associated Country Women of the World (ACWW) addressing a gathering of women’s organizations in South Africa on 29 June, 1994. She told the gathering “people like to know where their money is going, and that it is going for a good

purpose and not just being used for handouts.” She proceeded to illustrate this via her experiences visiting member organizations in Brazil where university women took her to visit “a small village in the Amazon jungle near Manaus.” She described the arduous labour of village women to harvest the babacu nut and extract the oil. The oil was sold to middlemen who made the big profits. The village women exchanged one kilogram of oil for a pound of sugar in a good season or a box of matches in a bad season. She was told the women suffered back problems. She asked why they did all the work and was told that men are clumsy and cannot crack the nuts, but men and children gathered the nuts. They told Lindsay the villagers needed donkeys to transport the oil. On her return to England she visited ACWW affiliated Institutes and appealed for help to purchase twelve donkeys. She appealed to English people’s sympathy for animals, assuring that they would be well taken care of and monitored by the university women. She talked about how simple these people’s lives were away from all the cares and troubles of the world, and how they made use of the limited available resources. She worried about the women’s back problems and asked a Swedish women’s group to look into alternative technology to split the nuts; “nothing too technical and advanced – something that is just a step up from using axes.” She noted that we are all part of a global family and need to help one another.

This story is grounded in Westerners’ image of themselves engaged in projects to rescue “Third World” women from abject poverty and male exploitation. It assumes a need to alleviate suffering but does not address the capitalist exploitation and the unfair remuneration of the women’s labour. Since commencing research on gender and HIV, I have found that the efforts of NGOs (local and international) have disproportionately focused on empowering women rather than addressing the broader issues of poverty that impact not only women but men as well, often fuelling gender discord. Men who feel that the issues they grapple with (as they struggle to find work and support families) are ignored can use their social power to undermine women. When humanitarian assistance seeks to ameliorate suffering rather than address the broader social issues impacting communities they inadvertently maintain rather than challenge inequality.

## Colonialist legacies and humanitarian responses to AIDS in Africa

The concern to address global health inequities, that have been made all the more glaring by the AIDS pandemic, has focused specific attention on gender issues. The gendered dimension of the HIV/AIDS pandemic in Africa was most succinctly and provocatively invoked by Stephen Lewis, former Canadian Ambassador to the UN and UN Special Envoy for HIV/AIDS in Africa, who in a 2001 interview asserted,

Finally the world seems to understand that [in Africa] this is a gender-based pandemic. Unless there is recognition that women are most vulnerable ... and you do something about social and cultural equality for women, you're never going to defeat this pandemic. This is the fundamental centerpiece of the whole blessed crisis! Men haven't changed their behaviour, so women somehow have to be strengthened to be able to ward off the men (Africa Recovery 2001, 12).

In a 2006 address to Public Health students and faculty at Johns Hopkins University he said, “There’s something profoundly wrong in the way our international institutions are

responding” and asked, “Where is the world’s moral anchor?” He then urged students “You’re in the most noble series of disciplines of them all, and you have within your power the opportunity to rescue this world, and few are given that opportunity” (Johns Hopkins School of Public Health).

Implicit in Lewis’ call to action are the colonial legacies shaping perceptions of Africa as a place where men abuse women. He situates people in the West as having the power to come to the defense of women. This is not unlike the “beasts of burden” rhetoric that Comaroff and Comaroff (1992) have documented. Missionary critiques of African society focused on the indolent polygynous man who treated his wife/wives as “beasts of burden” that labored in the fields, fetched and carried water. Since women did work that Europeans generally considered a man’s work they viewed African production as “topsy-turvy.” In these narratives, “men appeared to be lazy ‘lords of creation’ (Moffat 1842, 505); women, on the other hand, ‘scratched’ desultorily on the face of the earth, much like uncomprehending ‘beasts of burden’ (Kinsman 1983), since they did what was properly masculine labor” (Comaroff and Comaroff 1992, 47). Missionaries who objected strongly to African cultural practices, in particular, those of polygyny and *lobolo* (marriage transactions), sought to provide a “sanctuary” for African women at the missions, and domestic training and education with a view to transforming African gendered divisions of labor and domestic life (Meintjies 1990, Hunt 1992).

Contemporary humanitarian discourses on HIV/AIDS are focused on problems “inherent” in African societies. Lewis invokes gender inequalities; in particular he draws upon the stereotypical image of African masculinity which is supported by varied discourses on “Third World” violent masculinity that we have seen invoked with regard to Western engagements in the “Orient” (Said 1978, Stoler 1995). Most recently we have seen the images of warring men and victimized women in discourses on Iraq, Iran, and Afghanistan (Ferguson & Marso 2007, Riley & Inayatullah 2006). The focus on African male violence and on practices of multiple partners reinvigorates colonialist discourses of men as predatory and exploitative of women and of women as victims of abuse. Although these are clearly important issues in the HIV/AIDS pandemic, globalizing discourses on the problems of gender inequalities in African societies frequently fail to take into account the specific historical processes (including the economic, political and social transformations under colonial rule) which have shaped masculinity and gender roles. They also fail to consider the less stereotypical and sensational models of masculinity (such as men who care for children) and of gender relations. In addition, the emphasis on women’s greater vulnerability results in oversight of data that reveals a more complex picture of HIV in specific contexts. For example, Dunkle et al.’s (2008) research with married or cohabiting couples in urban Zambia and Rwanda revealed a majority of sero-discordant couples have a woman infected but not the man. Over time these women can infect their partners (de Walque 2007).

I am not trying to diminish the disproportionate impact of HIV/AIDS on young women in those African societies hardest hit by the epidemic, or the critical role poverty and domestic violence play in the spread of the disease. It is precisely some of these concerns that motivate my research on the gendered dimensions of HIV. I question the utility of a rhetoric which translates into HIV interventions focused on rescuing and empowering African

women (clearly reflected in GAIA's mission). The HIV epidemic has hit some African societies very hard but it impacts entire communities (Varga 2001, Watkins 2008). Communities have been responding in many varied ways to the local effects of the HIV epidemics. Research and interventions must attend to the differential ways in which men, women, and children are impacted and how the gendered (as well as classed and raced) norms in specific contexts differentially shape how men and women seek services and are drawn into systems of care.

Furthermore, although multiple concurrent partnerships do play a significant role in driving the epidemic, gender stereotypes are evident here too. Female patterns of multiple concurrent partners are explained in terms of economic need (Luke 2003, van den Borne 2006, MacLachlan, et al. 2009) whereas male patterns are usually described in terms of desire rather than the socio-economic and political circumstances that shape them. Women's desire is muted in research and interventions that focus almost exclusively on needs.<sup>3</sup> Since it is extremely difficult to develop methods that will ensure individuals reliably report on behaviours that are considered socially unacceptable, research tends to replicate the gender stereotypes. As Hunter's (2005) research makes clear, patterns of multiple concurrent partners were set in motion in the colonial era during which marriage and family arrangements were transformed by the shifting demands of the colonial economy (Mayer and Mayer 1971, Murray 1980).

We need research and humanitarian efforts that focus on the complexities of gender relations in specific settings. Rather than constituting women as victims and men as perpetrators we need to examine how men's and women's differential experiences are shaped in relation to one another. In 2008 a male HIV support group leader in KwaZulu-Natal told me that many of the men in his support group were concerned about how they could gain custody of children when their economic circumstances mitigated against their ability to marry the mother of their child/ren and sociocultural norms result in women assuming custody. Similarly Varga (2001) has argued we need to attend to the specific sexual and reproductive health needs and desires of men not only as partners of women but in their own right.

### **Virile and violent masculinity?**

Research on sexuality and HIV/AIDS in varied African contexts has been critical in shaping discourses on violent masculinity. Wood and Jewkes (1999), Vetten and Bhana (2001), Usdin (2002), and Dunkle et al. (2004), among others, are centrally concerned with unpacking the ways in which sexual abuse and violence shapes the HIV/AIDS epidemics in southern and eastern Africa. This body of research has profoundly shaped global humanitarian discourses on violent African masculinity. The power this research is a consequence of its resonance with colonial rhetoric on dangerous African masculinity – it is embedded in a broader historical context that cast African men as a threat to white women and as exploitative of African women. In the new millennium, and in particular in the context of HIV, they are cast as a threat to African women. The kinds of threat they pose is differentially constituted in different historical moments.<sup>4</sup>

<sup>3</sup>Shelton et al. 2009 suggest that women associate the freedom to have multiple partners with modernity, as does Posel 2005.

Humanitarian aid draws on medicalised discourses elaborated in HIV/AIDS research. These discourses are, in Foucault's terms, "part of a system of administration and political control of the population (society as such is considered and 'treated' according to the categories of health and pathology)" (1991, 67). Although it is beyond the scope of this paper to provide a detailed study of the "regimen of practices" pertaining to humanitarian assistance in Africa, I seek here to draw attention to, and to disrupt the disturbing constructions of African masculinity that ignore men's varied experiences.

Hunter's (2005) research represents a critical shift in HIV and sexuality research. He notes that colonial rule and capitalism resulted in shifts in accepted paths to manhood in Zulu cultural practices which has reshaped the meanings and practices associated with multiple partners. He describes the practices associated with *isoka* and argues that current socioeconomic circumstances prevail against men achieving the ideal of marriage. His research reveals the complexity of transformations in heterosexual relationships arguing that they are crucial to understanding violent and risky expressions of masculinity shaping the HIV epidemic.

Similarly Walker (2005) found that young men in Alexandra grapple with the challenges of changing conceptions of masculinity in the context of a new liberal constitutional sexuality (Posel 2005, Leclerc-Madlala 2003). She notes that for young men "the transition to democracy in South Africa represents both opportunities and obstacles. Democracy created the space for 'men to change' and the constitution established the legislative and public framework that demands that they do so" (2005, 233). These processes of change are fraught with contradictions. In 2009, during a meeting with young men and women in rural KwaZulu-Natal, the men expressed concerns about how they and their partners might safely conceive a child when one or both were HIV positive. They approached my collaborator for support to establish a group for men in their community. Their concerns clearly reflected perceptions that they are grappling with a new gendered order and that living with HIV demanded new strategies.

Montgomery, et al.'s (2006) research on caregivers of people living with HIV/AIDS provides insights into the everyday realities of "modern" African masculinity. They note that gender stereotypes result in a failure to recognize transformations in gender relations. "As advocates and activists on behalf of children we are locked into stereotypes, seeing men as problematical, irresponsible, neglectful, abusive and irremediable" (2006, 2411). They found that men and women either neglected reporting or dismissed men's engagements in the care of children, domestic chores and in providing emotional support. Field researchers described men's participation in household work in passing and neglected to categorize the tasks they performed as "involvement," "support," or "care." There were several households in which men had sole charge of children but "neither respondents nor fieldworkers acknowledged this" (2006, 2414). "Conversations between the field staff and the women they spoke to revealed a recurrent set of images relating to absent, promiscuous and

---

<sup>4</sup>As Foucault notes, these historical shifts in discourse and practice require an analysis of the "history of things said" (1991, 63). Such a detailed history of the politics of discourses on African masculinity is beyond the scope of this paper but would be important to better document these shifts and highlight their inconsistencies over time.



irresponsible men” (ibid). They argue that “whilst there is a linguistic and conceptual locus for the discussion of ‘deficient’ men, no such language appears to exist to talk about men who are positively involved with their families” (2006, 2415). In my research, I too have found that women spoke at great length about the absence, violence and promiscuity of men in their lives. When pressed to give examples of what they would consider positive attributes of masculinity, they were unable to find a language to describe this despite being able to name men in their communities they considered “good” (Mindry 1999). These discourses on masculinity persist in post-apartheid South Africa. In 2008, in my work with support groups in greater Pietermaritzburg, a female support group leader mocked a fellow male leader who carried both condoms and women’s sanitary supplies when visiting the communities where he worked. She challenged the notion that he was really able to distribute sanitary supplies to women.

In recent years, a number of NGOs and researchers have been working to reduce men’s violent engagements with women and to encourage positive changes in masculinity. The Sonke Gender Justice program to promote gender equality through its “One Man Can” campaign appeals to the post-apartheid struggle to constitute a new “modern” masculinity. Their work, together with the Men as Partners (Levack and Peacock 2004), Stepping Stones (Jewkes, et al. 2008), and other programs (Kalichman, et al. 2008, Walker 2005), focuses on positive ways to reconceptualise masculinity. Transforming masculinity will also require addressing how men treat one another, not only how men treat women. Sikweyiya and Jewkes (2009) examine the complexities of South African men’s experiences of violence. They note a distinct difference in men’s personal experiences of coercive sex by men compared with experiences of coercion by women. Their work suggests that understanding sexual experience requires a deeper understanding of the forces shaping male sexuality and masculinity. Humanitarian assistance needs to draw on a wider range of research that embeds sexual violence in the social, economic and political forces that shape violent behaviors (including the historical context of violence under colonialism and apartheid) (Gear 2007, Abrahams and Jewkes 2005, Glaser 1998). Violence is not simply a consequence of gender relations gone wrong.

Certainly, international and local humanitarian efforts to address the HIV/AIDS crises in Africa have yet to seriously attend to men’s experiences and, other than the focus on male circumcision, to find effective ways to address the effects of HIV/AIDS on men or to draw men into systems of care. It is here that I think we can most usefully draw on feminist ethics to grapple with the problem posed by feminized discourses on care shaping humanitarian interventions.

## **Feminist ethics and humanitarian aid**

Philanthropy is a “feminized mode of power” that is morally construed in terms of nurturing, caring, and creating moral orders that are widely viewed as a “naturally” feminine mode of being (Mindry 1999). That is not to say that only women are the agents or subjects of this form of power, rather it is configured in female-gendered terms. Philanthropy is about selflessness and caring in efforts to “uplift” the other. This way of construing morality

perhaps best fits what feminist scholars have come to refer to as a “feminine ethics of care” as compared with a “feminist ethics of care”.

The philosophical study of ethics examines the values that shape moral choices and define acceptable and prohibited behaviours. Feminist ethics theories take issue with traditional ethical frameworks, such as those of Kant (1996), which argue that moral responsibilities are developed by rational, free persons through abstract reasoning processes. Traditional ethics rejected the specificity of context in order to derive conceptions of universal morality. Kant’s study of ethics focused on questions of morality and rationality. Later, Kohlberg (1981) focused on gender differences in the moral development of abstract rules of justice, arguing that boys were more mature than girls who tended to focus on specific contexts and social relationships in their moral decision-making. Carol Gilligan’s (1982) pioneering research, which took issue with the gendered bias of Kohlberg’s work, forms the foundation of contemporary feminist moral philosophy. Following Gilligan, feminist philosophers have developed two major strands in care ethics. The first is characterized as a feminine ethics of care drawing on essentialised conceptions of women’s engagements in caring work and their enmeshment in social networks as guiding moral choice (Mayerhoff 1972). This feminine ethics of care is distinguished from main(male)stream ethics which focuses on universal rights and justice. A feminine ethics of care insists on attending to the specific context and social relations that frame ethical choices, asserting that women are naturally predisposed toward a moral capacity to care. It is generally seen as a specifically feminine mode of approaching ethics.

This is the ethical position that many women with whom I conducted research in 1990s South Africa took. South African women, of all social and racial categories, frequently articulated their desire to help communities as an outgrowth of their experiences of caring and sharing in the family. As Thiyagee Govendor put it, “At the center of the community is the family, and the heart of the family is the women” (Mindry 1999). Men and women expressed the view that, given their positions as mothers, women had greater knowledge of people’s needs and were more likely to use their influence/power to meet the needs of communities than were men. Their capacities for caring about others were invoked as that which set women apart from men. Helping others was construed as something women did as a “natural” extension of their caring for families. However, as Tronto has observed:

The content of this “women’s morality” is never precisely set, but the term refers loosely to a collection of ideas: values placed on caring and nurturance, the importance of mother’s love, a stress on the value of sustaining human relationships, the over-riding value of peace. It is also not clear if women’s greater moral sensitivity derives from simply being female, from being a mother or potential mother, or from women’s particular cultural role and setting, for example, that women can be more moral because they are outside of the marketplace. (1993, 1)

A feminist care ethics places a different emphasis on caring, seeking instead to evaluate the “moral worth of specific acts and patterns of caring” in the context of specific social and political relations (Larrabee 1993, Tronto 1993, Held 1995, Petterson 2008). Feminist ethics engages specifically with the politics that shape moral decision making. In Sherwin’s

assessment “feminist ethics involves a commitment to considerations of justice, as well as to those of caring” (1992, 52). She asserts that both feminine and feminist ethics of care attends to the particular, to the lived experience, when evaluating practices. The focus on lived experience attends to context and to human relationships. Both feminine and feminist ethics take issue with the notion that moral decision making should be impartial and universally applicable. They insist instead on a moral framework that invokes empathy and attends to the social relations that define and shape moral decision-making. A feminist ethics framework foregrounds that people (men and women) live in a web of relationships and that moral decision-making is necessarily shaped by these webs and by the politics shaping relationships. Rather than assuming that people are equally situated moral subjects it attends to inequality, rejecting the traditional ethical emphasis on abstraction and universality. It is this acknowledgement of inherent inequalities shaping moral decision-making that is most applicable to understanding care ethics in the context of humanitarian assistance.

Humanitarian assistance invokes an ethic of caring for one’s fellow human beings. Hence as Kennedy (2009) and Bornstein (2001) note, the critical issue in international humanitarian aid is how to draw donors into relationship with the recipients of aid. The American NGOs referenced earlier are specifically concerned with developing empathy through constructing a set of imagined and real relationships between Africans and Americans who care to make change, to fight for global justice. Humanitarian assistance provides opportunities to take into account the complex intersections of rights and care.

The difference between a feminist care ethics and humanitarian discourses on justice and care is that the philanthropic impulse shaping humanitarian interventions invokes a universalizing rights-based perspective on ethics often failing to attend to the particulars that shape the everyday experiences of those they assist. Increasingly international NGOs are aware of the need to attend to the particulars of a local context and to work collaboratively with communities, but in my experiences with American-based NGOs, the individuals running these organizations are frequently neophytes to the contexts in which they are working. They are not usually skilled in reading the complexities of social and political positioning of different sectors of the societies in which they are engaged in humanitarian assistance. Hence, they may favor working with certain actors who have been more astute in reading the international NGOs interests and goals and are more willing to cooperate with them. Furthermore, humanitarian initiatives frequently fail to examine the global political relations that shape these interventions. Those engaged in humanitarian assistance may be critical of global inequality but less knowledgeable of the structural and historical global processes that have shaped these inequalities. More importantly, they usually do not attend to the historical processes that shaped the nature of these interventions such that it is the West coming to “the rescue” of Africans.

The moral politics of local and global AIDS interventions was everywhere present at the 2008 International AIDS Society conference. In a plenary session, Elena Reynaga (Reynaga et al. 2008) of Redtrasex, the Latin American and Caribbean sex worker network, appealed to the international AIDS community to cease efforts to “rescue” sex workers through sewing projects aimed at providing economic alternatives. She asserted that sex workers wanted to continue sex work and asked international agencies to focus instead on

encouraging local governments to provide access to condoms, ARVs and healthcare for workers who were HIV positive. Reynaga drew attention to sex workers experiences rejecting the “caring” initiatives of the international community to make sex workers over into “respectable” women and demanding instead their right to good basic services including access to ARVs and non-judgmental healthcare.

Similarly, Linda Richter (Richter et al. 2008) argued rather than providing funding to orphanages for HIV/AIDS infected/affected children, governments should be challenged to provide basic social support to citizens enabling families to care for orphaned and vulnerable children (cf. Natrass 2004). Her challenge appealed to the international community to pressure governments. This does not mean that there won't be space for caring initiatives by various NGOs but rather that they should be coupled with initiatives to ensure accountability of those in power to provide services and support to all citizens. In South Africa, CINDI (Children in Distress Network) has actively brought communities and NGOs into dialogue with local government officials to ensure vulnerable children's needs are met and their rights ensured (Mindry 2008). Reynaga's and Richter's challenge to the West is to attend to the politics in local contexts, to find ways to struggle for justice and care that are grounded in the specifics of social and political relations.

## Conclusion

Discourses on care provide a moral call to action that is very effective in mobilizing support for humanitarian interventions, but which frequently fails to consider the historical specificities that shape “need” and the power relations that shape the investments of specific actors in the moral economy of philanthropy and development. Furthermore, the dehistoricisation of “need” results in a fundamental failure to confront the sociopolitical structures that render certain groups vulnerable or in need. As we are enmeshed in efforts to address the HIV/AIDS crisis in African countries, we need to examine the processes and terms of engagement. By contextualizing and historicizing particular practices we give them specificity and we can more readily recognize the role the West plays in shaping these realities. Humanitarian interventions should avoid invoking universalizing conceptions of need and instead draw on feminist ethics which emphasizes efforts to balance rights, justice and care in ways that take into account the webs of relationships and the politics that shapes the lived realities of people in different contexts. Essentialising, feminized discourses on care result in a skewed analysis of international crises that invariably invoke women (and children) as victims in need of care which, at best, ignore the experiences of men, and at worst, cast men as virile and violent vectors of disease and social disorder.

## Acknowledgments

Support for research has been provided through an NIH T32 fellowship in the Program in Global Health at UCLA. The paper has benefitted from discussions of drafts presented at the Enacting Improvement: A Conference on the Ethics of Development and Philanthropy at CRASSH, University of Cambridge, England in November 2008, and at the Critical Investigations into Humanitarianism in Africa Conference hosted by UC Irvine Center for Global Peace and Conflict Studies with UCLA's James S. Coleman African Studies Center in January 2009. I especially appreciate comments provided on drafts by Dele Ogunseitán, Susan Castagnetto and Paula Tavrow, as well as those of three anonymous reviewers, which strengthened the focus of this paper. Needless to say I take personal responsibility for the views expressed here.

## References

- Abrahams N, Jewkes R. What is the impact of witnessing mother abuse during childhood on South African men's violence as adults? *American Journal of Public Health*. 2005; 95:1811–1816. [PubMed: 16131646]
- Africa Recovery. 'Africa's capacity to deliver is huge': Interview with Stephen Lewis, UN special envoy for HIV/AIDS in Africa. *Africa Recovery*. 2001; 15(1–2):12.
- Bornstein, Erica. Child sponsorship, evangelism, and belonging in the work of World Vision Zimbabwe. *American Ethnologist*. 2001; 28(3):595–622.
- Chauduri, Nupur; Strobel, Margaret. *Western Women and Imperialism: Complicity and Resistance*. Bloomington: Indiana University Press; 1992.
- Comaroff, John; Comaroff, Jean. Home-made hegemony: Modernity, domesticity, and colonialism in South Africa. In: Hansen, Tranberg, editor. *African Encounters with Domesticity*. New Brunswick: Rutgers Press; 1992. p. 37-74.
- de Walque D. Sero-discordant couples in five African countries: Implications for prevention strategies. *Population and Development Review*. 2007; 33(3):501–523.
- Dunkle KL, Jewkes R, Brown HC, et al. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet*. 2004 May.363:1415–1421. [PubMed: 15121402]
- Dunkle K, Stephenson R, Karita E, et al. New heterosexually transmitted HIV infections in married or cohabiting couples in urban Zambia and Rwanda: an analysis of survey and clinical data. *Lancet*. 2008; 371(9631):2183–2191. [PubMed: 18586173]
- Ferguson, Michael L.; Marso, LoriJo. *W stands for women: how the George W. Bush presidency shaped a new politics of gender*. Durham: Duke University Press; 2007.
- Foucault, Michel. Politics and the study of discourse. In: Burchell, G.; Gordon, C.; Miller, P., editors. *The Foucault Effect: Studies in governmentality*. Chicago: University of Chicago Press; 1991. p. 53-72.
- Gear S. Behind the bars of masculinity: Disappearing victims, disqualifying desire and prefiguring perpetrators in South African men's prisons. *Sexualities*. 2007; 10(2):209–227.
- Gilligan, Carol. *In a different voice: Psychological theory and women's development*. 33rd edition. Cambridge, Mass.: Harvard University Press; 1982.
- Glaser C. Swines, hazels and the dirty dozen: masculinity, territoriality & the youth gangs of Soweto 1960–1976. *Journal of Southern African Studies*. 1998; 24(4):719.
- Hearn, Julie. The “invisible” NGO: US evangelical missions in Kenya. *Journal of Religion in Africa*. 2002; 32(1):32–60.
- Held, V., editor. *Justice and care: Essential readings in feminist ethics*. Colorado: Westview Press; 1995.
- Heron, Barbara. *Desire for development: Whiteness, gender and the helping imperative*. Waterloo, Ontario: Wilfrid Laurier University Press; 2007.
- Hunt, NR. Colonial fairy tales and the knife and fork doctrine in the heart of Africa. In: Hansen, Karen Tranberg, editor. *African Encounters with Domesticity*. Rutgers Press; 1992. p. 143-171.
- Hunter, Mark. Cultural politics and masculinities: Multiple partners in historical perspective in University of KwaZulu-Natal. *Culture, Health and Sexuality*. 2005; 7(5):209–223.
- Jayawardena, Kumari. *The white woman's other burden: Western women and south Asia during British rule*. New York and London: Routledge; 1995.
- Jewkes R, Nduna M, Levin J, et al. Impact of Stepping Stones on HIV, HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *British Medical Journal*. 2008; 337a:506.
- Johns Hopkins School of Public Health. 2008 Oct 2. [www.jhsph.edu/publichealthnews/articles/2006/lewis.html](http://www.jhsph.edu/publichealthnews/articles/2006/lewis.html).
- Kalichman, Seth; Simbayi, L.; Cloete, A., et al. HIV/AIDS risk reduction and domestic violence prevention intervention for South Africa Men. *International Journal of Men's Health*. 2008; 7(3): 255–274.
- Kant, Immanuel. *The metaphysics of morals*. Cambridge: Cambridge University Press; 1996.

- Kennedy, Denis. Selling the distant other: Humanitarianism and imagery – ethical dilemmas of humanitarian action. *Journal of Humanitarian Assistance*. 2009 Feb 28.
- Kohlberg, L. *Essays on moral development: The psychology of moral development*. San Francisco: Harper and Row; 1981.
- Larrabee, MJ. Gender and moral development: A challenge for feminist theory. In: Larrabee, MJ., editor. *An Ethics of Care: Feminist and Interdisciplinary Perspective*. New York: Routledge; 1993. p. 3-16.
- Leclerc-Madlala S. Transactional sex and the pursuit of modernity. *Social Dynamics*. 2003; 29(2): 213–233.
- Levack L, Peacock D. The Men as Partners Program in South Africa: Reaching men to end gender-based violence and promote sexual and reproductive health. *International Journal of Men's Health*. 2004; 3(3):173–190.
- Luke, Nancy. Age and economic asymmetries in the sexual relationships of adolescent girls in sub-Saharan Africa. *Studies in Family Planning*. 2003; 34(2):67–86. [PubMed: 12889340]
- MacLachlan E, Neema S, Luyirika E, et al. Women, economic hardship and the path of survival: risk behavior among women receiving HIV/AIDS treatment in Uganda. *AIDS Care*. 2009; 21(3):355–367. [PubMed: 19280411]
- Mayer, P.; Mayer, I. *Townsmen or tribesmen*. Cape Town: Oxford University Press; 1971.
- Mayerhoff, M. *On caring*. New York: Harper and Row; 1972.
- McClintock, Anne. *Imperial leather: Race, gender and sexuality in the colonial conquest*. New York & London: Routledge; 1995.
- Meintjies, Sheila. Family and gender in the Christian community at Edendale, Natal, in colonial times. In: Walker, Cheryl, editor. *Women and Gender in Southern Africa to 1945*. Cape Town: David Phillip; 1990. p. 125-145.
- Mindry, Deborah. “Good women”: Philanthropy, power, and the politics of femininity in contemporary South Africa. Ann Arbor, Michigan: Dissertation Services; 1999.
- Mindry, Deborah. Non-governmental organizations, ‘grassroots,’ and the politics of virtue. *Signs: Journal of Women in Culture and Society*. 2001; 26(4):1187–1212.
- Mindry, Deborah. Neoliberalism, activism and HIV/AIDS in post apartheid South Africa. *Social Text*. 2008; 94:75–94.
- Montgomery CM, Hosegood V, Busza J, Timaeus IM. Men’s involvement in the South African family: Engendering change in the AIDS era. *Social Science and Medicine*. 2006; 62:2411–2419. [PubMed: 16300871]
- Murray, Colin. Migrant labour and changing family structure in the rural periphery of southern Africa. *Journal of Southern African Studies*. 1980; 6(2):139–156.
- Natrass, Nicoli. *The moral economy of AIDS in South Africa*. Cambridge: Cambridge University Press; 2004.
- Petterson, Tove. *Comprehending care: Problems and possibilities in the ethics of care*. Lanham, MD and Plymouth, UK: Lexington Books; 2008.
- Posel, Deborah. Sex, death and the fate of the nation: Reflections on the politicization of sexuality in post-apartheid South Africa. *Journal of the International African Institute*. 2005; 75(2):125–153.
- Reynaga, Elena; Crago, AL.; Agustin, L. *Sex Work*; IAS Conference; Mexico City. 2008.
- Richter, Linda; Coovadia, J.; Shisana, O. *No small issue: Children and families*; IAS Conference; Mexico City. 2008.
- Riley, Robin L.; Inayatullah, Naemm. *Interrogating imperialism: Conversations on gender, race, and war*. New York: Palgrave Macmillan; 2006.
- Robins, Steven. ‘Long Live Zachie, Long Live’: AIDS Activism, Science and Citizenship after Apartheid. *Journal of Southern African Studies*. 2004; 30:651–672.
- Said, Edward. *Orientalism*. Vintage Books; 1978.
- Sikweyiya Y, Jewkes R. Force and temptation: Contrasting South African men’s accounts of coercion into sex by men and women. *Culture, health and sexuality*. 2009; 11(5):529–541.
- Shelton J. Why multiple sexual partners? *Lancet*. 2009; 374(9687):367–369. [PubMed: 19647597]

- Sherwin, Susan. Ethics, "feminine" ethics, and feminist ethics. In: Sherwin, S., editor. *No longer patient: Feminist ethics and health care*. Temple University Press; 1992. p. 35-37.
- Stoler, Ann. *Race and the education of desire: Foucault's history of sexuality and the colonial order of things*. Durham: Duke University Press; 1995.
- Trinh, Minh-ha. *Woman, native, other: Writing postcoloniality and feminism*. Bloomington and Indianapolis: Indiana University Press; 1989.
- Tronto, Joan. *Moral boundaries: A political argument for an ethic of care*. Routledge: Chapman and Hall; 1993.
- Usdin, Shereen. South Africa, violence against women and rape are fueling AIDS epidemic. *New Internationalist*. 2002 Jun.346:20–22.
- Van den Borne F. Rezensioen: Trying to survive in times of poverty and AIDS: women and multiple-partner sex in Malawi. *Anthropos*. 2006; 101(2):659.
- Varga CA. The forgotten fifty percent: A review of sexual and reproductive health research and programs focused on boys and young men in sub-Saharan Africa. *African Journal of Reproductive Health*. 2001; 5(3):175–195. [PubMed: 12471940]
- Vetten, L.; Bhana, K. Violence, vengeance and gender: A preliminary investigation of the links between violence against women and HIV/AIDS in South Africa. *Centre for the Study of Violence and Reconciliation*; 2001.
- Walker, Liz. Men behaving differently: South African men since 1994. *Culture, health and sexuality*. 2005; 7(3):225–238.
- Watkins, Susan. Back to basics: Gender, social norms, and the AIDS epidemic in Africa. Presented at the Conference on the social and economic dimensions of HIV/AIDS in Africa; United Nations University; September; New York. 2008.
- Wilson, Monica. Dugmore Memorial Lecture. Grahamstown: 1820 Settlers Monument Foundation; 1972. *The interpreters*.
- Wood K, Jewkes R. Violence, rape, and sexual coercion: Everyday love in a South African township. *Gender and development*. 1999; 5(2):41–46. [PubMed: 12292615]