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Supervisor: Anna Hagborg

Female inequality and the spreading of HIV/AIDS – a gender-based study



Author: Sara Söderström

Abstract

The spreading of HIV/AIDS has a gendered dimension. In this essay I focus on the gender roles that create different spheres for the sexes and how they are connected to the spreading of HIV/AIDS. The construction of masculinity hinders the HIV preventing efforts due to the social demands of having several partners and the dislike of using condoms. Sometimes it also results in gender-based violence. The female gender role narrows the possibilities for women to protect themselves. The women are struck harder by the disease because they are in a disadvantageous position in society where they have few means of economic independence and no control over their own bodies in their sexual relationships. The key is to change the gendered domain and the attitudes toward both men and women.

Key words:

HIV/AIDS

Women

Gender relations

Masculinity

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Introduction

Gender relations shape the world of men and women. What is considered masculine or feminine in society is important in order to understand our actions and behaviour. HIV/AIDS is a major threat to millions of people all over the world, the vast majority in developing countries. The disease strikes hardest at the youths and the working population; it threatens to wipe out the productive force in many countries. The spreading of HIV/AIDS has a gendered dimension where women are affected more seriously than men. In parts of Sub-Saharan Africa girls and young women are several times more likely to be infected than their male counterparts in the same age group. Now the spreading takes place at a higher rate among women in comparison to men. I argue that this has to do with the different gender roles possessed by men and women, the notion of what is supposed to be masculine and feminine. It is important to consider this aspect when investigating the issue of HIV/AIDS spreading.

Aim of the study

In this essay I set the focus on how gender effects the spreading of HIV/AIDS in sub-Saharan Africa.

Questions

- How are the gender roles of men and women manifested?
- How are the gendered dimension connected to sexuality, masculinity and violence?

Theory

Feminist theories come in a wide variety and in many different forms and shapes. They are sometimes contradictory and might take opposing sides in certain matters. Thus it is important to clarify which of all available theories I intend to use in this essay. The main core will be based upon the term *gender* with the definition: socially constructed norms for men and women, and their interrelations.

Gender system

The theory about gender is widely used by feminist scholars. Gemzöe argues that the term patriarchy¹ has in some ways been replaced with the concept *gender system*.² The term gender stresses that the relationship between men and women is created within the social and historical context. Men and women are supposed to have different abilities and characteristics where the female is considered caring, nursing and sensitive while the male is connected to ambition, rationality and self-reliance. Further, she investigates the concept of male and female, which is built upon dichotomies and argues that they need to be seen in contrast to each other. Women are what men are *not*. The thinking is dualistic and is often manifested through a differentiation in the workload. This enhances the biological differences and makes it difficult for people to tread the domain of the opposite sex. By creating these social categories, the idea of men and women as opposite to each other is enhanced. This dualism is a cultural creation. According to Gemzöe, a hierarchy exists between the sexes, in politics and economy as well as in the realm of the family. This is fuelled by the perceptions of what is considered to be masculine as well as feminine (Gemzöe 2004:80-83,85,87-89).

¹Patriarchy is a term in the social science that describes a social system where women are subordinate to men. These are deeply rooted social structures that can be manifested in a number of ways (NE 1994:14) The term became widely used in the 1970's to describe this system of gendered domination where the heterosexual men are seen as a ruling class (Connell 1995:62).

²The term *sex/gender system* was first used by Gayle Rubin in 1975. Her intent was to create a theory to explain the subordination of women (Gemzöe 2004:85).

Dichotomies in the sexual sphere

The gender dichotomies can be viewed in a sexual sphere. Women are often characterized as either good (the Madonna) or bad (whore). The sexual behaviour decides which of these roles the woman sides with and her sexual conduct is judged by men. This limits her and deprives her of power and control within sexual relationships. The male orgasm becomes the given conclusion to intercourse which further stresses the necessity of condom use (Travers & Bennett 1996:67-68). These circumstances further enlighten the unequal relationship between men and women in the gender system, which are considered so deeply imbedded in society that they become a social norm. Some phenomena are so culturally locked to the domain of women, as household tasks or childcare, that this is considered something natural and normal. Heterosexuality is constructed through male perception and becomes the notion of vaginal penetration. Women become the passive receivers of male sexuality and men's sexual attention (Travers & Bennett 1996:67).

Masculinities

The common understanding is that there are two types of gender roles, the male and the female. The idea about a male gender role created the first attempt to construct a social science about masculinity (Connell 1995:38-39). Masculinities and femininities are based on relations and the relations they have towards one another. They change through historical context within the political and social spheres in society (Connell 1995:66-67). It is created in every day life and it is a dynamical phenomenon. There are many different kinds of masculinities and it is important to view the relationships between them and not see them as fixed categories (Connell 1995:55,57-58). But how is the common view of masculinity manifested? The mass culture is known to promote a single, static, true masculinity. It focuses on the male body and that can take many forms, like the perception that men are more aggressive than women (Connell 1995:69). But this "true" masculinity has no scientific evidence; on the contrary, there are no measurable differences between men and women regarding intellect, temper or other characteristics. A lot of different approaches to understand masculinity have taken place, in a number of different disciplines (Connell 1995:46,71).

Postcolonial theory

It is important to view the relationship that gender has to other hierarchical systems such as class or ethnicity. The idea of a gender system is not a totally homogenised theory. It differs in shape depending on where the discussion takes place (Gemzöe 2004:93,95). Postcolonial theory is a set of principles and issues from a variety of disciplines, often regarding the position of women, development, ecology or social justice. The theory strives towards a reorientation of the knowledge and needs to be developed outside a western context. It is not a homogenous set of ideas but rather a way of thinking, just like feminism. The postcolonial cultural analysis deals with the theoretical structures built on the dominant western thinking, just like the feminist agenda deals with structures based on the male view (Young 2003:4-8). Postcolonial feminism is a part of postcolonialism which focus on women who are still fighting the structures of colonial rule and its patriarchal legacy (Young 2003:116).

Feminism as an ideology is sometimes rejected by African scholars because of its western origin (Kolawole 2004:261). It is not unusual that they refuse to use the label feminist and instead embraces what is called *womanism*. The womanist approach is supposed to fit better within the African context. The term was founded in 1982 and it appeals to many people because of its inclusive side (Kolawole 2004:260,262). Williams-Ntiri stresses the idea that feminism cannot operate as a single theory for all women around the globe. She urges the recognition of difference and the necessity to consider race, ethnicity, class and time. Another critique of this universalization of women within the feminist thinking comes from Oyèrònké Oyewùmí. She also turns against the images of African women to comprehend a western myth of black people. She considers the dichotomy between the male and the female to be flawed and western-like (Kolawole 2004:261). Juliana Makuchi Nfah-Abbenyi considers the conceptualization of gender in Africa as a part of postcolonialism, with a western orientation and a male view (Kolawole 2004:262).

Method and source critics

Sources

This essay is based on two different kinds of sources:

Primary sources

I have conducted fieldwork in Babati town in Manyara Region, Tanzania. I have interviewed a number of people in different positions: people working in different NGOs, a university student, young people in secondary school and different religious people. The interviews have mainly targeted women, but some men have been included as well. The interviews have been semi-structured, where I have prepared questions in advance, but it also allows certain freedom depending on the answers received. I have obtained a lot of information about people's perception of the disease, its spreading and the situation of the women.

Secondary sources

Most important are published materials and information from the Internet. The sources I have used are official materials from UN organs such as UNAIDS, UNFPA and UNIFEM. I have tried to rely on official data and websites in order to receive information as objective as possible. The essay is mainly based on these sources.

Delimitation

The connections between female inequality and the spreading of HIV/AIDS is a major topic, which needs to be narrowed down in order to attain the proper size for an essay like this. I have investigated the HIV/AIDS issue in the African context because HIV/AIDS is a severe problem there. Moreover, I have concentrated on heterosexual relations. Homosexuality is a crime in many countries and HIV is mainly spread through heterosexual contacts. Sex between men is also highly stigmatized (UNAIDS 1998:13) and a difficult issue to investigate.

Theoretical overview

The theory of gender as socially constructed norms for men and women is of the utmost importance in this essay as it is the core of the theoretical approach. The

concept of male and female is not something fixed or essential biological, but created within a social context and changeable through time and space. The male gender norm is stressed and I investigate this through the special science about masculinities, which is important here because much of the problem with the spreading of HIV/AIDS is due to the perception of masculinity. I find that it is never easy to see beyond the western view on knowledge. Because of this it is important to be familiar with the postcolonial theory and its critique of western feminist thinking.

Previous research

A lot of studies have been made to enlighten HIV/AIDS as a gender issue, both in an African context and elsewhere. These can vary much in appearance and content and touch a wide variety of topics. Studies have been made concerning HIV-prevention programs, such as peering into the situation of the exclusion of either men or women in HIV-preventing efforts. Other themes presented are the western view and Christian legacy dominating the perception of Africa, HIV and HIV spreading. The different approaches of feminism among African scholars and the difficult topic of postcolonialism are also connected to this. Further, a lot of research has been made concerning the situation of urban women and their ways of making a decent living and how to avoid male dominance. Childbearing and circumcision in relation to HIV/AIDS is also something widely discussed.

Disposition

This essay starts with a theoretical background about gender system, masculinity and postcolonial theory. This is important in order to understand the gendered dimension of the HIV/AIDS issue. Chapter 2 deals with basic facts about HIV/AIDS and how the situation is today, with a special focus on Tanzania. I also present some gender relations and norms created by culture that affects women and puts them in a disadvantage position. Further I look into the importance of education and finally the very important issue of condom use and the ABC strategy. Chapter 3 gives a more elaborate view of HIV/AIDS as a gender issue by referring to some highly interesting research done on the subject, with my own fieldwork experience embedded. Here I search for the notion of masculinity and how this is affecting both men and women. To this come the topics of gender-based violence and economic hardship. In the end I give my own personal view in the final discussion.

Chapter 2: HIV/AIDS as a gender issue

Why should HIV/AIDS be viewed as a gender issue? Gender norms create how men and women think and behave and they are deeply rooted in the cultural world we live in. This affects the behaviour and comprehension of reproduction, sexuality, sexual behaviour and HIV risk (UNAIDS 1999:8). The gendered space of HIV/AIDS is now widely recognised. The UN General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001 stated that the gender dimension on HIV/AIDS is very important and needs to be taken into consideration. It widens the view of the millennium declaration (UNAIDS / UNFPA / UNIFEM 2004:9).

Basic facts about HIV/AIDS

AIDS is a short version of *Acquired Immune Deficiency Syndrome*, a disease caused by the virus called HIV, *Human Immunodeficiency Virus*. The virus weakens the immune system and the infected person will suffer from diseases normally less harmful. Eventually, the patient dies. The HIV virus enters the body fluids and is transmitted through unprotected sexual intercourse, the sharing of syringes with an infected person or by blood transfusions that contains infected blood. It is also possible to be infected through birth or breastfeeding. About 75 % of all infections worldwide are due to sexual transmission, and about 75 % of these cases are caused by heterosexual encounters. During heterosexual intercourse, women are at a higher risk of infection in comparison to men because the vagina or anus has larger areas of vulnerable exposed skin. The virus has also easier to survive in these areas than on the surface of the penis and there are more copies of the virus in the semen than in the vaginal fluids or anus (UNAIDS 2001:1-2).

In the world it is estimated that 18,7 million men and 17 million women suffers from HIV/AIDS, in the ages 15 - 49 (numbers from 2003). In Sub-Saharan Africa 9,9 million men and 13,1 million women are supposed to be infected. 98 % of all women and 94 % of all men infected with HIV/AIDS live in developing countries. In 1985 approximately half a million men and half a million women lived with the disease. Since then, the number of infected women has increased in comparison to the men.

In southern Africa about 20 % of the pregnant women carry the virus, in some countries, like Botswana and Swaziland, the rate is near 40 % (UNAIDS / UNFPA / UNIFEM 2004:1-2). Young women in particular are affected by this. In Sub Saharan Africa in the age group of 15 – 24 they are three times more likely to get infected in comparison to the males in the same age. In the age group 15 – 19 it is even worse. Research in Botswana has shown that in the age group 15 – 24 one girl of three was infected and one boy out of seven. In half of all AIDS cases the person contracted the disease before the age of 25 (UNAIDS 2001:31,34).

The situation of HIV/AIDS in Tanzania

Since I have been conducting fieldwork in Tanzania I here will present the situation of HIV/AIDS in that country specifically.

General

HIV/AIDS first appeared in Tanzania in 1983, but the problem in sub-Saharan Africa had started several years earlier in the late 1970's. From the start it was viewed upon as a rare disease, but now it affects the whole nation and is a common deadly household problem. A person infected with HIV dies, in average, within 4 to 12 months after becoming ill and showing one or more of the symptoms of AIDS. The medical, social and emotional costs are very high, both for the patient and the family. If the deceased had a family to support, the results are even worse. Some hospital based data show that up to half of the beds occupied by patients are AIDS related cases and studies from Dar es Saalam, Hai and Bukoba hospital showed that HIV/AIDS is the main cause of death among adults, especially for women. The disease can no longer be viewed upon as just a health problem, but a development problem. The health sector is experiencing a higher demand of their services and the social welfare sector is experiencing an increase of AIDS orphans (http://www.tanzania.go.tz/hiv_aids.html).

Distribution

The distribution of HIV/AIDS differs substantially depending on a number of factors. The disease is unevenly distributed across geographic areas and amongst different people. In some populations less than 3 % suffers from HIV infections and in others the rate can be as high as 44 %. The number of adult HIV infections in Tanzania in 1999 was estimated to be 1,745,320. Among blood donors the average rate of HIV infections are 8.7 % in the adult population, but the range varies considerably depending on region. HIV is spread mainly through heterosexual contacts with the start in the early teens and with a peak before the age of 30. Over 80 % of the reported AIDS cases are in the age group 20 - 44 years. It is assumed that only 1 out of 5 AIDS cases are reported (http://www.tanzania.go.tz/hiv_aids.html).

Production

The group most affected by the disease is those in the age of 15 – 45, the economically most active group. This has had an effect of great magnitude in many ways because of the decreasing working and producing population. Industries have increasing costs of recruiting and training new personnel and as labour force declines so does productivity. Agricultural production is labour intensive and it is the most important economic factor in Tanzania. Cash crops and food production are decreasing due to the diminishing active working population. This has had an effect on the overall national economics and growth. The World Bank has estimated that AIDS will reduce the average real GDP growth rate in the period of 1985 – 2010 from 3,9 % without AIDS to somewhere between 2,8 % and 3,3 % with the disease. This will affect the economy of whole nation and the living standard negatively (http://www.tanzania.go.tz/hiv_aids.html).

Gender norms and tradition

How are men and women affected by the gender norms and traditions?

States tend to discriminate women and exclude them from the political sphere and other areas. In many African societies women have lower status than men (Keene 2001:9). This is manifested through cultural norms that may prohibit women in entering the economic sphere. This makes them more vulnerable and dependent on

a male partner of some sort and in a situation like that it is very hard to negotiate safe sex. They are in a very disadvantageous position by being economically dependent on males and thus women have few opportunities to decide whether to have sex or not. These relationships are dangerous because the woman cannot be sure that her partner not has other women, but it is not necessarily safer for her to leave these high risk relationships. Some studies have showed that women are more at risk in leaving these dangerous relationships, although staying also poses a threat, because of the severe economic drawback. In a male-headed household where the man has fallen ill by HIV the females must seek other ways of providing money. In this situation they might turn to sex work in order to compensate the declining the family income (UNAIDS 1999:14,16-18).

In southern Africa elderly men engage sexual relationships with younger women and supply them with different kinds of other favours, such as school fees, food or consumer goods (UNAIDS / UNFPA / UNIFEM 2004:7-8, Keene 2001:20). These men are called “sugar daddies” and the girls involved face a great risk of infection. It is also possible for elderly men to seek young wives in hope of avoiding infection, and the family of the girl sees it as convenient to get the girl married to a man with stable economy (UNAIDS 1998:16,18). Studies from Malawi revealed that out of 168 sexually active young women two thirds were engaged in the sexual relationship because they received gifts or money (UNAIDS 2001:32).

A practice found in some African communities is what is called “widow cleansing”. This is a tradition which leaves the widow in a position where she has to engage in a sexual relationship with a relative to the deceased husband or a special village cleanser. Traditionally this is considered a way of leaving the old behind and embrace the future, as well as establish ownership on the husbands property. This puts both the male and female in danger of an HIV infection, especially if the deceased husband died in AIDS (UNAIDS / UNFPA / UNIFEM 2004:52). It is also possible that the brother of the husband inherit the widow if the husband dies (UNAIDS 1999:18).

Education

A very important factor regarding sexuality and protection is the issue of education. Literacy is a key factor in order to acquire health information. Much of the knowledge about HIV/AIDS protection is distributed in schools. Primary schools play a vital role in engaging youths in protective actions. They are in an age where their behavioural patterns have not developed fully and thus can be changed in the direction of responsibility. Far from all children attend secondary school which further stresses the importance of HIV/AIDS education in primary school (Keene 2001:15). But still many people in Sub-Saharan Africa have very little education about sex. This is especially affecting girls because they are often taken from school in an earlier age (Keene 2001:16). Often this is due to family responsibilities, the girls need to look after their families. But high school fees contribute as well (Keene 2001:18). Men often acquire higher education, which gives them an advantage and leaves many women in economic dependency of richer, more well educated men (Keene 2001:51).

Condom use and ABC

A strategy widely used in HIV prevention is called ABC. The A stands for *Abstain*, the B for *Be faithful* and the C for *Condom use*. The ABC method has had various successes. To abstain, be faithful or use condom is not always easy. The idea of ABC targets a reality many girls and women do not live in. How is it possible for a person to abstain from a sexual relationship in a forced situation? To be faithful is not helping if your husband has other partners, or was infected before the marriage. Condom use requires the acceptance of males, which is a difficult issue. Within a marriage condom use prevents (wanted) children and could bring up the question of mistrust. The fact that many girls marry elderly men is also a problem, the husband has often had several partners before marriage and this puts the young wife in risk of infection. A young wife also has less means to make demands. A study from Kisumu in Kenya revealed that young married females had an infection rate of 33 % while the unmarried women in the same age, who were engaged in sexual activity, had an infection rate of 22 %. Another study, from Ndola in Zambia, shows the same tendency. There 27 % of the married and 16 % of the unmarried young women were infected. Many women want children, and due to that one way of HIV prevention is

lost (UNAIDS / UNFPA / UNIFEM 2004:15-16). In many cultures motherhood is highly valued and children are a source of social identity and self worth, as well as an economic assurance for the future. The balance between childbearing and protection against HIV is a difficult task (UNAIDS 1999:11-12).

SWAA, Society of Women against AIDS in Africa, talks about what they call “triple jeopardy”. This means that women, as individuals, are threatened by AIDS by three different aspects. First, this is due to biological, social and economic factors. Second, they risk infecting their unborn child, and third, the cultural norms expect women to care for the sick and find a way to provide the family if the husband gets ill (Keene 2001:8).

Another problem connected to this is the social codes around condoms, in a gender-based context:

To purchase or possess condoms might be sensitive or socially unacceptable. But it is his choice whether or not to use them. The women are not supposed to know how to use a condom, but if she does, it might be suspected that she is promiscuous (UNESCO 2001:15). In many societies it is inappropriate for women to be educated in subjects such as condom use (Keene 2001:19).

Data collected between 1998 and 2003 showed that 23 % of the young women and 41 % of the young men in Sub-Saharan Africa used condom in their last encounter with a non-cohabiting partner ³ (UNAIDS / UNFPA / UNIFEM 2004:12).

³Few countries collect this type of data. A problem lies in the fact that this information often is based on “high risk” sex, not sex within a marriage although many women get infected by their husbands (UNAIDS / UNFPA / UNIFEM 2004:12).

Chapter 3: Gender relations, masculinity and violence

Now when we know all these basic facts about the gender dimension of HIV/AIDS, it is time to see where that leads us. Research done by Margrethe Silberschmidt (1996), Jo Helle-Valle (1996), and Liv Haram (1996), who has studied gender relations in the context of HIV/AIDS, enlightens important issues.

The concept of masculinity

In studies of gender relations it is very important to consider the males as well as the females, although this is not always the case. What relations does the concept of masculinity have with the spreading of HIV/AIDS?

Silberschmidt has conducted studies concerning masculinity and the perceptions of the phenomenon in Kisii, Kenya and Dar es Saalam, Tanzania. She calls for a wider perspective of the HIV/AIDS issue in order to understand its complexities, mainly in the field of sexuality and sexual behaviour. How can men be motivated to accept a responsible sexual behaviour and HIV/AIDS prevention?

The measure of a man

Silberschmidt's research deals with the perception of the man. The common view amongst the people in the study is rather stereotypical where the male is supposed to be the head of the family, provide a house, land and pay for his family's needs. But women contribute to the family income as well and there was a consensus among the people in the study that the household could not survive unless the women also worked. But despite that, the perception that a man is born to be in charge is prevalent (Silberschmidt 2004:237). This is a 'God given' fact, and to this the idea is linked that a true man should be able to handle more than one partner. A man cannot stick to only one woman and he has a constant need for sex (which women do not have). Because of this, men tend to have more partners in different constellations. More permanent relationships with other "wives" are called *nyamba ndogos* and they are seen as a serious threat by the wife they are married to. This is due to the habit

of providing the other women with gifts or money, which drains resources from the household (Silberschmidt 2004:237-239).

Many women also rely on the ideology of the man as breadwinner. The marriage is supposed to guarantee the survival of the wife and children where the man is the provider. A proper marriage requires a bride price, something all men cannot afford. If the man is unable to feed his family it will damage his masculinity. The wife might take control of the household when the husband fails, and this might cause further damage to the image of the strong and supportive man (Silberschmidt 2004:237-238). A common view expressed from both men and women was that the honour of the man was strongly connected to the control of the wife. His reputation and ego was badly damaged if he could not control her. Thus, many households cannot survive on the efforts of the man alone and are in need of the woman's income as well. This affects the image of the man in a negative way, some men might feel inferior and their self esteem is hurt. In these cases one way of dealing with the problem is to engage in new relationships, get "relaxed" and be able to feel like a real man again (Silberschmidt 2004:238-239). During my own fieldwork in Tanzania I came across the topic of unfaithfulness in a number of occasions. It was seen as a great problem regarding the spreading of HIV/AIDS. But AIDS was not something everybody was afraid of. It kills slowly. Obviously the concept of being a real man is more important than the own protection from the disease. The gender norms almost forces men into the risk behaviour of having several partners.

Safe sex

For women it is extremely difficult to negotiate for safe sex (especially with the husband within a marriage). To ask for a condom suggest that he has been unfaithful, and few women have the means to criticize their husbands in that way. It also might suggest that the women themselves have been cheating. Condom use in non-marital situations is often terminated after a while, when the persons involved starts to know each other (Silberschmidt 2004: 239-240). This is something I found during my own fieldwork in Tanzania, there known as "Condom fatigue". In a relationship people might stop using condom after a while, perhaps after about 6 months. The explanation was that they got tired of it and believed that they could trust their partner by then. Condoms were blamed to spoil the sexual experience.

Another idea was that men seem to “forget” about condoms when they see a beautiful woman. They do not think she can be infected if she looks healthy.

In Silberschmidt’s study it was common knowledge amongst the people that *nyamba ndogos* sees several men in order to get sufficient economical means of survival. Another idea why men are reluctant to use condoms is that it hurts a man’s ego to use it or the belief that the condoms themselves had been infected with HIV/AIDS (Silberschmidt 2004: 240). These attitudes were also prevailing in Tanzania as I found out during my fieldwork there. The very idea of using a condom was challenged. Not all were convinced that condoms could protect from HIV. One idea was that condoms were spreading HIV/AIDS themselves, because although people use condoms the disease is still spreading, which means that it is the condom itself that is to blame. Some youths in secondary school I interviewed thought that a condom protects from HIV by 60 % and protects from pregnancy by 90 %.

In order to avoid HIV/AIDS and STDs the campaigns promote ABC-efforts. But this is not smoothly compatible with the masculinity norm, none of the three components in the ABC-strategy are. The idea of masculinity includes power and the habit of having many sexual partners, not abstinence, faithfulness or the use of condoms (Silberschmidt 2004:233,240-241). During my own fieldwork the majority of the interviewees talked about the ABC-strategy. It was obviously something people were familiar with, but also other measures to avoid infection were mentioned. Another view, similar to ABC, was that you should wait with the sexual debut until marriage, take a HIV-test before getting engaged and then stay faithful your whole life. In this case it is important that both the husband and the wife go through with this to prevent infection.

Silberschmidt further investigates the perception of masculinity. Today when women have the means of supporting themselves or have their own income, the notion of masculinity is threatened. Ideologically men are dominant and women subordinate, but in real life this is not always the case. The image of men crumbles. Many of the people (males) in her study were well aware of the fact that they were about to lose the control over the women (Silberschmidt 2004:245). In the context of female empowerment and rights, the advent of safe sex including monogamy were not

appealing among most of them. Their own masculinity was threatened enough. Because of this the campaigns aimed at preventing HIV/AIDS have to be more balanced between the genders. Most of them target women, but the men must be counted in as well because their sexual behaviour is deeply rooted in the gender identity. Also, the men must feel that they benefit from a more responsible sexual behaviour, without losing their masculinity by it (Silberschmidt 2004:245-246).

The cost of a lover

Other studies further investigate ideas connected to masculinity. Men are torn between the two opposing ideals of the man as the breadwinner and the man as the seducer. The first involves the traditional ideas of masculinity as a husband, father and participator in the local politics while the other is appealing as a very pleasant way of expressing manhood. The latter might be a very unproductive way of life, due to the habit of supplying the lovers with gifts (Helle-Valle 2004:203).

Fieldwork conducted in Botswana shows a way of life shared by many young and middle aged women, where they are engaged in different informal sexual relationships called *bobelete*. This is more or less long lasting relationships where the man is providing the woman with economically significant gifts of different kinds. This has given many women the possibility of choosing whether to marry or not and has had the consequence that between one third and half of the households in Botswana are female headed (Helle-Valle 2004:196-197).

Women who depend on this type of relationships in order to sustain some economic stability become more and more common in certain parts of Africa. A study of women in urban areas in northern Tanzania has focused on the migration of women from the countryside into the city and the way these women are viewed. Mostly they are seen as sexually promiscuous due to the gendered idea of the good mother in the urban areas in contrast to the immoral townswoman. Many remain unmarried to avoid the restraints of marriage that is put on women. Instead, they cling to men who can support them with gifts or money in exchange of sexual services. Female sexuality is not something that comes for free, men have to earn it (Haram 2004:213,221-222). This is a way for women to advance materially and use their sexuality to bargain in

the relationships. Often women compete for rich lovers and they stick to those with the best means, namely generous, married men. The males also have incitement to keep this type of relationship. As mentioned earlier, a man's ability to hold several lovers is linked to his masculinity. They might advance socially if they are able to support a number of lovers, girlfriends or "small wives". It is a measure of their wealth and prestige (Haram 2004:213,221-222). But should these women be seen as prostitutes? According to the study women who moves from the rural areas into the urban and there use their sexuality to gain money has unproblematically been called prostitutes. But it is not as simple as that. These women have a chance to control their lives and refrain from the male chains that hold women back. They should rather be seen as modern women in charge of their life instead of merely being labelled a prostitute (Haram 1996:226-227). But the presence of HIV/AIDS puts these women in a difficult situation. Young women in town are often blamed for spreading HIV and their reputation might be at stake as well. Women in the study also express their concern for the disease and the rumours they have been affected by (Haram 2004:214,217).

Economic hardship

The situation where women have limited economic resources puts them in the situation where they engage in different relationships in order to obtain money or other gifts. This puts them in a great risk of getting HIV or a STD (Keene 2001:20). Many people I interviewed in Tanzania mentioned that one of the greatest obstacles for the women is economic hardship. Women might migrate from the rural areas to urban in hope of getting a job. They get a poorly paid job as a cleaner, for example, and they are forced to prostitute themselves to obtain extra income. Then they return to their home villages and the spreading of HIV continues there. Prostitution was seen as a major problem. A common view was that if there had been no prostitution the spreading would have been considerably less today.

The women find themselves in a very vulnerable situation. They are completely in the hands of the men they are engaged with and have no room for their own wishes. Lack of proper employment also contributes to a high risk of contracting HIV when many women are forced to sell sex as a means of survival. Prostitutes seldom have

any means of demanding the practice of safe sex (Keene 2001:21). This topic was widely discussed during my fieldwork in Tanzania. No one knew if the prostitutes were using condoms. Men were believed not to like condoms, especially not if they are drunk. If a woman who sells sex wishes to use a condom the man can refuse and go to someone else. Because of this, many prostitutes were believed to practice unsafe sex. Another reason why people do not use condom is because many churches prohibit the use of it. Further attitudes about condoms were that they are contributing to immoral sexual behaviour. People have themselves to blame if they get infected. There were also a common thought that condoms made in Tanzania have a higher quality than condoms made abroad. One of my interviewees thought that a way out of prostitution is education. If the women get a chance to get educated, they can find a job that is better paid and then they do not need to sell sex as an income. And if you work you have no time to think about sex and have no time for prostitution.

Why do men visit prostitutes? During my fieldwork I got aware that the question had many answers. It could be a matter of attraction. A husband might be tired of the wife and get attracted by a younger woman. Another view was that perhaps the wife has not taken care of the husband enough. She works too much, has a heavy workload with cooking, work on the field and children who needs care. In the evenings she has no energy left for him which results in a behaviour where the husband then sees prostitutes. But it was not believed to be entirely the woman's fault. The husbands' behaviour might have made her tired of him, and then he gets tired of her and turns to prostitutes. I believe this has to do with the very essence of the gender norms. The woman is supposed to take care of children, cook, work in the field and comfort the husband. Women work hard with little or no time for themselves, yet the husband demands his husbandry rights. As the male gender norm is constructed he can visit prostitutes without any constraints.

Gender-based violence

What is gender-based violence? It is a term that defines violence directed at persons due to their gender, not as simple as “violence against women” (Fox 2003:7). Following is a list of indicators regarding gender-based violence and gender inequalities:

- Masculinity linked to violence and dominance
- Social acceptance of physical punishment of women
- Violence accepted within the household, as a mean to resolve conflict
- Economically dependence of the men
- Little attention of gender-based violence

(Fox 2003:7)

Violence is a major problem connecting to the spreading of HIV/AIDS. Many women fear their husbands and what they will do if she would get infected. Studies show that there is a clear link between violence and a higher rate of HIV. Women who are submitted to violence risks infection to a much higher degree compared to women living in non-violent relationships. A study from South Africa showed that females who got beaten by their husbands or boyfriends were much more likely, 48 % to contract HIV in comparison to women who did not suffer from violence. Another study, from Tanzania, showed that HIV positive women were two and a half times more likely to have been beaten than non infected women. Forced sexual activity, especially among adolescent girls, exceeds the risk of HIV infection due to the risk of tearing (see below) (UNAIDS / UNFPA / UNIFEM 2004:45-46). Sexual violence is common. A study from South Africa, conducted among young women, showed that 30 % of the girls' first intercourse was forced, and that 71 % had experienced sexual practice against their will (UNAIDS 1999:11). Forced sex can result in abrasions and tearing, which puts women in higher risk of infection. Young women are especially at risk due to the not fully developed cervix and the fact that their skin is more likely to tear during intercourse (UNAIDS 2001:2-3). To have sex against their will or to engage in sexual practices that only serves to satisfy the man/husband is common and puts women in danger of HIV/AIDS. (For example the habit of drying the vagina through herbs, to increase the male pleasure, increases the risk of infection)

(UNAIDS 1999:10). Rape within the marriage is seldom considered rape and therefore not reported (Fox 2003:11). This subject was touched during my own fieldwork in Tanzania. Rape was considered a problem concerning HIV and stigma. Women may not report rape because of the shame and the fear that people will start thinking that she got infected with HIV. This might result in that the women would not get the help they need. I believe that this reflects the marginalized role the women possess.

Violence within a relationship can sometimes be considered normal. Studies from South Africa showed that a violent behaviour is a part of one type of masculine identity. The violence might be considered something normal and it does not end in the sexual sphere but is a natural part of daily life (<http://www.id21.org/insights/insights-gv-special/insights-gv-special-jewkes.html>).

Also, the tradition of female circumcision is a gender-based risk factor of HIV/AIDS. Female genital mutilation (FGM) is a tradition spread in many parts of Africa and elsewhere. The instruments used during the procedure are shared among the girls and thus enhances the risk of infection. This is also a risk during male circumcision (UNAIDS 2001:28). In Tanzania I came across the subject many times. Female circumcision was addressed as a fundamental threat to women's health. The risk of getting infected with HIV is severe during the procedure because it is customary to share the instruments used during the operation. Although people know of this risk, and other risks as major bleedings occur, they still perform this on their daughters due to tradition. Women who have not undergone circumcision may be seen as impure. But one of my interviewees pointed out that men might not always see that as a problem because these women like sex better. He also pointed out that women who have undergone circumcision may be unfaithful because they do not get satisfied by their husbands. This is also clear gender behaviour. The risk is known, but the social demand requires that the procedure is performed. The women doing this shall not be viewed as performing acts of dominance but instead following the cultural tradition and a wish to do good to their daughters.

Many women lack control over their own body and their own life. This is the main core of the problem concerning gender relations and the spreading of HIV/AIDS.

When they conduct the tasks set by the gender norm, men and women put themselves in danger of infection (UNAIDS / UNFPA / UNIFEM 2004:7-8). My fieldwork in Babati touched many of the topics above. The situation of the women could sometimes be very vulnerable. The gendered space of men and women is affecting women in a very dangerous way. Male sexuality and masculinity is sometimes highly aggressive. The feminine gender role is passive and without authority, not even over the own body.

What can be done to change the unequal balance between men and women, in order to prevent the spreading of HIV/AIDS? A lot of efforts are taking place worldwide.

HIV-programmes in South Africa and Mozambique aiming at schools reviled attitudes about masculinity and femininity that were very stereotypic. But the studies also showed that things can change and the attitudes can move to include the notion of a “real man” without multiple partners and including condoms (<http://www.id21.org/zinter/id21zinter.exe?a=2&i=e5mt1g1&u=4454c5d4>).

An effort to include men in the work of preventing HIV/AIDS is uprising. The insight that men are driving the epidemic has come to the conclusion that men need to be targeted, as individuals, and that the relationship between men and women is an important issue. Studies from Zambia and Tanzania showed that men have the authority within the marriage, are expected to marry younger women, have lovers and are at risk of being exposed because of these extra-marital affairs. But the attitudes change. Men have come to realise that women become more and more independent when gaining economic power, they have started talking about how to protect themselves, elderly men guides the younger in how to control their sexuality and how to use condoms. When men have to take care of sick or orphans, they are forced to rethink the idea of the gender norms (Bell 2002:4).

Final discussion

HIV/AIDS is a complex issue. It is important to view it in the light of the roles given to men and women by society. First of all it is vital to remember not to use a western ideology while analyzing the conditions many African women live under. It is easy to get caught in the western thinking and moral. Many feminist thoughts and ideas are created within this west orientated, heterosexual white middle class environment. It is important not to forget that cultures look very different and has a number of ways of doing things. Take the example of the view on prostitution. Is a prostitute a person who gives sex in exchange for money, or is the image more complex than that? Is it possible to see this as a way of modern women to support themselves and their children in order to avoid the male authority, or are these women just another victim of patriarchy? It is very easy to get caught in a certain way of thinking and while dealing with these questions it is very important to remember to open the eyes and think more widely. Otherwise the risk is severe that the thoughts follow the mainstream western path. I understand the African scholars that refuse to use the label feminist and instead prefer something other than this. There is always another point of view, another angle to the issue and it is easy to get stuck in a certain direction of thoughts. It is important not to view all the women as a homogenous mass of victims.

Many things contribute to the complex situation of the connection HIV/AIDS and women. It is not solely the gendered dimension who is important but other factors as well. As some studies have shown, women who are abused by their partners were much more likely to get HIV in comparison to women who lived in peaceful relationships. Why is it like this? Obviously many different aspects of the issue must be taken into consideration, class and social vulnerability as well as gender.

AIDS is a devastating problem. The absolute majority of HIV victims live in the developing world and it threatens to undermine the economic growth when the working population diminishes. More women than men are infected. Especially young women and girls are at risk. The major problem, as I can see it, is that women are discriminated and pushed away from the economic sphere. The gender norms are

strong and prevail. Women are reduced to household duties and are kept away from activities that would generate income to her and her family. The gender dichotomies prevent women from an economic independent life. She would threaten men in their domain and challenge both the notion of the masculine and the feminine. First, she would intrude the male sphere and challenge the image of the man as the master of the household. As many studies have shown, women contribute to the family income in a number of ways but the man/husband is always considered to be the head in the home. This is connected to the masculine picture. To let women work and earn money, and more important gain power in the household, would be devastating to the masculine ego (cf Sibley 2004). Women work, but are marginalized and held back by the strong image of the male breadwinner. But women can also support themselves in a way that breaks the traditional gendered pattern. Women who migrate from their home in the rural areas and start working in the cities goes beyond the gendered roles set by society, but they still fall victim to it. The dichotomy of a woman as either a Madonna or a whore pictures these women as the latter and thus puts them in a disadvantageous position towards society. They can be the subjects of rumours, which one of the studies has shown. These images are strong and these women are a serious threat to male dominance. It is also very important to view this in the context of HIV spreading. Because women are counteracted in their effort of earning an own income they are often forced to gain money in other channels than the men use. This often results in some sort of exchange of sexual services, but should not categorically be seen as prostitution. In much of the research conducted within the subject it has shown that many girls and women rely on men to earn a living. They might have a sugar daddy that provides young women with necessities, while the woman provides him with sex. This is a result from the peripheral role of the women which undermines their effort of having an own income, but also from the masculine idea of having many girlfriends as a proof of his masculinity. These notions boost each other and put both the men and women in danger of infection.

From here another issue deeply intertwined with this starts, namely the one about safe sex. Condom is the most efficient way of preventing HIV, but still many people refuse to use them. This is also connected with the gender spheres and the gender relations between men and women. To use a condom is not manly. It is not a part of the masculine norm. The perceptions about condoms are many, from that they spoil

the sexual experience at best to the idea that they themselves are the cause of HIV spreading at worst. Many churches are against the use of condom of religious reasons and another issue here is that they also prevent pregnancy, which in many cases is very desirable. Women are not supposed to know anything about condoms; if they do they might be accused of being promiscuous. The education about sex given in schools is often missed by many girls because they are taken away from school in an early age. Illiteracy is also a great problem concerning sex education. If men do not want to use condom because the masculine norm and women are supposed to have no knowledge about them, the prevention of HIV spreading is hard.

According to the gender relations the man is on top in the family hierarchy. He is in charge of the family and the woman and children have to obey him. The inequality of females in this position is yet another threat of getting HIV. As we have seen before, the masculine gender norm might demand several lovers and renounces the use of condom. The women have no means of protecting themselves if the man refuses to use condom. Not the wife, nor the lovers. The women surviving by having several lovers providing them with gifts and the men who keep a lot of mistresses and girlfriends are all in danger of infection. A wife who demands that her husband uses a condom put herself in risk of being thrown out or being beaten. It also surfaces the issue of mistrust. The gender-based violence is also an effect of the gendered spheres. Masculinity might be highly connected with violence. Many women have experienced forced sex or other types of unwanted sexual experiences. A wife cannot refuse her husband what he wants and a lot of women find themselves in coerced sexual relations. The fact that many women are forced to have sex, have no saying whether to use condom or not and face higher risk of infection when experience sexual violence due to biological factors, further enlightens the gender dimension in the context of HIV spreading.

The inequality of women contributes to the spreading of HIV/AIDS. This becomes very clear in a gender-based context. The very segregated spheres of men and women are the major problem. Women have their own world separate from the world of men. Cultural norms and tradition have created these different domains, and now it contributes to the spreading of HIV/AIDS.

The males are in charge and in order to stop the HIV spreading, male cooperation is required. But it is difficult and the masculine norm hinders the necessary steps to be taken. The ABC-method provided in order to stop the spreading works poorly due to its clash with the gender norms.

What is needed is a change in attitudes. This has come slowly, but it is on the right track. The gender norms have to be re-thought. The concept of masculinity must change and the women must gain more independence. Then the escalating HIV pandemic has a chance to be stopped.

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