HIV prevention in Babati, Tanzania

– Another imperialistic project in a lost continent

Sandra Åslund
Abstract

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This thesis is an analysis of how international policies on HIV prevention can be understood through a postcolonial perspective and how these prevention strategies are reflected nationally and locally in Babati, Tanzania. To gain knowledge of these aims I have focused on UNAIDS and the US’ government policies to get an idea of where the international discourse about HIV prevention stands. My empirical data in Babati is collected by semi-structural interviews with people who work with HIV prevention. I have used Chandra Talpade Mohanty’s understanding of Third World women, together with Jenny Kitzinger theory about women in HIV discourses and Karen M Booth’s view of how international policies are trying to empower women to reduce their risk of HIV infection. To assist my analysis I have focused on three notions, which are recurring in the HIV prevention discourse, these are: empowerment of women, condom use and sexual behaviour. These notions help to establish the HIV discourse and later I have compared the results with my theoretical framework and empirical findings. My final conclusion is that international policies on HIV prevention can be seen as imperialistic as they are promoting a certain change in sexual behaviour, such as reduction of partners and abstinence until marriage.

Keywords: HIV prevention, Tanzania, UNAIDS, PEPFAR, Third World women, gender inequality, sexual behaviour.
**Abbreviations**

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>IAC</td>
<td>Inter African Committee</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>Joint UN Programme on HIV/AIDS</td>
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<td>USAID</td>
<td>US Agency for International Development</td>
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1. Introduction

Condoms are not safe, we know this from experience. If they were, how can you explain that AIDS is still spreading?

This question was directed towards me during a group interview about HIV/AIDS I held in a secondary school in Babati, Tanzania. The students’ disbelief in condoms took me by surprise. The students’ view of HIV/AIDS made me search for alternative explanations and theories. A lot of research has been undertaken regarding HIV prevention and most of the findings are regarding individual sexual behaviour and structural discrimination (e.g. gender inequality) as factors contributing to the rapid spread of the virus. Instead of searching for answers at local level, as many researchers have done before me, I have focused on how international policies are received and reflected nationally and locally.

This study takes place in the town of Babati, in northern Tanzania. Babati has been described as the most interesting crossroad in the world.\(^1\) It is a half way town where many long distance trucks and buses, coming as far from Kenya and Zambia, stop for a break or an over night stay. Regional newspaper *Arusha Times* writes that guesthouses make profit in so-called “express sex service” by letting rooms for a couple of hours to passing-through visitors and businessmen. These guesthouse services are thought to increase sexually transmitted diseases such as HIV.\(^2\)

It is estimated that almost nine percent of Tanzania’s population is infected with HIV/AIDS.\(^3\) The percentage of sufferers is higher in urban areas, e.g. in Dar es Salaam over ten percent of the city’s inhabitants are living with HIV/AIDS. The consequences can be felt on all levels of society, children become orphans, companies loose skilled staff, hospitals are overcrowded and families suffer economic constraints from having to

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\(^1\) Lindberg, Clas, 1996: *Society and Environment Eroded. A study of Household Poverty and Natural Resources Use in Two Tanzanian Villages*, Uppsala University, Uppsala, p. 31.


care for their sick relatives. Poor women are foremost affected by the impact of HIV. In Tanzania, women who have to care for their sick husbands spend forty-five percent less time doing agricultural or income-earning work. After a husband’s death, widows usually lose the family income raised by growing high-value crops, a role which traditionally has been the husband’s task. Furthermore, women lack sufficient rights to land ownership.

Western/International discourses about HIV/AIDS prevention are about practising safe sex, abstinence and faithfulness. It is known that HIV is a highly gender related issue and it is therefore seen as crucial to consider equality as one of the underlying reasons for transmission of HIV. This has developed to recognise women’s situations, especially in the so called “Third World” countries, where international and national aid policies begin to focus on empowering women in an effort to make them capable of avoiding transmission of HIV.

1.2 Purpose and Research Question

The focus of this study is to see how HIV prevention programmes in Babati reflect international discourse about heterosexually transmitted HIV prevention. To examine this I have formulated the following research question:

- How can international HIV prevention policies be understood through a feminist postcolonial theoretical framework, and how is this reflected on a national and local level?

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4 Tanzania Care: http://www.tanzaniacare.org/htmls/AIDS_tanzania.html 051123.
6 Ibid., p. 51.
7 I am aware of the controversy of the notion Third World as it implies a ranking of the countries in the world, i.e., the first world, the second etc. Nevertheless I will use the concept for lack of better synonyms. I think for example “the developing world” is just as discriminating as the “Third World”. Furthermore, I believe unequal power structures between the western countries and the Third World still highly exists, exchanging a word for another will not make any difference nor eliminate the inequity.
2. Earlier HIV Prevention Research

There are many different research aspects of HIV/AIDS; from the prevention of sexually transmitted HIV, transmission among drug users, to safely handling blood transfusions and other risk issues. Furthermore, there are many social aspects of HIV/AIDS, both on a micro and macro level. This study takes place in Tanzania with a feminist perspective. I will therefore focus on heterosexually transmitted HIV prevention in Africa and gender and HIV research to give the reader an overview of where current research stands.

Research about HIV/AIDS in Africa is frequently conducted. Daniel Jordan Smith points out that even if there is a significantly high awareness of HIV/AIDS in African societies, this does not necessarily correlate with people taking measures to protect themselves. In the 1980s when the pandemic was quite unknown, researchers talked about AIDS in Africa as something different compared to AIDS in North America or Europe and/or that Africa was lost to the pandemic. Cindy Patton has done research on this phenomenon and concludes “African AIDS” is a product of western science which is built on and reproduces the colonial imagination of “African sexuality” and Africa as single entity without thinking of the continent’s diversity. Although the view of “African AIDS” has since been criticised by new research, the mental picture of Africa dying of unstoppable AIDS still lingers in people’s minds. One consequence of this faulty perception is the risk that new research and medication form the Western World does not reach Africa because of their “different” AIDS. To date alternative prevention methods are specially designed for Africa.

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10 One example is medical research which examines whether circumcised men are less likely to be infected by HIV. The researcher A. Hirozawa compares two studies taken place in Sub-Saharan Africa. The studies conclude circumcised men are less likely to get infected than men who are not (Hirozawa, A., 2001 “In Sub-Saharan Africa, Circumcised Men Are Less Likely Than Uncircumcised Men to Become Infected with HIV, International Family Planning Perspectives, Vol 27, No. 2, pp. 102.103). This kind of medical research is highly criticised, especially from social researchers. Katarina Jungar and Elina Oinas state that findings are built on and reproduce so-called African AIDS and do not acknowledge the impact it may have on women’s situations. The authors are questioning the scientific reliability of other factors that are not considered, such as; social structures as gender inequalities, availability to health care, drugs, and prevention programmes. The circumcision method is only promoted in non-Western countries, especially in Africa and not in Europe or in the US. The argument put forward for male circumcision is primarily that...
The need to empower women in order to prevent HIV is a common statement among many researchers. Lydia Bennett and Michele Travers emphasis in *Aids, woman and power* it is important to study the structures of society if studying women in HIV discourse.\(^{11}\) Bennett and Travers acknowledge that power and vulnerability varies in women’s lives depending on what context they live in, and women who have been infected with HIV often have the perception of being powerless. Women are often discriminated in medical research, treatment and the like, as medicine and healthcare is often based on male norms. In heterosexual relationships women often have difficulties practicing safe sex, as men generally have negative perceptions of condom use.\(^{12}\) Tamsin Wilton also recognises the gender related aspects of HIV/AIDS.\(^ {13}\) She writes HIV/AIDS is primarily a heterosexual transmitted disease. Wilton believes that is more important to examine social factors such as gender, socio-economic class, “race”, self-esteem and sexual identity, rather than focusing on individual responsibility.

2.1 An Introduction to Feminist Scholars

Gender equality is a major theme in HIV prevention research and international policies. In order to analyse how international policies are using gender perspective, my theoretical approach will be similar to earlier research, taken from a feminist point of view. My theoretical statement is based on the perception that most societies in the world have a social structure where men have more power than women. Yvonne Hirdman calls this structure a “gender system” built on expectations and ideas of gender which produces patterns that are reflected in society.\(^ {14}\) Other more radical feminists like Catharine A MacKinnon, would say it is sexuality which sustains men’s power over women by men

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12 Bennett & Travers, 1996, pp. 64-66, 68.
having the role of defining women as sexual beings and tools for men’s desires. Jan
Hensall Momsen and Martha C Nussbaum have quite universal approaches and state
gender inequality is a social phenomenon which exists in most societies, but in various
forms. I agree with this tradition of thought and define gender inequality as when
people are structurally privileged or discriminated due to their sex.

2.2 Western Feminism in a Non-western World

Gender perspectives have been criticised for being Euro/American centric. To avoid
imposing western perceptions on a so-called Third World context, I choose to discuss
feminism through a postcolonial perspective. In general terms, postcolonial theories
question western hegemony. The core of these theories acknowledge that colonial power
structures between rich and poor countries still exist and are reproduced through politics,
culture and economy. Postcolonial feminist perspectives also include a critique of
western feminism’s image of women in the Third World as a homogenous group. Nancy
Scheper Hughes criticises western theorists in AIDS discourse. Scheper Hughes
writes that AIDS discourse and the notion “safe sex” is founded on western feminist and
gay rights movement view that rights-based liberal democracies and that sexual identity
is individually created and owned. When these perceptions are applied to combating

Cambridge.
17 For more detailed discussion about different feminist scholars I recommend Tong, Rosemarie, 1992:
18 Oyèrónké Oyewùmí amongst others claims that gender perspective is developed primarily in European
and American discourses that limit the understanding of gender-relations in non-western societies.
Oyewùmí points out that western feminism is based on the heterosexual nuclear family and women are
foremost understood as subordinated wives. She emphasis that in other societies this is not always the base
structure, women can be mothers without necessarily being wives, compared to the western notion “single
mother” which implies that the mother is unmarried (Oyewùmí, Oyèrónké, 2005: Att begreppliggöra genus:
de feministiska begreppets eurocentriska grundvalar och utmaningen från afrikansk kunskapsteori. In
19 Eriksson, Catharina & Eriksson Baaz, Maria & Thörn, Håkan (Ed.), 1999: Globalseringens kultur.
Den postkoloniala paradoxen, rasismen och det mångkulturella samhället, Nya Doxa, Nora, pp. 16, 23.
20 An example is the safer sex became the norm in the gay (men who have sex with men) communities in
San Francisco in the early 1980s as people thought science would find a cure and safer sex was only a
temporary solution. Las Sheon, Nico & Crosby Michael, 2004: Ambivalent Tales of HIV discourse in San
Francisco. In: Social Science and Medicine, vol. 38, pp. 2105-2118.
HIV/AIDS in countries outside the western sphere, it merely becomes an imperialistic project, which oversees women’s different needs, identities and cultural contexts, resulting in HIV/AIDS prevention projects trying to change sexual behaviour and western professionals being superior to the homogenous so-called Third World woman. This reasoning about women in the Third World sprung from Chandra Talpade Mohanty’s theory of the same.

Chandra Talpade Mohanty is a well-known feminist postcolonial researcher who is recognised for her understanding of the so-called “Third World woman”. Mohanty criticises western feminism for viewing women in the Third World as their “negative reflective image”, i.e. the so-called Third World women symbolise what western women once were, a homogenous group characterised by suppression, under-development, poverty and lack of control over their lives and sexuality. This stereotype sprung from colonial discourse where the colonised countries were feminised according to the then traditional conception of women as irrational, natural, sensitivity in contrast to the notion of men as rational, intellectual and culture. The colonisers created racial and sexual class, which was a strategy in gaining economic profit. The colonisers’ abuse of power resulted in consolidated patriarchal structures as they prohibited female property rights and encouraged patriarchal marriages. Some of these institutions were partly a consolidation of already existing inequalities and also created of new ones. The stereotype of the powerless woman in the Third World can be found in HIV prevention strategies and other development programs, where focus often lies on empowering.

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21 By imperialistic I mean when foreign organisations, companies and governments influence aid receiving nations (often located in the Third World) in terms of politics, culture and economics.
28 Ibid., p. 19.
women. A further discussion will be dealt with in chapter 4.1 and 4.4. Mohanty’s notion of the Third World woman will assist me in my analysis in seeing how women are portrayed in internationally, nationally and locally.

2.3 Women in HIV Discourses

In *Visible and Invisible Woman in AIDS Discourses*, Jenny Kitzinger claims that women, especially wives and mothers, often carry the role of innocent victim in the HIV/AIDS debate. She has reached this conclusion by analysing the British daily press, in conjunction with a vast number of group interviews, about attitudes towards HIV and risk groups. According to this survey, women are seen as victims, either infected by an unfaithful partner or through a blood transfusion. Despite this attitude that women are innocently infected, it is still seen as their fault that they transfer or “give” the virus to their children. This attitude becomes even more judgemental when it comes to African women, who are described as promiscuous and whose greatest desire is to get pregnant. The African woman represents the ”bad woman”, i.e. the black temptress, the prostitute, the carrier of AIDS as opposite to her sister, the white middle class, heterosexual ”good woman”, the symbol for home and family. The bad woman shares the stage with other “bad” people such as drug users and gay men in the AIDS discourse. Kitzinger concludes that constructing stereotypes, like bad and good women, and discriminating against others, for example lesbians, hinders exploring issues like safer non-penetrative sex. I will use Kitzinger’s critique of stereotypes in order to get a deeper understanding of the HIV discourse.

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31 Ibid., pp. 94-98.
32 Ibid., pp. 95-102.
33 Ibid., p. 106.
2.4 Unchangeable Men and International HIV Policies

In *Local Women, Global Science, Fighting AIDS in Kenya*, Karen M. Booth puts forward that it is recognised that women are more vulnerable than men to HIV infection. This is because most women have sex and get pregnant in a context where men are inconsiderate of their partners’ health and driven by their individual sexual desires and women are biologically more vulnerable to infection than men. Booth is surprised by the paradox while it is acknowledged that women are at highest risk, internationally funded and nationally sanctioned intervention for preventing HIV is aimed almost exclusively towards poor women of colour who are the least able to face up to masculine sexuality, and almost never aimed towards men.\(^{34}\) Her study takes place in Nairobi, Kenya. Booth highlights the contradiction between western policies for HIV prevention and local conditions for this. The nurses Booth interviews see men as ‘unchangeable’ and women as powerless. To put the responsibility for preventing HIV in the hands of the women is seen by the nurses as quite irrational.\(^{35}\) Nurses that participated in Booth’s study had a tactic not to give men “healthy talks” in order to teach them about safe sex, which according to Booth reflected the nurses’ view of static masculinity. The argument for this was that if men were so hopelessly irresponsible, what good would it do to waste precious staff time in order to educate them?\(^{36}\) But due to clinics’ economic hardships, nurses’ hands are tied behind their backs in worry for losing funding from foreign donors and can therefore not criticise the prevention strategies.\(^{37}\) Booth suggest that nurses and their female patients should be given room to define their needs for sexual health and that these needs should be met from the state and international organisations and donors.\(^{38}\) Booth’s theory about “unchangeable men” and view of international policies as counter productive when empowering women to stand against HIV will be taken in consideration in my analysis.

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\(^{35}\) The nurses referred to ‘African’ men and women and meant that ‘Wazungo’ (European, white) men were not as bad and irresponsible as ‘African’ men, see Booth, 2004, p. 41.

\(^{36}\) Booth, 2004, p. 41.

\(^{37}\) Ibid., pp. 2-3.

\(^{38}\) Ibid., p. 21.
My approach is partly grounded by Mohanty’s notion that Third World woman is highly alive within western researcher’s and policymakers minds and affects their way of writing up strategies if preventing HIV. Furthermore, I believe the colonial image of Africa as inferior, underdeveloped and different in comparison to the rest of the world still is present. I start form Booth’s theory that there is a clash between international donors’ view of preventing HIV and what is possible to achieve on the local level. In conclusion, my theoretical framework is grounded in a postcolonial feminist perspective, where power structures between western countries and so-called Third World countries still highly exists and are reproduced. This understanding will be applied on international and national policies together with assisting me to understand my empirical findings in Babati.

3. Reflections over Method and Material

My empirical data in Babati is mainly collected by semi-structured interviews, which means that only few questions were predetermined and new questions were asked during the interview session. This was decided after weighing other possible ways of collecting information, such as structured surveys and participating observations. I find structured surveys too limiting for respondents to have room for formulating themselves and to conduct an observation study was not ideal for me, as it takes time to be accepted in a group and finding out how the presence of the researcher affects the result of the observation. The interview questions were formulated so the respondents have an opportunity to answer freely and independently define problems and interest areas. The respondents were people who work with HIV prevention, in conjunction with two group interviews with secondary school students, one group of six men between the ages 18-25 and of a six women in the same age group. The two groups were also asked to complete a semi-structured survey prior the group interview in order to fuel the subsequent discussion and start from the same ground. In other words, I used surveys as a method to get the group discussions going, but I have not used the results form the survey in my

analysis. In my group discussions with the secondary school students, I chose to separate them according to sex. The reason being that in group discussions of mixed sex, men tend to control the conversation and the women’s opinions might not be heard. This does not necessarily have to be the case among Babati secondary school students, but I chose to separate the groups to evade situations where men or women might be embarrassed when talking about sex in front of their friends of opposite sex.

In order to find out how people working with HIV prevention in Babati understood international policies, the respondents were given room to describe their aims and purposes. I avoided asking specified questions such as “do you follow UNAIDS recommendations for HIV prevention?”, as this might affect their original answers. Instead, I asked more specified questions such as “Do the HIV prevention programs differ between men and women?” and subsequently slowly came closer to seeing how the respondents viewed female empowerment and prevention. Importantly I avoided words like “empowerment”, “female submission”, “discrimination” and so forth, to give opportunities for the respondents themselves to define the problems and solutions. As a result I had a greater chance to find out how local HIV prevention practices work on a practical level.

Of course this way of carrying out studies not problem-free. Firstly, my knowledge of Tanzania’s many languages is poor. To minimize misunderstandings with questions, I used interpreters and informed them as much as possible and emphasised the importance that they strictly translate what the respondents are saying without involving their own opinions and perspectives. However, of the eight interviews presented in this thesis, only on three occasions did I need an interpreter, as most of the interviewees were fluent in English.

I came to notice that, especially when interviewing two student groups, I was given some kind of “expert” role. I then repeatedly said that I was only a novice on the subject and I

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was there to learn. I felt that it was a risk that my respondents would answer as they thought what I wanted to hear. If the interviewees asked me questions I always encouraged them to answer their own questions first before I gave my opinion. In this way I got to hear their perceptions.

I assume another obstacle could be the fact that I come from a western, and in comparison, rich country. I sometimes noticed there was an expectation in my visit and a possible hope of something in return. These issues could occasionally come up at the end of the interview. One problem relating to this could be that the respondents gave answers that they thought would trigger me to give them financial support. To evade these situations I always stressed from the beginning of the interview that I appreciate the time they were giving me and my role was only to learn more about Babati and the HIV situation to get material for this thesis.

As this study aims to see how international policies are reflected in Babati, I obviously need to know what the policies are saying. In order to find that out, I have selected policy documents and declarations from the Joint UN Programme on HIV/AIDS (UNAIDS) as UNAIDS is responsible for international policymaking and implementation of policies on HIV/AIDS. In 2003, US president George W Bush and his government launched a special plan for combating AIDS, called the President’s Emergency Plan for AIDS Relief (PEPFAR). According to the US government, this plan is the largest financial commitment any nation has ever dedicated to the eradication of one single disease, donating $15 billion over a five year period to 120 countries. PEPFAR puts the US government in an international leading position in giving aid toward HIV/AIDS. Tanzania is one of PEPFAR’s fifteen focus countries, which means that Tanzania receives considerable financial aid from PEPFAR. I therefore include PEPFAR’s view

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41 I downloaded these documents from UNAIDS official website: www.unaids.org.
44 According PEPFAR, Tanzania received more than $70.7, million in Fiscal Year (FY) 2004, nearly $108.8 million in FY2005 and in FY2006, $129.9 million. U.S. President’s Emergency Plan for AIDS Relief, Country Profile: Tanzania.
of HIV prevention to define the international discourse which may have impact on HIV prevention in Tanzania. The documents I analysed are official and easily obtained through the internet.\textsuperscript{45} To find out how Tanzania’s government might reflect international HIV discourse, I analysed their national policy on HIV/AIDS.\textsuperscript{46} Another way of getting this information could have been interviewing the policymakers themselves, but as I want their collected view of HIV prevention I argue an analysis of the written policies is more fruitful.

Furthermore, I have included an appendix about women’s status in Tanzania where I summarised some statistics to give the interested reader an overview.

### 3.1 Analytic Tools and Structure

To analyse whether prevention programmes in Babati reflect international discourses I examined where the discourse stands. To achieve this goal I have chosen to analyse UNAIDS’ and US’ government policy (PEPFAR) documents and statements. Instead of retelling precisely what prevention of heterosexually transmitted HIV policies say, I have selected key notions that repeatedly occur: empowerment of women/gender equality, condom use and sexual behaviour.

My analysis is divided according to these three themes; empowerment of women/gender equality, condom use and sexual behaviour. Each theme is subdivided into descriptive analysis’s how international, national and local level view these themes. On international level I have chosen to analyse the following documents; \textit{UN Declaration of Commitment on HIV/AIDS}, as it is the declaration from where other UNAIDS policies take ground. I have also chosen \textit{Intensifying HIV prevention, UNAIDS policy position paper}, as it is UNAIDS latest HIV prevention policy and \textit{UNAIDS Position Statement on Condoms and HIV prevention July 2004} to understand UNAIDS view of condoms. I selected \textit{U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) Engendering Bold Leadership}:

\textsuperscript{45} Internet addresses where the policy documents can be downloaded are provided in my reference list.

First Annual Report to Congress 2005 as it is the latest produced from the US government. About 70 percent of PEPFAR funds are allocated toward treatment and care and 30 percent to prevention work. I therefore, in addition include U.S. President’s Emergency Plan for AIDS Relief Sexual Transmission of HIV and the ABC Approach to Prevention, December 2005 to get a more detailed understanding how PEPFAR see prevention. On national level, Tanzania’s National Policy on HIV/AIDS is analysed. My own collected material in Babati will get more room in the descriptive analysis as this material is not as easily obtained as the above documents. The respondents represented on local level are; Vice Secretary for Inter African Committee (IAC), Chairman for ISHI – a youth campaign against AIDS, a midwife, a doctor working in a small private women’s health clinic, Vice Chairman for the family planning organisation UMATI, District AIDS Control Coordinator in Babati and two student groups from Aldersgate secondary school. The descriptive analysis is followed by comparison between the levels in order to find out how the international HIV prevention policies are reflected nationally and locally. Furthermore, the findings are analysed through a feminist postcolonial theoretical framework. In chapter 4.13 all three themes are compared and summarised into a concluding analysis.

4. Analysis

4.1 International Empowerment of Women

The UN Declaration of Commitment on HIV/AIDS (2001), which is approved by all UN’s member states, emphasises the importance of empowerment of women in an effort to enable women to protect themselves from infection.

By 2005, bearing in mind the context and character of the epidemic and that, globally, women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that promote the advancement of women and women’s full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; and empower women to have control over and decide

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48 The declaration was put together on UN’s general assembly special session on HIV/AIDS in June 2001.
freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection.\textsuperscript{49}

UNAIDS latest (2005) policy; Intensifying HIV prevention, UNAIDS policy position paper, which is based on the Declaration of Commitment on HIV/AIDS, the term “empowerment of women” does not occur.\textsuperscript{50} However, the policy stresses that the causes of HIV infection can be driven by gender inequality, poverty and other structural factors. The choice of changing terminology from empowerment of women to gender inequality witness of a broader understanding, as gender inequality can, per definition, also include men’s responsibility in tackling the issue. The policy also points out that a good prevention programmes can have positive spin-off effects on other areas such as improving health services and gender inequalities.\textsuperscript{51} In Intensifying HIV Prevention, principles for effective HIV prevention and the first principle states:

All HIV prevention efforts/programmes must have as their fundamental basis the promotion, protection and respects of human rights, including gender equality.\textsuperscript{52}

PEPFAR also recognises gender inequalities as something that hinders prevention if used in conjunction with harmful gender-based cultural norms and practices.\textsuperscript{53}

Specifically, the Emergency Plan [PEPFAR] is supporting interventions to increase gender equity in HIV/AIDS programs and services, reduce violence and coercion, address male norms and behaviours, increase women’s access to income and productive resources, and increase women’s legal protection.\textsuperscript{54}

Overall, PEPFAR focuses around few issues regarding gender inequalities, these are to; decrease mother to child transmission, reduce men’s violence against women and increase women’s income resources in order to give them more options to, to name one

\textsuperscript{49} UN Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session on HIV/AIDS, 25-27 June 2001, p. 25 (My italics).
\textsuperscript{50} UNAIDS, Intensifying HIV prevention, UNAIDS policy position paper 2005, p. 7.
\textsuperscript{51} Ibid., p. 12.
\textsuperscript{52} Ibid., p. 17 (My italics).
\textsuperscript{54} Ibid.
example, escape prostitution.\textsuperscript{55} To show results where allocation of funds has helped, PEPFAR exemplifies with real cases. An example is about a sick Zambian woman who is chained to a tree according to so-called local customs and traditional medicine and the story ends with a PEPFAR sponsored support group rescues her.\textsuperscript{56} Other examples are how PEPFAR funds helps a mother to protect her baby from HIV and a sex worker who decides to stop selling sex after meeting people in a PEPFAR project.\textsuperscript{57}

To conclude, both UNAIDS and PEPFAR acknowledge gender inequality as a factor that could hinder prevention of HIV. UNAIDS does this through human rights perspective and PEPFAR is more specific and states the need of addressing violence against women and increase their income.

\section*{4.2 National Third World Women}

\textit{Tanzania’s National Policy on HIV/AIDS} promotes gender issues in relation to HIV/AIDS and they encourage women to say no to unsafe sex. The policy acknowledges that men and women should have equal rights and opportunities, such as right to education and access to health care. It also suggests that traditional practises may hold back making equality a reality and therefore should these practices be addressed.\textsuperscript{58} Tanzania’s national policy on HIV/AIDS states that HIV is mainly transmitted through unprotected heterosexual intercourse and girls and women are at highest risk.

\begin{quote}
Girls and women in our social cultural environment are more vulnerable to HIV infection as they do not have control over their sexuality.\textsuperscript{59}
\end{quote}

Poverty is also seen as increasing women vulnerability to infection as “some women engage in high risk sexual behaviour for survival”.\textsuperscript{60} In other words, Tanzania’s policy on

\begin{footnotesize}
\begin{enumerate}
\item Ibid., p. 61.
\item Ibid., pp. 29, 64.
\item Ibid., p. 10.
\item Ibid.
\end{enumerate}
\end{footnotesize}
HIV/AIDS sees women as more vulnerable to HIV than men and there is a need to address gender inequalities such as legal rights.

4.3 Local Empowerment

In order to find out how people who are working with HIV questions in Babati view issues of equality, I asked them to describe the relationship between men and women in Tanzania. The Vice Secretary from Inter African Committee (IAC), a non-governmental organisation working to end traditional practices that harm women and children in Tanzania, describes the relation between men and women as follows:

Men are more powerful than women, as women mostly have no say in the family. In some families men and women discuss, but when it comes to decisions men make them.  

A midwife working in a small private women’s clinic has the same idea. She says that men and women nowadays have the same rights but says: “The man can decide anything and the woman has to follow”. The Chairman for the youth HIV prevention campaign ISHI, answers first that men and women are equal; they have the same rights, possibilities and capabilities. But further long in the interview, the Chairman seems to change his mind and finally states that girls are not equal to boys and that they do not have the same rights, especially when it comes to inheriting land and finally states that; “In Africa, girls get neglected in their families and they are weaker than boys”.

My respondents all acknowledged that there is a difference between men and women in Babati, especially when it comes to decisions and the ability to control ones life. But how, and do they, take this into practise? IAC is trying to encourage women to

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61 Author’s field notes: Vice Secretary for Inter African Committee (IAC), March 8, 2006, Babati, Tanzania.
62 Author’s field notes: Midwife working in a small private women’s health clinic, March 10, 2006, Babati Tanzania.
63 Author’s field notes: Chairman for ISHI – a youth campaign against AIDS, March 9, 2006 Babati Tanzania.
communicate with their men. They also try to inform women that they have a right to education. However the Vice Secretary sees obstacles for empowerment such as a lack of funds and early marriages. The ISHI campaign is trying to tell parents that every child is equal and girls should be able to suggest and decide things in the family. When it comes to decisions about condom use, ISHI try to educate that both boys and girls have rights to decide about use of condoms. But the Chairman states “Both boys and girls have rights to decide, but the boys want to decide”.

When the women’s health doctor, who is a colleague to the Midwife, talks about HIV victims in general, he always refers to them as “she”, he explains it is because women are more affected than men and the big reason is economic hardships. He says that women are more than willing to have sex with condoms and it is men who are resistant. He develops this in the following way; “women can have condoms in their pockets but men can fight.” The doctor thinks that the only way to solve these problems is through health education for both men and women.

The students in Aldersgate secondary school also acknowledge the gender inequalities in their society. One male student explains; “Girls are prostitutes because they don’t have property rights. They are inferior to men”. Property rights are seen as a major problem. The male students stressed they would share property rights with their sisters if they were unmarried. But only one of six would share if she was married. The students who would not share the property rights with their married sisters explained that if a sister had a husband, she would already have property. Similar to what the doctor said, they think that equality problems can be solved through education. In other words, they seem to believe knowledge/education and economy is seen as the lacking means in tackling the issue.

According to all these people there is some “unfairness” when it comes to the relationship between men and women in Tanzania. The general impression given to me is that girls

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64 Author’s field notes: Chairman for ISHI – a youth campaign against AIDS, March 9, 2006 Babati Tanzania.
65 Author’s field notes: Doctor working in a small private women’s health clinic, March 10, 2006, Babati Tanzania.
are in a weaker position than boys and men make decisions over women. None of my respondents who working with HIV prevention had specific programmes aimed to explicitly to address gender inequalities, except for IAC which addresses traditional practises such as female circumcision. As mentioned above, for example, some of them make efforts to tell women that they have right to education, but there are no specialised projects to do this and none at all that is aimed towards men taking responsibility.

4.4 Third World Women and Unchangeable Men

How is the UNAIDS and PEPFAR polices on empowerment/gender inequality reflected nationally and locally? One can clearly see that Tanzania’s National Policy on HIV/AIDS agrees with UN’s statement about the importance of empowering women in order to combat HIV. Tanzania’s national policy also, in same opinion as PEPFAR, sees the need of addressing harmful gender based norms. On a local level in Babati the international and national policies about gender inequality are understood, by seeing women and girls are in weaker positions than men and boys. But as mentioned, no specific programmes to address gender issues are implemented which focuses on men’s responsibility.

UNAIDS and PEPFAR have not specified what women they refer to, which implies that all Third World women are to be empowered. This correlates with the image of Third World women as homogenous. The creation of the Third World woman’s identity was originally a tactic from the colonial powers to remain in power by suppressing one half of the population.66 Mohanty states that women’s inequality varies all around the world depending on, for example, the existence of women’s organisations, access to sexual education, the states laws and policies etc.67 UNAIDS policy documents and declarations lack these kinds of specific clarifications of how gender inequalities should be combated in order to fight HIV/AIDS. As mentioned above, PEPFAR identifies gender inequalities as something that hinders prevention if used in combination with harmful cultural norms.

67 Ibid., p. 13.
and practices. I wonder if this implies that gender inequalities that are not “harmful” shall not be addressed. To conclude, PEPFAR has a homogenous image of women in the Third World, as either as mothers or as victims for male’s violence. This is, as earlier mentioned, a typical image of women in the Third World.

UNAIDS and PEPFAR view of women in the Third World is reflected in Tanzania’s national policy. The fact it is explicitly written that women do not have control over their sexuality bears witness to an image of Tanzanian woman as very weak. The depiction of the Third World is reproduced by Tanzania’s government which sees women as incapable of taking control over their sexuality. I wonder what exactly the Tanzanian government mean with this, do they mean that men have all the power to control women’s sexuality or alternatively, women in Tanzania have so much sexuality that they cannot control themselves. Either way, it is quite clear that the Tanzanian government see their nation’s women as helpless victims, either under their manly citizens or under their own strong sexuality. In other words, this view can be explained by a reproduction of Mohanty’s notion of the Third World woman or through Kitzinger’s theory that women in Africa are seen as “bad women”, that is, as promiscuous and unfaithful.

Also on local level we can see the view of women as powerless being reproduced. The Vice Secretary and the Midwife meet women in their daily lives who seem to be unable to make decisions and control their lives. It is interesting how Chairman for ISHI campaign puts emphasis on girls in Africa being weaker than boys that implies that he has another view of women in other parts of the world, which reaffirms that the view of the Third World woman is highly alive even on the local level. If this is a product from international and national policies or merely built on their experience of working with women in Babati is difficult to know. I believe it is a combination of both, that is a part of the international and national discourses which is transferred down to the local level and affects these women’s way of thinking and is consolidated by the experience of meeting

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70 Kitzinger, 1994, p. 102.
women who are subordinated in comparison to men. One has to remember that both the Vice Secretary of IAC and the Midwife are women themselves and that in turn could affect their way of thinking. The Vice Secretary also works directly with women who are affected by harmful traditional practices and the Midwife with women who, for example, have to hide contraceptives from their men so they will not punish them from using it. The Midwife and the Vice Secretary for IAC did not hesitate to point out that men and women have unequal positions in the society, whereas the Chairman for ISHI, who is a man, had to think before he declared women and men have unequal rights. From a gender perspective, I think the women find it easier to see their discrimination than men to see their privileges. The respondents are describing a patriarchal society where men have more power than women, the general impression given to me is that girls are in weaker positions than boys and men make decisions over women. But this does not necessarily have to be the case. The discourse of powerless women in the Third World is reflected locally, but the discourse is also limiting our views as there could be glimpses of freedom or resistance which looks differently than we are used to, and therefore do not see them. In other words, we are “trained” to see the woman’s submission rather than her occasionally supremacy, especially when discussing Third World women.

According to Booth, empowering poor women might be ineffective as they are the least able to resist the male dominance in a patriarchal society. As there are no specific projects in Babati targeted for addressing men’s behaviour which PEPFAR promotes, could reflect Booth’s theory that men are seen as unchangeable and it is a waste of time to try to make them behave differently. Another reason why international and national empowerment strategies do not translate to local level could be the terminology of female empowerment is created from a western feminist scholar. As Mohanty points out, Third World women’s identity is created by western feminists’ negative reflection as powerless. If women in the Third World do not identify themselves as powerless, it complicates their motivation to take in empowerment policies created from the assumption that they are.

71 For an introduction of seeing privileges, see for e.g. McIntosh, Peggy, 1990: White Privilege: Unpacking the Invisible Knapsack. Independent School, Vol.49 No. 2, pp. 31-36.
72 Booth, 2004, p. 3.
73 Ibid., p. 41.
Furthermore, if women in the Third World are internationally seen as victims, it causes difficulties when they are supposed to be empowered. Empowerment implies a capability of negotiation that victims by definition do not have. In other words, western countries and organisations have the power to create identities for other people, an old colonial privilege.\textsuperscript{74} It is a paradox that UNAIDS and PEPFAR identify Third World women as powerless and at the same time want them to have more control over their lives.

To conclude, international and national policies acknowledge the need to address gender inequality in HIV prevention strategies. In Babati the understanding is there, but no specific programmes how to implement gender equality in HIV prevention. The image of the Third World woman is reflected on international, national and local levels. However, this does not mean that all women in Babati are powerless, though the discourse of powerless women in Africa teaches us to see their weakness rather than their strengths.

### 4.5 International Condoms

Most HIV infections are transmitted through unprotected sexual intercourse. According to most international organisations working with HIV prevention, condoms are the best technology available to prevent HIV and other sexually transmitted infections, UNAIDS wrote a statement on the subject (2004).

\begin{quote}
The male latex condom is the single, most efficient, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections.\textsuperscript{75}
\end{quote}

UNAIDS stresses women and girls often do not have the capability to negotiate about use of condoms.\textsuperscript{76} Similar to UNAIDS, PEPFAR also see women’s inability of condom use.\textsuperscript{77}

\textsuperscript{74} Some might argue that UN is an international organisation and not western. I claim that UN can be defined as a western organisation as it is created from western countries initiative, the majority in UN Security Council are western countries and all UN organisations and agencies, except for one, is located either in western Europe or USA (see for example Held, D., McGrew, A., Goldblatt, D., Perraton, J., 1999: \textit{Global Transformations, Politics, Economics and Culture}, Polity Press, Cambridge, pp. 63-67).

PEPFAR has a somewhat more restrictive view of condoms than UNAIDS. For example; PEPFAR includes emphasis on behavioural change and only providing people with condoms “when appropriate”. It also states that correct and consistent use of condoms reduces the risk by 80-90 percent and the only 100 percent way to avoid HIV is to “be faithful to a single, HIV-negative partner”. Condoms are connected with risky behaviour in PEPFAR; it states “if one chooses risky behaviour, condoms must be available for that person”. In programmes about condom use, the PEPFAR highlights more that the best way to avoid HIV is to abstain for sexual activity and condom use is more seen as risk reduction than risk elimination. The programme shall include that condoms are not 100 percent safe, in their own words:

Condom use programs promote following: (...) The knowledge that condoms do not protect against all STIs.

PEPFAR has identified youth as a target group for priority interventions. PEPFAR for youth promotes condom provision for people out-of-school, identified as: “(...) engaging in or at high risk for engaging in risky sexual behaviours”. Furthermore, the PEPFAR has restrictions in how the funds can be used. It is not to be spent on providing or promoting condoms in school settings.

Emergency Plan [PEPFAR] funds may not be used in any setting for marketing campaigns that target youth and encourage condom use as the primary intervention for HIV prevention.

To conclude, according to PEPFAR, condom use is not an ideal way of preventing HIV. Instead PEPFAR promotes changes in sexual behaviours such as abstinence until

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76 Ibid., p. 2.
80 Ibid.
81 Ibid., p. 25.
83 Ibid.
marriage and faithfulness to one partner. This stands to some extent in contrast to UNAIDS’ policy that acknowledges condoms as the most effective way of reducing sexually transmitted infections. A further discussion about sexual behaviour will be dealt with in chapter 4.9 to 4.12.

4.6 National Condoms

The Tanzanian government also acknowledge the condom as good protection against HIV.

There is overwhelming evidence about the efficacy and effectiveness of condoms when used correctly and consistently in the prevention of HIV transmission. Good quality condoms shall be procured and made easily available and affordable. The private sector shall be encouraged to procure and market good quality condoms so that they easily accessible in urban and rural areas.

The Tanzanian Government seems to follow the UNAIDS’ view of condoms rather than PEPFAR. PEPFAR has restrictions for making condoms available for school youth, whereas the Tanzanian Government wants to make condoms available.

4.7 Local Condoms

In Babati the opinion of condoms as a safe device to protect you from HIV differs. The women’s health doctor states that condoms are only seen as preventing sexual transmitted diseases (STD) and not as contraception. In his clinic he has female condoms, but no one asks for them and 70 percent who come and ask for male condoms are women and only 30 percent are men. His colleague the Midwife tries to educate her patients about condoms but she says the problem is that men often get drunk and have unprotected sex. Similar to the Midwife, the Vice Secretary for IAC sees that alcohol is a major problem when it comes to condom use. She claims that if IAC had more money they could afford to buy condoms to distribute in the villages. She affirms that the stigma around HIV

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infected people hinders them to use condoms and people might not use condoms in fear of be suspected of having HIV. “People are not open about their HIV and give other people HIV by not using condoms.”

The ISHI campaign’s strategy is to teach the youth about HIV prevention through the ABC model; Abstinence, Be faithful, use Condom. The Chairman for ISHI finds religion as one of the greatest obstacles when fighting HIV, primarily because he finds that almost all religions are against using condoms. He draws an example that Muslims he meets are against condoms as they think the condom kills innocent unborn babies by killing sperm. The national family planning organisation UMATI’s Vice Chairman sees obstacles in HIV prevention are defined as economic hardships which forces women into prostitution where they are not always able to use condoms. There is also shyness, men and women are often too shy to buy condoms. Similar to the Midwife and IAC, UMATI acknowledges that drunken men are a problem. “Men don’t like condoms, especially when they are drunk”. Other obstacles are traditional beliefs, which include people who do not believe there is safe sex. Similar to the Chairman for ISHI, religious leaders are seen as a problem, as some churches do not want people to use condoms as it is associated with sex before marriage and prostitution. In other words, the condom as a good device in protecting oneself from HIV is recognised among people in Babati who work with HIV prevention but it is not always easy to use them due to stigma, inequality, religious believes etc.

But the reliance on condoms as an effective way of preventing HIV is not translated to the youth at Aldersgate secondary school. There is a suspicion that condoms cannot be trusted. The students are taught by their chemistry and biology teachers that condoms only protect up to 60 percent which means you are “killing yourself”, by having sex. But to prevent pregnancies condoms are safer up to 90-99 percent. This is explained with the statement that a condom has pores through which the virus can penetrate. “Everything

86 Author’s field notes: Vice Secretary for Inter African Committee (IAC), March 8, 2006, Babati, Tanzania.
87 UMATI is a NGO and goes under the umbrella organisation International Planned Parenthood Federation (IPPF).
88 Author’s field notes: Vice Chairman for UMATI, 2006 March 7, Babati, Tanzania.
has holes; all material has holes, even condoms". One of the male students even conducted an experiment with condoms safety on his own, by filling a condom with foul water and found out that he could taste the water through the condom. The student’s friend criticised him during the interview by saying that “condoms are not made for water it is made for impurities”, but this did not change his distrust in condoms. Students also believe that transportation of condoms from abroad makes condoms decrease in quality. One female student said if she had to choose, she would choose Tanzanian condoms before foreign ones.

If a student is caught with a condom in his/hers pocket in Aldersgate secondary school he/she will be expelled. The deputy headmaster explains this by saying that the school does not want to encourage sex. One of the male students tries to make it clear by saying: “I carry a pen to write. If I have a plate, I want to eat. If I have a condom I want to have sex.” The students are in other words very dubious towards condoms as an effective way of protecting themselves from HIV. A male student sums it up: “I don’t believe that condoms can prevent HIV, that’s why I don’t have a girlfriend up to this day.”

4.8 Unsafe Condoms for Risky Behaviour

UNAIDS policy on condoms as a good device against transmission of HIV, is reflected in Tanzania’s national policy which promotes availability of good quality condoms in the Tanzanian society. On a local level in Babati among people who work with HIV prevention is this view of condoms reflected. The students also talk about differences in quality of condoms, just as Tanzania’s national policy. On international level, there is no consideration that there could be differences in quality. This could reflect how

89 Author’s field notes: Male student B from Aldersgate secondary school, March 11, 2006, Babati, Tanzania.
90 Author’s field notes: Male student C from Aldersgate secondary school, March 11, 2006, Babati, Tanzania.
91 Author’s field notes: Male student A from Aldersgate secondary school, March 11, 2006, Babati, Tanzania.
92 Author’s field notes: Male student B from Aldersgate secondary school, March 11, 2006, Babati, Tanzania.
international policymakers who draw up guidelines come from different contexts where condoms’ quality is not a concern.

The respondents working with HIV prevention see problems with condom use due to men’s inconsiderate behaviour when drunk, gender inequalities and religious and traditional beliefs which collides with willingness of safe sex. My respondents think they can change attitudes through education. On international level, women’s inability to decide about condom use is recognised but there are no specific examples how this can be addressed.

However, among the student groups the belief in condoms as safe is not found. The students view correlates more with PEPFAR which promotes abstinence before use of condoms. PEPFAR states 100 percent way to avoid HIV is to “be faithful to a single, HIV-negative partner”. This is per definition not true. There are other ways of get infected, such as through blood transfusion or by sharing sharp tools through for example female circumcision which IAC is trying to stop. There is no 100 percent way of avoiding HIV in today’s world; we all are, more or less, in the risk zone. Again we witness how policymakers create guidelines from their own reality where perhaps unsafe handling of blood transfusions or syringes is not an issue.

UNAIDS promotes condoms as an effective way of preventing HIV, which can have negative sides too. Marketing of condoms reinforces heterosexual penetrative sex, which is not always the norm in people’s sex lives. This in turn translates into penetrative sex as the “standard” and by promoting condoms UNAIDS can implicitly be seen as reinforcing a certain sexual behaviour. But on the other hand, by prohibiting condoms in schools, PEPFAR intervenes and defines needs locally, which are geographically and probably culturally far away from PEPFAR’s policymakers own social contexts. This goes against Tanzania’s national policies, which supports condoms to be available, but on the other hand on local level in Aldersgate secondary school is condoms prohibited. To

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94 Bennett & Travers, 1996, p. 68.
prohibit condoms will not necessarily stop young people having sex, as PEPFAR and Aldersgate secondary school promote. Setting up these conditions for receiving funds from PEPFAR might have severe consequences locally as the receivers are not able to define their own need, which is an old colonial idea that the coloniser knows more than the colonised. Or in other words, the receivers of US aid through PEPFAR are seen as not capable of deciding how the funds should be used. By having these restrictions, I think, reinforces the view of people of the Third World as inferior to western people and incapable of knowing what is best for themselves. I also agree here with Scheper Hughes as it is imperialistic to force your own moral beliefs on other countries by “tempting” them with financial aid.

PEPFAR states “if one chooses risky behaviour, condoms must be available for that person”.95 Paradoxically it means if you choose to be responsible and protect yourself and your partner by using condoms, it results in irresponsibility by choosing risky behaviour. This paradox is reflected among the students who connect condom use with immoral willingness to have sex before marriage. To conclude, UNAIDS, Tanzania’s national policy and the respondents working with HIV prevention all agree that male condoms are an effective way of preventing HIV. PEPFAR differs from this statement which could be because they rather promote sex within marriage and faithfulness. A further discussion about sexual behaviour will be dealt with in the next chapter.

4.9 International Sexual Behaviour

One of the most essential actions for HIV prevention according to UNAIDS is, not surprisingly, to prevent the sexual transmission. This is listed as a human right to be able to control one’s sexuality. Despite sexual education and condom use, UNAIDS promotes delay in sexual debuts, faithfulness and reduction of sexual partners, which all translates into degrees of abstinence. In Declaration of Commitment on HIV/AIDS, the UN states the following:

PEPFAR views changing sexual behaviour to be the more likely key solution, as opposed to providing condoms. Their approach for combating HIV/AIDS is called the ABC model: Abstain, Be faithful, (and as appropriate) use Condoms; with an emphasis on AB. They promote abstinence and “secondary” abstinence for youth who have already become sexually active, mutual faithfulness, elimination of casual sex and multiple partnerships, development of skills for sustaining marital fidelity.\(^97\)

Abstinence programs promote as their primary behavioral objective that unmarried individuals abstain from sexual activity as the best and only certain way to protect themselves from exposure to HIV and other sexually transmitted infections. Programs may focus on individual behavior change or may address relevant social and community norms.\(^98\)

PEPFAR highly promotes abstinence until marriage for example; "[programs should promote the following (…) ] The decision of unmarried individuals to delay sexual debut until marriage”\(^99\)

### 4.10 National Sexual Behaviour

Tanzania’s national policy stresses individual change in behaviour through education and information. It also highlights a need to strengthen the awareness on a local level in order to change behaviours on both community and individual levels.\(^100\) The policy states that HIV/AIDS is a social, cultural and economic problem and therefore women and girls are


\(^{98}\) Ibid., p. 19.


\(^{100}\) The United Republic of Tanzania, Prime Minister Office, National Policy on HIV/AIDS, September 2001, p. 6.
more vulnerable to infection.\textsuperscript{101} To prevent further HIV transmission the policy promotes:

…safer sex practices through faithfulness to partners, abstinence, non-penetrative sex, and condom use according to well informed individual decision. The key issue of moving from abstinence or condom use to another strategy depends on testing in between.\textsuperscript{102}

The policy also promotes delaying sexual debut.\textsuperscript{103} The same strategy is to be applied for youth. Commercial sex workers are also included in this strategy in order for them to enable safer sex.\textsuperscript{104} Furthermore, they encourage pre-marital voluntary HIV testing.\textsuperscript{105}

\subsection*{4.11 Local Sexual Behaviour}

As earlier explained the students I interviewed with do not believe in condoms, instead they believe in abstinence and faithfulness. But after discussing these issues one of the male students stated that is not so easy to be faithful, especially when you are poor, but it is somehow easier when you are rich. The reason to this is that money is quite often offered for sex.

In African countries it’s difficult to have faithful partners, if I have a problem my friend can solve the problem and as favour get to have sex with my girlfriend. Poor girls who have problems could be offered sex to solve the problems.

The women’s health doctor says that men are “rough and careless” as they overpower women and women are too scared to say no to sex. The Midwife sees polygamy as a problem and states:\textsuperscript{106} “It is useless to give education to a man with more than one wife”.

\begin{thebibliography}{9}
\bibitem{102} Ibid., p. 12.
\bibitem{103} Ibid., p. 18.
\bibitem{104} Ibid., p. 19.
\bibitem{105} Ibid., p. 30.
\bibitem{106} Nearly 30 percent of women in Tanzania live in polygamous unions, see appendix.
\end{thebibliography}
She describes drivers who are on long journeys far away from their homes also is a problem: “They want to get refreshed and stay for a week – so he takes a woman to be a man.” Similar to the Midwife, the Vice Secretary sees polygamy as something that hinders prevention of HIV. “If two men of the same age have seven wives each, they can share wives without telling each other”. She mentions circumcised women as risk group of their own, as they often change sexual partners in search of sexual satisfaction. At the same time, women who are not circumcised are seen as prostitutes. She stresses that women working as guesthouse attendants and bargirls often prostitute themselves to supplement their poor wages; therefore it is hard to tell them to stop.

The District AIDS Control Coordinator in Babati states that 97 percent know how HIV is spread and the real problem is that people’s behaviours have to change. The District Coordinator claims when young men see a beautiful woman; they do not think she has HIV. “I know the knowledge but in practise I forget. When I see a beautiful woman, I completely forget”. The District AIDS Control Coordinator only discusses the men’s and not women’s sexuality and the men’s problems of “controlling” themselves. Although men’s behaviour is seen as the problem, no specific programmes exist in Babati to address this.

### 4.12 International Faithfulness and Local Hopelessness

On international level, PEPFAR together with UNAIDS promote abstinence and faithfulness as a strategy in preventing HIV. PEPFAR is more explicit in the policy and stresses that abstinence until marriage is the best way to avoid HIV infection. In other words, sex within marriage is the only kind of sex that is acceptable according to PEPFAR. It also promote “development of skills for sustaining marital fidelity”, what

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107 Author’s field notes: Midwife working in a small private women’s health clinic, March 10, 2006, Babati Tanzania.
108 Author’s field notes: Vice Secretary for Inter African Committee (IAC), March 8, 2006, Babati, Tanzania.
109 Author’s field notes: District AIDS Control Coordinator, March 7, 2006, Babati, Tanzania.
skills that would be is not specified.\textsuperscript{111} To promote sex within marriage means that marriage is the only socially and culturally excepted way of living. Marriage as an institution also implies a certain social and economic norm. Furthermore, marriage is built on a Christian way of living which could translate PEPFAR policy into a Christian mission. Tanzania’s national policy on HIV/AIDS also acknowledges abstinence a safer sex practise, but with more emphasis that it is an individual decision.\textsuperscript{112} More importantly, Tanzania’s policy does not emphasis on sex only within marriage as preventing HIV. Furthermore, Tanzania’s policy encourage non-penetrative sex as a method, which is not found in UNAIDS’ nor in PEPFAR’s policies reflect their inflexible stereotype of sex. Kitzinger states that constructing stereotypes hinders exploring issues like safer non-penetrative sex.\textsuperscript{113} I find it peculiar that PEPFAR and UNAIDS draw up guidelines for what is tolerable sexual behaviour. Moreover, abstinence is built on a right based perception that people are able to abstain sex, that sexuality is individual and people are able to choose if they want to have sex and with whom. According to Scheper Hughes, the UNAIDS and PEPFAR statements of promoting abstinence would translate into imperialism as they try to change people’s sexual behaviour.\textsuperscript{114}

My respondents in Babati see certain sexual behaviour as something that can hamper prevention of HIV, for example the Vice Secretary for IAC and the Midwife who see obstacles with polygamy. But it is only ISHI campaign, which is sponsored by USAID, follows the ABC model. One of the male students said “In African countries it’s difficult to have faithful partners.” It is interesting that the student puts emphasis that this is something that is occurring in African countries, that it somewhat would be different from the rest of the world. However, the image of what Kitzinger describes as the “bad African woman” as promiscuous is not really found among these youth.\textsuperscript{115} In contrast, women are seen as forced to have sex with many men due to economic hardships and

\textsuperscript{113} Kitzinger, 1994, p. 106.
\textsuperscript{114} Scheper Hughes, 1993, pp. 965-67.
\textsuperscript{115} Kitzinger, 1994, p. 102.
lack of other options. In other words, poverty is seen as one of the main obstacles in preventing HIV in Babati.

The fact that it is only ISHI who tries to change sexual behaviour by promoting abstinence and faithfulness can be explained through Booth’s theory about unchangeable men. The Midwife and the Vice Secretary, as mentioned see polygamy as an obstacle and the District AIDS Control Coordinator in Babati who claims men forget to behave responsibly when they see beautiful women. This is further evidence that it is the men’s sexuality that defines the problems in Babati. If men’s sexual behaviour is seen as static, what good does it do to address these issues?

### 4.13 Concluding Remarks

Gender equality is valued by USAID, PEPFAR, Tanzania’s national policy on HIV/AIDS and by my respondents in Babati. The urge to deal with gender inequalities and promoting empowerment of women is founded from a universal conception of human rights. This is seen in the above citation from the *Intensifying HIV prevention, UNAIDS policy position paper*, where it is stated that gender equality is included in human rights. This in turn implies an existing standard recipe for solving most problems, which is to respect human rights. Universalism is sprung from a colonial perception that it is the Europeans task to spread the truth to the rest of the world, or “the powerful’s gift to the powerless.” Universalism is claimed to be a drained and impossible idea and more used to legitimise oppression and discrimination by claiming that there is a universal truth. One primary difficulty in having a set formula for solving such issues is people’s lives, capabilities and possibilities differ all over the world. Mohanty opposes universalism in terms of seeing women in the Third World as homogenous.

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This universalism is found on the international level in other themes as well, especially when looking at PEPFAR’s policy, which promotes abstinence until marriage and marital fidelity. This is partly built on the conception that marriage as institution suits and is the best solution for everyone in the world. Moreover, PEPFAR contradicts itself by promoting marriage at the same time as gender inequality. Heterosexual marriage is founded on a patriarchal norm and might decrease rather than increase women’s power in the society.

There is hopelessness among the students I interviewed. The majority of them think about 50 percent of people in their age group have HIV.\(^\text{119}\) One male student states; “We are not afraid, we are crying of fear of HIV”.\(^\text{120}\) Their fear can be understood, especially as condoms are seen as unsafe and it is difficult to have faithful partners due to economic hardships. International policies fuel this hopelessness by saying the only way to avoid HIV is to be faithful to a single, HIV-negative partner.\(^\text{121}\) This is, as earlier mentioned, per definition not true. By promoting the ABC model, it implies that sex outside marriage is not acceptable. This in turn can create stigma by not being open by informing sexual partners and using condoms. PEPFAR says that condoms must be available for people engaging in risk behaviour, which means that condoms are seen as something you use when irresponsible, by engaging in risk behaviour rather than being responsible.

It is easier to sit on an international level and decide what is wrong and what needs changing, than to implement the strategies in an environment where other external obstacles hinder the policies making a reality. One example is how UNAIDS and PEPFAR promotes gender equality and men’s responsibility, but how this does not translate into local level in Babati. The respondents working with HIV prevention in Babati does not have specific programmes for changing men’s behaviour even though

\(^{119}\) Compare this assumption with UNAIDS estimate 2003 8.8% (range: 6.4%-11.9%)  

\(^{120}\) Authors field notes: Male student A from Aldersgate secondary school, March 11, 2006, Babati, Tanzania.

they see male behaviour as a major problem. This view of “unchangeable men” correlates with Booth theory of the same.\footnote{Booth, 2004, p. 41.}

To conclude, there is a clash between international policymaking and what is seen as achievable in Babati. On international level abstinence, faithfulness and condom use are promoted. This is grounded on a perception that sexuality is built on individual decision.\footnote{Scheper Hughes, 1993, pp. 965-67.} In Babati, other external factors are seen as obstacles in achieving for example, faithfulness and it is not necessarily an individual decision as opposed to how it is seen as on an international level. As mentioned, one of the male students points out it is difficult having a faithful girlfriend when poor, and women are forced to sell sex in lack of other options.

\section*{5. Discussion}

How can we understand UNAIDS and PEPFAR’s policies through a feminist postcolonial framework? As earlier discussed the stereotype of the Third World woman as homogenous and powerless which Mohanty criticises is found in their policies. This view of women complicates empowerment as victims do not have, per definition, any power to be increased. This reflects Booth’s paradox of how international donors are trying to empower powerless women to fight HIV. However, Booth’s theory of unchangeable men is not found in the international policies where it is promoted to address male norms, but on a local level men’s behaviour is seen as static which causes difficulties to change these problems. On national and local level, the image of the Third World woman is reflected by men having more power than women. But as mentioned in above analysis, this does not have to be the case as the discourse about Third World women is limiting our views and hinders us to see women’s occasionally freedom or power.

UNAIDS’ and PEPFAR’s policies for preventing sexual transmission of HIV are, to conclude, focused on changing sexual behaviour. UNAIDS promotes primarily condom
use together with abstinence and faithfulness. PEPFAR policies differ somewhat from UNAIDS, which has more room to decide their guidelines as they do not need to consider their policies to be accepted by the international community, as UN as an international organ must do. The PEPFAR focus more on abstinence until marriage and faithfulness to one partner and use of condom if you engage in risk behaviour. The question is, if it is feasible to teach people to be faithful or abstinence until marriage. I argue that UNAIDS’ and PEPFAR’s policies on HIV prevention can be seen as an imperialistic project in agreement with Scheper Hughes. My primary argument is their promotion of a certain sexual behaviour such as PEPFAR on abstinence until marriage. This is, according to Scheper Hughes who sees this view of sex is built on a perception that sexuality is individual and owned. In other words, PEPFAR’s and UNAIDS’ policies can be seen as imperialistic projects as they are trying to promote their own moral values and preferable behaviours through giving financial aid to countries in the Third World. It would be interesting to see how policies which promote abstinence until marriage and elimination of casual sex would be received by a western country. My respondents in Babati had similar views of HIV prevention as the UNAIDS and PEPFAR but not necessarily the means or the belief that this was achievable. The hopelessness was greatest among the students I interviewed who did not believe in the safety of condoms and saw difficulties in having a faithful partner, especially when living in poverty.

In a patriarchal society, women can be more vulnerable to infection of HIV then men. This is, as earlier mentioned, acknowledged in most international organisations, such as UNAIDS. These organisations which often have this approach search of means of empowering women to protect them. But I wonder if this is a fruitful approach? When women are subordinated by men, they might not even have the same legal rights, what good is it to focus on empowering women if they live in a society were they are structurally discriminated? For example a commercial sex worker who knows how important it is to have safe sex, but it is her customer who decides whether to use a condom or not.

As men’s behaviour is seen as the major problem I suggest a strategy that promotes “disempowering” men to help empower women. Men should see their dominance over women and take more responsibility in addressing the balance of power, but this must come as a local initiative. It is all about privilege of interpretation, local organisations must get the opportunity to assess their own problems and formulate solutions which are relevant for them. I value empowerment of women, I believe in condoms as an effective way in preventing HIV – similar to UNAIDS and other international organisations and policymakers in this field. However, this does not mean that this is a universal prescription which will work everywhere in the world. By looking at the conditions of spreading the message of HIV prevention in Babati district, organisations seem to tackle other obstacles before dealing with inequality, which somewhat deviates from the international discourse in how HIV prevention should be carried out. These problems include a lack of funding and transport which hinders them from reaching out to the community. What I learned from discussing with people working with HIV prevention in Babati; is that one can only work from your own capabilities. This may sound trivial, but really, if for example women are powerless in comparison to men, what good does it do to teach women about their legal rights, is it not the same as showing how it could be and in the same time saying that you can not have it? The primarily focus in HIV prevention programmes in Babati is instead to inform about HIV, how it is transmitted and how to protect yourself.

How should effective prevention programmes be designed? I am not in a position to be able to draw up a new prevention programme policy. But I do believe that local organisations and people in health care should get more space, together with people who the programmes are targeted for, to define problems and solutions, similar to Booth’s conclusion when studying HIV prevention in Kenya. I think that the best way for improvement comes from grassroots-level, instead from a policy in a far-away-country, and spreading the message through peer education. Maybe it is partly because of implementation and adapting of foreign policies on HIV that the virus is still rapidly spreading in Tanzania and other African countries. I suggest that further research should be done about the impact of foreign HIV polices on local level in contrast to programmes
founded from grassroots-level. If local initiatives could be shown more effective than international ones, it would be time to re-think the HIV agenda. Donors should have more trust in the receivers’ capability of deciding how the funds shall be used. This thesis aim was only to see how and if the international policies were reflected on national and local level. It is only an example and cannot be generalised to other contexts. I therefore look forward to new research with a more in depth policy analysis about HIV prevention strategies with a network analysis to see which agents (i.e. NGOs, religious leaders, foreign governments etc.) have most influence on how prevention work should be carried out and what impact this has on a local level.
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**Respondents**

Chairman for ISHI – a youth campaign against AIDS, March 9, 2006 Babati Tanzania.

District AIDS Control Coordinator, March 7, 2006, Babati, Tanzania.

Doctor working in a small private women’s health clinic, March 10, 2006, Babati, Tanzania.

Female student group from Aldersgate secondary school, 6 students between 18-25 years, March 15, 2006, Babati, Tanzania.
Male student group from Aldersgate secondary school, 6 students between 18-25 years, March 11, 2006, Babati Tanzania.

Midwife working in a small private women’s health clinic, March 10, 2006, Babati Tanzania.

Vice Chairman for the non-governmental family planning organisation UMATI, March 7, 2006, Babati, Tanzania.

Vice Secretary for Inter African Committee (IAC), March 8, 2006, Babati, Tanzania.
Appendix: Women’s status in Tanzania

Women are less literate than men, approximately 66.5 percent of the female population is able to read and write, whereas almost 84 percent of the male population is literate.\textsuperscript{125} The average age for marriage is 18 years for women and about 29 percent live in polygamous unions, men, but not women, are allowed to have multiple spouses.\textsuperscript{126}

In 2003 the fertility rate was 5.1 births per woman.\textsuperscript{127} The maternal mortality rate is 1500 per 100 000 live births.\textsuperscript{128}

There are more women than men who are infected by HIV. According to World Health Organisation the HIV prevalence among blood donors in 2002 was 12.3 percent of the women infected and 9.1 percent of the men.\textsuperscript{129}

Young girls and women under the age of 25 are particularly at risk as they stand for more than the double of the rate of HIV cases than men in the same age group.\textsuperscript{130} 60 percent of all new reported cases are found amongst women between the ages of 15-24 years.\textsuperscript{131} In a UNAIDS report it was found that only 57 percent of female sufferers in Dar es Salaam are receiving support from their partners after a HIV positive test.\textsuperscript{132}

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According to Figure 1 young women have slightly less knowledge about HIV prevention methods than men. Men are frequently more sexually active than women and are reported to have higher-risk sex than women.

In regards to HIV prevention, there are no laws that specifically address sexual education as compulsory for adolescents. However, in Tanzania’s latest (2005) poverty reduction programme, there is an emphasis on making HIV-prevention education compulsory in all levels of schooling.\(^{134}\) There are obstacles in making this suggested policy a reality, as many teachers and parents are reluctant to give their young ones sexual education.\(^{135}\)

I would like to emphasis what is presented in this appendix does not give a full picture of women status in Tanzania. It is a common mistake to measure women’s lives in the Third World through a limited number of variables. To get a full picture, one ought to analysis the importance of women’s organisations, family planning and connect this to the state’s laws, polices and norms in women’s everyday lives.\(^{136}\)

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\(^{134}\) National Strategy for Growth and Reduction of Poverty (NSGRP), The United Republic of Tanzania, Vice President’s Office, June 2005 [http://www.tanzania.go.tz/nsgrf.html](http://www.tanzania.go.tz/nsgrf.html), 051123.
