

Education, Employment, and Everything The triple layers of a woman's life

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Women's Vulnerability to HIV/AIDS: A Global Examination

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Abstract

In addition to physiological risks, women worldwide face a number of unique vulnerabilities to HIV/AIDS, which are the result of gender inequality. Therefore, in order to adequately respond to HIV/AIDS, such inequalities must be included as an integral part of HIV/AIDS prevention campaigns. This paper considers the influence of gender roles on women's vulnerability to HIV, and also identifies enabling environments that help facilitate transmission of the virus to women. The specific focus of the paper is to identify the social, cultural, economic and political factors that make women more vulnerable to HIV transmission than their male counterparts. Clearly, such information will be useful in combating the spread of HIV/AIDS globally, as well as tackling HIV/AIDS regionally or nationally.

Women and HIV/AIDS

As the numbers of women worldwide infected with HIV have grown, the role that gender has played in the spread of the disease has drawn increasing attention. In the *Gender and AIDS Almanac*, the influence of gender roles on three main areas of HIV/AIDS vulnerability was examined in the context of knowledge, sexual passivity and aggression, and promiscuity. The almanac defined the term gender roles as "society's expectations of how males and females should look, feel, behave and live", and argued that a society's gender roles can affect the vulnerability of its men and women to HIV transmission (Feinstein & Prentice, 2000, p. 22).

The almanac also proposed the term 'enabling environment' to signify the social, cultural, economic and political factors that contribute to the vulnerability of women to HIV transmission. The enabling environment is essentially any environment which may "facilitate the spread of HIV/AIDS" (Feinstein & Prentice, 2000, p. 26). However, it is also part of the cycle of HIV transmission, because HIV infection can exacerbate the conditions of the enabling environment, which in turn can cause the number of people infected with HIV to increase.

This paper examines the recognised social, cultural and political factors that make women vulnerable to HIV transmission, beginning with sexual health, reproduction and STI knowledge.

Gender Roles

Sexual Health, Reproduction and STI Knowledge

Correct knowledge about HIV/AIDS, including the prevention methods and transmission routes of the virus, is an essential part of an effective response to HIV/AIDS. However, for many people worldwide, adequate and correct knowledge about the virus is not accessible. This is particularly true for women.

In many societies worldwide, females (women and girls) lack adequate and correct knowledge to protect themselves against HIV transmission, because many girls and women have little knowledge of sex and reproductive health which is believed to be inappropriate knowledge for them to have. This is often the case because many societies place a high value on women's virginity, purity and faithfulness. Consequently, to have such knowledge outside of marriage is deemed unnecessary, and may even be viewed as indicating sexual activity outside of marriage or a desire to engage in sexual activity prior to marriage (Feinstein & Prentice, 2000). Therefore, the attitudes and behaviours that may heighten a woman's individual risk of contracting HIV are influenced in such a social milieu by gender norms that hinder her knowledge about HIV/STI prevention.

However, even if a woman has gained accurate knowledge about HIV/STI prevention, gender roles and expectations may prevent her from being able to share this knowledge with her husband/partner, or even her ability to apply this knowledge to her current situation. In Thailand, for instance, condoms are generally associated with illicit sex. Thus, even though a woman may know that condoms can prevent HIV transmission, she may be unable to ask her husband/partner to use a condom for fear that her request be seen by her husband/partner as an accusation of him having sex outside of the marriage (Whittaker, 2000).

For other women, male sexual aggression prevents them from using condoms. The fear of violent retribution was identified by women from a range of countries such as Guatemala, Jamaica and Papua New Guinea as being the reason why they did not try to negotiate condom usage with their sexual partners (Feinstein & Prentice, 2000). Furthermore, economic insecurity may render HIV/STI prevention knowledge

to be of little use in situations where men and women are unable to pay for condoms, or when a woman's economic dependence on her husband/partner makes it difficult for her to discuss safer sexual practices with her partner (Irwin, Millen, & Fallows, 2003).

HIV prevention has also been impeded because of the value placed on a woman's virginity. In societies where virginity is revered, many women do not seek out information on sexual or reproductive health for fear that their virginity may be questioned or they may be perceived to be of "easy virtue" (Whelan, 1999). It has also been found that in Latin America and Mauritius, many young women actually engaged in high-risk sexual behaviours such as anal sex or "light sex"¹³ that substantially increased their vulnerability to HIV/AIDS in order to protect their virginity and to avoid pregnancy out of marriage. Whelan states that in addition to poor HIV/AIDS awareness and prevention knowledge, another possible reason for this lack of concern could be that in the case of "light sex", the act itself was not believed to be sexual intercourse, because full penetration did not occur. Therefore, because the act was not considered sexual intercourse, "safer sex" was not believed to be necessary (Whelan). This clearly illustrates the very poor levels of sexual health knowledge in such regions.

Sexual Passivity and Aggression

Women's vulnerability to HIV/AIDS is further heightened in societies where women are expected to be passive towards sex. Many societies socialise women to "defer to the sexual pleasure of men" (Feinstein & Prentice, 2000, p. 24). An example of how sexual passivity can heighten women's vulnerability can be clearly seen in sexual interactions where women will undergo high-risk sexual behaviour because they believe it will enhance their partner's pleasure. An example of this is the practice in parts of west, central and southern Africa where women insert external agents such as cleaning powders and herbs into their vaginas, which in turn constricts their vagina and enhances the sexual pleasure of their male partner. The practice is not only damaging to the vagina, but due to the lacerations and inflammation that occur, it significantly increases the woman's chances of contracting HIV (Whelan, 1999).

As mentioned above, anal sex is another example of a high-risk sexual behaviour. It can be linked to both sexual passivity and aggression. While some women may engage in anal sex to protect their virginity, others consent to this practice in order to please their sexual partner. Whelan (1999) states that in interviews

¹³ "Light sex" involves genital contact and penetration to the point of pain.

conducted among women in Rio de Janeiro and São Paulo it was found that many women were pressured by their partners into having anal sex despite their being unwilling to do so. This example highlights the practice of coercive anal sex as both an act of sexual passivity by women and an act of sexual aggression by men.

Women's vulnerability to HIV/AIDS is heightened by male sexual aggression because it can often be linked to the occurrence of sexual coercion, non-consensual sex and sexual violence against women. For many women, decisions about their sexual behaviour are denied to them because they are forced into sexual intercourse against their will. This is applicable both inside and outside of committed relationships (Irwin et al., 2003). It is also important to note that women's biological vulnerability to HIV transmission is also increased by violent or coerced sex, due to the damage done to the membranes of the genital area, which helps facilitate HIV infection (Feinstein & Prentice, 2000).

Sexual aggression or gender-based violence against women is also aggravated by war, conflict and economic disruption. Rape as a weapon is increasingly being reported worldwide, as is the abduction and rape of women during times of conflict. The recent conflicts in Rwanda and the former Yugoslavia reveal that rape and other forms of sexual violence remain widely entrenched as weapons of war (Whelan, 1999). These examples are strong evidence of the vulnerable status women face in times of instability and conflict.

It has also been estimated that up to two million women worldwide, are trafficked into the sex industry each year, a practice that increases their likelihood of becoming HIV infected (UNAIDS, UNFPA & UNIFEM, 2004). Therefore, the many examples discussed above clearly demonstrate that sexual passivity and aggression are key factors that increase women's vulnerability to HIV/AIDS transmission globally.

Promiscuity

As previously mentioned, many societies hold a double standard whereby female virginity is valued, and male promiscuity is encouraged. Often, this double standard is not just restricted to unmarried people. In many societies, the double standard governing sexual relations means that men are forgiven for sexual transgressions whereas women are still expected to uphold strict sexual purity by staying faithful to their husbands (Feinstein & Prentice, 2000). Thus, if a woman's sexual partner engages in promiscuous behaviour, and unequal gender-based power relations prevent her from being able to negotiate condom use in her relationship, her vulnerability to HIV is increased and her ability to protect herself is denied.

The Gender and AIDS Almanac also identifies the stigma and negative connotations often associated with

female promiscuity as being a barrier to effective HIV prevention. Feinstein and Prentice (2000) state that such a barrier exists because people avoid seeking HIV prevention knowledge out of fear of being labelled promiscuous by others. This is largely because of the continued belief that HIV/AIDS is a disease that primarily affects promiscuous people.

Thus, it is important that gender roles are examined when determining the vulnerability of women to HIV/AIDS transmission. However, in addition to gender roles, it is important that enabling environments are also examined because they too play a key role in women's vulnerability to HIV/AIDS transmission. The following section examines such enabling environments, beginning with economic factors.

Enabling Environment

Economic Factors

Worldwide patterns of HIV infection suggest that HIV/AIDS often affects the most impoverished, and can in turn cause families, communities and nations to become impoverished due to escalating costs of care, medicine and lost earnings. UNAIDS has found that developing countries are home to 95 % of all AIDS cases. Furthermore, adults in developing countries who have low incomes, have higher rates of HIV infection (Feinstein & Prentice, 2000). These results support the assertion that economic factors are a significant influence on HIV vulnerability.

In addition to the above mentioned factors, women's vulnerability to HIV/AIDS transmission is also heightened if they lack economic stability, because they are more likely to be dependent on a male partner. This dependence can make it quite difficult for a woman to leave a relationship if she has no other means of support. In addition, economic dependence can affect gender-based power relations within the relationship making safer sex options difficult for the woman to negotiate. As noted above, even if such an option can be negotiated, safer sex may also be compromised by economic factors because both partners may be unable to afford condoms (Irwin et al., 2003).

Economic hardship is also the major motivating factor for many women who exchange sex for money, goods or services. Thus, without adequate economic structures to support those who are economically challenged, the vulnerability of women is heightened as they seek out sexual exchanges to support themselves and other dependents (Irwin et al., 2003).

HIV vulnerability, as a result of economic factors, can also be heightened if men and women are forced to migrate to work. Rural to urban migration is particularly disruptive to families and marriages, and often results in the formation of 'sexual networks in urban areas where there is an unequal ratio of men to

women (Whelan, 1999). Unprotected intercourse and multiple sex partners are also common behaviours among men who migrate for labour, which not only increases their own vulnerability to HIV but also the vulnerability of their sexual partners or wives. Labour migration also heightens women's vulnerability to HIV transmission because it can be a contributing factor in women's involvement in the sex trade and because it often separates women from family protection or social support networks that might otherwise protect them from unwanted sexual advances. (Feinstein & Prentice, 2000).

The impact of HIV/AIDS on families and societies has also increased economic hardships for women. In Sub-Saharan Africa, where 28 500 000 people were infected with HIV/AIDS by the end of 2001 (UNAIDS, 2002), women have been expected to carry more of the burden of coping with the social and economic impacts of HIV/AIDS than men. Household work, childcare and caring for the sick have all become demanded of women, as has their income-earning labour (UNAIDS, 2002). While economic factors contribute to the enabling environment for HIV transmission, HIV/AIDS can also cause economic insecurity or poverty. For many people living with HIV/AIDS, its related illnesses cause them to need time off work or to stop working altogether. If that person is the mainstay of the household, or even if their wages are factored into the household's economic security, the lack of income can cause the household to become impoverished. As mentioned above, economic insecurity is a motivating factor for women and children to enter the sex trade. Furthermore, in countries where women are unable to inherit land, access to productive resources and therefore a degree of economic security are often denied to the widows and children of men who have died from HIV/AIDS (Feinstein & Prentice, 2000). Such a fate not only increases their economic vulnerability but their HIV/AIDS vulnerability also. This is again evidence of the strong linkages that exist between economic factors and HIV/AIDS vulnerability.

Cultural and Social Factors

In addition to affecting economic security, inheritance laws that prevent women from inheriting land are also an example of a cultural practice that contributes to women's HIV vulnerability, and cultural and social factors are considered enabling environments for HIV transmission (Feinstein & Prentice, 2000). However, because they are deeply embedded in a society's belief and value system they can be very difficult to challenge.

Female genital mutilation (FGM) is a cultural practice that exists in some African countries such as Kenya. It is widespread in most practising countries with the World Health Organisation (WHO) estimating

that seven million out of the fourteen million women in Kenya have undergone FGM (Spinder, Levy, & Connor, 2000). FGM facilitates the transmission of HIV, because it often is performed on numerous girls at the same time, with cutting equipment that is unsterilised and often reused. So, in addition to mutilating the woman's genitals it also greatly increases her risk of contracting HIV. Male circumcision ceremonies also carry high risk of transmission for the same reasons (Feinstein & Prentice, 2000).

Another example of a cultural factor that facilitates the transmission of HIV is the importance placed on male sexual pleasure that exists in many cultures. It has been stated by Doyal (as cited in Tallis, 2002) that throughout the world male desire is accorded primacy, that is, sex is something performed by men, whereas for women sex is something that happens to them. Hence, male sexual pleasure is elevated above female sexual pleasure often at the expense of the female participant. By according male sexual pleasure primacy, especially when it is to the detriment of the female participant, the HIV/AIDS vulnerability of the woman is significantly increased.

Women's vulnerability to HIV transmission is also increased because of the cultural status motherhood attracts in some societies. For many women, bearing children is the key factor that determines their worth and position within society. Therefore, to use barrier methods of contraception, or to engage in non-penetrative sex to avoid HIV transmission is not culturally acceptable, because it would prevent conception. Infertility increases a woman's vulnerability not only because it lowers her social value, which can affect her economic security and support, but also because in many cultures it enables a man to take a second wife or even divorce his first wife. If the latter occurs, and the woman is unable to remarry, her HIV vulnerability is again heightened because her living conditions may force her to engage in survival sex (Whelan, 1999).

Thus, social and cultural factors can include a myriad of issues and because they are often so embedded within a society they are frequently the most difficult factors to address and require a rigorous response from governments, health departments and the involvement of civil society.

Political Factors

The final enabling environment that heightens HIV vulnerability identified by Feinstein and Prentice (2000) is the political environment. It has long been determined that government responses, or their lack of responses to HIV can heighten a person's vulnerability to HIV transmission. Fear-driven policies that focus on compulsory testing of vulnerable groups and quarantining or controlling the lives of PLWHA have

been proven ineffective, and Whelan (1999) argues that they generate a 'double jeopardy' for women because in addition to sexual discrimination, they then face health-related discrimination.

Whelan (1999) also notes that adolescent vulnerability to HIV is heightened due to political factors because social values generally dictate government policy. Therefore, because in many societies adolescent sex is still viewed as taboo, condoms are often not distributed to youths, meaning a particularly vulnerable group within society can be denied prevention efforts as a direct result of government policy.

The disproportionately small numbers of women who reach decision-making positions in government also influence women's vulnerability to HIV, and reflects the key role governments play in HIV/AIDS responses. This is largely because without an equal representation of women in formulating HIV/AIDS policies, it is likely that such policies will be 'ill-suited' to address women's needs (Feinstein & Prentice, 2000). Therefore, women's equal participation in politics is absolutely essential in ensuring their voices are heard.

Gender-related discrimination in education, employment, access to health care and the sentencing of gender-based violence perpetrators, as well as discriminatory property inheritance and ownership laws also heighten women's vulnerability to HIV transmission (Whelan, 1999). While the latter examples can be directly linked to government policies, the former can also be attributed to government because under the human security framework, equal access to education, employment and healthcare are all identified as the responsibility of governments (UNDP, 1995). Therefore, in countries where such access is unattainable for women, governments must pursue social programmes and initiatives aimed at challenging social and cultural beliefs that cause gender inequality, as well as introducing legislation that both supports and protects the emancipation of women.

Conclusions

The findings of this paper reinforce the growing realisation worldwide that women and men have different vulnerabilities in terms of HIV transmission, and that these vulnerabilities can be directly related to gender roles and enabling environments. This paper has also identified a number of unique and shared vulnerabilities faced by women globally. The key areas of HIV/AIDS vulnerability not only encompass gender roles such as sexual health, reproduction and STI knowledge, but also issues such as sexual passivity and aggression and sexual promiscuity. In addition, enabling environments, that is, the social, cultural, economic and political environment of the state, were also shown to heighten women's vulnerability to

HIV/AIDS. Clearly, such information will be useful in combating the spread of HIV/AIDS globally, as well as tackling HIV/AIDS regionally or nationally.

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References

- Feinstein, N., & Prentice, B. (2000). *Gender and AIDS almanac*, viewed 18 February 2003, <http://www.unaids.org/gender/docs/Gender%20Package/GenderandAIDSalmanac.pdf>.
- Irwin, A., Millen, J., & Fallows, D. (2003). *Global AIDS: Myths and facts. Tools for fighting the AIDS pandemic*. Cambridge: South End Press.
- UNAIDS. (2002). *Report on the global HIV/AIDS epidemic*. viewed 1 August 2002, http://www.unaids.org/barcelona/presskit/barcelona%20report/Global_estimate.html.
- UNAIDS, UNFPA, & UNIFEM. (2004). *Women and HIV/AIDS: Confronting the crisis*. Viewed 17 September 2004, http://www.unfpa.org/upload/lib_pub_file/308_filename_women_aids1.pdf#search=unaids%2C%20unfpa%20%26%20unifem'.
- UNDP. (1995). Redefining security: The human dimension. *Current History*, 94 (592), 229-36.
- Whelan, D. (1999). *Gender and HIV/AIDS: Taking stock of research and programmes*. Key Material, UNAIDS Best Practice Collection, viewed 10 August 2003, http://www.unaids.org/html/pub/publications/ircpub05/jc419gendertakingstock_en_pdfpdf#search='gender%20and%20hiv%20faids%3Ataking%20stock%20of%20research%20and%20programmes'.
- Whittaker, A. (2000). *Intimate Knowledge: Women and their health in North-East Thailand*. St. Leonards: Allen & Unwin.
- Spinder, C., Levy, E., & Connor, M. (Eds.). (2000). *With an end in sight: Strategies from the UNIFEM trust fund to eliminate violence against women*. viewed 3 October 2003, <http://www.unifem.undp.org>.
- Tallis, V. (2002). *Gender and HIV/AIDS*, report for BRIDGE development, viewed 24 September 2004, http://www.onlinewomeninpolitics.org/beijing12/CEP_HIVreport.pdf.