

## Entity for Gender Equality and the Empowerment of Women

### Topic B: Measures to improve the sexual education in Africa to stop HIV and AIDS epidemic amongst women

#### Introduction

The Human Immunodeficiency Virus (HIV) is a disease that targets the immune system, and as a consequence weakens the defenses against infections, even cancer. All across the globe this is a very serious problem. In 2017, it was found that 36.9 million people had this virus. The World Health Organization Regional Office for Africa reported 19.6 million people were living with HIV in the Eastern and Southern Africa Region in 2017, among them 650,000 were adolescent girls. On the same year, 6.1 million people were living with HIV in the West and Central Africa Region 250,000 of them were adolescent girls. The numbers of women who acquire it have grown exponentially in the last three years, it is necessary to take action to prevent more women from getting infected.

In Sub-Saharan Africa (70% of the world's population with HIV/AIDS infections), 58% of the infected people were women. Half of all new infections occur among young people (15-24 years old), which is why sexual education plays a very important role and should occupy an important place in girls' and young women's scholar education. African young women are two times more likely to be living with this disease than young men; the reasons behind these numbers are social and economic realities.

Among these realities it's found the lack of knowledge about STIs, women leave them unattended or don't even know they've got them; the lack of access to sexual health services is also a very important part of the problem. Also risky situations like coerced sex, commercial sex -when money, shelter, food, etc- are exchanged for sex. A much older sex couple -with more experience and therefore a higher chance of having these viruses or STIs, or the most important one, economic difficulty to have a proper education on the subject, make women and girls vulnerable and expose them to both HIV and AIDS.

#### Lack of preventive sexual education

In Africa, education plays an important role for young people. According to the United Nations Educational, Scientific, and Cultural Organization (UNESCO)'s Institute for Statistics, 67% of the countries in Africa have a range of 6-9 years of compulsory education, and only Kenya demands 12 years. Because of this, children don't reach a level of scholar where sex education is offered. In a study made by the Guttmacher Institute in 2010 called Protecting the Next Generation in Sub-Saharan Africa, it was found that 50% of 15-19 year-olds in Burkina Faso, Ghana, Malawi, and Uganda never received any type of sexual education, since it is not offered within their scholarship in high school. Also, they quit their studies before reaching the grade in which sex education is offered, and even in some cases, they have never attended school.

The lack of proper sexual education forces the young ones to look into this topic by their own means. On a study conducted by Cambridge students in 2012, "Breaking sex education taboos in Africa to tackle AIDS", children were asked if they had heard of sex and the place where they had learned that information from. Most of them pointed out that they are well aware of sexually related information and seek it in any type of pornography, whether it is found on magazines, advertisements or any material related to sex. Due to this they grow on a great amount of misconception and almost to none information regarding the importance of birth control methods or HIV prevention. "More than 90% of 15-19-year-olds have heard of HIV, yet fewer than 40% of adolescents in this age-group can

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both correctly identify ways of preventing transmission of HIV and reject common misconceptions about HIV transmission" (Guttmacher Institute, 2010).

A great number of young people start having sexual intercourse before the age 20, especially girls, 77% of them compared with 65% of men who have had intercourse. There are multiple reasons why this happens; among these, it is found peer pressure. "Almost one in five females in Ghana, Malawi, and Uganda report that their first sexual experience occurred through force or because their partner insisted." (Guttmacher Institute, 2010). This represents a great risk for women: 40% of sexually active women around ages 15 to 19, have had partners in the past year who were at least five years older.

### **HIV and AIDS: an obstacle to the economy and gender equality**

HIV has very specific and different strains, which can now be used to easily track the course of the epidemic. One in every three kids is HIV-positive because of their progenitors, most commonly their mothers. "In July, UNAIDS announced that of all Africans aged 15-49 who are HIV-positive, women make up a disproportionate 57 percent. Even worse, (...) of those in the 15-24 age group, fully 75 percent were young women" (Fleshman, 2019). Young women are more susceptible to get the infection, because of the continuous and unsafe sexual activity they perform. Gender discrimination regarding prevention programs, education, violence, women's property and inheritance rights, and access to care and treatment has represented a huge obstacle for UNAIDS. Treatment programs must be structured and monitored to ensure equal access for women. Legislative reforms and the enforcement of women's legal rights could probably stop impoverishment amongst AIDS widows and orphans.

It is not a surprise that in most cases the infection is acquired because of transactional sex, which involves intergenerational sex as well; this concept is known as the sexual intercourse commonly between young girls and middle-aged men in exchange for money and gifts. Because transactional sex seems like the only option facing poverty and growing consumerism, sustained economic development is a long-term solution, which can also provide expanded careers and educational opportunities for young women, ending with unemployment as well. An explicit focus in education and prevention programs could make possible the reduction of sexual exploitation, of which young women are victims.

Even though strategies and campaigns like Abstain, Be faithful or use a Condom (ABC) exist, and have proven to have lowered HIV-infection rates in Uganda (Fleshman, 2019), they're not precisely women-friendly. ABC hardly offers any real choices at all; UNAIDS Deputy Director Kathleen Cravero refers to recent studies made by ONG Africa Renewal, which show high infection rates among monogamous married women all across Africa. So, the problem is not the lack of responsibility from women, but instead, the "epidemic" of gender sexual violence, derived from male gender-biased "sexual education".

### **The limits to health and access to quality health services**

According to the World AIDS Day report made by the UNAIDS in 2011, in South Africa 5.6 million people (approximately 11% of the population) were living with HIV, however as to 2010 only 1.4 million were receiving antiretroviral treatment, and 50% of newly-diagnosed patients fail to obtain CD4 count test results after their recent diagnosis. Which is why most deaths occur before they become patients. In countries such as Burkina Faso, Ghana, Malawi and Uganda, 32-65% of sexually active teenagers suggest that receiving contraceptive care as well as STD testing and treating at health facilities would

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be beneficial, but are afraid and embarrassed to ask for these services. Around 24 up to 44% of adolescents did not know of any source for contraceptive services, and 31-67% had never heard of STDs facility care.

The National Institute of Mental Health, as well as the Harvard University Center for AIDS Research, in 2014 made a study called Barriers to Care among People Living with HIV in South Africa: Contrasts between Patient and Healthcare Provider Perspectives. Which concluded that an impediment to treatment initiation, 20% of the interviewed were in denial on the HIV diagnosis, because of the fear that others finding out and discriminating against them.

Social and demographic factors as poverty, lack of insurance, and inhabiting rural areas are barriers that prevent people from diagnosis and treatment. Patients may also need to travel far to reach clinics, that often requires taking time off from work as well as paying for transportation.

### **Sociocultural influence**

Women's role in African society is mostly related to the country's workforce. 60% of women living in developing countries make a living from working in agriculture; still, only the 10% of African women own livestock, and approximately 1% own their own land (Panella, 2016). This obvious disparity clearly shows how underestimated women's potential actually is. Although women are responsible for most of the country's production, they aren't able to express their concern on the policies and regulations that affect them directly. As the government isn't really worried about women's opinions, therefore their health, there isn't much that can be done in the ideological field.

Women aren't really in a position to demand faithfulness from their partners, so there is a huge risk of infection taking into account that in most cases men refuse to use a condom. Africa Renewal researchers report that this is because they fear of rejection or physical assault; and far from being worried about their own health, ironically, they're more focused on getting through the day without being beaten up. "Real-life prevention strategies for women include reducing the levels of violence against women, protecting their property and inheritance rights and ensuring their access to education", assures Mrs. Cravero.

The paradox of low risk and high vulnerability applies to African women infected with AIDS, particularly. And as the rates of infection keep growing beyond borders, ONG's, international organizations, women's rights organizations, and anti-AIDS activists claim that the solution lies in changing the factors contributing to women's vulnerability with sufficient commitment and resources. Unfortunately, all these parties interested in dealing with the situation can't progress without the support, involvement, and help from all African countries. Efforts to reduce the burden of AIDS/HIV on women must also engage boys and men, whose responsibility towards a problem that also involves them will mean a huge change in the social rejection suffered by infected women.

### **Initiatives to prevent and treat HIV**

The World Health Organization (WHO) made a review in 2018, " Focus on Key Populations in National HIV Strategic Plans in the African Region", about the National Strategic Plan (NSP) of 47 countries in the WHO African Region with the aim of identifying strengths, gaps and weaknesses in the way that NSPs address key problems on prevention and treatment of HIV. This review made recommendations for improving the consideration of key populations, these refer to a category of populations of special interest in the HIV epidemic, due to higher risk, discrimination or vulnerability on access to services.

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Among them, we can find female sex workers.

45 countries out of 47 mentioned that the biggest and most important key population is sex workers. These plans rarely mention young people in the context of sex work, although in a few plans the risks of girls engaging in sexual intercourse, is mention to have increased during the last three years. Some plans such as Côte d'Ivoire and Rwanda, argue that sex workers should enjoy legal protection, which should enable them to benefit from the strategies of the national response. Few NSPs called for the decriminalization of sex work. Stigmatized and the illegal status of sex work creates a barrier to access medical services, such as HIV testing, treatment (for example, in the NSPs for Burundi, Ghana, Lesotho, Liberia, Mauritius, and South Sudan) and proper HIV prevention.

"Some NSPs (for example, the Democratic Republic of the Congo) asserted that sex workers should be offered assistance in finding other professional activities. The Malawian NSP observed, however, that, once women are identified as sex workers, they quite often are actively denied access to alternative income-generating opportunities." (World Health Organization, 2018).

In 2011 UNAIDS created the Global Plan Towards the Elimination of new HIV Infections among Children by 2015 and Keeping their Mothers Alive. In this plan it was established that maternal, newborn and child health, as well as family planning programs, should work together to deliver quality results to improve health of HIV patients. As well as national and global support effort acts to deliver accountable results. During 2014, The Third Report of the independent Expert Review Group on Information and Accountability for Women's and Children's Health made by the World Health Organization, concluded that several changes should be made to ensure the fulfillment of the Global Plan.

First move forward with new initiatives such as Family Planning 2020 (FP2020), the Every Newborn Action Plan, and the UN Commission on Life-Saving Commodities. Then the creation of partnerships to achieve more than a single institution just as demonstrated in the Every Woman, Every Child; by the Partnership for Maternal, Newborn and Child Health (MNCH) and Countdown to 2015, which makes continuous reports that help for improvement.

"Provides an assessment of the state of the data to support evidence-based decisions in women's and children's health, and describes elements of the Countdown process that might inform ongoing efforts to hold the world to account for progress" (Partnership for Maternal, Newborn and Child Health, 2014).

### **Advised material**

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### Guide Questions

- What has your country done to stop HIV virus from expanding?
- What are HIV statistics in your country? When did it start? Has it stopped?
- Has HIV increased in these recent years?
- If we considered a number of HIV infected women in your country, which would it be. Has this number received medical treatment?
- Has HIV increased in under 15 year old girls?
- Are young people, among 15 – 24 year old, receiving sexual education programs at school? Which are they? Are the programs private or state initiative?
- Why do you think in these recent years younger girls have been HIV infected in your country?
- What has your country's government done to stop girls- prostitution?
- Do you consider there is a lack of preventive sexual education in your country? Why or why not?
- Does your country consider that the lack of proper education and religious taboos increase HIV problems? Why or why not?
- Is man – sex pressure considered an important reason for women to start having sexual intercourse before the age of 18? If so, is there any penalty for this action?

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## Glossary

**Antiretroviral:** any drug used to treat a type of retrovirus, virus that uses RNA as genetic material.

**CD4 count test:** test that measures the CD4 cells, type of white cells commonly referred as T-cells, which determine how much damage has been done to the immune system. **Coerce:** to compel by force, intimidation or violence. **Compulsory:** put into force by laws or rules; obligatory. **Consumerism:** concept that an always-expanding consumption of goods is beneficial to the economy.

**Exponentially:** constant rise in much greater degree.

**Misconception:** a mistaken or erroneous idea.

**Progenitor:** a direct ancestor related by birth.

**Impoverishment:** making or becoming poor. **Inhibiting:** prevent growth; repress.

**STI:** sexually transmitted infections or sexually transmitted diseases, are illnesses acquired generally by sex; blood, semen or vaginal fluid. **Stigmatized:** to set some mark of disgrace, shame or dishonor upon someone or something

**Susceptible:** being sensitive to, easily moved by, easily touched by some influence, agency, and force.