

The ABC Approach and the Feminization of HIV/AIDS in the Sub-Saharan Africa

Lynette Kvasny

lkvasny@ist.psu.edu

Jing Chong

jchong@ist.psu.edu

College of Information Sciences and Technology
Pennsylvania State University
University Park, PA 16802

INTRODUCTION

The growing prevalence of HIV/AIDS infections among women in African nations south of the Sahara is a complex and pressing public health concern. In this chapter, we examine how HIV/AIDS prevention campaigns construct women as the new face of HIV/AIDS in Sub-Saharan Africa. We do so by providing a feminist analysis of the US Government's Abstain, Be faithful, and correct and consistent use of Condoms (ABC) health campaign. President Bush's Emergency Plan for AIDS Relief is the largest commitment ever made by a single nation towards an international health initiative - a 5-year, \$15 billion approach to combating HIV/AIDS. The centerpiece of the prevention component of this plan is the ABC approach (Office of the United States Global AIDS Coordinator, 2005). Abstinence, according to this theory, should take precedence for people who are not in a relationship. Those who are in a relationship should remain faithful to their partners. And if the first two strategies fail for any reason, condoms should be used to prevent the transmission of HIV. Global AIDS Coordinator Randall Tobias endorsed a provision in U.S. law requiring that at least one-third of all U.S. assistance to prevent HIV/AIDS globally be reserved for "abstinence-until-marriage" programs. In effect, this makes "abstinence-until-marriage" advocacy the single most important HIV/AIDS prevention intervention of the U.S. government.

In our feminist analysis, we view this HIV/AIDS prevention campaign from a cultural perspective (Walby, 1996; Sontag, 1990; Treichler, 1999; Cheng, 2005) rather than structural determinants of risk such as public policy, globalization, industrialization, and the economy. For us, the feminization of this disease operates as an epidemic of signification which takes the gendered, raced, and sexualized body of women as its subject. Far from the "gay white men's disease" of the 1980's, HIV/AIDS is infecting and affecting women more than ever before. As the epidemic enters its third decade, women now account for half of the 42 million people living worldwide with HIV/AIDS. Of the 3.1 million people who died of AIDS in 2002, 1.2 million were women. In Sub-Saharan Africa, the transmission rate for women has surpassed that of men with six HIV-positive women for every five HIV-positive men (UNAIDS/WHO, 2004).

Women, the dominant subjects of AIDS discourses, are placed at risk by common systems of oppression such as gender, race, class, and social and spatial location. Through the health campaigns which are disseminated and reproduced through television,

radio, newspapers, and more recently the internet, women are uniquely constructed by privileged “experts” from the West as consumable subjects. In the case of women in Sub-Saharan Africa, we found that health campaigns which feminize AIDS are rooted in largely hegemonic cultural images which portray women as vulnerable subjects under siege. Through our analysis, we problematize the ABC health campaign and its appropriateness for women in Sub-Saharan Africa.

BACKGROUND

Women in Sub-Saharan Africa have become the new face of HIV/AIDS . While calling attention to women may help to end their silent suffering, if not done sensitively, it may unwittingly reproduce a discourse that depicts Africa in largely pessimistic terms. Media images of Black children with emaciated bodies, impoverished communities facing environmental and epidemic catastrophes, and bare breasted women standing besides grass huts are imprinted on the collective consciousness of citizens in the West. The internet provides a global forum for disseminating “afropessimism” through a broad range of communication channels including televised and printed media reports, news outlets, medical journals, websites, press releases, and policy documents, among others.

Through these pessimistic portrayals, African women have come to serve as a convenient trope for signifying the worst of the global AIDS/HIV pandemic, a fate to be both feared and avoided by other nations. The human suffering resulting from HIV/AIDS in sub-Saharan Africa has become entrenched in the psyche of the general US population. For instance, the Kaiser Family Foundation’s *2004 Survey of Americans on HIV/AIDS* found that more than eight in ten (83%) correctly acknowledged Africa as the part of the world that has been hardest hit with HIV/AIDS. However, only four in ten (39%) knew that about half of all new HIV infections in the U.S. occur among African Americans, and a similar share (40%) knew that half of all new infections in the U.S. occur among people under age 25. Thus, it appears that Americans know more about the HIV/AIDS situation in Africa than they do about their own country.

The American public’s understanding of the AIDS pandemic in Sub-Saharan Africa is dominated by media outlets which unfortunately often portray negative imagery and misguided generalizations. For instance, in this same Kaiser Family Foundation survey, when Americans were asked where they get information about HIV/AIDS, a large majority (71%) say that most of the information comes from the media. About half (51%) report they have seen a lot about the problem of AIDS in Africa in the last year, while less state they have seen a lot about the problem of AIDS in the U.S. (34%), Asia (11%), Latin America (7%), and Eastern Europe (5%). And while most Americans are aware of the problem of AIDS in Africa, it is difficult to contextualize this information because Africa is often depicted in monolithic terms even though it is a continent of 11.5 million square miles and 53 culturally, linguistically, and religiously diverse nations (Gesheker, 1995).

Distorted media accounts and a general lack of rounded understanding of African nations and culture conspire to maintain the historical, economic and psychological relationship between ‘us and them’ (Clark 2004; Mayhew, 2002). One such relationship, the

association between AIDS and Africa, has become almost reflexive (Gesheker, 1995) with nearly every report beginning with the recitation of the HIV/AIDS statistics for women - "Women comprise about half of all people living with HIV worldwide. In Sub-Saharan Africa, women make up 57% of people living with HIV, and three quarters of young people infected on the continent are young women aged 15-24." (UNAIDS, 2004).

Within this milieu, the ABC approach has been adopted as a public health campaign to combat HIV/AIDS in Africa. However, the ABC health campaign may be unrealistic for many African women and men. In what follows, we provide a feminist reading of the ABC approach, identifying why this health campaign may be problematic. We organize our analysis around each component – abstinence, be faithful, and condom use.

Abstinence

The feminization of AIDS focuses efforts on protecting "vulnerable" women and their children. Female sexuality is constructed around purity, self-restraint and the denial of sexual pleasure, with chastity and morality as the underlying logics (Cheng, 2005). Thus, the health message for women is to abstain from premarital and extramarital sex - "Abstinence is the only sure way to prevent sexual transmission of AIDS and other sexually transmitted diseases".

While the health message is clinically accurate, we find moral judgments about self control and sexuality embedded in the call for abstinence. Personal choice over when and how to engage in safer sexual activities is less prominent. And while moral assumptions may not reflect the cultural practices and beliefs of many African women and men, all HIV/AIDS prevention programs funded by the US federal government are required to promote abstinence. Moreover, in the 2004 State of the Union Address, President Bush called for a new emphasis on abstinence-only education, and doubling the funding for abstinence-only programs (Office of National AIDS Policy, 2005). Thus the US government is not a neutral philanthropic provider of aid. Rather, donations are subject to US political interests that influence policy decisions to support programs and services which may in fact be incompatible with local needs.

It is not just the content of the abstinence health message, but who has the power to determine the content of the health messages. "ABC has become little more than an excuse and justification to promote their [US government's] long-standing agenda regarding people's sexual behavior and the kind of sex education they should receive - A for unmarried people, bolstered by advocacy of B, but for most people, anything but C" (Cohen, 2005).

However, abstinence is difficult in practice. Virgins are prized by older men attempting to avoid contacting HIV infections (Gupta, 2000). This places young girls at risk for becoming infected by men who may already be HIV positive. Women also suffer from forced sex. The forces may be physical such as in rape, but women may also be forced into sex purely for survival. In areas which have been badly hurt by economic recession, many women and girls find economic refuge in "sexual networking," or exchanging sexual favors for money, gifts, and protection.

Be Faithful

The “be faithful” message privileges mutually faithful monogamous relationships in the context of marriage as the expected standard of human sexual activity (Collins, Alagiri and Summers, 2002). However, mounting evidence suggests that married monogamous women are among the groups at greatest risk of infection. For instance, in Kenya and Zambia, data reveal higher rates of infection among young married women (age 15 to 19) than among their sexually active, unmarried (female) peers. These studies found that the rate of HIV infections in husbands was higher than in the boyfriends of sexually active single teenage women. Women in marital relationships were also more frequently exposed to unprotected sex (UNAIDS/WHO, 2003). Women with no economic independence feel constrained to adopt whatever behavior is necessary to protect their marital status, including overlooking their partner's infidelities (Gupta, 2000).

Patriarchal power is one factor which helps to explain elevated risks for monogamous, married women. Patriarchal power is often expressed and reproduced through societal norms regarding female sexuality (no abstain from premarital and extramarital sex), and expectations about if and when women are to be married. Patriarchal power is inscribed in the law requires that married women give up their name, property, and personhood. Patriarchal power is sometimes used to construct the argument that African men are largely unfaithful to their significant others, unwilling to curb their sexual drive, and averse to condom use (Roberts, 2003). Wives are expected to be sexually passive, while husbands are expected to actively pursue sex. Women can't turn down sex from their husband, and they can't fully enjoy sex. Thus, wives are dissuaded from participating fully and actively in sex. This may promote the spread of the virus because some men suggest that their wives “just lie there” and use this as a rationale for soliciting prostitutes (Schoofs, 1999).

Hence, husbands are seen as promiscuous and less deserving of sympathy, while wives are seen as vulnerable and sexually compliant. Sexual compliance is part of the social role and expectations for married women, and is just one example of the way in which patriarchal power is intimately intertwined with social justice and HIV prevention. A faithful woman will find it difficult to reduce her risk of contracting HIV/AIDS in an otherwise misogynist material context (Gavey, 1992).

HIV testing is integral to the “be faithful” message because it lets both partners know their status. However, introducing voluntary testing and counseling would not be easy, as there was still a lot of fear and stigma surrounding the disease. “Somebody just can't go for testing because it means one thing: you are going to find out whether you are going to die or not,” (UN Office for the Coordination of Humanitarian Affairs, 2005). There are few positive messages about living with HIV. Therefore, this is still seen as a disease that kills which makes it extremely difficult to encourage people to be open about their HIV status.

Condoms

Consistent and correct use of condoms is the third component of the ABC health campaign. This message is generally targeted at heterosexual women, and suggests that

women should act assertively to control the course of their sexual encounters to ensure that the male partner uses a condom (Gavey, et al., 2001). This message may, however, be problematic for several reasons. First, the discourse of condom use is couched in Western notions of individualism and personal responsibility. This creates contradictions in gender roles and personal identity as a women's desire to be a faithful and committed partner. It also contradicts the cultural significations of sexual intercourse as an expression of monogamy, commitment, love and trust. This demand for condom use also calls for women to enact assertive sexual behaviors that may go against their feminine identity to acquiesce irrespective of her desire not to have unprotected sex. Some women think of sex as something that happens to them rather than something they choose. Thus, if a woman's desire to acquiesce overrides her desire to be assertive, then condoms provide little support. For instance, a study in Zambia found that fewer than 25% of the women interviewed believed that a married woman could refuse to have sex with her husband, even if he had been demonstrably unfaithful and was infected. Only 11% thought that a woman could ask her husband to use a condom in these circumstances (UNIFEM, 2001).

Second, this message places women in the position of negotiating with her partner, and suggests the possibility of an individual, rational solution in a relation dominated by the male (Giffin, 1998). At the same time, it ignores the constraints on women's ability to control condom use. Women throughout the world have relatively less control over their sexuality or over their partners' sex behavior (Gupta, 2000). In parts of sub-Saharan Africa, for instance, poverty and lack of alternatives sometime lead adolescent girls to exchange sex for food, school fees, money and other commodities, often with men who are much older (Murray, 2003). Her male partner may force her to engage in unprotected sex, which exposes her to the danger of physical force from their male partner. In this way, health campaigns that promote condom use for women reinforce heterosexuality and the dominance of the male sex drive (Gavey et al., 2001). However, a male partner may also refuse to have sex, which would interfere with a women's sexual pleasure and jeopardize her chances of continuing a consensual sexual encounter.

Third, condoms carry a stigma. Studies on every continent demonstrate that both men and women perceive condoms for use when having sex with "others," not stable partners. Condoms are for "women of the street, not the home." Even sex workers who are scrupulous about using condoms with clients tend to avoid them with boyfriends and husbands. All too often, condom use has become a sign for the level of trust in a relationship rather than simply a sensible means of protection (Gavey, et al., 2001).

Discussion

While the discourse surrounding the ABC approach appropriates a feminist tone in its concern for women, it is in some ways limited in its promotion of legitimate debate on gender relations. According to Kofi Annan, former UN Secretary General, the ABC approach requests individual change without enacting the societal change that would facilitate women's agency. The driving forces for HIV transmission in southern Africa are linked to structural inequities such as poverty, the economic and social dependence of women on men, and a fear of discrimination that prevents people from openly discussing

their status. Women are not able to disclose to their partners that they may have been exposed to HIV in case they are vilified, deserted and left destitute. Society's inequalities also put them at risk through the lack of access to AIDS treatment, coercion by older men, and men having several partners (UN Office for the Coordination of Humanitarian, 2004). This broader socio-political context contributes to the AIDS crisis in Africa. Ecological degradation, migratory labor systems, rural poverty, and civil wars are the primary threats to African lives (Gesheker, 1995).

This, however, does not discount the moral imperative for providing reliable information about HIV/AIDS prevention, and equitable access to condoms and life sustaining medications. In targeting different prevention messages to different groups of people (married women remain faithful, unmarried women abstain, and sexually active women outside of marriage should condomize), the ABC approach fails to consider that a woman may need different messages at different stages of life. For example, a young woman who abstains until marriage is likely to want and need condoms in order to be able to plan childbearing and protect herself from HIV. After a few years of marriage, this same woman may want to become pregnant. However, until non-spermicidal microbicides are developed, this woman has no method for safely becoming pregnant while protecting herself from the risk of HIV/AIDS from a husband who may have other sexual partners (Cohen, 2003). Reproductive health is clearly not distinct from HIV/AIDS prevention, because women often are trying to prevent both HIV/AIDS and unplanned pregnancies simultaneously. The lack of reproductive technologies available to women who are trying to conceive may place them at increased risk.

Massive condom distribution and access to anti-retroviral drugs are necessary for preventing both unplanned pregnancies and HIV infection. However, the need simply exceeds the resources of many of the world's poorest nations.

“Abstinence cannot happen in an illiterate community where people have sex early. 'Be faithful' is not going to happen, and 'condomise' - we are ready to use them, but we have no access to money. Condoms are not freely available, and at the price of 500 Ugandan shillings (25 cents) for a packet of three, are luxuries many cannot afford. People can spend that money on condoms or food ... they are not going to spend their food money on a piece of rubber" (UN Office for the Coordination of Humanitarian Affairs, 2005).

Given these challenges, it seems arrogant and ineffective to impose a Western health campaign without careful adaptation to the various economic, social, and cultural forces that exist in the nations of Africa.

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TERMS

ABC health campaign: The centerpiece of the prevention component of President Bush's Emergency Plan for AIDS Relief. Abstinence should take precedence for people who are not in a relationship. Those who are in a relationship should remain faithful to their partners. And if the first two strategies fail for any reason, condoms should be used to prevent the transmission of HIV.

Afropessimism: An unremittingly bleak view of Africa. The persistence of the menacing image of Africa in the West is highlighted at the present time by the AIDS pandemic.

Human Immunodeficiency Virus (HIV): Immunodeficiency means having a faulty immune system so that a person can become very ill or die from a disease that others can fight off. Acquired means that HIV is passed from person to person through blood or other bodily fluids, through a transfusion of infected blood, to a baby from its mother, through use of contaminated hypodermic needles, or through sexual contact with a person who has the disease.

Acquired Immune Deficiency Syndrome (AIDS): AIDS is a human disease characterized by progressive destruction of the body's immune system. It is widely accepted that AIDS results from infection with HIV. Although treatments for both AIDS and HIV exist, there is no known cure.

Sub-Saharan Africa: The region of Africa south of the Sahara desert. Sub-Saharan Africa, one of the poorest regions in the world, still suffering from the legacies of colonial

conquest and occupation, neocolonialism, and internal conflict. The region is comprised of 48 nations, many of which are among the least developed countries in the world