

The Relationship Between Gender Inequality and HIV/AIDS in Africa

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Introduction

“Tomorrow belongs to the people who prepare for it today.” An old African proverb speaks truth for the present condition of the continent as a whole. Development is necessary for this impoverished, malnourished and disease-stricken region of the world but growth and progress will not arise without productive and successful involvement of others today. Relief programs in existence around the world have yet to determine the element needed to make progress in the lives of those most in need in Africa because of the severity and sheer diversity of the issues at hand. The human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) has essentially affected the continent as a whole economically, physically, and culturally leaving much turmoil and little hope in the lives of its inhabitants. In this paper I hope to enlighten on some key components of African life including gender inequality, the role of women in society as well as some cultural attitudes affecting women, all of which may be part of the detriment to successful development programs in existence today. Through literary research, case study reviews, personal interviews and my own personal observations and experiences of Tanzanian relief efforts, a true understanding of the problem as well as the success can be found in hopes of discovering better methods of support for the HIV/AIDS relief effort in Africa.

The key obstacle hindering Africa’s development today is the deadly acquired immunodeficiency syndrome (AIDS) disease progressed from the human immunodeficiency virus (HIV) which severely depletes the immune system. Because of the attack this virus takes upon the human immune system, once contracted the victim is further susceptible to many other life-threatening infections. The issues surrounding the constant spread of the disease rather than

the necessary prevention stem around lack of education about the epidemic, specifically the ways of transmission and the overall gravity of illness once it's been spread. Also the lack of knowledge about safe sexual practices as well as misleading cultural myths and beliefs about the spread and cure of the disease also influence the spread of HIV/AIDS around the continent. In recent years a trend involving women has begun to emerge causing many to explore the relations between the deadly AIDS virus and the female race. The focus of women and AIDS has recently thickened as the accounts of victims began to show an increase in female infection throughout the African continent yet a clear rationale was not evident. General concerns about the increasing number of women falling victim to the virus revolve around the importance of women in African communities culturally as they hold responsibilities of family life and reproduction for future generations. A focus on women's relief in HIV/AIDS programs is important for the future.

My interest in the empowerment of women for social justice as well as health and safety concerns led me to perform volunteer work in the community of Arusha in Tanzania, Africa. The community is home to many existing non-governmental organizations with an array of interests and I chose an organization whose main concern is promoting gender equality and pursuing the fight against HIV/AIDS throughout Tanzania by providing opportunities for women to gain independence and self-worth. The program I worked with for my volunteer work, the Arusha Project, partners with many locally-run organizations throughout the Arusha region of northern Tanzania, all of which provide support for many community needs including an orphanage for children orphaned by AIDS, a primary and post-secondary school for learning English, many micro-credit programs, sustainable agricultural workshops, and support groups for women. During my month in Arusha I experienced many aspects of the Arusha Project's work

by working daily with an organization called Hatachoki meaning 'We will not tire' in Kiswahili. My duties as a volunteer for this organization included teaching English, elementary level mathematics and basic hygiene and health concepts to young children in the hillside region of Tenguru in Arusha as well as improving the conditions of the classroom by working with the children to paint and decorate their learning area. In addition to daily work at my assigned volunteer placement, the Arusha Project provided many opportunities for me and fellow volunteers to visit many other partnering organizations to learn and observe their community work in order to gain a better perspective on the locally run non-governmental organizations serving Arusha. I also had the opportunity to assist in the preparation of a grant proposal for a formal presentation among community members with a women's economic empowerment group requesting additional funds to begin a micro-credit program for women suffering from HIV/AIDS. Throughout these activities I was able to not only participate in the efforts of the international organization I came with but also the local organizations begun by community leaders in response to the society's needs. By observing the work of the Arusha Project and being a key player in the relief work they provide for their community I was able to gain better insight into the challenges they face as a non-governmental organization as well as see the product of their efforts as they help improve the lives of women and their families and help them prepare for a better tomorrow for all of Africa. Based on my knowledge gained from relevant research and personal experience I feel incorporating a greater focus on gender equality and empowerment of women into HIV/AIDS relief programs can increase the productivity of international development agencies and local non-governmental organizations working to fight the spread of disease by strengthening the power and respect of women within the small family and community levels subsequently reforming systems at the larger national levels and

eventually inflicting change on the global scale. Without full commitment on all sectors of this movement the African community will be lost within the troubles of the past and present and never see the light into the joy of tomorrow.

AIDS in Africa

As with most less developed and developing nations around the globe, the issues halting progress and development are numerous ranging from all sectors of life. Problems such as restrictive government and corrupt leadership, lack of good quality education and thus a poor job market, lack of general resources such as clean water and arable agriculture land and in some cases even electricity. These issues all contribute to the obvious problem of poverty which blankets all others, especially the issue of health. With an extremely high poverty rate in less developed nations such as those in Africa, basic health care is hard to come by for reasons such as a lack of health care facilities, a lack of trained healthcare workers and a lack of general knowledge about sanitation and nutrition. For these reasons and many others, diseases can be spread easily and quickly without the proper knowledge and prevention resources needed. By this stage in the HIV/AIDS pandemic, it is known that the continent of Africa has suffered the most grueling effects and is probably the furthest from its cessation. But the seriousness of this epidemic in Africa and the future implications it hold for the upcoming generations is not widely known. As Donald Snow discusses this issue of inattention in his book, Cases in International Relations: Portraits of the Future, Third Edition, he reveals an interesting point regarding the simple economics of the problem. In the United States, if a disease begins to spread with any

inclinations of it stretching across the population, medical attention would typically be given to those infected very quickly regardless of the situation because of the potential damage it could cost our people. The only reason this is possible is because of our decent medical care, insurance, and sufficient family earnings. The typical cost of AIDS care and regular medications ranges between \$10,000 and \$15,000 per year, which vastly surpasses the per capita income of African nations which is generally measured in hundreds of dollars as opposed to thousands. (Snow 263) Because of the great cost of treatment, those living in Africa are not able to pay for it themselves nor can all those needing treatment be funded internationally solely by personal donations and charity.

In addition to the dimensions of the HIV/AIDS issue in Africa, Donald Snow touches upon the effects of the pandemic on current African life as well as future implications that many are unaware of. The seriousness of this issue reflects upon the fact that this disease and its effects are unique to the world by its ways of infection, nature of spread and the societal impact during its course. Although many disease epidemics have struck this world throughout the ages and taken the lives of great amounts of people, more than AIDS has so far, none have been targeted at certain age ranges but rather hit sporadically to devastate the population as a whole. Because of the methods of transmission the HIV virus holds and the lifestyles of those in their peak sexually active years, many nations are losing their younger generation. Young people in their twenties and thirties are the main target group of this disease in most African nations which is causing an entire generation to potentially be wiped out. If this trend continues longer, African life in ten to twenty years will have an immense collapse in their workforce, the army and national leadership. Snow poses great questions regarding this topic,

“What happens when members of the current generation are dying in their 20s- who is supposed to assume leadership in their countries? Who will provide the working class that can contribute to the economic development of countries desperately in need of economic modernization? Where will the soldiers for the army come from? For that matter, who will parent the generation after that, when AIDS is hopefully a matter of history but its demographic consequences are not?” (Snow 271)

Without a strong middle-age population there will be too many individuals unable to work, produce, and develop, such as children and elders, and not enough that can. Africa’s steps toward development will again be in the hands of the future instead of the present. Another crisis is the number of children orphaned by AIDS thus far, a number that continues to grow each day. Based on an article from United Nations Children’s and Education Fund (UNICEF), the branch of the United Nations committed to children’s affairs, by 2010 it is estimated that the number of children orphaned by AIDS is projected to double to nearly 25 million. (United Nations Children and Education Fund) Without proper family life, education and upbringing, the foundation for these children is weak. Their physical and psychological well-being and development is dependent on other family members, friends, neighbors or anyone willing to care for them but when the numbers grow to an unreasonable extent, there will be little to do. For these reasons and more, Snow declares this pandemic a trans-state issue meaning that not just one troubling nation can battle the HIV/AIDS devastation alone; it needs the dedication and cooperation of many nations to fight together. Snow concludes that the AIDS problem in Africa is no longer just a health problem but rather a hindrance on development and thus one that should affect all mankind in a way that encourages action and concern from everyone. Because the virus is not staying in one region, but instead traveling across national borders and vast oceans to infect large amounts of individuals around the world, every nation needs to take responsibility and collaborate together to fight against HIV/AIDS.

Women and AIDS

As stated briefly earlier, the issue of women and AIDS has become an increasingly serious issue in many areas of the world especially in Africa where women are acquiring the HIV virus at higher and faster growing rates than men. Women are often considered the “backbone” of African society because they are the core of the rural agricultural system as well as of their families. Women living on small-holder agricultural farms in rural Africa are often the ones growing, maintaining, selling, and eventually cooking their family’s farm productions. Women are traditionally the ones caring for and looking after their children keeping a strong family structure. Previous Secretary-General of the United Nations, serving from 1997 to 2006, Kofi A. Annan from Ghana discussed in an article for the New York Times in December 2002 that in majority of studies done on development strategies for Africa the outcome has determined that women need to be the center of focus. Through his experience and earlier United Nations studies, Annan concluded that when women have involvement in their family’s well-being families are generally better fed and healthier and their family finances reveal higher incomes and savings. (Annan) So while AIDS is taking the lives of more and more women in Africa, rural agricultural development is declining, family and community-based lifestyles are diminishing and more husbands and children are losing the care, devotion, knowledge and strength of their women. The article by Kofi Annan, a strong and successful African male, supports the idea that women are more vital to the community than perceived which holds true not just in Africa but to many other areas in the world where gender inequality is still very much a part of life, the nations where women are deprived of respect, dignity and equal rights to men.

The impact of this virus is generally stronger for women in poverty stricken areas and additionally, the gender inequality still prevalent in many areas of the world leave females at a greater risk as well. The combination of living in an underprivileged community and being inferior to males because of cultural standards produces the fact that women will receive less economic and educational opportunities than men leading to a more dependent female race and a more male-dominated society. Many women are forced to take any means necessary to support themselves and their children, many times leading to a life of selling one's body for money resulting in a high risk lifestyle for HIV infection. Additionally, young girls are becoming infected younger and younger as they are most often targeted by older, unfaithful, men taking advantage of youth's inferiority to adults resulting in more young girls with HIV than young boys. Another issue often overlooked is the problem of social stigma about AIDS in many societies, especially for women. The discrimination, judgment, abandonment and shame that accompany the diagnosis of AIDS can often ruin a women's social life within her community as well as the relationship with one's husband and family. A study done in India revealed that of a large group of HIV-positive women interviewed, almost 90% claimed to have been infected by their husbands but were instead blamed for the disease. (United Nations Programme on HIV/AIDS, Women and Girls) The social stigma surrounding the AIDS virus keeps many individuals from seeking medical attention, telling their loved ones and sexual partners and thus continuing to keep the virus breeding while also further stopping the pathways of discussion among family, friends and community.

Not only do these socioeconomic and cultural situations lead women to be at a greater risk than men, but biologically females are more likely to acquire the disease than males. Studies done by the United Nations Program for AIDS have found that "In unprotected heterosexual

intercourse women are twice as likely as men to acquire HIV from an infected partner.” (United Nations Programme on HIV/AIDS, Women and Girls) The pure biological make up of women make them at a higher risk so the addition of these previous factors create a very serious social issue that can no longer be ignored. In addition to a woman’s biological concerns, the responsibility of child- bearer also increases concern over and importance of women’s sexual health and HIV/AIDS prevention. Many cases of infant HIV infection are the result of mother-to-child transmission. The Center for Disease Control (CDC) refers to the method of HIV transmission from the infected mother to infant during pregnancy, labor, delivery, or breastfeeding as perinatal transmission. (Center for Disease Control and Prevention) In areas such as Africa and other less developed countries where medical attention is expensive and unattainable to most, the correct prevention and adequate care needed for infected pregnant women is generally beyond reach. With the average fertility rate of African women ranging from four to seven children, and in many cases even more, the seriousness of this issue must be discussed. If women are now acquiring the virus at a more rapid rate than men and the chances of perinatal transmission for each child born to an infected mother are great, African women have the ability to spread this disease at an incredibly rapid rate with no real effort, just because of their biological reproductive responsibilities. These facts are rarely recognized by the general public because of a lack of education on the subject and a shortage of trained and qualified medical personnel. But the complexity and expense of prevention treatment are also hindering the fix of this serious problem.

The obvious prevention methods of perinatal transmission are the prevention of HIV infection among women and most importantly the prevention of unplanned pregnancies among already HIV infected women but some matters are just inevitable in the life of African women so

additional methods must be implemented. These include the general prevention of transmission of HIV from mother to child and a comprehensive care and support network for all women and their families suffering from the effects of HIV/AIDS. The primary treatment process for anyone living with human immunodeficiency virus is the use of standard antiretroviral therapy (ART) which uses about three antiretroviral drugs to help suppress the HIV virus by stopping the advancement of the disease before it severely diminishes the human immune system and progresses into acquired immunodeficiency syndrome, or AIDS. (World Health Organization, Antiretroviral Therapy) The timely administration of these drugs into HIV-positive pregnant women as well as the mother and new baby after birth can significantly reduce the chances of perinatal transmission. Young HIV-positive children are often provided a smaller, less dense amount of the antiretroviral drug treatment because the intensity and the possible side effects can be harsh. The drug, zidovudine (ZDV), has been found to be the best antiretroviral treatment for pregnant women for reducing HIV transmission but the high cost of this drug makes it an unrealistic choice for the massive amounts in need of it. (Center for Disease Control and Prevention) In resource limited areas, the United Nations Program for AIDS has begun to focus on the use of less-expensive antiretroviral drugs such as a single-dose intrapartum and neonatal nevirapine. Although these have been documented as reducing the risk of perinatal transmission by 40%, funding for more superior and more affordable treatments are needed globally. (United Nations Programme on HIV/AIDS, Prevention of Mother-to-Child Transmission of HIV)

The prevention methods for HIV transmission through breastfeeding is a very sensitive and controversial issue. The World Health Organization as well as many other globally recognized health associations that work in less developed and resource limited areas highly recommend breastfeeding infants until they are ready to eat on their own. This recommendation

is based on the fact that basic nutritional foods are sometimes not readily available in poverty-stricken areas and breast milk for infants is the only way for infants to receive the nutrients needed. Vitamins and nutrients are essential to the mental and physical development of children and the administration of these are vital in the first months of life hence the practice of breastfeeding. But, as mentioned before, breastfeeding is one of the ways of HIV transmission from mother to child. The obvious answer would be to prohibit breastfeeding among HIV positive mothers in order to stop the spread of HIV but if the child is not breastfed they may not receive the nutrients they need to survive beyond their first few months of life. The WHO takes this issue seriously as they state that, "It is a public health responsibility to prevent HIV infection in infants and young children...It is also a public health responsibility to support optimal breastfeeding to prevent mortality and illness due to diarrhea and respiratory infections." (World Health Organization, HIV and Infant Feeding) The method the World Health Organization has chosen to promote to HIV-positive mothers is exclusive breastfeeding for the first six months unless safe and healthy replacement feeding options are affordable and available in which case the avoidance of breastfeeding is recommended. (World Health Organization, HIV and Infant Feeding) The prevention methods in this situation are then highly dependable on the mother's individual circumstances and condition as each case differs but ultimately, the main concern is the health and safety of mother and child.

Based on these issues discussed about women and HIV/AIDS one can see why the focus of development projects in Africa need to have more of a focus on women because the need of education, awareness, and support are growing. This issue is becoming more and more recognized by world leaders and influential figures in development but work must be done about it now. An influential article was written by Eka Esu-Williams at the start of the new

millennium following her attendance at the International Conference on AIDS and STD in Africa located in Lusaka, Zambia in September of 1999 which provided her with great material from several speeches on a range of topics regarding gender issues with connections to the AIDS epidemic in Africa. The focus remained on the attention and action needed for the future in order to help overcome the gender inequality influencing the spread of HIV in Africa. This article shares stories of female speakers at the conference as well as many of the concerns among women in Africa including stigma, social context, and the relationship between men and women. Also included are four issues in which Esu-Williams found had emerged through the conference which need to become priority concerns for the futures. These include, “the need to meet women where they are by recognizing the contexts in which they live, the need to remember that women and men experience stigma differently, the need to address gender inequities as they affect sexual behavior and resource access and the need to develop true partnerships between men and women in the fight against HIV/AIDS.” (Esu-Williams) While each of these issues need to be further addressed and implemented in the future, the last one which realized the need for a development in partnerships between men and women stood out as the most important for the fight against HIV/AIDS. Men and women are not considered equal in many African communities and thus even in mutual relationships the respect and communication are nonexistent making the discussion about serious issues such as sexual relationships and sexual diseases difficult. Esu-Williams works with an organization known as Society of Women Against AIDS in Africa (SWAA) which has provided strong support, care, and prevention for women with HIV for over ten years but she admits they still have not developed a clear approach to help strengthen the essential relationships between men and women in order to protect couples from HIV. (Esu-Williams) The programs they lead in troubled areas of Africa have succeeded in

spreading awareness and education about sexual diseases to the individual, women in particular, but have yet to lead successful programs that include husbands, partners and full communities to share in the education too. Esu-Williams emphasizes how the change in the status of women in their communities can increase a women's self-confidence and self-respect but if these women are not receiving the same support and respect from their partners at home the process will be counterproductive. International collaborations are not the only answer, partnerships within relationships and communities are what will increase the effectiveness of our global fight against HIV/AIDS.

Cultural Situations Affecting Women

The matters concerning women and the prevalence of HIV in Africa has been discussed thus far as the main detriment to development programs because of the strong impact these matters have on affected communities. The matters of necessary women empowerment, the importance of women in African communities and families, the biological concerns of women and HIV transmission as well as the future priority concerns of needed male and female partnerships are all major concerns involving gender equality for women in Africa and pursuing the fight against HIV/AIDS. Although these are major detriments to the development in Africa, more cultural situations and problems that add to the gender disparity and increasing HIV infection rate needed to be discussed as well. The further exploration of this topic will supplement the ideas previously discussed and advance the understanding of the association

between gender inequality and HIV/AIDS in Africa in hopes of inspiring and promoting the fight against both.

An important consideration in HIV/AIDS rates is the transmissions among the youth in Africa as this is the section of the population with an increasingly high number of cases. This social issue reflects upon the cultural aspects of African communities which have been imbedded in most since a very young age. Although we have touched upon these ideas slightly in earlier areas of this paper, this discussion about the youth HIV infection rates will be more in depth and provide deeper understanding of the structure of African culture and its people. As her dissertation research, Sanyu Mojola, observed and collected data for seven months with the Luo ethnic group in the AIDS affected region of Nyanza province in Kenya to assess the situation of the disease spread among young women rather than young men. The data collection process includes observational study, personal interviews, ethnographic observations and previously found information from the 2004 edition of the Kenya Demographic and Health Survey. The concern over the rapidly increasing HIV rate among women rather than men has become a key topic among social science research as it reflects upon the community and culture of African lifestyles which if researched and then acted upon can hopefully implement change. This issue has previously been considered through socio-economic, biological, and political means but this study reflects mainly on the social structural aspects of communities to determine the cause of transmission among young women. The three social structures focused on by Mojola are relationship transitions, school transitions, and transitions to work. (Mojola) The concern emphasized is the transition between young girls to young “consuming” women. As a young woman begins to mature and grow her need and desire for personal items and other possessions grows too which can cause problems in poverty stricken cultures. The main idea here is that the

availability of resources is low for most impoverished young women so they seek out older men as providers, yet at the same time these older men are more likely to be affected by HIV/AIDS.

This idea can be easily understood as this matter occurs in all areas of the world but is rarely discussed publicly because of the social stigmas around these types of relationship situations. But the risk of HIV spread in Africa is extreme so any relationship stigmas must be discussed.

Through the eyes of young African women, even with a high risk of sexual disease infection and HIV transmission, older men are seen as more “attractive” than the men in similar age groups solely because of resource desire and young men’s inability to provide for the lifestyles of the young women of today, even in Africa. This leaves young women at a greater risk of transmission yet leaves the men at a relatively low risk, described by Sanyu Mojola as

“dangerous transitions” for women versus “safe transitions” for men. (Mojola) The detail of the discrepancy can be seen by these statistics from Mojola’s dissertation paper on HIV prevalence rates in Kenya. For the age group consisting of individuals fifteen to nineteen years of age, there is 0.4% prevalence for men and 3.0% prevalence for women resulting in a ratio of 1 to 7.5. For the age group consisting of individuals twenty to twenty-four years of age, there is 2.4% prevalence for men and 9.0% prevalence for women resulting in a ratio of 1 to 3.8. (Mojola)

The gender disparity in HIV prevalence of African youth is displayed here through these statistics yet is displayed in real life by the cultural norms influencing the life styles of young women in African communities. By addressing this topic of gender disparity in HIV prevalence we also indirectly address the topic of poverty and how it can also influence the lifestyles of African communities as well as play a role in the increase in sexual disease transmission.

Poverty as discussed as a cultural or social problem can answer many underlying questions regarding social issues because it is the sole determinant of life outcome in less developed

countries. Collaboration among international organizations can help address poverty on a large scale as it affects other social issues including health.

The World Health Organization (WHO) helps teach, promote and provide good health around the world. In order to do so the WHO also addresses the social problems they determine the major factors in halting development which often has a direct correlation to the unhealthy lifestyles of those living in poverty. Specifically, this organization has agreed that gender inequality in less-developed and developing communities has helped create and sustain the HIV/AIDS rate around the world and most distinctively in Sub-Saharan Africa. The WHO's article addressing gender inequalities and HIV concentrates on social issues such as predisposed gender norms, disproportionate access to resources between genders, violence against women, women remaining primary care-givers in families, and unequal education levels among males and females. (World Health Organization, Gender Inequalities and HIV) The section of gender norms focuses upon the stereotypical masculine and feminine qualities that influence the actions of people, for example masculinity can encourage men to be involved in many sexual relationships and have sexual relations with younger women, both of which increase the risk of HIV infection for all parties involved. Likewise, certain feminine qualities can prevent women from searching out sexual disease information and related services and not being more assertive and proactive in their own relationships. Also, the prevalence of violence against women can increase the risk of HIV infection as women may not have the power or opportunity to discuss condom use and forced sex can bring about tears and abrasions during sex that are high risk infections areas. Another important issue the World Health Organization's article concentrates on is the reality of resource scarcity, specifically in terms of education and economic standing. Commonly, in less developed countries, if a woman loses her husband she can also lose her

home, possessions, inheritances and maybe even her own children because of her inability to make a living for herself and her family. Without an education, women will not possess the comprehension and skills needed for a career nor the knowledge to make safe sexual decisions. (World Health Organization, Gender Inequalities and HIV) The World Health Organization uses the facts in this article to emphasize the fact that HIV programs around the world need to integrate the issues of gender inequality as a factor in HIV relief. As each problem is addressed, a solution to it through HIV programming is also addressed such as workshops to implement change in the stereotypical gender norms, medical services and support for female victims of violence, and the promotion of economic opportunities for women in low-income communities. As stated from the article, “In 2008, only 52% of countries who reported to the UN General Assembly included specific, budgeted support for women-focused HIV/AIDS programs.” (World Health Organization, Gender Inequalities and HIV) An evaluation of existing programs will help to keep the services that yield success and change those that are not. Programs must be gender and age appropriate as they address the concerns of gender inequality to promote strength and group support for women living with HIV in hopes to develop better resources to halt the spread of sexual disease.

The World Health Organization focuses on this topic of promoting gender equality and combating the HIV/AIDS epidemic as a way to support and endorse the United Nations Millennium Development Goals. These issues are two of the eight key goals that the United Nations hopes to accomplish in order to reduce poverty around the world by their target year 2015. The issue of poverty and its influence on HIV spread was integrated in Sanyu Amimo Mojola’s dissertation topic regarding dangerous transitions as well as this article from the World Health Organization. The United Nations Millennium Development Goals supported by the

WHO all encompass the overarching problem of poverty in the less developed countries as this one issue affects all aspects of life such as health, education, and of course development. These development goals are addressed individually yet they must all be completed together for progress to be made. Although this paper mainly focuses on the two goals of promoting gender equality and combating HIV/AIDS, it also indirectly incorporates children's health, maternal health, universal education, global partnership and ending poverty which are also all included in the eight UN Millennium Development Goals. By working globally as one, these goals can be accomplished by productive and proactive programming. This article by the World Health Organization was beneficial to my research as it gives various incidences of gender inequality that affect a woman's life by describing specific issues and how they relate to women's susceptibility to HIV/AIDS. Most importantly, the article affirms that incorporating tools and resources to empower women in national HIV/AIDS agendas will make these development programs more proactive. (World Health Organization, Gender Inequalities and HIV)

The general knowledge of gender equality and sexual disease spread was necessary in understanding the issues affecting women around the world and the use of relief programs to assist with these problems. The information regarding AIDS in Africa, the relationship between women and AIDS and the cultural conditions affecting women and the AIDS rate around the world provided a superior understanding to the problem overall. In order to relate best to my personal research experiences, a better perspective on these issues related to the East Africa region is needed as the differences of conditions range greatly from region to region. A greater insight on the AIDS and gender inequality situation in Tanzania will build a greater understanding of the people involved in my interactive research from my summer service learning experience in Arusha, Tanzania.

AIDS in Tanzania

An article by Ulla Larsen and Zhihong Sa from the University of Maryland titled *Gender Inequalities Increases Women's Risk of HIV Infection in Moshi, Tanzania* describes their research tactics in understanding this prominent issue. This academic article regarding gender inequality in Tanzania, Africa addresses the social issues of the HIV/AIDS epidemic in a scientific way. The authors relate various concerns of gender inequality and HIV/AIDS infection in order to hypothesize that the two issues have direct correlation. Rather than a purely observational study, the authors conduct a comprehensive survey involving over a thousand female participants from the population of Moshi, Tanzania. With their results they were able to find scientific associations between all the factors and determine conclusions from the statistics gathered through the survey responses. The basis of this study came from two previous works, Cornell's "Theory of Gender and Power" and the extended version by Wingood and DiClemente more recently. These theories emphasize a few important structures that preserve gender inequalities in society so Zhihong Sa and Ulla Larsen conduct their study by means of the same factors yet with the community of Moshi, Tanzania exclusively. The factors regarding HIV exposure and gender power struggles that were assessed by the two sociologists were "economic exposures" which involved age difference between partners and a partner's contributions to child support or common family expenses, "physical exposures" which involved forced first sexual experiences and domestic violence and lastly, "social exposures" which involves the various forms of societal interaction. (Sa, Zhihong, and Larsen, Ulla) Also, information regarding behavioral risk factors was considered in the survey as it is a potential influence on the responses. These factors included the number of

sexual partners for women in the last three years, whether the sexual partner had other wives or girlfriends, and the non-use of condoms and alcohol use at least once a week in the last 12 months. With the goal of examining their hypothesis that various dimensions of gender disparity attribute to the increase in a woman's risk for HIV infection, Zhihong Sa and Ulla Larsen used a multivariate logistic regression analysis based on the population based survey of 1418 women ranging in ages 20 to 44 years in the city of Moshi, Tanzania to find associations between the factors they had previously determined. (Sa, Zhihong, and Larsen, Ulla) The outcomes displayed by the analysis of the survey results about economic and physical exposures, taking into account behavioral factors, revealed that women with a sexual partner more than ten years older has a graduated risk of infection and if one experienced forced sexual relations before the age of eighteen, the woman possessed a greater risk of HIV infection as well. (Sa, Zhihong, and Larsen, Ulla) Based on these findings, the survey results support the hypothesis by concluding that economic troubles and the occurrence of sexual violence acts increase a woman's vulnerability to HIV. The core motivation of this academic paper was to not only determine the relationship between gender issues and HIV exposures but also to provide quality evidence for "extending the behavioral approach to HIV interventions to incorporate women's economic empowerment, elimination of gender-based violence and promotion of changing attitudes and behaviors among men." (Sa, Zhihong, and Larsen, Ulla) This academic research has been largely beneficial to my paper because it includes a great deal of background information and valuable statistics from a community similar to one I worked with during my observational field-work. The conclusion that gender inequality does have a correlation to the increasing AIDS rate among young women also supports my hypothesis and that an emphasis on the empowerment of women will increase

the success of AIDS relief programming. The Arusha Project, the non-governmental organization I worked for while in Tanzania, supports this conclusion as well and seeing firsthand the results of this philosophy while working with other AIDS support and relief groups has strengthened my trust in it as well.



<http://www.cnn.com/WORLD/africa/9805/01/rwanda.kambanda/tanzania.arusha.jpg>

Personal Fieldwork

The Arusha Project is an international non-governmental organization that was founded in 2003 and is currently located in Arusha, Tanzania in East Africa. This project is a partnership among non-governmental organizations and other grass-roots programs all with

the common commitment to the fight against HIV/AIDS and gender equality in Tanzania. The Arusha Project's various projects collectively help to provide relief to over 800 families affected by the harmful HIV virus in the Arusha region through grant and micro-credit programs, education resources for all ages, support groups for HIV-positive women as well as meaningful partnerships among other community based organizations (CBO). The program's micro-credit finance program was created initially for HIV positive women who are the primary care-giver in their families and therefore are in need of start-up capital in order to revive their financial situation and adequately support their families when other banking facilities have denied their efforts. A Grameen-style group-lending model, originally started in poverty stricken areas of South Asia such as Bangladesh and India, is used as the revolving micro-credit scheme. (Arusha Project) This lending model distributes loans to groups of five women for a six month period with the promise that the group collectively repays the loan to ensure support and success for the loan receivers as well as assurance for the lenders. (Arusha Project) This initiative not only sustains a family during times of economic troubles but also provides excellent educational opportunities in terms of financial and business management skills and group collaboration. The effects of this program scheme can be seen in many of Arusha Project's partner organizations as this is the most widely used and successful system.

The grants program provided through the Arusha Project is another successful and highly sought after financial system for the associate organizations. During each summer volunteer cycle, a portion of the volunteer program fee is collected for a communal fund to finance the selected grant proposal. (Arusha Project) Respected and qualified partner organizations working towards gender equality and the promotion of sexual health are invited to apply for the grant

program by submitting a grant proposal regarding how much money they are requesting, what they are requesting money for, how strongly the funds are needed and how this specific project funding will support the overall success of their program. Previously funded programs through the Arusha Project have included solar panel installations for a rural health clinic, needed medical equipment and improved sanitation facilities for disadvantaged health clinics, start-up capital for income-generating services for HIV positive women and more. Each cycle's grant recipient generally receives about \$5,000 USD (a very large sum of money in terms of Tanzanian currency) to use for execution of their desired project as well as a commitment to the project's success and sustainability for the future. (Arusha Project)

Another important aspect of the Arusha Project is the involvement of international volunteers during summer service learning projects and internships. The reasons for participation vary by individual but generally revolve around academic research purposes, yearning for travel and adventure as well as desire to learn, interact, and lend a helping hand to those of another culture. Volunteers are placed with partner organizations for the duration of their stay in which they have the opportunity to learn of community-based organization and grass-roots work as well as interact and assist with the local community in a variety of ways. (Arusha Project) Through the relationships developed by volunteers and their partner organization, an exchange of ideas and culture takes place which provides both parties with greater insight and perspective on one another. The collection of these diverse insights and perspectives provides inspiration and imagination to the otherwise discouraging situation of poverty and dire health in East Africa. The incredible dedication and perseverance of each and every partner organization involved with the Arusha Project has successfully impacted the local

population of and around Arusha in ways that have hopefully changed the community permanently.

Of the many partner organizations that collaborate with the Arusha Project to promote gender equality and sexual health in the Arusha region there is a few very influential ones I would like to highlight that truly embody the philosophy that incorporating gender equality and women empowerment has brought progress and success to their programs. One community based organization we were able to visit and work with during the weeks of volunteer work was Aang Sarian, a program present in the Monduli region, a rural area on the outskirts of Arusha City inhabited by the Maasai people. The Maasai tribe is the only African tribe still living traditionally in East Africa. Their dress, traditions, living accommodations and overall lifestyle still embodies the same qualities as those who lived hundreds and hundreds of years before them. Although preserving culture and tradition is admirable, one of their traditional practices is not. Female genital mutilation (FGM) is still a common practice in the rural areas of Africa, often used as a rite of passage ceremony for young girls approaching womanhood as well as a method to promote faithfulness as it essentially controls a woman's sexuality by taking away pleasure. Aang Sarian works with Maasai communities to prevent FGM through education, creating alternative rites of passage and starting income-generating projects for the ex-circumcisers who generally are paid for their ceremony work. The organization is comprised of women who have been circumcised, ex-circumcisers, women who have run away from their homes to avoid circumcision and other community members. More recently, male chiefs or the leaders of Maasai tribes have become committed to the end of female genital mutilation as they have learned of its affects and its harm against women. The work of Aang Sarian in this region has

successfully eliminated FGM in eleven Maasai villages thus far but the dedication and support of the women in this group will hopefully end more.

Faraja, meaning consolation in Kiswahili, is another community based organization locally run in Arusha that runs a microcredit program for women and has many women's support groups. The leader of this organization is a smart, dedicated, compassionate nun who has dedicated her life to the church and to this organization. Faraja, like the Arusha Project's microcredit programs, uses the group lending model as their mode of financial support. The microcredit loan recipients have most often succeeded in creating a better life for themselves and their families through this loan program by providing them with opportunities that otherwise would have never existed. For example, some women have been able to increase their agricultural yield by growing bigger gardens or having more goats or cows in which they can then use not only to sustain their families but also to sell in the markets as an additional income. Others have begun small craft businesses to sell their crafts in the tourist markets in Arusha City. WADEC, Women's Agriculture Development and Environmental Conservation, is an organization that provides loans for agriculture projects. This organization aims at empowering the local rural communities and helps them utilize the available natural resources sustainably. The Tanzanian woman who started this organization is a strong, powerful, dedicated woman with a university education who has come back to her home town to share her knowledge in hopes of improving the community she grew up in. WADEC has put on many agricultural workshops for local women as well as reproductive health seminars and support groups. All of these organizations, Aang Sarian, Faraja, and WADEC all encompass the same missions and philosophies as the Arusha Project and it has been truly inspirational to work among such

compassionate and dedicated individuals who also believe in gender equality and hope for an end to HIV/AIDS spread.

As mentioned earlier in this paper, I spent my volunteer time at an organization called Hatachoki, meaning “We will not tire” in Kiswahili. As a multi-faceted organization, Hatachoki has many projects within the community including a primary school for local children, a microloan program through the Arusha Project, arts and crafts center as an extra income generating project, and an African song and dance group begun by women in their HIV/AIDS women’s support group. Working daily with this organization, visiting other local organizations such as those mentioned above, and being apart of the grant program all integrated me into the world of non-governmental organizations and provided me great insight into the struggles involved as well as the joy it brings to those who benefit from them. Observing the lifestyles of those I encountered during my time in Africa has strengthened my understanding of the current situation in Africa more than I ever could have from being in home in America. By listening to personal stories, interacting with children and directly participating in daily and special events I could undoubtedly see the affects of AIDS in everyday life. The strength of the African women I encountered during my time in Tanzania is what makes the idea that development programs should integrate women into their efforts more credible. As mentioned earlier in this paper, women are essentially the “backbone” of African families and communities. Testimony from former Secretary-General of the United Nations stated that families maintained by the female head of the household generally are healthier and more affluent than others. When learning of the micro-credit programs through the Arusha Project, I found that the reason they provide loans for groups of women only is because women are more likely than men to use the money for the support of their children, whether it be for education or food, rather than for gambling, drugs or

alcohol, as well as more likely than men to pay the money back on time. For these reasons and more, the focus on gender inequality and its relationship with the constant spread of the human immunodeficiency virus, needs to be better acknowledged by the more influential development aid agencies and a greater focus on gender issues and the empowerment of women must be implemented into HIV/AIDS relief programs. Another influential research reference published by the World Health Organization can further confirm these ideas as their international relief efforts are prominent across the globe and their work continues to benefit less developed countries in the best ways possible. (G. Gupta, D. Whelan, and K. Allendorf.)

Gender in HIV/AIDS Programs

Although many HIV/AIDS programs exist around the world today working to help combat the epidemic effectively, many programs continue to not meet their goals of development and health assistance for those most in need. A review paper from the World Health Organization assessing the quality and organization of present programs concludes that the most systematic and successful approach would be to incorporate gender into HIV/AIDS relief programs which fully supports my paper's thesis. Work done by the Department of Gender and Women's Health, Family and Community Health as well as the World Health Organization reveals both the impact of gender on the HIV/AIDS pandemic as well as the impact of integrating gender into HIV/AIDS community programs and policies. (G. Gupta, D. Whelan, and K. Allendorf.) The material for this paper came from standards set by current programs around the world which is a great way to illustrate how universal as well as successful these methods

can be. The information gained from this paper benefits the topic at hand because it provides set criteria vital to the success of gender centered relief projects. Examples of program interventions and strategies as well as instances of challenges and other interfering problems gives great insight on program development which greatly supplements the ideas I gained during field work in Africa. The interventions stressed through this paper recommend gender specific programs relevant to age and individual circumstances as both genders experience stigma and stereotypes differently. Also, designing support groups rather than solely interventions and workshops will assist in the successful spread of information. By designing support groups for single gender as well as both will provide strong community bonds as well as bonds based on brotherhood and sisterhood. The ideas presented within this review paper by the World Health Organization greatly enhance the ideas mentioned earlier and those learned through my personal work experience. By following up with a final insight on integrating gender into HIV/AIDS programming, a more complete perspective of the topic can be obtained.

Conclusion

With the information presented within this paper the conclusion must be drawn that gender norms and stereotypes as well as inequalities do relate to the HIV infection rates in many areas of the world. In Africa, the current prevalence of male-dominated societies and thus a more passive and ignorant female gender, creates an elevated risk for HIV infection among women. With poverty already a daunting issue in this underdeveloped region of the world, the frequency of sexual disease and other health issues that stem from them undoubtedly further impede on the development of African countries. Through relevant research and personal experience I have found that there is a real importance for first-hand knowledge about the problems one is attempting to solve. While the funds may be coming in on the global scale, the

knowledge of the situation and the desire for change must come within the area of crisis. The difference between local and global insight on an issue can make a difference in the way that work is implemented and whether it succeeds or not. If funds are received for HIV/AIDS programming yet are not implemented in a way that benefits the masses, the funding was unproductive. Through my experiences in Africa and my research done about AIDS relief and support programs, I have learned that the main issue at hand currently revolves around the empowerment of women and the change in focus of development programs to be on an end to gender inequality. With these matters dealt with, a truer stance on progress can be taken as both genders can finally fight as one against the disease that is halting human development in many areas of Africa as well as around the world. The issue of poverty also impacts the stagnancy of human development as the lack of resources makes it hard to adequately sustain a population and compete with other nations. Because of this additional impeding issue, the nations of Africa alone cannot fund the healthcare needs of HIV positive individuals as the costs of treatment and other support are unreasonable. The need for international support and funding is large and will continue to grow if productively led funding projects are not put into action. Without the necessary funding met challenges will approach in the near future. Above and beyond financial problems, the issues discussed earlier in this paper of human development decline and population deterioration as well as increasing orphan rates and the continued loss of the productive youth generation will eventually become the only reality of African nations. The continent of Africa has a long way to come before all of its issues are solved but with the commitment, compassion and desire for change from all, a decline in disease spread and a new sense of equality will emerge and bring peace to an otherwise trouble region. By overcoming the current problems faced today we will forever be saved from the challenges that haunt the future.

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