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Gender Aspects in HIV/AIDS Infection and Prevention in Kenya

1.0 Introduction

According to National Aids Control Council, the national prevalence rate stood at 14 per cent in the year 2000, being higher or lower in some areas than others. This fell from 13.1 per cent in 2001 to 10.2 per cent in 2003 (*Daily Nation*, March 31, 2004:11). Recent estimates by the 2003 Kenya Demographic Health Survey (KDHS) indicate that 6.7 per cent of Kenyan adults are infected with HIV. Heterosexual contacts account for 90 per cent of HIV infections while mother to child transmission (MTCT) and contacts with infected blood account for the other 10 per cent. The HIV infection rate varies significantly with age and between the sexes. HIV prevalence in women aged 15-49 is nearly 9 per cent, while that among men aged 15-54 is under 5 per cent. This female to male ratio of 1.9 to 1 implies that young women are particularly more vulnerable to HIV infection than young men. The peak prevalence among women is at age 25-29 years (13 per cent), while among men the prevalence rises gradually with age, to peak at age 40-44 (9 per cent). Only in the 45-49 year age group does HIV prevalence become higher among men (5 per cent) than for women (4 per cent).

Approval of Sessional Paper No.4 of 1997 on AIDS in Kenya signals clear intent of the government to support effective programmes to control the spread of HIV/AIDS in Kenya, as the Third National AIDS Strategic Plan 2000-2005 was launched in December 2000. Guidelines have been developed to support implementation in all critical areas including anti-retroviral therapy, voluntary counselling and testing, blood safety, condom promotion and HIV/AIDS education, among others. The present government under the National Alliance Rainbow Coalition (NARC) has already devised a new anti-HIV/AIDS strategy by putting in place appropriate policies and programs. For example, at the beginning of 2003, the government established a Cabinet Sub-Committee on HIV/AIDS chaired by the president, to spearhead the battle against the HIV/AIDS pandemic. However, a fuller understanding of the gender dynamics in HIV/AIDS transmission and prevention will go a long way in guiding the formulation of pertinent policy options in HIV/AIDS prevention strategies. Extra challenges for HIV prevention arise from societal expectations that allow men to take risks; have frequent sexual intercourse (often with more than one partner) and exercise authority over women. These expectations, among others, encourage men to force sex on unwilling female partners and to reject condom use, among other risky behaviours regarding HIV/AIDS infection and prevention. Changing the commonly held attitudes and behaviours should be part and parcel of the efforts to curb the AIDS pandemic. On the other hand, due to their lack of social and economic power, many women and girls are unable to negotiate relationships based on abstinence, faithfulness and use of condoms.

1.1 The Study Problem

Fighting AIDS effectively requires a well targeted, fact based approach. Recent studies show that campaigns to prevent the spread of HIV have focused on the promotion of condom use, reduction of the number of sexual partners, and treatment of STDs. A common observation has been that due to systemic gender inequalities and women's powerlessness, women have not been at par with males in terms of ability to control, influence or enforce various adaptive strategies. As such, they

have not been able to negotiate effectively, for example, for safer sex. Also, little attention has been focused on the challenges facing men in the HIV/AIDS prevention campaigns, despite the fact that men are the main decision-makers at the household level. Further, heterosexual men have not had the same opportunity as women at international levels, to define their agenda, to form a movement and take responsibility. The question then, is how do we bring men on board, to enhance their participation in the fight against HIV? Understanding the gender dynamics in HIV/AIDS transmission and prevention will go a long way in guiding the formulation of pertinent policy options in HIV/AIDS prevention strategies.

1.2 Objectives of the Study

The study set out to make a critical analysis of the gender aspects in HIV/AIDS infection and prevention, focusing on socio-economic and power relations influencing the risk of HIV infection in Kenya, specifically: gender sensitivity aspects in HIV/AIDS infection and prevention through analysis of gender differentials in vulnerability to HIV/AIDS, social and cultural factors that influence the risk of HIV infection; exercise and nature of authority/influence on inter-spousal/inter-partner sexuality between men and women with regard to HIV/AIDS infection and prevention; and gender differentials in diagnosis and treatment of STIs.

1.3 Methodology

This study was based largely on desk review, with limited primary data to supplement the secondary data sources. A proximate determinants model for analysing HIV infection routes and intervention was used. The model attempts to bring together the factors responsible for risk taking behaviour and subsequent infection.

2.0 Results and Discussion

2.1 Socio-cultural Vulnerability

Customs and practices associated with male and female roles and sexuality in many societies are compromising the rights and freedoms of individuals, hence promoting a cycle of illness and death as a result of the HIV/AIDS scourge. These socio-cultural experiences as practiced in many communities in Kenya include: wife inheritance; widow cleansing, wife sharing; polygyny; practice of having multiple partners; drug and substance abuse; silence on sexual matters; female circumcision and engagement in commercial sex, among others. HIV/AIDS pandemic has not resulted in significant reduction of adherence to these practices.

2.2 HIV/AIDS and Gender Based Violence

The study also found that not all young people engage in sexual intercourse by choice. Unwilling sex with an infected partner carries a higher risk of infection, especially for girls, the main reason being that since force is used abrasions and cuts are more likely and the virus can more easily find its way into the bloodstream. Condom use is unlikely in such situations. An increase in the level of violence in Kenya was noted, with the total, reported cases of violence against women increasing by 11.6 per cent from 7,890 in 2000 to 8,807 in 2001 (the composition included rape and attempted rape, defilement/incest; assault and battering). Explanations lie in inadequate legal frameworks for preventing violence against women and where such legal instruments exist, there is poor or no implementation at all, among other causal factors.

2.3 Economic Vulnerability

The study revealed that relatively few women in Kenya are engaged in the formal sector and that generally women work 50 per cent more than men. By extension, women are thus generally poorer than men. Their economic dependence increases their vulnerability to HIV. Research has shown that economic vulnerability of women makes it more likely that they will exchange sex for money or other favors, less likely that they will succeed in negotiating protection, and less likely that they will leave a relationship that they perceive to be risky. Economically motivated migration also tends to play a role as a pre-disposing factor, relating to extra-marital affairs by both men and women.

2.4 Biological Vulnerability

Due to biological factors, women have a higher chance of STIs infection compared to men. More men than women seek timely treatment of STDs, the reasons among others, being that:

• STDs that cause genital ulcers and lesions are internal in the case of women, thus take long to be noticed;

• Many women, as compared to men, cannot afford treatment;

• Stigmatization prevents many women from seeking treatment, especially at public hospitals where confidentiality is not always guaranteed, and where in many instances, one is asked to bring the sex partner, unlike in the private clinics, where this is hardly the case.

• Many women may consider vaginal secretions normal, hence they do not seek timely treatment.

This could partly explain why vulnerability to HIV infection is differentially higher for women than men. People who frequently suffer from STDs have higher probability of contracting HIV/AIDS than those who do not (such probability is higher for women as compared to men).

2.5 HIV/AIDS and Sexually Transmitted Diseases

The study found that despite the differential increase in HIV prevalence among men and women, commercial sex was highly practised, indicating that despite the HIV/AIDS awareness campaigns, infection among sex workers continues to rise. As for those in prison, suitable interventions are still needed to effectively combat the spread of HIV/AIDS. Attempts to introduce such programmes as issuance of condoms to prisoners have met with resistance from the authorities, on the grounds that both intercourse and drug use are illegal in prison. These views are shared with many members of the public who feel that prisoners do not deserve such dignified living conditions and, as such, hardly see the need for condom supply programmes for prison inmates. As a result, HIV continues to spread among prisoners. In turn, ex-prisoners spread the HIV to others in the community upon release from jail.

3.0 Recommendations

The study recommends:

3.1 Mainstreaming Gender into a Multi-sectoral Response by:

i) Building capacity for training in gender sensitisation and analysis for all key professionals and workers at national and local levels;

ii) Establishing system-wide processes in each sector to oversee programme development, implementation, monitoring and evaluation, taking into account women's and men's needs, interests and contributions;

iii) Enhancing capacities for collection, analysis and use of sex-disaggregated data.

3.2. Integrate Gender in National AIDS Programmes

National AIDS Programmes are important sites for integrating gender because they:

i) Enhance national policy for prevention and care;

ii) Hold responsibility for co-ordination the process of implementation of the National AIDS Plan and Programme;

iii) Have budgets large enough to support a range of interventions and programmes that deepen the understanding of and capacity to integrate gender into HIV/AIDS work;

iv) Have influence and attempt to exert control over the response to HIV/AIDS by non-governmental organisations (NGOs) and civil society in general.

3.3 Strengthening Gender Policy Aspects

There is need to strengthen, with effective implementation, the gender policy aspects that will lead to abandonment of harmful customary practices such as "wife inheritance" and "ritual cleansing" of widows. This could be achieved through prosecuting rape, female genital mutilation and forced marriage cases and by providing education on the harmful effects of these practices.

3.4 Gender Mainstreaming

Other gender mainstreaming practical and policy-backed action should be guided by the need to:

i) Address economic empowerment of women (including sex workers) by raising their access to productive assets, resources, and decision-making. This could be achieved through law review and reforms and regulations relating to property rights and access to control of economically productive assets. Right now, the Constitution of Kenya permits discrimination against women on the basis of customary law. Under customary law, women are designated as minors. This often prevents them from having usage rights, for example, to land.

ii) Review the laws governing violence against women and initiate serious campaigns against domestic violence. Violators should face the full force of the law. Women should also be sensitised on their rights as to what amounts to violence (e.g. rape by spouse). The government should also ensure reduced incidence of violence against women by creating shelters for women in distress and more centres for childcare for abused women.

iii) Review the policies concerning suppression of commercial sex work. Stiff penalties should be put in place for both parties involved. These have hitherto tended to spare the male culprits, hence the perpetuation of the vice.

iv) Provide support, for example, through grants to girl household heads, for income generating activities as part of efforts to integrate the girl-headed households into the mainstream of households targeted by NGO agencies.

v) Target men, the dominant partners in sexual relationships. Strategic points to reach out to men include work places, resort clubs and other social gatherings like public *barazas* and churches.

vi) Strengthen STI treatment. Most people are reluctant to seek medical attention when suffering from STIs. A campaign to encourage people to seek treatment should be strengthened where it already exists or initiated where non-existent.

3.5 Have Alternative Rites of Passage for Girls

Have girls initiated into adulthood by performing other equally satisfactory alternative activities as part of the ritual, avoiding physical changes performed on the reproductive organs as in female genital mutilation (FGM). Proper hygiene should be ensured while conducting male circumcision, through use of sterilized knives and, where possible, one knife per person should be encouraged. The ceremonies could also be used as avenues through which to educate the young men about HIV/AIDS and responsible livelihoods, including the practice of safer sex.

For detailed discussion of the issues contained in this Brief, refer to IPAR Discussion Paper No. 057/2004: ***Gender Aspects in HIV/AIDS Infection and Prevention in Kenya by*** *Enos Njeru, Peter Mwangi & Mary Nguli* ISBN 9966-948-77-5.

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