

# HIV/AIDS, GENDER AND THE CHALLENGE TO ORTHODOXY, MYTH AND SILENCE

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## ABSTRACT

*This paper addresses the unfortunate fact that social theory – particularly in the human sciences – has been ominously reticent in its intellectual input on the social determinants of HIV in South Africa. A brief overview is provided of the manifestations of HIV/AIDS as a genderised variable. This is followed by an application to this context of the basic feminist theories – what the lessons are that these afford us when combined with the societal effects of the disease. This is done within the context of South Africa (post-1994) as a state with a liberal constitution. The paper points out that there are distinct limits as to how this particular ideology and its feminist variant are able provide a transformative impetus in our society. It concludes by emphasising the need for social theory in general and gender theory in particular to embrace ideological eclecticism in an effort to combat the hugely negative consequences of HIV/AIDS.*

At the 13<sup>th</sup> International HIV/AIDS Conference held in South Africa in July 2000 a bumper sticker was stuck above several of the urinals in the male toilet facilities – it said, 'Men and boys, you hold the future in your hands'. This served as a reminder of the socio-sexual determinants of HIV-infection in Sub-Saharan Africa. What was so pertinent about the sticker was that it forced the men to think outside their stereotypical gender box and consider the gender dynamics of the disease.

What the sticker also forced one to do was to go beyond the negative – to move beyond the pages filled with horrifying statistics citing all the bad news about what the AIDS pandemic is doing to our continent, and to think about how the disease can actually challenge social theory to come up with alternatives.

Social theory has been savagely silent on the social determinants of HIV in South Africa. One could speculate on the causes for this – maybe the sexual nature of the subject made it anathema in a society where, for instance, our deputy

president publicly decries oral sex as 'unnatural'; possibly the issue has become so racialised and politicised in this country that social theorists focus on other issues instead. Whatever the case may be, this intellectual silence can only contribute to entrenching existing culture, belief systems and, in the end, patriarchy, which compounds the societal determinants that make the genderised impact of AIDS even worse.

The point here is that AIDS can actually do us a favour in this, the most-infected country of the world. If we are open enough to the theories of feminism or gender studies as a whole, the latter can teach us to move beyond our ego and intellectual safety zones – to challenge the anthropological, racial, gender and other social constructs that perpetuate the disease.

This paper will, in the first instance, consider a few of the manifestations of HIV/AIDS as a genderised variable<sup>1</sup>. This will be followed by an application into this context of the basic feminist theories – what the lessons are that these afford us when combined with the societal effects of the disease. This is done within the context of South Africa (post-1994) as a state with a liberal constitution. It would not be incorrect to take as our point of departure that the feminism tolerated by patriarchy in South Africa is the liberal feminist variant – focusing more on state institutions and liberal legislation, and less on the biological, social and class / race foci of other feminist strains. In addition, one should bear in mind that South Africa through the New Partnership for African Development (NEPAD) is projecting this ideology as a normative prescription for participating African states.

## **Rape**

Rape is an act of sexual aggression. It is used as a weapon or tool of aggression by men against women. What makes it so applicable within the African context is the effect that rape has on the social or human security of communities in war-

torn areas. Rape and the use of it as a vector for the pro-active spread of HIV/AIDS has become a symptom of societal sickness. This and other forms of sexual violence – such as forced prostitution – are frequently used in war (e.g. in the Balkans and more recently in Sierra Leone) for a number of reasons. ‘Rape is an outlet for the sexual aggression of combatants and it is related to the idea that women are war booty; it is used to spread terror and loss of morale; and it is used to undermine women’s ability to sustain their communities during times of conflict’ (Matthews, 2000:18).

Compounding this, Shell (2000:19) mentions the birth of a diabolical new profile of rapists in South Africa: ‘Township residents ... term such people “Jack Rollers” which another national authority defined in a glossary as “Township youth who purposefully infect young women with HIV by raping them. This is a relatively new phenomenon in South Africa and the youth who do this are said to be unemployed and frustrated young men who have found out that they are HIV positive and say that they want to die with others”’.

Another dangerous myth that perpetuates rape is the belief that sexual intercourse with a female virgin will cure AIDS (Shell & Zeitlin, 2000:8). The result, of course, is that HIV is spread violently to this sector of the female community.

The practical effect is that the epidemic is likely to cause crime in more direct ways. The belief that sex with a virgin can cure HIV/AIDS appears to be widespread in Southern Africa (Leclerc-Madlala, 1996:35), with 25 percent of young South Africans not knowing that this is a myth (LoveLife, 2000). Moreover, rapists may also be targeting young girls in the belief that being less sexually active, they are also less likely to have HIV or AIDS (Leclerc-Madlala, 1996:35-36).

A study conducted among urban South African township youth in 1996 found that for the youth the knowledge that they were infected with HIV or merely believed

that they might be infected 'was accepted not only as a death sentence but also as a passport to sexual licence' (Leclerc-Madlala, 1996:32). That is, some youths argue that they would actively spread HIV among as many people as possible if they themselves were infected with HIV – a philosophy of 'infect one, infect all'. Young women expressed a general fear that men would respond to an HIV-positive diagnosis by raping women (Leclerc-Madlala, 1996:33-34).

A study of Tanzanian women found an association between physical violence and HIV-infection. HIV-positive women were more likely to have had a physically violent partner in their lifetime. HIV-positive women under 30 were ten times more likely to report violence than non-infected women of the same age group (Maman et al, 2001). 'The strong, consistently positive relationship between a prior history of violence and HIV-infection lends support to the theory that violence may play a role in women's risk for HIV-infection' (Vetten & Bhana, 2001:12).

### **Homophobia**

In Africa, homophobia is probably more entrenched than in the West. Homosexual behaviour is considered 'un-African', and homosexuals are stigmatised and socially isolated. HIV/AIDS is also considered a 'white man's disease', and homosexuality is 'scape-goated' as the decadent force that had brought the disease to the African continent in the first place. Despite examples such as a former Zimbabwean president who was tried and convicted because of homosexual practice in that country, the myths and silences around sexuality continue.

The reality of HIV/AIDS in Africa is, however, such that – as Bujra (2000:7) points out – this chiefly heterosexual disease and the gender dynamics that perpetuate it can learn a lot from how HIV-positive, homosexual men care for each other. This shatters the patriarchal image of women as the only care-givers in society

and challenges orthodox and accepted notions of what 'masculinity' and 'mothering' are. A human rights culture and values is probably the only factor that can counter the perpetuation of myths, lies and silences around issues of sexuality.

### **Physiology**

Women are physiologically at a greater risk than men of contracting HIV through heterosexual modes of transmission. O'Sullivan (2000:26) notes that

[i]n Africa the number of women infected with HIV outnumbers infected men. Twelve point two million African women are living with HIV/AIDS as compared to 10.1 million men ... young African women between the ages of 15 and 19 are four to six times more likely to be HIV-positive than young men of the same ages. Women are more easily infected with HIV when they have sex with a positive man than when a man has sex with a positive woman. ...Women's economic, social, sexual and cultural subordination and inequality make frighteningly material impacts on each positive women's life.

Mboi (1996:97-98) tells us that the shape of the vagina, larger mucosal area of women, and greater viral inoculum present in semen compared with vaginal secretions are all suggested as key factors.

Not only do familial relations facilitate the spread of the disease amongst the female population; stereotypical gender roles place women at greater risk of contracting it from their partners.

### **Gender roles & culture**

For instance, in Sub-Saharan Africa women are culturally disempowered to negotiate sexual intercourse with their male partners – if the latter insists on so-called 'dry sex' (which greatly compounds women's susceptibility to HIV), women have very little say in the matter. Also, women are socially subordinate – they simply do not have any say in whether protection can or should be used during

intercourse (O'Sullivan, 2000:29), access to female condoms is limited (Monekosso, 1997:6), and medical research institutions do not put any great priority on the development of 'stealth' protective measures aimed at the female market such as sperm- and microbicides (Gottemoeller, 2000).

Another contributing factor is the fact that young girls are often married off to much older men. This compounds these women's silence: they are materially and socially dependent on men and simply do not have the social and economic resources to claim control over their own vulnerability to the disease. As Ndiaye (2000:61) points out:

Early marriages place African women in a vulnerable position, as they are passively exposed to risks incurred by having many sexual partners through the behaviour of their husbands. For a man in many African cultures, it is a sign of virility to have multiple sexual partners. Thus, women are often infected by their polygamous husbands or by their partners who adopt risky sexual practices – sex with a number of women, or prostitutes, or with other men.

Compounding these factors, in many instances African customary law entrenches women's economic insecurity. In Zambia, for instance, widows of AIDS casualties are often victim to instances of 'property-grabbing' – the law allowing or not acting against in-laws who claim the land of the diseased family member (Kinghorn, 1994).

Also, society's dependence on women and girls as care-givers within the household makes it impossible or very difficult for females to enter the public sphere and realm of political decision-making. In a sense, then, these traditional conceptions of mothering means that the 'private' is not allowed to become 'public', and the result is that women remain impotent, suppressed, and thus societally and economically insecure. As Mboi (1996:97) emphasises,

Gender expectations/roles are crucial in determining if or how a woman may protect herself, her sexual partner(s), even her unborn child from HIV infection. Within [developing countries] widely held stereotypes about what is "proper" and

"normal" for men and women regarding sexual feeling and expression severely limit the latitude most women have (or will exercise) for action in the micro-settings where sexual divisions are made. In general "knowledge", "pleasure", "rights" and "initiative" belong to men, while "innocence", "acceptance" and "duty" are portrayed as "normal" for women.

The examples above provide but a cursory glance at some of the facets of how HIV/AIDS is a genderised disease in Africa. The upside is, however, that it is forcing individuals – men and women – to reconsider their gender roles and to address issues that all relate to a single factor: human rights. If, in fact, 'feminism is a radical way of saying that women are people', then human rights and the evolution of a human rights culture would be the practical application of that dictum. For only within a human rights culture – a culture of free speech, tolerant of alternative ways of viewing gender relations and societies' rules around such relations – would there be any possibility of particularly women's susceptibility and vulnerability to the disease being addressed.

In order for this to happen, though, men will have to grow up socially – they have to take responsibility for their own sexuality, sexual practices and social interaction. African males should no longer be allowed to hide behind customary practice and beliefs in order to perpetuate death. The stakes are simply too high.

### **HIV/AIDS, feminist ideologies and public policy-making**

Given the above, one should question whether our liberal constitution is enough to transform society and achieve such a wish list. *Can liberal feminism alone counter the socio-economic impact of a patriarchy that finds application beyond legislation and state institutions?* Any ideology is a double-edged sword: it describes reality as much as it prescribes an ideal, and this paper would argue that liberal feminism comes up short on both scores.

Society should benefit from radical feminism's emphasis on the impact of biology on women's oppression – for does HIV not affect women physiologically much

more aggressively and make women more vulnerable and susceptible to disease? In addition, would it not be a gross theoretical oversight (especially in a country like ours where the sexual division of labour and its concomitant class implications have been politicised and racialised as much as it has been genderised) to discount Marxist feminism's insistence that we examine the class divisions entrenched by a disease that places most social strains and labour demands on the female members of society, and the 'girl child' specifically?

After all, who is left to work the land, look after the sick, the old, the very young once the economically active sections of society have been wiped out? Marxist feminism tells us that this removes women from the public domain and – at the very basic level – has an extremely negative impact on young women's ability to ever enter the public domain and achieve even the most basic political empowerment.

And lastly, could we not benefit enormously by taking into account what socialist feminism teaches us about individuals as social constructs – not only in the public domain, but also in the private domain? This goes to the core of our cultural, anthropological ways of operating as genderised individuals within society as much as within the family. Socialist feminism *par excellence* reveals the social constructive impact of our cultures and the compounding impact that has on the societal effects of HIV/AIDS.

Despite our liberal South African constitution and the positive impact that liberal feminism has had on legislation and public policy-making bodies in this country, the above demonstrates how patriarchy (as described by alternative feminist strains) remains firmly entrenched. It is therefore imperative that social theorists move beyond liberalism in general and liberal feminism in particular to achieve a truly conscientised and, indeed, emancipated society. Liberalism forces one to think within the public policy paradigm, obscuring a more profound perspective on especially the private political domain.



The various strains of feminism have a lot to offer the South African society now that it is facing the enormous challenges of HIV/AIDS. The latter poses the greatest threat imaginable to our society, and enjoins us to use social theory and its feminist variants, descriptions and applications to improve our South African condition.

Let us not shy away from the transformative opportunities that this allow us. Let us embrace such opportunities afforded by feminist theories as a whole, for intellectual exclusivity is a trap that merely perpetuates our greatest enemies: obfuscation and silence.

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<sup>i</sup> Note that 'gender' refers to the socially defined identities and roles assigned to men and women, whereas 'sex' refers to the biological differences between men and women (Tallis, 2000:58):