GENDER DIFFERENCES IN HIV AND AIDS IN AFRICA: THE ROLE OF SOCIAL AND CULTURAL PRACTICES

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ABSTRACT

The HIV and AIDS epidemic continues to be a major public health problem worldwide especially in Africa. Research shows that sub-Saharan Africa is the hardest hit region of the world accounting for about 95% of people living with AIDS. Also, research shows that women are more vulnerable to HIV infection than men with women accounting for about 57% of adults living with HIV in Africa. Gender has a powerful influence on sexual health and plays a significant role in the transmission of HIV infection in Africa. This paper examines role of gender stereotypes and inequality as well as other socio-cultural, socio-economic and biological factors contributing to the gender differences in the HIV and AIDS epidemics in Africa.
Keywords: *Gender, HIV/AIDS, social and cultural practice, Africa*

INTRODUCTION

The AIDS epidemics continue to be a major public health problem worldwide and had been regarded as perhaps the most devastating health disaster in human history. According to Population Reference Bureau in addition to the 25 million people who had died of AIDS by the end of 2005, at least 40 million people are still living with AIDS with about 95 percent of them in sub-saharan Africa (Lamptey, Johnson and Khan, 2006). AIDS is not just a health problem it is also a social problem that threatens socio-economic development and political stability. Unfortunately, sub-saharan Africa is the hardest hit region in the world with more Africans dying of AIDS-related illness than any other cause.

Osauzo (2011) have reported that about one million and seven hundred thousand Nigerians died of HIV/AIDS related disease since 2003. In sub-saharan Africa, research shows that women account for about 57% of adults living with HIV especially among women between the ages of fifteen and twenty four (Lamptey, Johnson and Khan, 2006). They went further to state that gender differences or gap in HIV/AIDS in Africa is related to cultural, social, economic and biological factors that predispose women to HIV infection. The prevalence of adults infected with HIV in sub-saharan Africa is 7.2% compared with a world average of only 1.1%. Table 1 shows HIV/AIDS indicators by regions of the world.

Table 1: HIV and AIDS indicators by Region, 2005

Region	People living with HIV	People newly infected in 2005	Prevalence (% of adults infected)	Deaths due to AIDS in 2005
World	40,300,000	4,900,000	1,1	3,100,000
Sub-Saharan Africa/Middle East	25,800,000	3,200,000	7.2	2,400,000
South/Southeast Asia	7,400,000	990,000	0.7	480,000
East Asia	870,000	140,000	0.1	41,000
Oceania	74,000	8,200	0.5	3,600
Latin America	1,800,000	200,000	0.6	66,000
Caribbean	300,000	30,000	1.6	24,000
Easter Europe/Central Asia	1,600,000	270,000	0.9	62,000
Western/Central Europe	720,000	22,000	0.3	12,000
North America	1,2000,000	43,000	0.7	18,000

Many studies shows that young people are at high risk of contracting and acquiring sexuality transmissible diseases (STIs) including HIV/AIDS. According to United Nations international Children Emergency Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization [WHO, 2004], more than half of those newly infected with HIV today are between 15-24 years old. Thus an estimated 11.8 million young people aged 15-24 are living with HIV/AIDS with about 6,000 of them infected with HIV each day. Also researches show that young women are especially at more risk of HIV infection than men. According to Berer (1993) women are getting HIV infection at a younger age then men all over the world in line with socio-sexual norm. For example, in Nigeria a surveillance survey shows that the prevalence of HIV among females was between 4.4 and 5.9% while that of males was between 1.7 and 3.3% (Berer, 1993).

Young girls and women are more vulnerable to HIV/AIDS and other sexual transmissible diseases because of some social, cultural and economic factors that increase the risk of infection for the female folk. The gender differences in HIV transmission is mainly due to gender stereotypes based on the traditional views of masculinity and femininity. Gender has such a powerful influence on sexual health (Family Health International, (FHI) 2002). According to Family Health International (2002) gender stereotypes of submissive females and powerful males may restrict access to health information, hinder communication, and encourage risky behaviour among women and men in different but equally dangerous ways.

In many cultures, gender norms for females include submissiveness, deference to male-authority, dependence, virginity until marriage and faithfulness during marriage, while norms for men in contrast are built around power and control, independence, not showing emotions, risk-taking, using violence to resolve conflict, beginning sexual activity early in life and having multiple sexual partners (FHI, 2005). These cultural expectations increase vulnerability of females to HIV/AIDS including other STIs. Generally, gender stereotypes increase women/s vulnerability to sexual health threats such as violence, sexual exploitation, unplanned pregnancy, unsafe abortion and

sexually transmitted diseases including HIV/AIDS (Berer, 1993). This paper examines role of gender and gender stereotypes in the transmission of HIV infection as well as other socio-cultural socio-economic and biological factors contributing to the gender differences in HIV/AIDS epidemic.

Gender differences in HIV/AIDS: There is resounding evidence that gender inequality is a contributing factor to the AID epidemic with more women getting infected (Obioha, 2004). Studies conducted around the world show gender differences in the patterns of HIV infection among young people (UNDIDS, 2000). Kiragu (2001) states that in some regions of the world adolescent women are as much as six times more likely than adolescent men to be infected. According to UNAIDS (2000), in most African countries where heterosexual transmission predominates, infection rates among young women are at least twice the rates among men. However, high rate of HIV infection has been reported among young men in countries where homosexual transmission predominates as is the case of some advanced or industrialized countries like United States and some European countries.

There was a report that over 10 years in United State, most of metropolitan cites in U.S.A experienced syphilis out break attributed to men who have sex with men and syphilis is one of STIs that increases the risk of HIV (Saoche, Guilliames, Sauches, Calderon and Burton, 2010). In many sub-saharan African countries researches show that more girls are infected with HIV than boys. For example UNICEF, UNAIDS and WHO (2002 reported that for every 15 to 19 year-old boy who is infected, there are five to six girls infected in the same age group. This clearly shows that young women are more vulnerable to HIV infection. The main reason for the trend is that older men are having sex with younger girls. In the face of widespread poverty in many developing countries Nigeria inclusive these young girls seek favours from older men otherwise called "sugar daddies" who entice the young girls with gifts or cash in exchange for sex.

The subordinate position of women in the society, impoverishment, decline of social service and rapid urbanization and modernization have profound influences in the spread of HIV infection [United Nations development programme (UNDP) 2004]. For example in African societies Nigeria inclusive, Nigerian women have a gender-ascribed role that traditionally places men above them. Gender inequality within the Nigerian society gives room for the HIV/AIDS epidemic to grow according to UNDP. This is because the lower status of women decreases their right to make choices related to their sexual health and thus increases their vulnerability to HIV and other sexually transmissible infections. The low social and economic status of women in Africa and other parts of the world poses a threat to sexual health. Many women are economically and emotionally dependent on their husbands or sexual partners. According to FHI (2002), the power imbalance between men and women can make it impossible for women to refuse unwanted or

unprotected sex negotiate condom use or use contraception against a husband's or partners wishes. The implications of the gender stereotypes and gender inequality are far-reaching and result in the increased vulnerability of young girls and women to HIV infection in Africa.

Social Sanction of Male Promiscuity and Prohibition against Women: The unhealthy gender stereotype in culture is characterized by double-standards and hypocrisy when it comes to sex and sexuality is a major factor in the spread of AIDS and other STIs in Africa. For example the acceptance of male promiscuity and multiple sexual relationships in or out of marriage and the cultural restriction on the female to express their sexuality is very common in African. Men are expected to have multiple sexual partners while the same behaviour is prohibited for women. The implication of this is that more women are being exposed to HIV - infected men. Married men often have extramarital sex with younger women than themselves. As a result many women are being infected at early age.

The so called powerful male and submissive female "syndrome" places women at an economic and social disadvantage creating opportunity for sexual exploitation of women against their will. Women are often pressured to have sexual intercourse against their will and most of the time they have no choice than to succumb. In some cases any refusal to have sex with the either husband or sexual partner may lead to violence. Sexual exploitation of women can lead to unprotected sex which in turn results in unplanned pregnancy and abortion. Abortion procedure using unsterilized instruments can expose women to the risk of HIV infection and other health problems. Sexual abuse of young adolescents can directly and immediately result in unintended pregnancy or STI/HIV acquisition (Family Health International, 2005).

Prostitution, Poverty and Deprivation: The growing poverty and lack of employment opportunities for women in developing countries have forced many young girls and women into prostitution as commercial sex workers. AIDS has been regarded a disease of poverty and deprivation and according to Busari and Danesy (2004) under a climate of deprivation, young people especially women are at risk, thus increasing their vulnerability to HIV infection. The lower income- earning power of most women acts as a driving force for them to sell sex as a survival strategy. Little wonder why young women including students get into prostitution while others are compelled into full-time commercial sex workers prostitutes on the streets, brothels and hotels. In some cases young females are trafficked to Europe and other countries to make money as prostitutes. According to Busari and Danesy (2004) some young women may become sex workers because they receive higher pay then in many other occupations.

Cultural Practices that Increase Women's Vulnerability to HIV Infection: Female genital mutilation is one of those practices that can increase the risk of HIV infection. According to the United Nations Development Programme

(2004), the use of unsterilized sharp objects and practices such as female genital mutilation, vulvalectomy, and scarification, and so on are still rampant and can expose people unnecessarily to HIV infection. Also the use of unsterilized skin-piercing instruments and other cultural practices such as tattooing, tribal marks and other forms of traditional marks may result in the spread of HIV infection especially among women in communities where they are practiced. Other cultural practices in Africa include polygamy where men can marry as many wives as they wish. This means that an infected man can easily spread the infection to his wives.

Also, wife-sharing is a common practice in some African communities. Here, there is a culturally approved wife-sharing by friends and relatives as an indication of love and togetherness (Achalu, 1998). Another related practice is wife-inheritance in some cultures that permits a man to marry or inherit his brother's widow. This helps to increase the risk of HIV infection if any of the partners is infected. HIV infection is high in cultures that have sexual freedom with little or no value attached to virginity leading to indiscriminate sexual adventures. On the other hand even in cultures where virginity is valued before marriage, some girls may engage in anal sexual intercourse just to preserve their virginity. This risky practice without doubt increases female vulnerability to HIV infection. In some West African communities, virginity is considered to be unmodern, antisocial and unhealthy and thus virgins are considered frigid (Busari and Danesy, 2004). This attitude influences young girls to have premarital sex in order to belong thereby exposing them to the risk of HIV/AIDS.

Illiteracy and Lack of Access to Health Information: Socio-economic factors including women's lack of access information, high rate of illiteracy in Africa, increase their vulnerability to HIV infection. Women are not only economically but educationally disadvantaged in Africa. The low literacy level among women limits their ability to learn about HIV/AIDS. Lack of knowledge is a major factor in the spread of AIDS and other sexually transmitted diseases (Achalu, 1998). In Africa many people are illiterate and do not have adequate information about HIV/AIDS - what causes it, how it is spread and how it can be prevented.

Many adolescents are at risk because no one including parents, educators, counselors' health care workers or the media has taught them about HIV/AIDS or about how to protect themselves and others (Busari and Danesy, 2004). Also many parents discourage sex education because they think that it encourages experimentation with sex among young boys and girls. In addition, there may be contradictory messages as relates to what young people are expected to do. For example many young women are so constrained about purity, submission and love that they cannot say "Yes" or "No" to sex (Shears, 2002). Girls for example are prohibited from having premarital sex whereas young men a pressured by their peers to be sexually active. This double standard reinforces the gender stereotypes and helps fuel the HIV epidemic in Africa.

Young people especially women still do not have access to sexual and reproductive health information in many African countries.

Lack of Treatment for other STDs: The risk of HIV infection increases for people who have other STIs and research shows that some untreated STIs in either partner can increase the risk of HIV transmission as much as tenfold (Lamptey, Johnson and Khan, 2006). Sanchez, J., Guilliames, Sanchez N., Calderon and Burton (2010) reported that epidemiologic investigation of people infected with primary and secondary syphilis has shown a high HIV co-infection rate. It is now well established that the presence of other STD increase the risk of HIV infection. Thus treating other STDs could help curb the HIV epidemics and with the tendency of reducing HIV infection. The problem is that in many poor countries especially developing countries in Africa where health care services are inadequate many infected people remain untreated. The presence of STDs makes the transmission of HIV easier in the case of both genital ulcers and non-genital ulcers (Achalu, 1998; Bursari and Danesy, 2004).
There is evidence that the presence of other STDs make it easier for the AIDS virus of HIV to pass from person to person.

For example, genital sores or ulcer such as syphilis, chancroids facilitate the entrance of the AIDS virus into the body. Even non-genital ulcers such as gonorrhea, chlamydia, candidiasis, trichomoniasis can cause inflammation or damage to the skin, thus making it easier for the AIDS virus to penetrate the body. Unfortunately, youth people are less likely to know the signs and symptoms of STDs and even when they know they are least likely to seek medical treatment. Even those infected with HIV may have difficulty seeking health care and difficulty in coping the discrimination and stigma associated with HIV infection. STIs spread rapidly mainly because majority of the infections either do not produce any symptoms or signs especially in females or produce symptoms so mild that they are often disregarded (UNICEF, UNAIDS & WHO, 2002). This means that many women with STIs may not be aware of it and therefore cannot get medical treatment.

Age and other Biological Factors: Age is an important demographic factor in the spread of HIV/AIDS. Studies have shown that young people are extremely at high risk of contracting and acquiring HIV/AIDS as well as other STIs because of their sexual behaviour. However, young women are especially at higher risk of HIV infection than men. According to Berer (1993) women are getting HIV infection at younger age than men all over the world in line with the socio-sexual norm. Biological factors play important role in the transmission of HIV infection (among females). Biologically, young women face substantial risk of HIV infection because of the anatomy and physiology of the female sex organs. For example according to UNAIDS (2000) the risk of becoming infected with HIV during unprotected sex is two to four times greater for a woman than for a man. The reason for this are not far-fetched, the vagina has more surface area exposed to the semen of the male partner coupled with the

fact that the man's semen has high concentration of HIV than the female genital secretions. Also adolescent women are not as physically mature as the older ones hence the vagina and cervix membrane are less resistant to HIV and other pathogens. Thus the AIDS virus can easily penetrate the genital tissues. Also the sex organs of girls are still immature thus making it likely to tear easily during sexual intercourse. Based on these factors infection of a woman by a man is biologically more likely than an infection of man by a woman per exposure if all other factors are equal (Berer, 1993). During unprotected vaginal intercourse, a women's risk of becoming infected is up to four times higher than that of men (Lamptey, Johnson and Khan, 2006). Epidemiological studies in Sub-Saharan Africa show that girls are becoming infected younger and dying earlier than boys (UNICEF, 2002). For example studies conducted in major urban areas of Eastern and Southern Africa show that 17 to 22 percent of girls aged 15 to 19 are already HIV infected compared with 3 to 7 percent boys of similar age. The main reason for this is that older men are having sex with younger girls in exchange for cash or gift.

CONCLUSION

This paper examined the influence of gender stereotypes and inequality in the transmission of HIV/AIDS and identified the various socio-cultural, socio-economic and biological factors contributing to the gender differences in HIV/AIDS epidemic in Africa. Young people by virtue of their age and experience are generally at more risk of HIV/AIDS because their social, physiological and psychological development are incomplete. They are immature and more likely to experiment with risky sexual behaviour but less likely to be aware of the dangers associated with their actions. Young girls and women are more vulnerable to HIV/AIDS because of certain social and cultural factors that predispose them to infection. This is because older men are having sex with younger women with the belief that younger women are less likely to be infected with HIV. Moreover, some of them wrongly believe that having sex with a virgin can cure AIDS. Furthermore gender inequality relating to low social and economic status of women in African society, poverty, deprivation and unemployment have forced many young women into prostitution which is a major factor in the spread of HIV/AIDS and other STIs.

Equally high rate of illiteracy, lack of access to health information, and health care services and lack of women empowerment contribute to the gender differences in HIV infection in Africa. The double standards relating to the sanction of male promiscuity on the one hand and restriction for women on the other contributes to the spread of HIV/AIDS. The men are expected to have multiple sexual partners while women are expected to be faithful. Other cultural practices that contribute to the preponderance of HIV infection among women include early marriages, female genital mutilation, unsafe abortion, wife-sharing and wife-inheritance that are prevalence in many African countries.

Finally gender stereotypes, gender inequality relating to the double standards of all "Powerful" men and "submissive" women, low social status and economic status of women as well as deep-rooted socio-cultural practices are the major driving force for the high rate of HIV/AIDS among girls and women folk in Africa. There is therefore the need to address the various issues relating to gender inequality in the HIV/AIDS epidemic through social and economic empowerment of women, education of women, provision of social facilities, reproductive health care services and outlawing certain cultural practices that discriminate against women. Lastly there is the need to develop effective health education programme to discourage behaviour that increase the risk of HIV/AIDS. Young people should be targeted with HIV/AIDS information wherever they are especially in schools, workplace and community settings including churches and mosques.

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