Reproductive Health, Gender and Human Rights: A Dialogue

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Women’s Reproductive Health Initiative (WRHI)
10. Integrating Women into HIV Programs in Africa: A Personal Story

I want to share a personal story—my life with HIV—with the objective of helping others. I aim to put a face to the many statistics about HIV/AIDS. It is difficult for me to understand the theoretic concepts of reproductive and human rights, because I come from a region and a culture where absence of such rights or violation of those rights is a common and constant reality. Nevertheless, I am gratified to know that human and reproductive rights are now being spoken of in the context of HIV/AIDS. I hope that these discussions will help other women who face situations similar to mine.

My Story

I was born and raised in Kenya. I married in 1984 and bore two children. I exhibited “good” behavior according to cultural customs. I remained faithful to my husband and committed to providing all he needed and wanted, including sexual activity. I had a job, but always fulfilled my domestic responsibilities first. My husband’s extramarital sexual encounters not only caused problems in our marriage, it also led to my HIV+ status. My husband’s behavior was not abnormal. Adultery by men, and the broader notion that men are entitled to control women while exercising their own unlimited freedom, was accepted and even promoted by cultural tradition.

Before the birth of my first child, I was twice stricken with a sexually transmitted infection. Further investigation revealed my infection with HIV. Due to the lack of knowledge and resources in my community, I could not access necessary medical care. I was overtaken by denial—I didn’t fit the typical at-risk model, so how could I be infected? Caught up in emotional turmoil, I left my children and husband and home. I lived temporarily with my brother, until his wife’s fear that her children would be infected became too great. This was indicative of the prevalent ignorance about the disease throughout this region, and in too many other regions throughout the world.

I felt alone and afraid. Social stigma deterred me from disclosing my status and seeking assistance. I returned to my husband’s home and my children. Shortly after that, my husband died, on the first World AIDS Day celebrated in Kenya. In 1994, I suffered from my first opportunistic infection. I was fired from my job with a local bank when my status was discovered.
Addressing Women’s Vulnerability to HIV in Africa

Shortly after losing my job, I became involved with Women Fighting AIDS in Kenya (WOFAK), an affiliate of an international nonprofit organization, Society of Women and AIDS in Africa (SWAA). This organization was founded in 1988 with the objectives of mobilizing women in Africa against HIV/AIDS and acting as a voice for women with HIV/AIDS. I am now the organization’s vice-president. Based in Senegal, SWAA collaborates with local groups and has representation in 40 countries. Members include all types of women: mothers, schoolgirls, prostitutes, rural and urban dwellers, among others. This networking of local and national groups is essential for fighting AIDS. Another characteristic of the organization is its promotion of AIDS issues in the political arena. This is a key element for effective response to the AIDS crisis.

SWAA works on a variety of projects, wherever the need is great. For example, SWAA is working in Homeabey, a town in Kenya devastated by HIV/AIDS. The disease has widowed many of the local women. SWAA has trained 70 women leaders in this area to educate and provide emotional support for those infected with or affected by HIV/AIDS. Neem trees, known for their medicinal properties, were planted to commemorate AIDS victims and raise public awareness of the problem’s magnitude and scope. Support groups were developed for widows. In order to foster economic independence of women, an important factor supporting reproductive and human rights of women, SWAA developed income-generation projects. The inner city slum Kaioli is another project site. Here SWAA addresses a significant problem in this area, and also throughout much of Africa: orphaned children who have lost one or both parents to AIDS. The increasing number of orphans overburdens traditional extended family support. SWAA is working to enhance men’s participation in its projects in all regions. In addition, SWAA reaches students in local high schools, providing AIDS education and development of negotiation skills.

Recommendations

There are daunting but not insurmountable challenges presented by the struggle to protect women and all people against AIDS. In addition to changing behavior, there is a need to:

♦ Empower African women with communication skills and provide a forum for women to utilize their skills, with the support of African men.
♦ Provide job skills for women’s economic independence.
♦ Provide more support systems for women to supplement public and familial systems.
♦ Incorporate women’s perspectives into AIDS research and program development.
♦ Alter traditional power dynamics in many African cultures, especially in regard to sexual rights and activity.
♦ Strengthen participation of men in HIV/AIDS and women’s programs.
♦ Foster and coordinate support at both the community and national levels, with civil and political participation.
♦ Increase resources—material, technical and financial.
♦ Increase availability and decrease cost of condoms, male and female.
♦ Develop and make available better means of protecting women from sexual diseases and pregnancy.
♦ Provide women better access to medical treatment and increase availability of drugs to treat persons with HIV.

I was fortunate to have the opportunity to seek care outside Africa, but there are many others who are not as fortunate. It is imperative that domestic health systems and resources in developing countries be improved and made accessible to all people living with HIV/AIDS. AIDS is a global epidemic and interventions, including effective treatment and health care, must also have a global reach. Resource-rich countries must expand their political will to address HIV/AIDS beyond their borders and immediately increase assistance to resource-poor countries in the struggle against this devastating disease.