

Women and Aids - the triple imperative

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In this article the problem of AIDS in South Africa is contextualised. It explains how apartheid and its manifestations - the migrant labour system, the legacy of family planning as a means of social control, and the subordinate position of women in our society - provide obstacles to controlling the spread of the disease.

The article examines some of the difficulties that women face in negotiating "safe sex" with their sexual partners. It looks at the problem experienced by women, of dealing with male sexual partners, who have a number of sexual partners and refuse to use condoms.

Women and AIDS

The AIDS epidemic has focussed a triple imperative on women - to save their own lives, those of their sexual partners and finally those of their as yet unborn children by ensuring that they remain infection free.

Furthermore, it is women (either mother, mother-in-law, sister, nursery and junior school teacher or domestic worker) who are responsible for most of the care and socialisation of children.

In our society the majority of nurses and community health workers are women. Inevitably it is on the shoulders of women that much of the burden for caring for the infected and dying will fall when the AIDS epidemic reaches its peak in this country.

With our existing health care facilities already over-burdened, the home and the family will be where those dying from AIDS will return for care. When the women who run these homes and who are the providers of health care in them, themselves become sick, there will be nothing to fall back on.

The impact of AIDS worldwide has forced people to look seriously at ways of preventing the disease, given that there is no cure at present. The main focus currently has been around educating people around AIDS. Particularly how to adopt "safe sex" practices in order to prevent the spread of the disease.



Women will carry much of the burden of caring for those with AIDS

Gender relations

There are many obstacles to women's exposure to educational material as well as to their adopting "safe sex" practices. Factors such as poverty and lack of access to health care centres are only the more obvious of these. Others are more subtle and difficult to address. These stem from the very nature of the relationships which women have with men.

Specifically, the constraints which many women are subject to in other spheres of life also impose themselves in sexual relations and is manifested in the tendency for women to be subordinate to men. This has serious implications for women's ability to persuade their lovers to adopt "safe sex" practices.

The everyday experience of most women as they face the threat of AIDS, is often one of inability to persuade their lovers to jointly adopt "safe sex" practices. This was borne out in a recent survey of black mothers from a Durban township which found that several women felt that they were at risk because of their partner's infidelity.

Apartheid and marital relations

Migrant labour has, for decades, left both men and women without normal marital relations. The long separations forced on rural women and their partners and lovers by migrant labour exacerbates the situation in two ways - by adding an edge to sexual relations when men are at home, and, by making it more likely that both parties will at some time have other sexual partners. This diminishes the possibility of women having the kind of control of their sex lives required to practice "safe sex".

Although to some extent, having more than one sexual partner is common to both rural and urban women, this problem is particularly urgent for rural women because of their poverty and lack of access to medical information and assistance.

Although white South Africans have not been subjected to the same political forces, many are also involved in a number of sexual relations at the same time and/or serially.

Women and knowledge of AIDS in Natal

There is a scarcity of information on the attitudes and behaviour of South African women in relation to AIDS. Recent studies in the black community show that media campaigns focussing on informing the public about AIDS have been successful.

In a random sample of households in a black township in Durban it was found that all women interviewed had heard of AIDS either from the radio, television, friends, clinics or newspapers.

While there were a few misconceptions about the nature of the disease, the majority of the women knew that having one partner and using a condom reduces the risk of becoming infected with HIV. However, not a single woman had experienced sexual intercourse during which a condom was used.

Some did not believe that AIDS could kill and the small proportion that accepted it as fatal, felt helpless to do anything about changing their or their partner's sexual lifestyle.

The gap between knowledge and action

What makes it so difficult to effect the behavioural change towards "safe sex"?

One of the issues is personal incentives. The findings above indicate that many women were under the misconception that AIDS was not fatal. This means that the ultimate incentive for behaviour change, saving your life, is absent.

Another issue is the ability to implement an intent. Women tend to take the lead in sexual matters from their partners and many do not feel free, let alone insist, on the

changes which they may have recognised will save their lives.

It is not only the sexual interaction itself which is touched by AIDS: as important are the repercussions for the relationship of the partners as a whole. What will be the effect of a woman's relationship with a partner, were she to insist on precautionary steps to which he is antagonistic?

If a woman denies her partner sexual access on the grounds that he is likely to infect her and will not use condoms what effect could this have on the relationship?

Educational programmes in addition to disseminating information on "safe sex" need to incorporate the transfer of skills required to negotiate a change in sexual behaviour with a partner who has more power within the relationship.

We believe that the major problem in fighting AIDS is one of empowering women to say "no" to unprotected sex. Related to this are other practical problems that need to be overcome such as the lack of availability of condoms, technical knowledge of how to use condoms, and the bad public image which condoms have and which influence men against their use.

Condoms and birth control

While health personnel may be preaching condoms as the answer to remain uninfected at this time, it must be remembered that they have been doing much the same for years with respect to fertility control.

Condoms have also played another role, both men and women have been issued with them when suffering from other sexually transmitted diseases. It is no wonder that condoms have a bad name: in addition to being seen by many black people as part of the white government's desire to limit the black population they are also seen as an admission of having a sexually transmitted disease. The prevalent attitude among both men and women towards condoms therefore comes as little surprise.

Apart from the political implications attached to family planning programmes, most women want to have children. Fertility is highly valued and a large family is essential as security in the context of socio-economic deprivation. Condom use threatens this ideal.

The crux of the problem - who decides?

Regardless of these impediments to condom usage, the question remains of whether women can be realistically expected to suggest or insist that their husbands and lovers indulge in "safe sex".

Reasons why many women may not insist on condoms include the wish to conceive



Single sex hostel - the separation of partners because of migrant labour makes it even more difficult for women to make the demand that their partners practice "safe sex".

or that the joy of reunion blots out the fear of infection. When a migrant returns home it is hardly the time to enter a discussion about the need to use condoms.

Importantly, many women do not regard it as their place or right to take the initiative in suggesting condoms. Some quotes illustrating these problems: "I could not do it", "What would he say - he would just brush it aside", "No, it would be so difficult ... we have made beer to celebrate his return - can I then begin about the condom?"

The choice facing many women at present is whether or not to accede to male sexual preference if these involve more than one partner and/ or not using condoms.

The alternative will endanger many marriages and long term relationships. Some women may have the strength to persist, but it will be an empty victory for many as they lose their lovers and fathers of their children to other women, let alone the AIDS virus.

Others may fall prey to the physical violence which the anger and frustration which confrontations about sex so easily engender. It is here that the need for counselling

centres and support of other women is imperative. Campaigns need also to be launched which are directed to changing men's attitudes to sex.

The answer: support for women and persuading men to change

In the light of the above we believe that if women are to be protected from HIV infection, three distinct, but related initiatives need to be embarked upon.

Firstly, women need to be given information about, as well as cheap access to, condoms. More importantly, they need long term back-up and support to ensure they can use these methods. This might involve the setting up of a network of counseling centres throughout the country where other women are available to discuss problems and provide the support necessary to give them the courage to insist on safe sexual practices. To the best of our knowledge few of the otherwise excellent AIDS counseling centres already in place have programmes whose explicit aim is to empower women in this manner.

The urgency for this type of support demands that involvement at the community level be sought without delay.

Secondly, attempts to develop and promote barrier methods that women can use, such as the female condom, should be supported. The female condom is not yet available in South Africa but is currently undergoing extensive research in the United States. This method, if successful, may provide a method of preventing the spread of HIV that women can have greater control over.

Thirdly, men must be targeted, preferably at the same time as the women. In addition to being given information, they must be made sensitive to the dilemmas facing women. It is of limited value to expect women on their own to intercede with their lovers and to take the initiative in insisting the use of condoms. Safe sex for both men and women needs to be marketed to men as much as to women.

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