

## Exploring Feminization of HIV/AIDS in Zimbabwe: A Literature Review

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**ABSTRACT** Ironically and interestingly, HIV/AIDS statistics in many countries of the developing world with Zimbabwe being no exemption continues to show a gender skewed state of infection with women more than men increasingly and apparently being more infected. This is worrying considering the fact that it is men who are apparently more promiscuous than women. This gives rise to the phenomenon of feminization of HIV/AIDS that this article undertakes to explore. The aim of this article, therefore, is, through systematic literature review to explore the state of the feminization of HIV/AIDS and its dynamics thereof. Findings indicate the following factors as being responsible for the phenomenon of feminization of HIV/AIDS in Zimbabwe: Inadequate support infrastructure to women living with HIV/AIDS, poverty of women, unfair gender role allocation, segregation and differentiation, and state of patriarchy. The following strategies have been suggested to surmount feminization of HIV/AIDS: diluting patriarchy, intensifying gender empowerment campaign in all social spheres of life, adopting male circumcision and adopting affirmative action as an approach to empower women. The article concludes by calling upon the governments and civil societies to undergo a paradigm shift of policies, ideologies and practices that will see patriarchy diluted and therefore lay bare the path to women's empowerment process.

### INTRODUCTION

#### An Overview of the Concept Feminization of HIV/AIDS

Despite the fact that HIV/AIDS is not gender selective and one can contract it either way or the other, there is need to conceptualize HIV/AIDS not only as a health challenge, but also as a developmental challenge. It is critical to evaluate how it is ravaging development endeavours in many developing countries. To say the least, the pandemic has paralysed and stifled the realisation of some crucial developmental aspirations of many countries such as Zimbabwe. It is agonising to note that more women than men are getting infected resulting in a state of feminization of HIV/AIDS (Kang'ethe 2013a). Jain (2009) postulated that feminization of HIV probably refers to the spread of HIV infection among females who are not commercial sex workers. In the same vein, Gaidzanwa (2006: 206) indicated that the major form of transmission of HIV is heterosexual sex and married women carry the highest risks since they are less able than single women to negotiate for safer sex. Realistically, HIV/AIDS prevalence in Zimbabwe is higher for women than men; hence the country displays or embraces the state

of feminization of HIV/AIDS (Kang'ethe 2013a). This is shocking considering the fact that men are generally more promiscuous than women. Patriarchy, these researchers believe, has played a significant role in determining the state of feminization of HIV/AIDS (Kang'ethe 2009). This is because patriarchy makes the female gender more vulnerable to the virus in that it stifles her sexual independence as well as her capacity to negotiate for safer sex. Coupled with the biological factors that make men perfect transmitters of the virus compared to their female counterparts, and the fact of multiple and concurrent partnership that men portray, feminization of HIV/AIDS, then, becomes possible (Kang'ethe 2013b). McFadden cited in Chitando (2011) stated that HIV and AIDS came to be identified as a black women's disease. This is because of the fact that in any geographical context, more women than men are usually infected. But cultural expectations and norms surrounding sexual practice can be blamed for women's vulnerability. Most cultures especially the ones that ascribe patriarchy expect and indicate that married women are expected to be sexually passive and submissive to their husbands or male partners. Women, therefore, do not adequately afford to negotiate for safer sexual practice, neither do they have the power

to initiate sex or refuse when they do not want (Kambarami 2006). This scenario, therefore, could explain the state of feminization of HIV/AIDS. The present paper seeks to debunk the underpinning factors behind feminization of HIV/AIDS in Zimbabwe.

### **Problem Statement**

The incontrovertible fact that women continue to be infected by HIV/AIDS more than their male counterparts in Zimbabwe and other countries hard hit by the epidemic continues to pose international, regional and national concerns (Kang'ethe 2013a). Despite the well known biological differences that may make women more prone to the HIV/AIDS epidemic, it is worth exploring other factors that may be increasing the vulnerability of women to the epidemic more than their male counterparts. This is because the HIV/AIDS phenomenon has presented an agonising and grievous experience for women and girls. This state of feminization of HIV/AIDS needs to be addressed, especially in countries hard hit by the epidemic such as Zimbabwe. This is important because different contexts may be vulnerable to different circumstances. Specific contextual analysis and exploration is therefore pertinent. The sad state of affairs is that it is women who run households, effectuate children nurturance, and care for others. Factors that exacerbate this state of vulnerability, therefore, need to be addressed timeously. The research findings are likely to inform legislators to enact laws which can mitigate the state of feminization of HIV/AIDS.

### **METHODOLOGY**

This paper uses a systematic review of literature from journals, books, and Government and United Nations publications to raise debates, discourses on issues pertaining to the feminization of HIV/AIDS in Zimbabwe and other developing countries.

### **OBSERVATIONS AND DISCUSSION**

#### **Dynamics Associated with Feminization of HIV/AIDS in Zimbabwe**

##### ***Current HIV/AIDS Landscape Informing Feminization of HIV/AIDS in Zimbabwe***

Statistically, women are the spotlight of HIV/AIDS prevalence in Zimbabwe. The Ministry of

Health and Child Welfare and National AIDS Council of Zimbabwe (2004) pointed out that women are disproportionately affected by the HIV and AIDS epidemic and they are about 1.35 times more likely to be infected than men. This imbalanced sex ratio may be explained by the physiological and anatomical differences between men's and women's sexual genitalia. This biological factor renders women more vulnerable to HIV/AIDS infection than men during unprotected sexual intercourse. Apparently, there is intergenerational sexual practice whereby even older men are targeting younger women. According to UNAIDS (2008) cited by Arisunta (2010), Zimbabwe has almost two million people estimated to be living with HIV/AIDS. This is up from the 1.8 million figures as at the end of 2003. This makes the country the third largest HIV/AIDS burden in sub-Saharan Africa. However, recent evidence suggests that the prevalence may be starting to decline. But disturbingly, women account for more than half (58%) of adults estimated to be living with HIV/AIDS in Zimbabwe. At the same time, stigma remains a serious stumbling block to the fight against HIV/AIDS (WHO 2000).

While efforts to tackle HIV/AIDS needs to be strengthened, the unfortunate state of affairs in Zimbabwe is that the current policies and practices do not adequately address the specific needs and problems of HIV positive women. The campaign infrastructure especially to educate people on various prevention strategies is still weak. Apparently, there is a clear revelation of rigidity within social institutions which compromise women's livelihood in the face of HIV/AIDS. This contributes to a situation in which women easily become the most infected and affected gender.

#### **Inadequate Infrastructure To Support HIV Positive Women**

The pandemic has tremendously fabricated women's experience as they continue to encounter skewed health service delivery. The Ministry of Health and Child welfare (MOHCW) (2010) succinctly express a grievous trend of inadequacy in HIV prevention services. It explicitly reveals that only 59% of the 82% pregnant women who tested HIV positive were offered anti retroviral therapy drugs (ART) for the Prevention of Mother to Child Transmission

(PMTCT) Programme in 2009. For that reason, mother to child transmission (MTCT) was estimated at 30% and this data indicates that MTCT contributes a significant proportion of new HIV infections. For example, the majority of HIV positive women as well as the health workers do not have adequate information on mother to child transmission of HIV and the prevention thereof. While the PMTCT programme is registering close to 100% in countries such as Botswana and is increasingly becoming successful in South Africa, many children are still being born HIV positive in Zimbabwe (Kang'ethe 2009; South African National AIDS Council (SANAC) 2007). Realistically, HIV and AIDS have strained the delivery of health services, which lead to a surge in the incidence of other diseases, such as tuberculosis, as well as placing intense pressure on health workers. Failure to comprehend this has resulted in some AIDS-affected households becoming most vulnerable to food shortages. In addition, the lack of proper support mechanisms has bore tears and sorrow as women in rural areas face competing demands for crop production and care for family members suffering from AIDS-related illnesses (MoHCW 2010). To this end, WHO (2000) pointed out that HIV positive individuals especially women are being discriminated against by both health workers and the community. However, the discrepancies in health service delivery have provided leverage to the spread of HIV/AIDS. The huge shock of the scourge has fallen heavily on women. Regrettably, they are often blamed for their suffering as men continue to bellow instructions from their self-reasoned supremacy.

#### **Poverty of Women and Feminization of HIV/AIDS**

Kaseke (2010) as cited by Dhemba (2012) observed that more than half of the Zimbabweans are trapped in poverty. Poverty can be regarded as the determinant of HIV/AIDS pervasiveness in most nations which are extremely hit by the scourge (Kang'ethe 2013a c). To this end, Barnett-Grant, Fine, Heywood and Strode (2001) outlined that poverty helps the spread of HIV/AIDS significantly. Poor people are definitely more at risk of HIV infection and of developing the disease more quickly. They also contend that in a family which is

resource constrained, a woman having to engage in selling sex is often one of the possibilities to get money to buy food. Dhemba (2012) also postulates that poverty, unemployment and the scourge of HIV/AIDS characterizes the socio-economic profile of some Southern African countries including Zimbabwe. Sadly, the pervasiveness of these problems compromises the social security situation of the most vulnerable groups, especially the women. Concisely, due to harsh socio-economic backgrounds, most young girls end up indulging in sex for money. In a research carried out in Zimbabwe on violence against women, about 33% of the women admitted having had sex outside marriage while they were married for money (WHO 2000). McFadden (2003) adds that the fear by African men of African women's sexuality is derived from the fact that there is an extremely intimate relationship between sexuality and power. As such, women are surrounded by restrictive walls which hinder them from manoeuvring their way to self-actualisation. In addition, Kambarami (2006) alluded that in Zimbabwe, most women occupy less financially rewarding positions like secretarial or clerical positions. It should not be lost that women's lower state of socio-economic than men, or feminization of poverty also largely contributes to this state of feminization of HIV/AIDS. With women and their families usually being dependent on men for their economic sustenance generally, power to determine sex and many other aspects of life is tilted to favour men. Men, therefore, have exploited women's economic vulnerability to determine and control the state of their sexuality (Barnett and Whiteside 2006; Barret-Grant, Fine, Heywood and Strode 2001; Treatment Action Campaign 2007). In public offices in Zimbabwe, for example, there are more males than females occupying ministerial positions. Contrastingly, the females occupy less influential positions for instance Gender, Culture or Education (Kambarami 2006).

The treatment of the girl child compared to the boy child has an edge in determining their future, states of possible poverty and can be a crucial factor to determine feminization of HIV/AIDS. Most often, societies ridicule the dreams of the girl children whereas the boy children enjoy a considerable array of choices to make. Social construction which appears to privilege boy children in terms of choices and resources

continue to heighten girl children's and women's vulnerability to HIV/AIDS infections. This is because the girl child is socialised to be submissive to men and often given limited education opportunities (Kang'ethe 2009, 2011). Women who acquire higher education are feared by men because most men believe that if a woman gains higher education, they can take care of themselves, and cease to become amenable as wives, or they stop to be dependent on men (Tumusiime 2010, Chitando 2011).

### **Unfair Gender Role Allocation, Segregation and Differentiation**

In many countries, especially where societies are still patriarchal in nature, overwhelming statistics reveal a huge gender imbalance in task allocation and differentiation between men and women with women being expected to handle hospitality oriented tasks such as care giving and handling many domestic chores that carry no financial reward (Kang'ethe 2009). To this end, Chitando (2011) postulated that apart from being more vulnerable to HIV infection, women carry the greater burden of care giving. Kang'ethe's research findings from Botswana indicates that in the event the parents succumb to HIV/AIDS, girl children are often forced to perform adult caretaking duties such as feeding and bathing the sick and cooking for the rest of the members of her household (Kang'ethe 2010a). The girl child at such a tender age is exposed to HIV/AIDS as she would be nursing and dressing wounds of patients probably without any protective clothes (Kang'ethe 2010a). Regrettably, these girls are left without choice but to look after their loved ones usually with little or no proper education on how to handle care giving (Kang'ethe 2010a).

Just like the revelation of Botswana case alluded to above, various research findings in Zimbabwe indicate the preponderance of care giving being in the hands of women. Patriarchy has had a huge contribution to the quagmire. However, this practice is assumed and is seen as a universal norm as men have turned a blind eye and assume care giving is a woman's task. Kambarami (2006) outlined that patriarchal attitudes also exist in the corporate world and few women are allowed to occupy leadership positions. Notably, elderly women have to go a process of renewal of their motherly roles since

they are left without choice except to care for their sick children. This compromises the rights of the elderly. They should be enjoying their age in a silent and rest mood, while being taken care of by their children and their grandchildren (Kang'ethe 2010b). These researchers think that due to burgeoning cases of HIV/AIDS in Zimbabwe and other countries of the developing part of the world hardest hit by the HIV/AIDS epidemic, men should undergo a paradigm shift and accept to co-participate in tasks of care giving in tandem with their female counterparts. The task of care giving is acutely overwhelming to women, families and households. All the genders need to own and take societal responsibility to shoulder the impacts of the disease (Kang'ethe 2010b).

### **Strategies to Address the Feminization of HIV/AIDS**

#### *Diluting Patriarchy*

The inherent battle for supremacy presented by patriarchy has immensely impeded women's endeavours to gain a firm foothold and grip for their emancipation. According to Alcoff (1990) as cited by Arisunta (2009), patriarchy implies a system in which the father or a male member who is considered as the head of the family controls all economic and property resources, makes all the major decisions of the family, and thereby maintains ongoing control over all the members of the family and those related to it. There is explicit evidence that the source of the prejudice and stereo types can be traced from gender roles which intentionally socialise girls at an early stage of development to be submissive. That largely explains the reason why they are passively subjugated to the extent of being sexually exploited with minimal resistance from their side (Rizter 2008). The patriarchal nature of Zimbabwean society has often meant that women understand life to be troublesome. Social norms and values tend to privilege men. This forces women to become second-class citizens. It is men who are expected to be heads of families, organisations, communities and the nation. Men, in most cases, feature as father-figures in Zimbabwean literature and society (Muchemwa and Muponde 2007). This paper, therefore, strives to motivate men to come out of their self-made comfort zone and exhibit their

masculinity in fighting the scourge and foster gender parity in all circles of life.

### *Intensifying Gender Campaign*

HIV/AIDS has been highly gendered. It is vital to craft strong and responsive programmes and strategies that are likely to curb the widespread of HIV/AIDS. Men's voice in devising intervention programmes to cushion women vulnerability to HIV/AIDS has been silent; hence there is need for amplified male voice in campaigns aimed at addressing this sexual politics. The campaign needs to be tailor-made to especially target men since they are regarded as the main perpetrators and carriers of the scourge. This is because more campaign on HIV/AIDS in several African countries such as Botswana were biased and skewed towards women (Kang'ethe 2009; 2013a). These researchers also advise that the campaign enlists the role of women in policy and strategic formulation. The process should be gender neutral.

### *Adopting Male Circumcision to Mitigate Male Transmission of HIV/AIDS*

Any strategy that will reduce viral transmission is welcome, but if its impact will directly or indirectly contribute to lowering feminization of HIV/AIDS. It is to this end that Zimbabwe is mobilizing all the males to accept male circumcision as a strategy to reduce the impact of HIV/AIDS to the males. This is a new innovative procedure that has been funded by western world in their global war against HIV/AIDS. The campaign is premised on the fact that males who get circumcised are 60% resilient to HIV/AIDS. This has been empirically validated by clinical trials (Kang'ethe 2013d; Kang'ethe and Gutsa 2013). The government of Zimbabwe through the Ministry of Health and Child welfare adopted voluntary male circumcision as a key prevention strategy. Statistics from the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) indicated that by the end of September 2010, 11,102 men had been circumcised. However, there is need for appropriate education to men because of myths, untruths, mistruths and stereotypes surrounding the circumcision,

with some thinking that in the event one is circumcised he can afford to do unprotected sex without prevention. This is fallacious and needs to be corrected through public education. With male circumcision taking strong grounds, the HIV/AIDS campaigners and architects see hope at the end of the tunnel that the process will have an indirect impact on reducing feminization of HIV/AIDS.

### *Affirmative Legislative*

Though the Constitution of Zimbabwe (Final Draft: January 2013) clearly indicates that there is a spectrum of well established laws which are in place to empower women, but observably due to custom and the perpetual patriarchy, women are still often neglected. Perhaps parliamentary affirmative action needs to be applied to ensure women empowerment takes root. Women needs jobs just as their male counterparts, needs power just like men and any other privileges that have selectively been offered to men. To say the least, although many countries' bills of rights have provision for equality and women empowerment, this has not been operationalized by both the societies and the law enforcement organs (SANAC 2007). Although UNAIDS (2007) indicates how Zimbabwe's National HIV/AIDS policy put emphasis on basic rights of people living with HIV/AIDS and related diseases with a particular focus on issues of access to the public health system, regrettably, one of the shortcomings of Zimbabwe's National HIV/AIDS policy is that it does not sufficiently address HIV/AIDS from both a gender and a developmental perspective. The exclusion of women in the mainstream of national affairs is a good example of sexual politics which results in women susceptibility to HIV/AIDS. However, Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) phase 2 running from 2011 to 2015 postulate that the health sector envisages a zero new HIV infections, zero discrimination and zero HIV related deaths. This can materialise if there is an eminent realignment of the public sector to surmount women domination. In fostering gender parity, this paper wishes that all stakeholders widen their scope and strength to be good agents of women empowerment, gender equality and equity.

## **Theoretical framework**

### ***Radical Feminism***

Radical feminism has prudently informed this paper as it elaborates on the troubles that women have been universally enduring due to largely patriarchal power arrangements (Ritzer 2008). Radical feminism is premised on the central beliefs that women have absolute positive values as women. It is also based on the fact that women are everywhere oppressed, violently oppressed by the system of patriarchy which perpetuates domination and submission (Ritzer 2008). The radical feminism indicates how awkwardly women are positioned in societies and this is also witnessed by how the HIV/AIDS has severely worsened the survival of the girl child. Mary Daly, 1978 cited in Chitando (2011) argues that men throughout history have sought to oppress women. An understanding of women and men as products of their cultures and societies, therefore, shows that both women and men are flexible beings who can yield to positive social transformation.

Ritzer (2008) outlined that patriarchy which is one of the underlying factors of radical feminism is regarded as not only a historical structure, but also the most pervasive and enduring system of inequality and inequity. Therefore, the theory has succinct application to the feminization of HIV/AIDS which immense literature validates is driven by power dynamics of inequality between men and women.

## **CONCLUSION**

In spite of the presence of well crafted HIV/AIDS responses and the gains the whole universe has achieved in the battle against HIV/AIDS, it is saddening to note that HIV/AIDS displays a skewed gender dimension with women more than men increasingly becoming prey to the disease. The universality of patriarchy and its persistence across various public spheres of life has been pin pointed as the propeller of the feminization of HIV/AIDS. The governments, societies and communities need to accept this fallacy and anomaly and therefore also accept to undergo a paradigm shift of policies, ideologies and practices that will see patriarchy diluted and therefore lay bare the path to women's empowerment process. This would be a pivotal

way to the country achieving Millennium Development Goal number three that envisages seeing women empowerment in every socio-economic sphere and corner of the country.

## **RECOMMENDATIONS**

While most of the arguments above points at how women in Zimbabwe have been weakened by social structures such as patriarchy, this paper recommends the following:

### **National Policies to Be Gender Neutral**

Policies that run all the socio-economic issues in Zimbabwe need to be gender neutral. Perhaps this can be strengthened by having community education on the need to make policies gender neutral. The support and understanding of men in this regard is critical

### **Increased Affirmative Action**

The government of Zimbabwe need to increase affirmative action that should see more women empowerment . This , this paper believes will have an impact in giving the women a more democratic space that could widen their scope of negotiating for reproductive sexual health.

### **More Education on HIV/AIDS**

The assumption that people understand the aetiology of the HIV/AIDS is wrong. In most rural areas where many people are illiterate or of little literacy levels, education on HIV/AIDS is still wanting. Its critical for such education to be increased

### **Mainstreaming Gender in All Social Institutions**

Gender mainstreaming and education is critical if gender inequality and inequity are to be successfully addressed. Perhaps an apparently workable approach is to ensure that all the social institutions are gender mainstreamed. This means ensuring that all the processes in the institutions respects the gender norms and that gender equity education is strengthened.

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