

Project Name:

Equipping poor families with HIV/Aids Skills

An Overview of HIV/Aids In Kenya

Advocates for Teen Mothers

Women, Girls and HIV/AIDS in Kenya

The grim statistics:

- ❖ HIV prevalence in women in the age range 15 - 49 is 8.7%; HIV prevalence for men in the same age range is 4.6 % (almost 2 to 1).¹
- ❖ HIV prevalence in girls 15 - 19 years old is six times higher than that in boys of the same age (3% of young women in this age range are infected, but less than 0.5% of young men).
- ❖ HIV prevalence among women 20 - 24 is over four times that of men in the same age group (9% versus 2%).
- ❖ Peak prevalence among women is between the ages 25 -29 (13%); among men prevalence rises gradually with age to peak between 40 and 44 (9%).²
- ❖ National studies confirm that between 40 and 50% of Kenyan women and girls experience different forms of violence (physical, sexual, verbal, or emotional) from childhood to adulthood. Women who are abused or live with the threat of violence do not have the privilege of choosing ABC. This means that at least half of Kenyan women are unable to protect themselves from exposure to HIV.³

HIV infection is the most devastating new disease to have emerged in recent history. Although, worldwide, approximately as many women as men suffer from HIV, this aggregate figure conceals marked differences in the implications of the disease for men and women. Some of these result from biological differences in sex between men and women, but more result from socially defined gender differences.

Women are probably more susceptible than men to infection from HIV in any given heterosexual encounter, due to biological factors – the greater area of mucous membrane exposed during sex in women than in men; the greater quantity of fluids transferred from men to women; the higher viral content of male sexual fluids; and the micro-tears that can occur in vaginal (or rectal) tissue from sexual penetration. Young women may be especially susceptible to infection.

Gender norms may also have an impact on HIV transmission. For example, in many places, gender norms allow men to have more sexual partners than women, and encourage older men to have sexual relations with much younger women. In combination with the biological factors cited above, this means that, in most places

¹ Kenya Demographic and Health Survey (2003)

² Mainstreaming Gender in the Kenya National HIV Strategic Plan

³ Violence and Abuse of Women and Girls in Kenya

where heterosexual sex is the main mode of HIV transmission, infection rates are much higher among young women than among young men.

Forced sex, which all too many women (and some men) experience at some point in their lives, can make HIV transmission even more likely, since it may result in more trauma and tissue tearing.

Women may remain ignorant of the facts of sexuality and HIV/AIDS because they are not “supposed” to be sexually knowledgeable, while men may remain ignorant because they are “supposed” to be sexually all-knowing.

Some traditional HIV prevention strategies have tended to focus predominantly on “ABC”: Abstain, Be faithful, use a Condom. While the ABC approach has undoubtedly prevented large numbers of people from becoming infected, many of the world’s women are simply not in a position to abstain from sex, rely on fidelity, or negotiate condom use. ABC can only be a viable and effective prevention option for women and girls if it is implemented as part of a multi-faceted package of interventions that seek to redress deep-rooted gender imbalances.⁴

This involves advocating for the empowerment of women and the promotion of women and girls’ rights. Addressing current unequal gender norms that reduce young women and girls’ ability to make informed choices about their own sexuality is key to reversing the dramatic upward trend of HIV infection among young women and girls.

End child marriage and reduce HIV infection rates

In many countries, including several with high rates of HIV infection, girls are married in their teens –often as a poverty-reduction strategy. Over the next ten years, more than 100 million girls in developing countries will be married before their 18th birthday – mostly to older men and often against their will. Today, the majority of sexually active girls aged 15-19 in developing countries are married.

Ironically perhaps, these girls have significantly higher rates of infection than their sexually active, unmarried peers. At this relatively early stage in their physical development, girls are particularly susceptible to HIV infection. When they marry older men, who are likely to have had previous sexual partners and who are also less

⁴ The Global Coalition on Women and AIDS

predisposed than younger males to use condoms, the risk of infection is multiplied. In Kisumu, 30% of male partners of married adolescent girls were infected with HIV. Unmarried but sexually active girls are more likely to have relationships with younger men, who are more inclined to favour condom use.

Improve access to sexual and reproductive health services for all

Worldwide, just one fifth of the people who need prevention services actually have access to them. This may be because there are no facilities nearby, or because they cannot travel to places where they do exist. Even if people can get to facilities, they may not be able to pay the fees charged.

Moreover, girls and women may be reluctant to seek advice, for fear of stigmatization. They may also be deterred by the unhelpful and discriminatory attitude of staff in some centres. It will therefore be critical to remove some of the obstacles that keep women and girls away from sexual and reproductive health services. Sensitization programmes could help reduce stigma, for example, and training activities for health service staff could make services more user-friendly.

HIV prevention strategies must also meet the needs of women living with HIV. Positive women need to be able to access sexual and reproductive health services, without fear of stigma and discrimination. When people living with HIV can feel comfortable about being open about their status and where they can receive counselling and treatment to keep them healthy for longer and have a safe and satisfying sex life, they are far less likely to pass the virus on to others.

At the same time, it will be important to help members of vulnerable groups with specific needs to access services. These include child brides and other groups of young people: those living with HIV, people working in the sex trade, men who have sex with men and injecting drug users.

Education can protect girls from HIV

Studies from around the globe show that HIV infection rates are at least twice as high among young people who do not finish primary school as those that do. A review of 113

studies from five continents found that teaching about AIDS in schools was effective in reducing early sexual activity and high-risk behaviour.

If every child received a complete primary education, at least 7 million new cases of HIV could be prevented in a decade.

In sub-Saharan Africa, overall primary school enrolment stands at less than 60%, and only 20% of appropriately aged children participate in secondary school.

It is sadly ironic that the deepening impact of AIDS is increasing the number of children deprived of education, as education is the very thing children need most to stay safe from HIV. In AIDS-affected households and communities, the economic and social burden of AIDS often forces children, especially girls, to drop out of school, or to never attend.

Many children leave school in order to provide and care for members of their families who are sick and dying – and, if their parents die, for themselves and their siblings left behind.

Faced with these economic demands and without the benefit of the knowledge, skills, and opportunities gained from completed education, out-of-school girls, in particular, are often compelled to engage in risky transactional sex, frequently merely to survive⁵.

Today, Kenya faces two pervasive and often fatal social crises: the AIDS epidemic, and violence against women and girls. Until recently, the two were handled as separate social issues. But in light of alarming HIV prevalence rates of women, current anti-AIDS efforts had to be re-examined. In 2003, the Kenya Demographic and Health Survey (KDHS) confirmed that almost half of Kenyan women and girls experience some form of violence (physical, sexual, verbal, and/or emotional) in their lifetime. It wasn't long before AIDS activists and organizations started to detect a connection between the rates of violence against women, and rates of HIV infection among women.

⁵ AIDS Epidemic Update 2004

In Kenya, the HIV prevalence among women aged 15 to 49 years is almost twice that of men.⁶ The HIV prevalence rate of girls aged between 5 and 19 years, who are vulnerable to violence and also susceptible to HIV infection as a result of their biology, is six times that of boys the same age. In fact, female prevalence rates are higher than that of males at all ages. This is true despite the fact that women's sexual behavior, traditionally, tends to be more conservative than that of men.

Girls and women who are raped are susceptible to HIV infection as a result of the rape, especially as violent or coerced sex increases woman's vulnerability to HIV because of damage to membranes of the genital area. But rape, though the most obvious form of sexual violence linked to HIV, is only one of numerous violent threats to women. With no Kenyan law against domestic violence, a married woman is without recourse if her husband rapes or beats her. Fear of violence may prevent an abused woman from insisting on the use of condoms or other safer sex methods from her intimate partner⁸. And just as violence can lead to AIDS, in a community where violence is condoned, AIDS can lead to violence. Fear of violent reactions from her intimate partner or community will discourage a woman from determining her HIV status.

Girls are most at risk in the cycle of abuse and HIV infection. Myths such as having sex with a virgin as a cure for HIV result in rape and sexual abuse against girls. Schools are not necessarily safe havens for girls, as teachers and older boys are highest among the culprits of abuse. And yet there are no shelters exclusively for girls who are abused in Kenya.

Historically, Kenya has been one of the most sophisticated African countries in its approach to issues concerning women and development, and Kenya has made impressive strides in the fight against AIDS.⁷

However, concerned government ministries, NGOs, agencies, and activists have not yet been brought together to address the complex subject of gender violence and AIDS.

Violence, the ever present, but Hidden Culprit

⁶ KDHS 2003, KNASP, NASCOP Surveillance

⁷ Demographic and Health Surveys, "Profile: Gender in the Kenya 2003

In Kenya, violence against women and girls—whether expressed by rape, coercion or physical or emotional intimidation—is the culprit, making all women and girls vulnerable to HIV infection. In Kenya’s traditionally patriarchal society, violence against women is ignored, tolerated, and even condoned⁸. This traditional acceptance of violence has devastating implications today: women and girls’ AIDS rates are two to six times higher than those of men and boys. Beyond the already unacceptable neglect of women’s basic human rights, violence against women in today’s world of HIV and AIDS has fatal implications.

In the 2003 Kenya Demographic and Health Survey, 49% of Kenyan women reported experiencing violence in their lifetime; with one in four having experienced violence in the previous 12 months⁹. A woman who is raped cannot negotiate safe sex. A young woman or a girl who is married or involved with an older man rarely has the sophistication and maturity to negotiate safer sex and, no matter how faithful, is exposed to her partner’s previous sexual history. A woman who lives in fear of abuse is less likely to insist on condom use by her partner.

Some cultural practices also undermine women’s power and contribute to the spread of HIV. A widow who is “inherited” by her husband’s eldest brother, a cultural practice called “widow inheritance”, is exposed to the sexual history of her brother-in-law. If her husband died of AIDS, she herself may be HIV positive, thus putting her brother-in-law at risk.

Gender violence and the link to HIV/Aids

The evidence highlights that there are direct and indirect connections between violence and HIV and AIDS.

- Women with a history of partner violence may not be able to negotiate condom use;
- Childhood sexual abuse, coerced sexual initiation and current partner violence may increase sexual risk taking (e.g. having multiple partners, engaging in transactional sex);

⁸ The Physical Abuse of Kenyan Women and Girls

⁹ Kenya Demographic and Health Survey 2003

- Women who experience violence may be in partnerships with older men who have a higher likelihood of being infected with HIV¹⁰
- Violence or fear of violence may deter women from seeking HIV testing, prevent disclosure of their status and delay their access to AIDS treatment and other services¹¹
- Such women who test positive for HIV are vulnerable to violence from their partners as well as discrimination within their families and communities

Numerous studies from around the globe show the growing links between violence against women and HIV. These studies demonstrate that HIV infected women are more likely to have experienced violence, and that women who have experienced violence are at higher risk for HIV¹².

How ATM addresses the issue

School Retention

The Project has been using community dialogues to engage the broader community promoting education for girls. Community markets and meetings of parents' and teachers' associations have been used as key opportunities to focus attention on HIV and the harmful traditional practices that often lead girls to drop out of school and increase their risk for HIV infection. Since the program's inception, more than 2,000 adolescent girls have been re-absorbed back into the educational system, ensuring that they are back in the race for social inclusion.

Girls' plans for the future are not restricted to accomplishment at the individual echelon, but include a promise to their communities and to the lives of other women and girls. Most of our beneficiaries believe they have what it takes to emerge as community gatekeepers and opinion shapers and believe that leadership ability is imperative in changing cultural norms that hinder progress of girls within the community hierarchy. Over 72% of project beneficiaries assertively believe that by being empowered, they will be able to positively change the direction of their poor families, friends and communities.

¹⁰ Human Rights Watch March 2004

¹¹ Violence against women and AIDS Critical Intersections: intimate partner violence and HIV/
AIDS Info Bulletin Series no 1

¹² Violence Against Women: A Multidimensional Phenomenon

Informal Training

Our experience has shown us that girls are not empowered by formal education alone or providing them with the traditional feminine skills like tailoring. Community feedback endorsed the need to go out of the box and assist girls to grow and thrive beyond the ordinary because girls live within milieu that are unreceptive to the renovation that basic education can bring about. To succeed in empowering girls academically and economically, our programs go deeper and tackle deep-seated cultural norms that pin a girl-child to the wall of poverty.

“Your Life, Your Choice” is a training program for girls out of school. Orphan girls, all of whom have been affected by the socio-economic effects of HIV/Aids and a few of whom are HIV+, are chosen by ATM personnel after being nominated by their communities to take part in the program. More than 350 girls have participated thus far. After receiving counselling, the girls enter an academic and vocational training program. More than 80% of program graduates engage in further training, employment, or running small businesses – opportunities that enable them to provide food and school fees for their brothers and sisters. With education and economic assets of their own, these girls are better equipped to stay safe from, or cope with, HIV.

Self-Confidence Building Skills

Most of the girls taking part in self-empowering programs believe the skills they learn will enable them meet the challenges presented by the environment they live in. Girls fluently articulate the complete gamut of problems that contribute to their lack of prospect, ranging from poverty to sexual violence, to restrictive marriage traditions, unwanted pregnancies and low self-esteem. While skills training and education help them achieve economic betterment, the majority of girls’ responses advocate for education that boosts their self-worth and accords them dignity. Girls’ yearning to take control of their personal lives, to revolutionize cultural attitudes and to be able to contribute to their communities and to other girls’ welfare is inspirational.

Community Education

We have learnt that mass education remains the most effective way to bestow girls access to the economic potential and self-esteem needed to triumph over both cultural oppression and poverty.

Our programs are inter-linked, showing the interconnection between education, health and economic deficiency. By educating the community en-masse, the project seeks to be part of a larger only larger lobby group that gravitates towards improving the bargaining skills of its community.

To address the issue of education within the community, the project will continue to:

- Supply volunteers with current information, skills and other necessary materials, and training opportunities they need to enlighten AIDS education to the community
- Create secure and accommodating learning settings for students, especially girls, by instituting guidelines of zero tolerance of sexual exploitation and implementing clear procedures for responding to such assertions
- Support young people in contributing to their education and communities
- Systematize parent-teacher groups or community committees to make schools safer and more welcoming for girls and to support the importance of AIDS education for young People

Short-term Family Relief

As much as we have identified the need for a long-term solution to girl empowerment and community mobilization towards addressing the socio-economic issues associated with HIV/Aids, the project seeks to provide short-term relief efforts for affected and infected families. We provide necessities like nutritional food, clothing, educational materials and home-based care for HIV/Aids.

For more information on all our programs, please contact
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