

# Women speak out about AIDS

*An interview by Critical Health*

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*A & B are two women who are involved in AIDS work in the Johannesburg inner city. They spoke to Critical Health about the subject of women and AIDS, as well as the work that they are doing in informing sex-workers about AIDS. For professional and ethical reasons they asked that their names not be used in this article.*

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**Critical Health:** Do you accept this idea that certain campaigns around AIDS and HIV should be directed specifically at women?

**A:** My feeling is its okay to have certain campaigns directed specifically at women. But those really shouldn't be the only campaigns to be undertaken. Just as much emphasis should be put on men and the general community as such because if everything is directed at women people will tend to think this is a woman's responsibility. Women shouldn't have to feel that they are the ones that have to teach their children or their husbands about AIDS. Because most of the time it is quite difficult for women to actually do that.

**CH:** As I understand the form of most campaigns that have been undertaken to inform people about AIDS have been directed at the community generally rather than identifying either men or women specifically as their target.

**B:** Recently, there has been a shift to look at the impact of AIDS on women in particular. So for example World AIDS Day<sup>1</sup> last year focussed on women specifically and I think the World Health Organisation (WHO) has identified women and AIDS as a particular issue. One aspect of this has been the recognition that when it comes to caring for people who are sick, that largely gets done by women. Most health workers are also women, so in terms of hospital care as well, most of the care will be undertaken by women. Part of the concern is that resources and support work should reflect the role of women in dealing with the AIDS epidemic.

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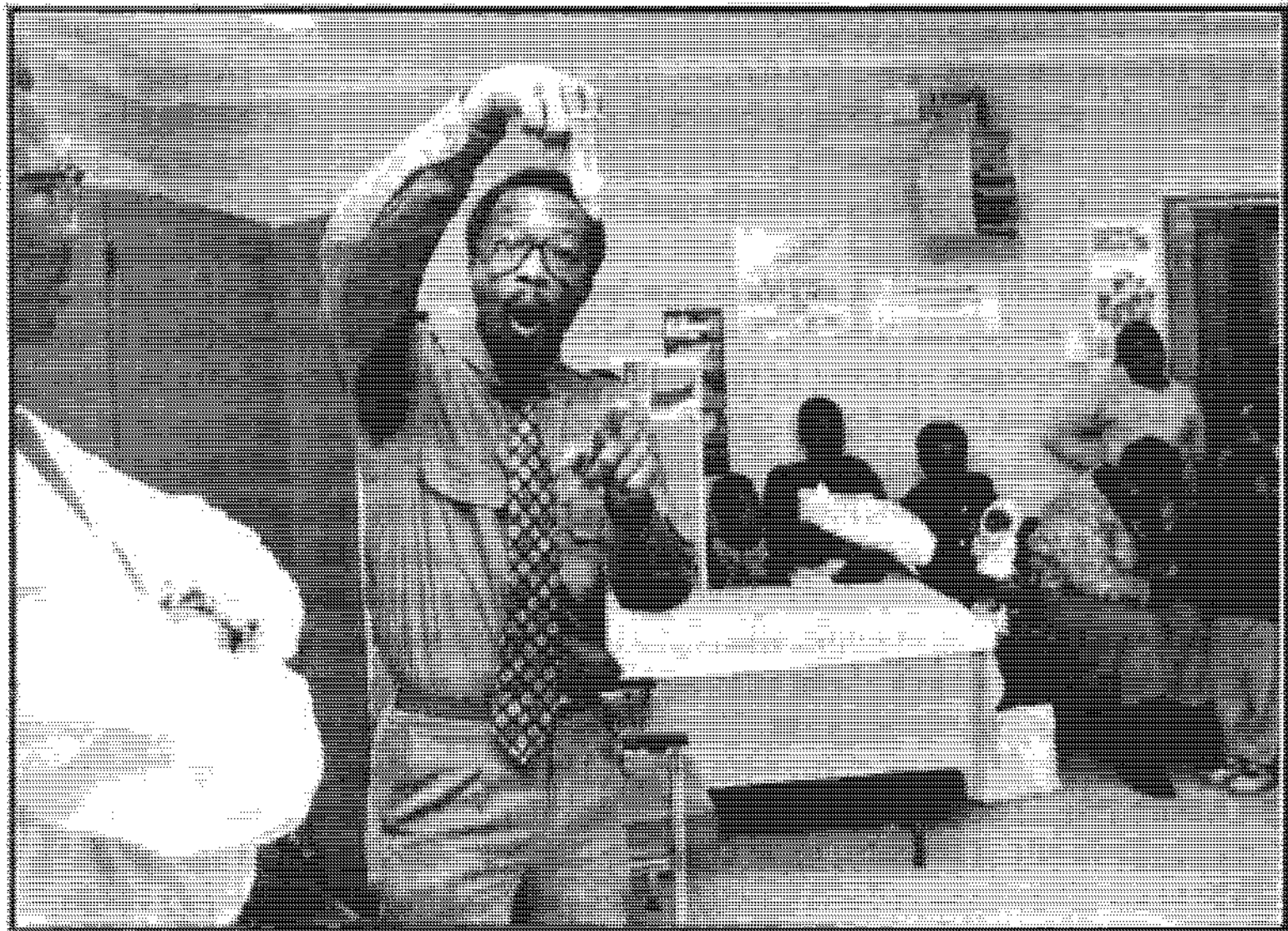
Please note: the term "sex-workers" is used interchangeably with the term "prostitutes" in this article.

1: International AIDS Day was on 1 December 1990.

But then there is also this whole issue of women as educators - this idea that women should be able to persuade men that they must use condoms. To a certain extent I think it reflects the way most family planning campaigns have been conducted. It's always the woman who must go to the clinic and sort out contraception and now some people are saying that it's women who must ensure that men wear the condoms. Of course that's very difficult because women inside relationships aren't usually the strongest party when it comes to negotiating about sex. So I do feel a concern that now there's this shift towards focussing on women and AIDS that it's not necessarily counterbalanced by looking at the specific role of men in relation to AIDS.

CH: So, women being in the less powerful position in these relationships between the sexes, what then would you say are the issues for women? Isn't it firstly that unless women take much greater control of their sexuality they are going to be vulnerable to AIDS and that it's a question of survival for them?

B: What we're saying is that if that's the only thing that you're saying then what are you saying to men? From our experience of AIDS work the real block comes in convincing



men that condoms are important. A lot of women, if they're aware of AIDS, understand that condoms are important, and the issue then is how do we persuade men to use the condoms. We must have a strategy which empower women to feel that they've got a greater sense of control over their own sexual relationships, but we shouldn't do that, I think, unless we also bring men in to talk about their sexuality and their concerns in relationships.

A: Actually it's very difficult, due to the position that women find themselves in, for anyone to say, "Look AIDS is a threat and you must take more charge of your sexual life because it's a matter of life and death". It may also be a matter of life and death if the man leaves because of the woman insisting that he uses a condom. She might not have any food to feed herself and her children and might not even have a roof over her head. So, for most women it is very difficult for them to say to men, "Look you put on a condom or else", because then the men will probably just leave. So it's difficult for them to get that power.

CH: In one's approach to AIDS education shouldn't one emphasise "safe sexual practices" first of all rather than specifically condoms?

B: I'm sure in a general public education set-up that you would also look at things like monogamous relationships but in relation to our work [we tend to emphasise condoms more] because most of the women that we work with are sex workers. [Another reason for emphasising condoms] is that you can underestimate the number of people who don't have mutually faithful relationships and it is also an important public education strategy to be able to put forward advice and information which deals with their situation as well.

CH: This issue of control over one's own body relates to all kinds of things, like contraception and sexuality, as well as AIDS. How can women attain greater control over decisions relating to their sexuality and their bodies? Are there real ways of addressing this issue?

B: This is a really general issue about the kind of power relationships people find themselves in, the structures, the lack of opportunities for women, and the whole issue, as well, of how society deals with sexual relations in particular. We haven't really thought enough in terms of concrete strategies to deal with these things. Things like sex education in schools, for example, where you bring together boys and girls and you start at a fairly early age to talk about relationships with women, shared responsibility in terms of precautions, contraception. Those things are all part of moving in a direction which tries to create a better climate for discussion around sexual relations. But I think also it must be part of an overall push to give more opportunities and power to women in society generally. The whole issue of how we see sex and sexuality is also all tied up with so many different attitudes in society towards various things like, for example, rape. Until we can deal with issues like rape we're never going to be able to take women seriously in relation to other issues of sexuality. We need to be able to break through



some of those things in order to understand what it means for individuals to have control over their bodies.

**A:** One of the things that we have to consider in this country, as well, is that in some cultures there are certain things that are not done and cannot be done. Like with some people who do actually practice traditional culture the woman isn't supposed to talk back to her husband. She's supposed to do what her husband says, what the in-laws say, those sort of things. So that she actually has no right to say to the husband, "Look there's this problem of AIDS, lets use a condom". She cannot even begin to discuss those sort of issues because of her culture. She might know about the problem from reading or talking to friends but to actually put that into practice is an extremely difficult problem.

**CH:** Is a pregnant woman who is infected with the AIDS virus legally entitled to an abortion?

**A:** HIV-positivity hasn't actually been included specifically in the laws regulating abortion. But apparently one of the things which they say in this law is that if the woman's physical or emotional health is endangered then she can have an abortion or if the foetus is abnormal or ill then she can have an abortion. It is proven that women who are pregnant and who have HIV develop AIDS much faster and also that there is a chance the child will have the virus. I think on those grounds they do qualify for abortions.

**CH:** Does AIDS make it important to address this question of whether prostitution should be legalised?

**B:** I don't think AIDS makes it important. I've never seen any figures on this but I think it's suggested that legalisation doesn't necessarily make it easier to control the AIDS epidemic even if you are able to register sex-workers and then insist that they have regular checks. The basis for singling them out in the first place is the belief that sex-workers are an important component in spreading the AIDS epidemic. And I think that kind of thing needs to be validated because from our experience you seem to find that many of the women actually do use condoms and are keen to use them. So I think you have to be a bit careful when you assume that just because someone has multiple sexual partners that they are responsible for HIV transmission to the wider community.

If prostitution was legalised I don't think many of the women would come forward and register themselves, would go for regular checks. It's only really sex-workers who work in areas where they may be more organised, working for places like some of these escort agencies in town, where they've got clients who earn more money, who may feel more able to register themselves, to put themselves through regular checks, and to be discerning about clients who they have sexual intercourse with.

But I think many women who are sex-workers in South Africa are not in that bracket at all. It's really quite a poor, quite difficult existence. Just earning enough money to pay for the next days rent. It's not something which gives you plenty of money to live on. And I don't think that women who are involved in prostitution for those reasons, have got



*The real block comes in convincing men about the importance of condoms.*

options around deciding which men they are going to sleep with. You're asking people to take long term decisions in terms of their health when they may be far more concerned with the here and now and where am I going to stay tomorrow if I don't get enough money tonight.

**CH:** So then for the vast majority of sex-workers you don't think it would make a significant difference.

**B:** Well I can't see how it would work in say rural areas or in township environments. It's often useful to make a distinction between legalising and abolishing any kind of legislation around prostitution. There's a group in Britain who call themselves the English Collective of Prostitutes. They call for the abolition of prostitution laws because they say these laws penalise women for being poor and for doing something about it.

What they would like to see is an abolition of all laws about prostitution so women can be involved in prostitution but don't have to be harassed by anyone. [They say it should be] like any other job.

Why should the state feel that in the area of prostitution specifically they must legislate for control over it. So perhaps you can only work from certain premises or if you have monthly checks. That kind of thing. In relation to AIDS that's what people would be saying.

**CH:** So what would one say to a woman, in a counseling situation say, who has been

identified as being HIV-positive?

A: The bottom line is always that it's the women's decision to decide what she does. In pre-test counseling hopefully all the facts will have been given on how to protect yourself and all that stuff. She has all the information. It will have to be her choice what she decides to do.

I think what people want is for women who are HIV-positive to stop working. Now I mean, obviously it's fine if the women doesn't want to be a sex-worker and she wants to do something else. We would all want to support that anyway. But for this to happen it must be with more resources and training and opportunity being made available to women.

B: Some people would feel that what you've got to do is you've got to stop women doing this. Which I always find irritating because basically women wouldn't do it if there wasn't a market. We're not saying we must stop all these men needing sex. You know they're always saying we've got to stop these women from doing it. We have got to rehabilitate them. You can't just say those things. It's like empty slogans.

CH: But don't you think that legislation would be significant to the women that you are working with, wouldn't it make a difference to them?

B: Lets just discuss what we mean. Do you mean, to say prostitution is now legal but to legislate for certain controls as a means to control the AIDS epidemic? Or are you saying we just want to get rid of all laws around prostitution?

CH: I'm talking about the argument that (a) we get rid of the laws around prostitution and (b) there should be no compulsory registration or other controls. The motivation is that it would then be easier to encourage sex-workers to become informed about AIDS and to engage in safe sex practices.

B: If you took away the prostitution laws the good thing would be that it wouldn't be forced underground in the way that it is now. Doing the work that we do you enter into a grey world of illegality. I think it would impact much more on things like the level of abuse that these women experience in terms of police harassment, physical assault, being raped. You know I think that then women would be in a much stronger position to say, "I don't accept this, I'm going to the police to report what's just happened to me". I think it would have a massive impact on that level.

But in terms of the AIDS epidemic I don't think it would have an impact. Because ultimately you see we are reaching them. We are doing all the things you mentioned. We're talking about safer sex practices, we're giving out condoms free, we're encouraging women to come here if they need further advice about things they're worried about. We're telling them where they can get tests free of charge. All of those kind of things. But I don't think your scenario will do anything in addition to what we're already doing.

I'm all in favour of what is being suggested but I don't think it would do much in relation to AIDS.



# TRIPLE JEOPARDY - WOMEN & AIDS

**A Panos Dossier. The Panos Institute, 1990.**

In September 1990 the World Health Organization (WHO) reported 283 010 cases of AIDS worldwide. Of these 25% were in sub-Saharan Africa. Taking under-reporting into account the WHO estimates that approximately 800 000 people worldwide have AIDS.

In the Western World the majority of people with HIV were men infected through homosexual transmission or men and women infected by sharing needles for drug use. In sub-Saharan Africa the overwhelming majority of those with HIV were infected heterosexually. As a result women make up roughly 50% of those with HIV. HIV infection among children is also relatively high.

It is anticipated that the numbers of those who are infected with HIV will increase in the coming years, particularly in the countries of the developing world. WHO projections estimate that by the end of 1992, sub-Saharan Africa will have a total of 600 000 cases of AIDS in women and a similar number of children.

In addition to the danger of contracting AIDS and the risk of their passing it on to their children, the work of caring for people with AIDS is also overwhelmingly carried out by women, throughout the world. Financial costs saved through the informal health sector are enormous. The hidden costs of taking time off work, providing food, and meeting other needs are borne by homecarers and their communities. Emotional demands on carers are also huge. Reallocating resources to support home and community carers can spread the load more evenly and reduce the stigma surrounding AIDS.

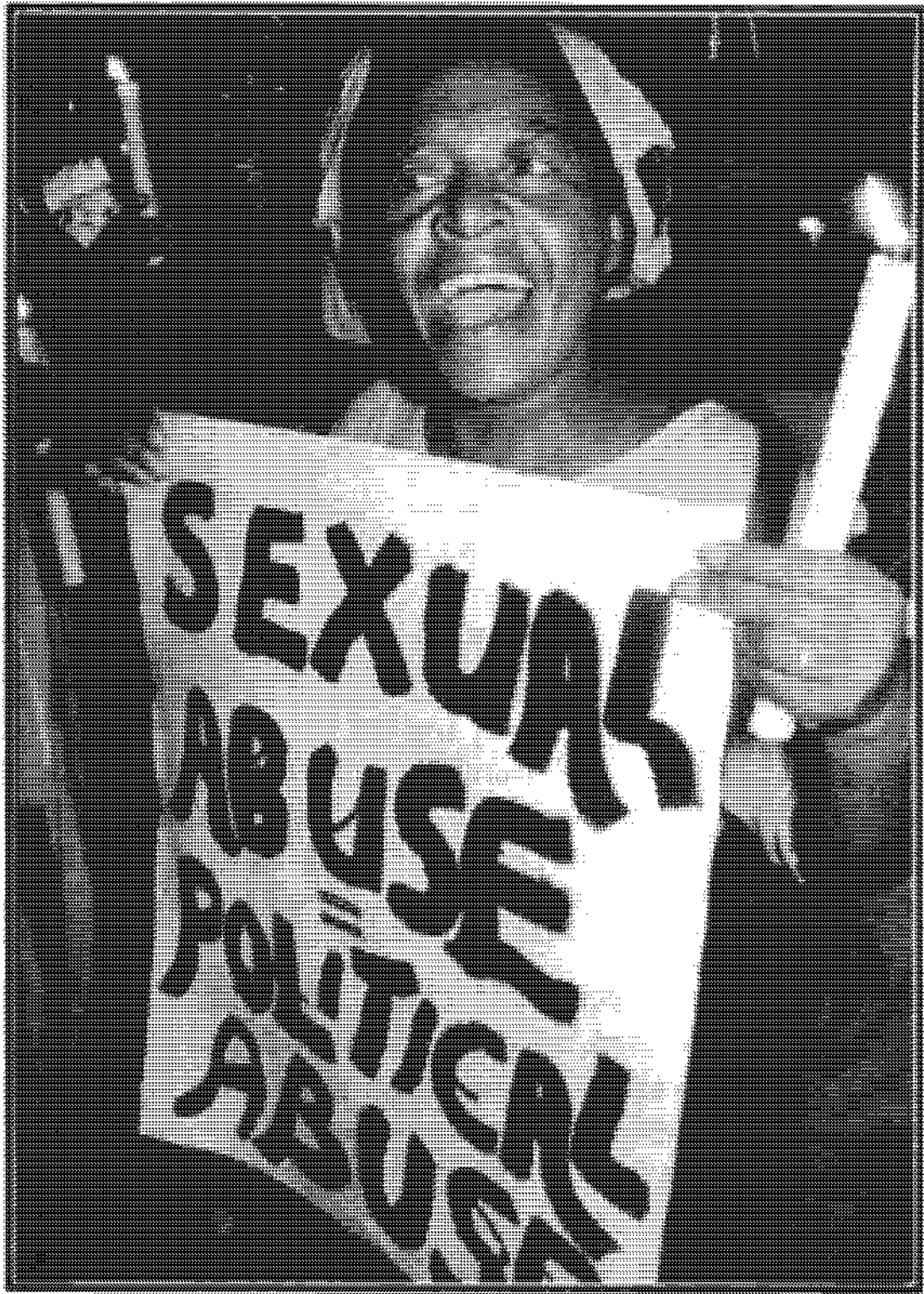
Most studies show that between 25 - 50% of HIV-positive women pass on the virus to their baby before or during birth. During the 1980s, estimates are that approximately 90% of those infants born HIV-infected worldwide, were in sub-Saharan Africa.

"Triple Jeopardy" looks at a variety of issues facing women in confronting the AIDS epidemic. (All the above information comes from the book).

Available from the Panos Institute, 9 White Lion, London N1 9PD, UK. Fax: 0944-071-278-0345.

# SECTION C

## INTERNATIONAL PERSPECTIVES



Sexual abuse is one manifestation of violence against women, and of violence more generally, in our society. The first article in this section looks at the issue of violence, as raised at an international women's health conference. Also, on an international level, the second article looks at the negative effects of structural adjustment policies on women. In addition to their more direct effects, these policies can be seen to add to the kind of social conditions which often promote violence