Gender, Health, and Sustainable Development

Proceedings of a Workshop held in Nairobi, Kenya, 5–8 October 1993

Edited by
Pandu Wijeyaratne,
Lori Jones Arsenault,
Janet Hatcher Roberts, and
Jennifer Kitts
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Implementing Issues in Gender and Health: Emphasizing STDs in Rural South Africa

Shirley Ngwenya

Introduction

Sexually transmitted diseases (STDs) continue to be a major health problem in South Africa. Despite current publicity, a sizable proportion of the population still lacks adequate information about STDs, including HIV. Moreover, there is a shortage of quality service in the prevention and management of STDs.

Strategies aimed at reducing STDs and HIV should give priority to rural South Africa. Specifically, there should be a focus on young girls and women, who are particularly vulnerable to STD infection, including HIV/AIDS.

In my work as a Primary Health Care Nurse in rural northeastern Transvaal (South Africa), I have been involved in the provision of Comprehensive Health Services in rural clinics, and in the coordination of training programs for Primary Health Care Nurses (PHCNs). I have also been involved in informal education and community development initiatives, focusing on women and youth. These experiences have helped to increase my understanding of gender-specific health issues. Increased gender sensitivity led to the incorporation of gender issues in the Sexual Health Program, developed by the Health Service Development Unit in the northeastern Transvaal area, South Africa.

Sexually Transmitted Diseases Including HIV/AIDS: A Literature Review

There has been substantial international coverage of STDS, including HIV/AIDS. Prevalence rates continue to escalate, particularly in developing countries (Brunham 1992). In South Africa, it has been estimated that rates of infection for "conventional" STDS are forty times higher than rates in western Europe and other industrialised societies (Ballard 1993).

There are a number of factors that contribute to the spread of STDs, including HIV/AIDS. These include poverty, political instability, rapid urbanisation, widespread alcohol abuse, migrant systems of work, and inadequate treatment protocols (Evian et al. 1988).
The Importance of a Gender Specific Approach

Women make up half the world's population and contribute substantially to the world's economy. Their health care needs deserve attention (Maddox and Cirlin 1992). STDs, including HIV/AIDS, primarily affect sexually active individuals, as well as newborns. The devastating effects of STDs tend to be more pronounced in women, compared to men. For example, STDs in women can lead to infertility, stillbirths, postpartum inflammatory diseases, perinatal AIDS, ectopic pregnancy and genital cancer (Hirshmann 1993). The anatomical and physiological structure of the female reproductive system makes recognition and treatment of STDs difficult. Internal organs, asymptomatic states of STDs, and the natural state of women, in which the vagina is usually moist, make detection of STDs difficult. As a result, treatment of women for STDs may not occur until the disease has significantly progressed.

Women need to be educated about the functioning of their reproductive organs, and about diseases that affect them. Measures to prevent and control STDs, such as accessible health and counselling services, are also needed (Berer and Ray 1993). Women also need to receive education with regard to socio-political issues that may affect their lives, such as sexual violence, migration, discrimination and polygamous marriages. Many of the contributing factors related to the transmission of STDs, including HIV/AIDS, in women, are related to gender discrimination. For example, polygamous marriages, and men's primary decision-making role in the adoption of preventive measures, such as condoms, are important factors. In order to combat these discriminatory factors, women must assert themselves, and focus their minds on positive strategies.

Control, Prevention and Management of STDs Including HIV/AIDS

Sai and Nassin (1989) outline the following key components in a reproductive health approach:

- education for girls;
- elimination of social and cultural practices that discriminate against women and hold them in bondage to men;
- improvements in general economic conditions;
- massive health education campaigns; and
- family planning.

The benefits of a community-based approach in reproductive health care programs has also been highlighted. Such an approach would include participatory research on women's reproductive health, as well as participatory mass education on sexual, reproductive and social issues. The development of village-based women's health care services is also advocated (Bang and Bang 1989).
AIDS and STD control programs should focus on the following objectives:

- partner notification and treatment services;
- improving access to services by expanding services sites and working with other health and family planning programs;
- developing attractive, accessible and comprehensive services for priority groups such as adolescents and commercial sex workers;
- developing and evaluating treatment regimens;
- promoting public education, targeting women’s organisations, men’s groups, children and youth. Education on human sexuality, gender issues and prevention of reproductive health infections should be provided (International Women’s Health Coalition 1992); and
- providing preventive and treatment services freely or at very low costs (Moses et al. 1992).

Improving the lives of girls and women, through educational training and services, in an effort to achieve gender equality, is another important objective. Nongovernmental organizations can play an important role at community and national levels in building sustainable institutions to accelerate development (Maddox and Curlin 1992).

One major hurdle, highlighted by Townsend, concerns the difficulty women often face in getting their sexual partner to wear a condom. Strategies need to be developed to increase male compliance. It is hoped that the female condom, while yet to be tested sufficiently, may perhaps offer women more control in this matter (Townsend 1993).

From Concept to Action - The Tintswalo Sexual Health Program

It is essential to move from concept to action in developing reproductive health services (Faundes et al. 1989). The Tintswalo Sexual Health Program has done just that.

In the late 1980s, news of the HIV epidemic created pressure to develop this program. At the time, there were also other serious reproductive health problems, including teenage pregnancy, sexually transmitted diseases, especially gonococcal infection, syphilis and chancroid.

The program is located at Tintswalo Hospital (Acornhoek). Many different groups contribute to the program, including hospital staff, staff of the Health Services Development Unit (a community health project at the University of the Witswatersrand), community-based educators of the Progressive Primary Health Care Network - AIDS Group, as well as community organisations within the Bushbuckridge area (women, youth and clergy groups).

Bushbuckridge (Mhala-Mapulaneng) is a rural area with a population of approximately 500 000, located within the two homelands, Gazankulu and Lebowa. There are three hospitals; Matikwane, Tintswalo and Mapulaneng. As a result of migrant work, women
comprise 60% of the population. There are very low levels of education, especially among women. Tables 1 and 2 (below) provide a recent census done in one of the villages in the area (Faundes et al. 1989).

Table 1. Educational Status of the Agincourt Community

<table>
<thead>
<tr>
<th>Total (n)</th>
<th>% Male</th>
<th>% Female</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-12 yr olds in primary school</td>
<td>72.5</td>
<td>74.1</td>
<td>73.3</td>
</tr>
<tr>
<td>13-17 yr olds in secondary school</td>
<td>16.4</td>
<td>25.8</td>
<td>21.2</td>
</tr>
<tr>
<td>12 yr old with primary education</td>
<td>27.5</td>
<td>25.9</td>
<td>26.6</td>
</tr>
<tr>
<td>20 yr old with secondary education</td>
<td>10.4</td>
<td>8.0</td>
<td>9.1</td>
</tr>
<tr>
<td>21-35 yr old with tertiary education</td>
<td>4.2</td>
<td>3.9</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Table 2. Migrancy by Age and Sex: Agincourt

<table>
<thead>
<tr>
<th>Total (n)</th>
<th>% Male</th>
<th>% Female</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 - 19 years</td>
<td>3.8</td>
<td>1.0</td>
<td>2.4</td>
</tr>
<tr>
<td>20 - 24 years</td>
<td>23.4</td>
<td>4.7</td>
<td>13.4</td>
</tr>
<tr>
<td>24 years</td>
<td>52.2</td>
<td>10.2</td>
<td>28.9</td>
</tr>
</tbody>
</table>

While it is difficult to get accurate figures, estimates of STD prevalence rates are very high. Figure 1 illustrates the extent of gonococcal infections managed with intramuscular penicillin in the outpatient department at the Tintswalo Hospital over a month.

HIV seroprevalence rates are under-diagnosed. Among antenatal women, the rate of infection is 2%, and among TB patients the rate is 5.8%. More and more young girls are becoming sexually active (Tintswalo Hospital Statistics 1993). For example, births by teenagers (13-19 years) form 35% of total deliveries.

Goals of the Sexual Health Program

Given the extent of the sexuality problems in the area (increasing rates of STDs/HIV, teenage births, infertility), an intervention was developed with the objective of raising awareness, and intensifying STD treatment protocols.
While all members of the community were viewed as target groups for the program, youth were the main focus group in the prevention and management of STDs/HIV and teenage pregnancy.

**Approach Adopted**

A community-based approach, with the community playing an active role in the development of the program, was adopted. Issues around sexuality are traditionally not discussed openly and are therefore very sensitive issues to tackle. A needs assessment was done to determine community knowledge and attitude toward sexuality education, focusing on STDs and HIV/AIDS, as well as teenage pregnancy. Community members expressed an overwhelming need for urgent youth intervention (Ngwenya et al. 1992).
Fig. 2 highlights total STD consultation at a health clinic over 3 years.

Working with the community led to a common approach to deal with sexuality issues. The community identified potential educators who were given training for three months in sexual health education and counselling. On completion of the training program, the educators then went to work with youth, primarily in villages. They worked with youth attending school, as well as those who did not attend. They also worked with women through women’s groups.

The main topics covered in the education and counselling program included information on the reproductive system, physiological and psychological changes, conception and pregnancy, effects of sexual activity (abortion and sexually transmitted diseases including HIV), contraception, sexual violence, and peer pressure. They also provided training on assertiveness.
In order to evaluate knowledge and attitudes gained from the educational sessions, participants are encouraged to stage a drama, design songs and poems on STDs and AIDS, which could be presented at rallies, Open Days and World AIDS Day celebrations.

Other Issues Concerning the Prevention and Management of STDs/HIV

Health education is provided at the community level. Health services at Tintswalo Hospital, as well as satellite clinics, provide screening and treatment of sexually transmitted diseases through its antenatal and family planning clinics, as well as through daily consultations. These services are provided by trained nurses, using updated protocols.

There is no "free" treatment for STDs. However, through the partner notification system, partners are actually treated without cost. Unfortunately, there are constant reports of partners, especially males, who are reluctant to be treated. Health education and counselling is provided, but not as thoroughly as desired due to lack of staff. Condoms are distributed when they are available; unfortunately, the condom supply is often out of stock.

Condom use within these rural communities is highly varied. Some parents do not support the use of condoms, particularly among youth - some tend to believe that youth should abstain from sex altogether. This demonstrates that some parents are still very naive about the sexual habits of their children. Women, including young girls, have problems accepting condoms. They fear rejection from their male partners. This highlights the need for assertiveness-training for women and young girls.

Conclusion

In the words of Maggwa and Ngugi (International Women’s Health Coalition 1991), …women in most African countries have little or no say in sexual relationships and yet they suffer more severe consequences from reproductive health infections than men do. Women therefore deserve more attention. Nonetheless, the control of reproductive tract infections should be the responsibility of both men and women and not only women...

The work of health providers with youth highlights the need for a multifaceted approach to sexuality problems:

• community-based programs are necessary to foster support and maintain education; educating community members to work as educators helps to demystify sexual health issues;
• schools needs to provide sexual health education;
• counseling services on sexual matters, including relationships, should be available;
• youth assertiveness-training is needed, especially for young girls; working on building the self-esteem of young girls should begin as early as possible.
A focus on women in sexual health education with regard to STDs/AIDS has brought two important issues to light:

- the plight of women in the prevention of STDs and HIV due to the cultural acceptance of men having multiple sexual partners; and
- the great difficulty that many women have in insisting that their sexual partner use a condom. This lack of power is exacerbated by the fact that most rural women are economically dependent on the male.

The policy proposed by Sai and Nassim could provide a blueprint for the implementation of gender and health programs. Strategies aimed at reducing STDs and HIV should give priority to rural South Africa. Specifically, there should be a focus on young girls and women, who are particularly vulnerable to STDs, including HIV/AIDS.

References


