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Gender, Health, and Sustainable Development

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

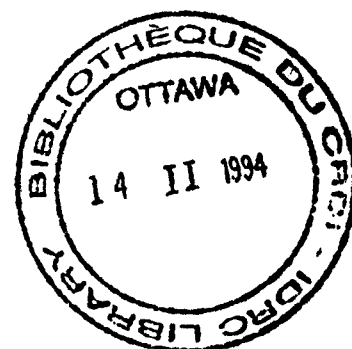
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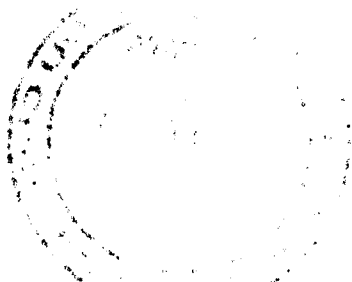
The International Development Research Centre
Le Centre de recherches pour le développement international
El Centro Internacional de Investigaciones para el Desarrollo

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Gender and Acceptance of Medical Innovations and Technologies Related to STDs and AIDS in Africa

George K. Lwihula¹

Introduction

In order to effectively manage STDs and AIDS, there must be widespread adoption of safer sexual practices, as well as early and complete treatment (for treatable STDs). The presence of a STD greatly increases the probability of HIV transmission. In fact, individuals with a sexually transmitted disease are 3 to 10 times more likely to become HIV-infected through intercourse with an infected partner, than those who do not have a STD (Ndyetabura 1983; NACP report 1988; Grosskrith 1989). The probability of HIV transmission is most pronounced with the presence of a genital ulcerative condition, although there is mounting evidence that non-ulcerative cases can also enhance the probability of HIV transmission. The importance of STD control as a major strategy for reducing HIV transmission has been emphasized by many experts and international organizations such as the World Health Organization and the World Bank. This strategy is particularly important in Africa where heterosexual sex accounts for more than 80% of all HIV transmission cases (Hrady 1987; NACP report 1988).

There have been small-scale attempts to put the above theory into practice by launching STD Control Programs both in the urban and rural settings (NACP report 1988; Grosskrith 1989). The thrust of the messages advocated by these programs are the following:

- Promotion of changes in sexual practices through intensive and effective information, education and communication strategies (IEC). These strategies are aimed at reducing the number of sexual partners of sexually active people, thereby reducing the probability of contact between infected and non-infected people.
- Promotion of the use of condoms as a barrier method during sexual intercourse. The use of barrier methods can help to reduce the transmission of both STDs and HIV.
- Promotion of early and complete treatment.

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Successful implementation of the above messages requires that at-risk individuals take personal responsibility and adopt safer sexual practices, such as the use of condoms. Success also demands that individuals monitor themselves and promptly report signs and symptoms to health care units so that appropriate action may be taken.

Although this approach may sound well-intentioned, scientifically sound and appropriate to STD/AIDS experts and health educationists, evidence indicates that targeted communities do not readily accept medical innovations and technologies, such as condoms. There are a number of socio-cultural issues which might influence acceptance of the use of condoms.

To better understand these issues, we need from the outset to understand local cultural practices and values in light of policy measures that are being designed and implemented to mitigate the problem of STDs/AIDS. This paper shall therefore look briefly at cultural traditions that may in one way or another affect the adoption of such innovations in specific socio-cultural settings.

Marriage and Fertility

Marriage and fertility are central issues of family life in the African context. Courtship between a young man and a young woman commonly precedes a marriage. The courtship process often involves "testing out relations" (sexual intercourse) between the two potential marital partners. This sometimes occurs with the implicit approval of parents. Such "testing out relations" may involve more than one prospective marital partner before a more permanent relationship is established. Today we are witnessing marriages between men and women at later ages, often after a prolonged period of "testings out of relations".

After the successful consummation of marriage, the next major issue for newly married couples is fertility. Successful marriage bonds in African settings are cemented by the bearing and rearing of children. A childless couple is often shunned and ridiculed. More often than not, the woman is blamed for the failure to have children, and is assumed to be infertile. The man is usually not blamed. It may be suggested that the woman misbehaved in the past and engaged in risky practices that have caused her infertility. This is often acceptable grounds for abandonment and/or divorce.

Within marriage, extra-marital affairs are not uncommon. Indeed, there are a number of traditions, contexts and situations which involve the inter-change of sexual partners, and which may increase the risk of STD/HIV infection. The dilemma facing many Africans today, is finding a balance between the demands of traditions on one hand, and acceptance of medical advice and technologies suggested by STD/AIDS programs on the other. The latter, at first glance, may appear to interfere with cultural expectations related to reproduction. This dilemma is well exemplified in the following remark:

If couples begin to use condoms they will not produce children....Children are the goal of marriage....A woman without children is an insignificant woman. (Bledsoe 1990).

The cultural importance placed on having children also helps to explain why some HIV positive women risk pregnancy, despite expert advice to the contrary.

Economic Survival

Despite the risks, women continue to engage in multiple sexual relations, often for economic reasons. There are numerous single parent mothers (some of whom have been victims of male abandonment) in both urban and rural settings in Africa. In these situations, economic survival may depend on engaging in commercial sex. In the wake of the AIDS pandemic, one might have expected a decrease in the amount of promiscuous behaviour, which significantly increases the risk of acquiring both STDs and HIV. However, in the words of one commercial sex worker: *The reason why I do this is because I have two children, no husband, and what else is there for me to do? I don't enjoy it, but I have got no alternative...* (Bledsoe 1990).

Despite the clarion call to adopt safer sex methods which, among other things, involves the reduction of sexual partners and the use of condoms, behavioural patterns have not changed for many of these women. The choice before these women is between STDs/HIV, diseases they remotely understand, and their day-to-day survival.

Women involved in high risk behaviour may be blamed by men for spreading STDs/HIV. The media and the police have contributed much to the publicization of this issue. Such divisive perceptions between genders and groups may detrimentally affect STD/AIDS control efforts in gaining cooperation and compliance of the blamed woman. Also, research into the underlying factors of such activities is often belittled.

Local Traditions and the Status of Women

There are a number of traditional practices in Africa which lead to a multiplicity of sexual partners, thereby increasing the risk of exposure to STDs/HIV. For example, following the death of a man, one of the deceased man's brothers may "inherit" his widow. Intrafamilial sex may be sanctioned if the husband fails to impregnate his wife. Furthermore, the traditional practice concerning the sexual cleansing of widows requires the widow to sleep with a stranger. Traditionally this is done immediately after the death of the husband in order to fend off haunting spirits of the dead husband.

In these situations, the woman may be forced into sexual relations for which she is not prepared. Most likely, no protection against STDs/AIDS is used. In areas where STDs/AIDS are endemic, these traditional practices involving extended sexual networks carry the risk of STD/HIV transmission.

Power Relations in Couples

Power relations in African couples clearly favour men. Men dominate decision-making in the household and their dominance extends to conjugal relations. Men may demand sexual intercourse even if it is against the will of their partners. Traditionally, a wife's refusal of the husband's "conjugal right" is a legitimate ground for divorce.

Even if a wife suspects that her husband has been unfaithful or that he has engaged in promiscuous sexual behaviour (Bledsoe 1990; Lwihula 1993), she may dare not say no to him. She has to compromise with cultural expectations at the risk of contracting a STD or HIV from her husband. This inequality of power between men and women also makes it difficult for women to suggest the use of condoms. There are several reasons why the use of condoms may be viewed as unacceptable:

- condom use denies a man children;
- women who ask for condom use are perceived to be promiscuous/prostitutes;
- condom use may signal a desire to end a relationship;
- a woman who uses condoms may have an outside lover;
- a woman who requests condom use is suspected of HIV infection;
- a woman who requests condom use suspects that her partner has a STD or HIV.

Problems of Communication in Couples

Most prevention and control measures require understanding and cooperation from both parties. However, there is often minimal, or even a complete absence, of communication between couples on matters related to STD/AIDS control and prevention. If an individual raises the issue, she or he will be accused of being suspicious that the partner is infected. This suspicion continues to be a significant barrier in the effectiveness of IEC (information education and communication) efforts which, inter alia, encourage partners to continuously share their knowledge on sexual diseases and how best to protect themselves.

Condom Promotion: Unresolved Issues

The use of the condom is one of the main medical technologies promoted to fight the spread of HIV. It also offers protection against STDs, as well as pregnancy. The condom is worn on the penis to prevent the partner from being infected by seminal fluids. It also protects the male against infection from vaginal fluids.

The use of condoms requires cooperation and consent on the part of the male. Often women have little power in influencing men to use condoms. There are also situations, particularly among women involved in commercial sex, when the immediate economic

benefits of sexual activity without a condom outweigh, at least in the short-term, the risks. Another difficulty is that some men abuse condoms by tearing the tip. The recent creation of a female condom might provide women who want to protect themselves with more control.

Furthermore, the use of condoms in regular or permanent sexual relationships is reportedly almost non-existent (Beldsoe 1990; O'Connor et al. 1992; Lwihula 1993; Lwihula, et al. 1993), even though suspicion might exist between the two partners. Casual partners, after several sexual encounters with the same partner, often cease using a condom, because the relationship is assumed to be permanent.

Condom Availability and Misconceptions

Condoms are often unavailable to potential users in Africa. This may be due to poor management of distribution or due to logistical problems. They can be obtained more easily in urban centres and family planning units than in rural areas.

Family planning units tend to be women-oriented and accessible only to women. Often women obtain condoms without the knowledge of their husbands or partners. This often leads to a quarrel when the husband or partner discovers the condoms. If the couple is already using another method for contraception, the man may become suspicious and wonder why their partner has obtained condoms, despite the fact that they have other important uses (Kapiga et al. 1993).

There are a number of misconceptions that continue to affect compliance with condom use. Among men, there are still doubts that condoms provide protection against STDs/AIDS. Some men complain that condoms prevent sensation and enjoyment during intercourse. Some of the false beliefs surrounding condoms include the notion that the condom may remain in the vagina and cause infertility, that they may burst and cause cancer, and that they are implanted with the HIV virus by manufacturers.

Compliance to STD Treatment

Many STD control programs have had little success in obtaining compliance to treatment from targeted populations (O'Connor et al. 1992; Lwihula 1993; Lwihula, et al. 1993). There are a number of obstacles to their success. For example, explanatory models on STD causes and treatments may not be well suited for the targeted populations, especially women. There is also a stigma associated with the programs; to have a STD is disgraceful in many African contexts and associated with sexual immorality.

For those who are willing to have treatment, they may be discouraged by a number of factors, such as the irregular supply or complete lack of STD drugs, major distances to treatment centres, poor service and abusive language from health workers, and lack of privacy and confidentiality. Furthermore, the requirement that infected individuals bring their partner as a condition for treatment, may greatly affect compliance. While those in a

permanent relationship may be willing to meet this requirement, those who are married and also have casual sexual partners will not likely be willing (O'Connor et al. 1992; Kapiga, et al. 1993; Lwihula 1993; Lwihula et al. 1993). The final obstacle is related to alternative and traditional treatments strategies, such as vaccine injectionists and traditional healers. Some may believe that STDs can only be treated by these measures and may doubt the efficacy of health-centre based treatment programs.

Conclusion

Before medical innovations, such as the condom, can be initiated in a given socio-cultural situation, factors which will encourage and/or hinder their adoption must be closely examined. The introduction of medical innovations and technologies such as the condom should be preceded by a careful analysis and investigation of the cultural setting in order to understand how best to come up with culturally-tuned programs. If this is not done, many medical technologies might well go to waste as they are not culturally sensitive or appropriate.

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