

# The link between HIV/AIDS and GBV in Africa (by Evodius Gervas)

Many efforts towards HIV/AIDS prevention, care and treatment services overlook the challenging environment in which women and girls are limited to enjoy their right to access information and services, which is rooted in women's low status within African societies.

It is now more than three decades since the first three cases of AIDS were reported in Africa. HIV infection has rapidly spread throughout the continent, affecting all sectors of the society. Most infections are transmitted through hetero-sexual intercourse and hence the population groups most severely affected are the sexually active youth, those between 18 and 40 years of age. Women also have a higher risk to become infected than men.



Taking example of Tanzania, Women are heavily burdened by HIV, 690,000 women aged 15 and over living with HIV. According to the 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey, HIV prevalence for women was 6.2%, compared to 3.8% for men. Women aged 23-24 were also twice as likely to be living with HIV, than men of the same age. HIV prevalence among women ranged from 1% among those aged 15-19 to 10% among women aged 45-49.

Women tend to become infected earlier, because they have older partners and get married earlier. They also experience great difficulty in negotiating safer sex because of gender inequality. In many African societies women cannot decide when to have sex or decide on the use of condoms. When women ask on uses of condom it can be perceived as immoral. The 'sugar daddy' culture is also widespread in Tanzania. Women will often accept the sexual advances of older men, or 'sugar daddies' for a variety of reasons, including money, affection and social advancement. Intimate partner violence is also an issue – 35% of Tanzanian women are said to have experienced this.

The impact of the HIV epidemic has been profound and has affected all sectors. Today HIV/AIDS is recognized not only as a major public health concern but also social economic and developmental problem in Africa as in most Sub of Saharan African countries.

Despite the numbers, Africa has done well to control the HIV epidemic over the last decade. Scaling-up access to antiretroviral treatment has helped Africa minimize the impact the HIV epidemic. Between 2010 and 2013, they contributed 5% to the global total number of people newly accessing treatment. As a result, between 2005 and 2013, the number of women dying from an AIDS-related illness decreased by 44% and the total number of people lives with HIV in Africa. ([www.avert.org](http://www.avert.org))

Nearly a fifth of all HIV new infections in Africa are due to mother-to-child transmission (MTCT), Tanzania aims to virtually eliminate MTCT and reach 90% of all pregnant women with treatment, reduce the MTCT rate to less than 5%, and maternal and child mortality by 90% by 2017. In 2013 77% of all pregnant women are on antiretroviral treatment for PMTCT.

To reach as many women as possible, 93% of PMTCT services are now integrated with reproductive and child health services. 85% of all women are now tested for HIV during antenatal care visits. This has contributed to a 48% reduction in MTCT from 2009 to 2012. 53% of women are also receiving ART for their own health.

However MTCT rates remain high. This can be attributed to a lack of access to PMTCT services during pregnancy, inefficient antiretroviral drug regimens, drug stock-outs and poor adherence to treatment. Plans are now currently under way to address these issues and to roll out option B+. This happens because many women are living in rural areas where there are a limitation of safe health services and information. Also insufficient resources that are located on health sector hide accessibility of safe services to the women.



However, in combating HIV among women, a number of things have to be considered, taking into consideration the part of the population mostly affected by the epidemic. There comes a need to clearly identify the HIV prevention needs and priorities among women living with HIV. Despite the impacts of the epidemic affecting the entire population, some groups are found to be of special concern. These include pregnant women, children and adolescents. They are affected in a different way contrary to other sections in a continent's population. To tackle the problem, it is essential to identify the prevention needs and priorities among the victims. Unless these needs and priorities are discovered, combating the epidemic will become very difficult or even impossible.

**Also we need more initiative and awareness raising activities to eradicate HIV stigma among women/girls living with HIV infection. HIV/AIDS stigma is one of the major public health challenges in Africa, better to make more efforts on women living with HIV/AIDS, Let's give them a chance to speak out what they need.**

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*He was born and raised in Lake Zone basin of Tanzania, areas with a big rate of Gender Based Violence and disgrace of human women' rights. His historical background gives him enthusiasm of empowering the voice of voiceless women/girls to be heard and supported nationally and internationally.*