Sisonke Msimang

SOUTH AFRICA

Women, power, sex and politics: a political manifesto

Introduction

In the early days AIDS was a male disease. Long-distance truck drivers, miners, and other migrant workers got it in the cities; gay men contracted it before they knew how it was spread; and people who use drugs found it in their blood after they had shared needles. It seemed that the risks that men took were putting them in danger, and so masculinity seemed to be the driving force behind HIV vulnerability. Today, more than 20 years into the epidemic, women account for 52% of people living with HIV worldwide. In sub-Saharan Africa, women constitute 57% of those living with the virus. Most dramatically, 76% of young people aged 15–24 living with HIV are women.[1]

How this happened has been the subject of many papers and workshops. In this essay I am interested in how we reverse it.

> My starting point is that I am an African woman who is deeply committed to a genuine vision of social justice.

Thus, I am mindful that there is a long and unfortunate history of some women seeking to speak on behalf of all women. Those of us with platforms have an obligation not to flatten the experiences of women whose struggles are different from ours in ways that are significant.

This essay speaks about some universal gender norms that operate across most societies in similar ways. It does not propose that these norms affect different women in the same ways. The essay also does not name or list specific sub-groups

1. UNAIDS (2013), *Global report: UNAIDS report on the global AIDS epidemic 2013*, p.78. Available at: www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/unaids_global_report_2013_en.pdf [Retrieved: 12 July 2014]

of women. I do not speak about sex workers, among whom infection rates and levels of violence are unacceptably high. I do not make a case for the particular marginalisation of women with physical and mental disabilities, for whom services related to the prevention and treatment of HIV and AIDS are almost non-existent. Nor do I address the specific challenges of lesbians, who face hate crimes – including murder – on an unprecedented scale.

Instead, I recount my experiences and I assess the state of play at a macro level, firm in the belief that despite the ways in which oppressions are layered and complex, there remain fundamental questions of women's oppression that affect all women and therefore inform a shared political project among women. Using this commonality as a basis, this essay hopes to provide a clarion call for us all to go back to politics: to the basic questions of power and difference that must trouble us, and that must force us to better, more thoughtful action.

In the late 1990s it became clear that AIDS was becoming feminised. This signaled the beginning of an era of hand wringing. I remember well having conversations with women within 'institutions that matter'. Many had begun to lobby their colleagues to take the issue seriously. They won some victories – agreements to conduct mapping exercises and focus group discussions – and some small budgets here and there. Meanwhile, in communities across the world, women simply got to work, dealing with the effects of the epidemic on their lives. Many died in the process.

In 2003, I was asked to work with a task force that the then United Nations secretary general, Kofi Annan, had established. It had a long and unwieldy title, but the Secretary General's Task Force on Women and Girls in Southern Africa presented an important opportunity to ensure that the experiences of women and girls were part of a global policy discussion.[2] Until then, African women had been spoken about but their voices had been missing from the discussion. Media headlines screamed about the growing rates of infection among Africa's women, declaring, "AIDS has a woman's face". But until the establishment of the task force, no one in the bureaucracies of the international system seemed to have noticed that the faces of women living with and affected by AIDS also had voices, and that they might be worth listening to if the epidemic was to be tackled in any meaningful way.

As part of a small team, I set about recruiting task force members who were from the region. Many of them were seasoned human rights activists, who had seen processes like this come and go, and were skeptical about what difference it would make. Nevertheless, each of them committed their time and energy, overcoming their skepticism in the hope that what they thought about the epidemic that was affecting their bodies, families and communities so profoundly might influence the AIDS response in the region.

They had a powerful ally on their side. The newly appointed Special Envoy on AIDS in Africa was a man named Stephen Lewis. He was a talented and astute politician from Canada, who had a long history in the United Nations system (but had managed to stay sane despite this). Most importantly, he had a remarkable ability to connect with many different kinds of audiences and a visible passion for women's rights.

2. For the report, *see* UNAIDS (2004), *Facing the future together: report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa*. Available at: http://data.unaids.org/publications/external-documents/sgreport_facingfuture_en.pdf A shorter advocacy version is available at: http://data.unaids.org/publications/irc-pub06/jc380-facingfuture_en.pdf

Lewis served as the task force convener on behalf of the secretary general, and I was lucky enough to work with him, coordinating workshops in each of the nine countries covered by the group and helping to write up the final report with our findings. We travelled across southern Africa, consulting with women and girls, talking to community leaders and researchers, and trying to understand why women were so disproportionately affected by the virus.

> In conversation after conversation, women told us that AIDS felt like it was simply one assault too many.

They listed the many responsibilities they had and the many burdens they carried for their communities. They confided their hopes and aspirations, and made us laugh as often as they made us cry. We were awed not simply by what they were enduring but by the ways in which they were strategising and responding, and we were struck by how little external or government support they were getting.

They were a feisty, humble, sophisticated, rural, urban mélange, with a clear message. Despite the great ideological, political and social diversity of the opinions we polled, the message was frightfully clear. On the back of poverty and poor education, and lack of inheritance and other legal rights, they felt that caring for the sick and the dying, and for children whose parents had died or were dying, and worrying about their own health and that of their daughters and sons, was pushing them to breaking point.

Middle-class women told us that their savings were depleted; poor women explained that their community networks were shrinking; urban women found themselves isolated; and rural women talked about being increasingly stigmatised. Everywhere we went, we were told that collectively there was no more bandwidth for AIDS. And yet we could also see that women had no choice but to deal with what was simply the latest in a long line of catastrophes.

It struck me then that for women, the 'solution' to AIDS wasn't going to come in the form of donor-funded projects, nor would it come in a syringe, and it certainly wouldn't come from a report like ours. I realised that in the end the only thing that would save African women who, just like me, could not escape the fallout of AIDS, would be our tenacity and our determination.

There would be no end to AIDS without an end to the other inequalities that made women's lives difficult. And there would be no end to either if we were not prepared to mount a serious and sustained assault on our governments, and on the global industrial complex that propped up so many of our leaders. I felt too young to be cynical, but much too old to be naïve.

Many things have changed in the last ten years. Pregnant women living with HIV now have life-saving medicines to prevent HIV vertical transmission. Treatment access figures are up significantly, and among young people in southern Africa, HIV incidence figures are on the decrease.

Despite this, a look back provides much food for thought. Today, peak prevalence of HIV infection is observed among women aged 20–24 years, but the magnitude of that risk has grown eight- to tenfold over 15 years. In the last two decades, there has been an exponential increase in HIV infection among this group.[3] The

3. Abdool Karim, Q., Sibeko, S., Baxter, C. (2010), 'Preventing HIV infection in women: a global health imperative', *Clinical Infectious Diseases* 50(Suppl 3): S122–9.doi: 10.1086/651483.

prevalence of HIV among young women has increased in southern Africa, even as the resources available to the women's rights organisations that will have to address this crisis have decreased.[4]

There is no cause for surprise in this regard. Nothing has been done in the last decade to fundamentally change the underlying power imbalances women told us about in 2003. Instead, the AIDS response has chronically underinvested in the issues that matter the most to women, and the revolution I thought was necessary back then has become more urgent.

Taking AIDS out of the picture: a new approach

In the early days of fighting AIDS, there was a strong focus on women's biological vulnerability to HIV infection. Indeed, the history of western medical science and gender is replete with examples of how reproductive biology is associated with the idea that women are the 'weaker sex'. Women have been treated historically as though their health is only a matter of biology. When it comes to sexual and reproductive health, an excessive focus on 'biological vulnerability to infection' has prevented clinicians from acting quickly enough to recognise other more important factors that have driven disease in women.

Rudolf Virchow was the father of cellular pathology and is known as the creator of the idea of social medicine. He was an outspoken advocate for public health, whose writings and teachings made trenchant recommendations about ways to improve people's health by improving their economic and social conditions. In the late 1800s, he is said to have observed, "diseases have two causes: one pathological and the other one political."[5]

> The political 'cause' of disease in the case of women and AIDS is clearly gender discrimination.

When I began my journey as an AIDS activist in the mid-1990s, an HIV-positive activist friend of mine used to joke about her doctor's emphasis on her reproductive tract. She found it amusing that he was so concerned about the extent to which her reproductive tract made her more susceptible to infection with HIV and other sexually transmitted infections, while he had never asked her questions about the conduct of her partner. My friend, like many other activists, was beginning to ask if the size and shape of our tracts were good enough reasons why so many women were becoming infected. Common sense and community experience told us that the idea that our skyrocketing infection rates were in large part due to our biological make-up was absurd. It was our relationships with men – some of them violent and abusive – that were putting us at risk.

In response, in different parts of the world, women living with HIV and affected by the virus began to change the narrative. In the early 1990s, women began to ask specific questions about the AIDS response as it was unfolding in their countries. Why were national AIDS programmes gender blind? How could prevention messages aimed at 'everybody' so blatantly ignore the needs of women?[6]

4. Research by the Association of Women's Rights in Development (AWID) has provided evidence of the trend of donor disinvestment in the last decade. This visual summarised the situation well: www01.awid.org/map/map_02_world_financials.html
5. Rudolkf Virchow, Emerging Infectious Diseases 14(9): 1480-1
6. See Mandisa Mbali's book *South African AIDS activism and global health* (2013) where she discusses the work of activists like Promise Mthembu and Prudence Mabele.

These questions gathered momentum, and by the end of the 1990s many women activists had begun to realise that asking questions without providing concrete and prescriptive answers would only lead to frustration. As a result, by the early 2000s many women's organisations had begun to put forward clear suggestions for the precise ways in which AIDS programmes should address women's short- and long-term needs. Organisations like the International Center for Research on Women (ICRW) developed toolkits and manuals; groups like the International Community of Women living with AIDS (ICW) and their regional hubs convened round tables and held meetings with researchers and officials. These groups got international agencies to adopt their suggestions and turn them into guidelines so that donor-funded programmes on the ground would be more responsive to the needs of women.

By the late 2000s, they realised that they were very, very busy but that the lives of women were not being transformed. Worse yet, as they were pushing for better AIDS responses, their own budgets were being slashed by development agencies that no longer had much money for women's rights issues. Many of them were called to meetings with funders who, in announcing that they were being dropped as grantees, told them in no uncertain terms that the women's movement was not as vibrant as it once had been.

Today, many women's rights activists recognise that a more radical approach is needed; one that moves away from the technical development and programme solutions that donors and governments like to see, towards more explicitly political approaches related to transparency, accountability and direct participation in decision-making.[7]

While technical issues are important in public health, the women's movement must be increasingly invested in tackling the underlying questions of democracy, governance and human rights that determine how resource allocations are (or are not) made to women.

There is a new impetus to foreground the questions of economic inequality and injustice that manifest themselves in HIV infection. Having tried to address women's rights using AIDS as an entry point, many of us now wonder whether we shouldn't use women's rights as an entry point to AIDS. It is time to completely rethink our approach.

> The most effective ways to prevent new infections among women and girls do not, and *should* not, lie in the domain of AIDS programming.

Instead, women's rights activists and their allies in the environmental, human rights and transparency and accountability communities, must focus on putting more money, power and sexual choices in women's hands.

In order to do this, we will first need to understand where we have come from and how the AIDS response thus far has let women down.

In the beginning there were the ABCs

In the early days, as AIDS programmes were beginning to scale up, they focused largely on preventing HIV. There was no treatment available, and so the key strategy was to ensure that everybody knew what AIDS was, how it was contracted and

7. For an excellent discussion on this see Sonia Correa, Rosalind Petchesky, and Richard Parker's seminal book on sexuality, *Sexuality, health and human rights* (2008), where they argue in their introduction (p.3) that "sexuality cannot be understood in isolation from the social, political, and economic structures within which it is embedded – or without reference to cultural and ideological discourses that give it meaning."

how it could be prevented. In country after country, the evidence told us that there were three proven ways to avoid HIV infection: abstinence, faithfulness and using condoms. Collectively, these strategies for prevention were called the ABCs: abstain, be faithful and condomise.

Around the margins of national efforts to communicate about AIDS, some activists began to raise questions about the large numbers of people who were already living with HIV, for whom human rights and dignity remained central concerns. As national AIDS councils emerged to coordinate the AIDS response, they took on board these questions too. But something was amiss. By the late 1990s, there were billboards and signs everywhere in urban Africa urging people to test for the virus. In rural communities, people wore T-shirts bearing the logos of the non-governmental organisations that suddenly seemed to have a lot of money to fight AIDS. By and large, the messages targeted an imaginary public that was all male.

So women's groups began to ask questions, arguing strongly that the prevention options placed before women through the ABCs were not viable or realistic. There were no programmes that helped women and girls to figure out what to do when neither abstinence, faithfulness, nor condom use was an option.

Abstain

> The message related to abstinence was hard for many girls to take on board. Fourteen million girls are forced into child marriages each year.

For these girls and their families, abstinence-only programmes had no value. In addition, for girls who weren't married off at a young age, but who were living in extremely violent contexts like conflict and post-conflict societies, abstinence wasn't a viable option either. For these young women, national messages that focused on their behaviour rather than on their circumstances were often deeply stigmatising and unhelpful.

Be faithful

Many women's groups also critiqued the message related to faithfulness. In the context of polygamous relationships, or where male sexual partners chose to have other partners, women's faithfulness did not protect them. Again, the message had been designed with men in mind and so missed the mark among a cohort of women who were desperate for information and strategies to protect themselves.

Condomise

The message of condom use was also inadequate. In many cultures, 'good' women are expected to be ignorant about sex and passive in sexual interactions. In these contexts, it was unlikely that women would be able to have genuine and respectful conversations about condom use with their partners. Some women could, of course. But for the majority, the powerful messages they had grown up with about what women and men are supposed to know about sex and sexuality negatively affected their abilities to take condom advice.[8]

These gendered critiques by academics and activists were prevalent in the early 2000s. But for some reason, from my perspective as an activist they did not

8. Alan Guttmacher Institute (2003), *The ABC approach to HIV prevention: a policy analysis. A selection of articles on A, B and C from the Guttmacher Report on Public Policy*. Available at: www.guttmacher.org/pubs/compilations/agionabc.pdf

seem to change how AIDS programmes were run and managed. Policymakers, governments and donors claimed not to know how to integrate these concerns into existing programmes. Despite the existence of the United Nations Decade for Women, the various world conferences on women, and the wide range of experts, researchers and activists on women's rights and health that existed globally, they argued that they did not have the internal technical capacity to begin to develop and shape new responses.[9]

By the mid-2000s, the women's rights movement had decided to bypass donor and government lethargy. They used their resources in creative ways to pilot projects addressing gender-based violence, girls' education, and micro-finance initiatives. These were rolled out in different parts of the world. Most of the projects centred on the structural causes of gender inequality and how these affected HIV vulnerability and risk.

For the most part, women's organisations supported women to access treatment, but they did not make this their primary focus of advocacy. They focused on the issues that had always been on the top of their agendas but had been made more urgent by the AIDS epidemic: property rights, girl's education and gender-based violence. Many women's rights groups correctly saw the increased availability of funds presented by the AIDS response as an opportunity to use resources for broad-based women's empowerment.

AIDS as an entry point to women's rights

After the Global Fund to fight AIDS, TB and Malaria (Global Fund) was established, activists from southern Africa made the case that the Fund needed to support the kinds of longer-term strategies that would address the social determinants of health. By 2006, the Global Fund board – on which a number of activists sat – had signalled its approval of a strategy that would do exactly this.

The Global Fund Framework document[10] stated that the "Global Fund will support proposals that include public health interventions that address social and gender inequalities as well as behaviour practices that fuel the spread of the three diseases." For activists in southern Africa, there was finally hope for the kind of financial resources that might make a serious impact on structural gender imbalances.

A group of women's rights and AIDS activists from southern Africa convened in 2007 to strategise about how to access Global Fund resources in advance of a new funding round. At the time I was working for an organisation that described itself as an activist funder. With resources from the Open Society Foundation, but staffed by activists from across the region, and governed by an entirely southern African board, OSISA represented an interesting hybrid organisation that had legitimacy in both the donor world and within civil society networks. This was largely because it was prepared to support and push for difficult and complex issues.

OSISA convened a series of national and regional meetings to assess the interest of activists in going through the long and complicated process of participating in the drafting of country proposals. We looked at the quality and content of proposals

9. This is not unique to donors in the AIDS sector. An Overseas Development Institute report on gender and peace-building notes that "Donors show a lack of understanding about gender issues across the different sectors. The issues are left to the 'gender experts', with the result that gender-responsive approaches often remain peripheral to mainstream donor engagement in peace-building and state-building efforts." See Domingo, P. et al. (2013), Assessment of the evidence of links between gender equality, peacebuilding and statebuilding, Overseas Development Institute. Available at: www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8767.pdf

10. Global Fund to Fight AIDS, Tuberculosis and Malaria, The Framework Document (2001) Available at: www.theglobalfund.org/documents/.../Core_GlobalFund_Framework_en... [accessed 15 August 2014]

that had been approved in recent years. We then figured out a plan, country by country, for getting women to agree on what would go into country proposals. We based our prioritisation on the size and scope of country epidemics, as well as the needs articulated by women's networks on the ground.

OSISA provided resources for in-country planning meetings, and was on hand with consultants to help to do the maths, including the painstakingly detailed work of costing the proposals once activists had put them together. The group also talked through how, in each country, we would ensure that someone we knew and trusted was on the drafting committee that would submit overall country proposals.

The technical work was intensive and exhausting, but by late 2008 we had a good process and had thought through all the details. Our activists had learned the rules that guided the conduct of people on Global Fund Country Coordinating Mechanisms, and they had all managed to secure seats on these bodies. They knew the timeframes for proposal submission, and were on top of what it would involve to get each of our key concerns – violence against women, property and inheritance rights, girls education – on to the agenda in places like Swaziland, Zambia and Malawi.

What we hadn't adequately thought through was how threatening it would be to national programme and policy heads for women living with HIV to be so well organised, technically competent and forceful in their demands. In Zambia the strategy worked beautifully, but in Swaziland we were reminded that resistance to women's rights is often swift and devastating.

The section in the proposal that requested resources for women's rights work was excised from the document after the final Country Coordinating Mechanism meeting but before it was sent to Geneva. We had spent months developing the wording and building consensus among women's groups about how the resources would be divided up if the grant proposal were successful. It was a devastating blow. It underscored that the problem of gender equality could not simply be dealt with technically and administratively.

The Swaziland example illustrates that decision-makers are often wilfully and personally opposed to women's rights. The idea that gender equality is not mainstreamed into development because technical people simply do not know how to do it is naïve and dangerous. In other words, it is no coincidence that where there is a national epidemic of AIDS no government has scaled up HIV prevention programmes for women.

Twenty years into the crisis, despite all we know about its effects on women, we still have not moved beyond small, piecemeal approaches to addressing women's needs. Even the newly popular programmes that work with men and boys to address gender equality remain small and unsystematic. Why? Because there is political resistance to women's rights. Therefore it stands to reason that this resistance must be fought politically, not technically.

However, we all know that a political fight cannot be waged without a few key demands. The rallying cry now must be for *women to have money, to have power and to be able to enjoy sex on our own terms.*

Money (including access to credit and finance, economic opportunities, land and other assets)

Research over the last decade indicates that there is a strong relationship between women's participation in the labour force and reductions in poverty. In other words, lifting women out of poverty has a disproportionate impact on overall country indicators of economic well-being. Furthermore, women's access to property strengthens their ability to earn better incomes and to leverage credit, and often translates into more bargaining power at home.[11]

As the Global Coalition on Women and AIDS noted as far back as 2006, "women who have secure access to, control of and ownership of land and other assets are better able to avoid relationships that threaten them with HIV and to manage the impact of AIDS."[12]

There is widespread recognition of these links, and acceptance across the world that women's empowerment is a critical priority for the coming decade. Focusing on changing the economic circumstances for women will have clear structural benefits on women's vulnerabilities to HIV infection, but it is also important in its own right. Concerted and strategic partnerships between activists involved in land and economic empowerment, and those working on HIV, are crucial if a new political agenda about putting money into women's hands is to be crafted. The question is whether we can make this a political issue, with consequences for how we vote and who we put into power in global institutions.

Power

Naila Kabeer tells us, "There is no single linear model of change by which a 'cause' can be identified for women's disempowerment and altered to create the desired 'effect'."[13] It's an important point. There are multiple causes for gender inequality and they are connected to one another in complicated ways.

> There is no one string that will unravel the ball and solve the 'gender question'.

Yet there is no doubt that political power is a game-changer for women's rights and, by extension, for reducing the impact of AIDS on women and girls.[14]

At present, the statistics demonstrate that women have shockingly low access to and control of public processes. A recent VSO report indicates that only 13 heads of state are women, and fewer than one in four cabinet ministers around the world are women. At local level the situation is not much better. Only 20% of local elected councillorships are women. Our major cities – some as important as small countries – are run by men. Of the world's 195 capital cities, only 10 are led by women. Worse yet, based on an extrapolation of current trends, it will be the year 2134 before men and women achieve parity in political responsibility.[15]

11. & 12.*See* Open Society Foundations, *Securing women's land and property rights: a critical step to address HIV, violence and food security*. Available at: www.icrw.org/files/publications/Securing-Womens-Land-Property-Rights-20140307.pdf [Retrieved: 12 July 2014]
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13. Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment (Kabeer N,2001) Available at: http://www.gsdrc.org/go/display&type=Document&id=4085 [Retrieved 15 August 2014]
14. Commission on Women and Development (2007), *The women empowerment approach: a methodological guide*. Available at: http://diplomatie.belgium.be/en/binaries/women_empowerment_approach_en_tcm312-65184.pdf [Retrieved 15 August 2014]
15. VSO (2013), *Women in power: beyond access to influence in a post-2015 world*, p.3. Available at: www.vso.org.uk/sites/vso_uk/files/documents/Policy/Gender%20equality/vso_women_in_power_report_final_10september2013.pdf [Retrieved: 12 July 2014]

The argument is often made that putting women in power won't necessarily address this. Yet the very notion that anyone can 'put' women into power requires examination. Where women participate in politics and are elected into positions of power, there is strong evidence "they are more likely to work on the problems they themselves faced." VSO continues, "Studies have found that women are more concerned with a supply of clean water than who has to fetch it, but that they also prioritise the health of children and education – especially where women in politics have been denied access to education themselves. As importantly, the policies that women put on the agenda when they lead reduce levels of poverty for their communities, not only for women."[16]

What does this mean for those of us engaged in the AIDS response? Actually, it means a lot. It means that the budgets, policies and programmes that the international community is promoting stand very little chance of being taken up until we reach political parity. It also means that promoting women's leadership is yet another structural approach to ending AIDS, and that better and more effective efforts must be made to invest in women's political leadership at all levels. The case for AIDS has been strongly made for economic empowerment, but the rhetorical shift must now happen with respect to political empowerment. The numbers are far too stark and we simply cannot wait another century.

Sex on our own terms

Too many of women's sexual encounters are framed by fear and passivity. Women around the world are often afraid to express their sexual needs and desires. The notion that 'good' women don't talk about, let alone enjoy, sex presents a major obstacle to gender equality. Heterosexual constructs of manhood, on the other hand, encourage men to talk excessively about sex and in ways that are often harmful and oppressive to women. No wonder, then, that so many women are afraid to ask questions and voice their concerns in relation to sexual and reproductive health and rights issues.

What this means is that there is insufficient scope for preventing sexually transmitted infections and many other conditions that affect women's sexual and reproductive health. It also means that too many women believe that it is necessary to stay within the narrowly defined lines of what it means to be a 'good' woman. Around the world and across cultures, the consequences for women who raise questions and challenge the way things are done are often severe. A stark example of this is Uganda's Anti-Pornography Law 2014. The law seeks to curb "public indecency", and has encouraged a number of vigilante attacks on women seen to be transgressing moral codes by wearing miniskirts. According to an anonymous taxi driver interviewed by a Kampala news outlet, "We shall not allow women to pass on the road with skimpy dresses. Undressing them in public is the only way to stop them."[17]

> Until women can be assured that they will not be subject to violence in their homes or on the streets simply for being who they are or wish to be, we shall not win against AIDS.

Violence and the fear of violence fundamentally structure relationships between men and women. There are multiple ways in which violence and AIDS intersect and there is extensive research articulating these connections.

16. Ibid.
17. Yolisigira, Y. (26 February 2014), *Mob undresses 10 people over indecent exposure*. [Online] Available at: www.monitor.co.ug/News/National/Mob-undresses-10-people-over-indecent-exposure/-/688334/2222124/-/23txd9z/-/index.html [Retrieved: 11 July 2014]

The most straightforward way is through rape. We also know that sexual abuse in childhood is associated with risk-taking behaviour later in life. Girls who were abused have an elevated lifetime risk of contracting HIV because they often act out their traumas in ways that heighten their risk. They are more likely to have substance abuse problems and engage in risky sex than their peers who have not been abused. We also know that violence and the fear of violence can prevent a woman, even in a consensual relationship, from insisting on condom use or refusing unwanted sex. This fear extends to issues like testing. A woman who is afraid of her partner is more likely to avoid testing for HIV than one who is not. This affects her chances of accessing treatment and prevention of mother-to-child transmission programmes.[18]

Despite the overwhelming evidence that violence is a significant driver of HIV transmission in the African context, I have yet to find a single country in which government has scaled up a pilot gender-based violence programme using their own resources.

A series of reviews by the World Bank demonstrates that while laws and policies are important in addressing gender-based violence, they are not enough to end impunity. Programmes to halt violence do not work unless they are properly funded, using well-trained personnel. The World Bank notes that there is seldom "collaboration between law enforcement, legal aid, health care organisations, public health programs, educational institutions and agencies devoted to social services and economic development-for the purposes of both prevention and ensuring an integrated response to survivors."[19]

Yet again this is a technical approach. Gender-based violence programmes will not get off the ground unless there is long-term, normative change. Despite all of the laws and wonderful policies that have been drawn up across the world, women continue to be blamed when they are raped or assaulted, and violations against them continue to be viewed as less serious than violations against men and boys. And because women's larger contributions to society are not valued, gender-based violence programmes continue to be seen as marginal rather than central to economic growth and development.

Political will won't happen on its own

Ida Susser, a long-time activist and academic, has written extensively over the years about the ways in which women, especially in southern Africa, have survived AIDS. She puts the issue most succinctly when she says, "Gay men in the US have fought to have their sexuality viewed with dignity and consideration and to take control of their own future, nevertheless, still, poor gay men have fared least well. Since it has been poor women, women of colour and women of Africa who have been the most dramatically affected by HIV/AIDS, and since such women may have even less access to power than those stigmatized for sexual orientation, their sexuality has not been afforded the same consideration and dignity."[20]

18. Maman, S., Campbell, J., Sweat, M.D., Gielen, A.C. (2000), 'The intersections of HIV and violence: directions for future research and interventions', *Social Science & Medicine* 50(4): 459–78.
19. Bott, S., Morrison, A., Ellsberg, M. (2005), 'Preventing and responding to gender-based violence in middle and low- income countries: a multi-sectoral literature review and analysis', *World Bank Policy Research Working Paper* 3618.
20. Susser, I. (2001), *Health rights for women in the age of AIDS. Revised for International Journal of Epidemiology* from a presentation at 'Turning the World Around: Public Health, Human Rights and the Establishment of Civil Societies'. Columbia University Symposium, 25 May 2001. Available at: http://ije.oxfordjournals.org/content/31/1/45.full [Retrieved: 12 July 2014]

While there is no sense in creating a hierarchy of oppression,

> there is also no denying that part of the world's failure to address the extremely high burden of AIDS among women, especially African women, has to do with the fact that these women are mostly black and poor.

This fact will not change any time soon, and so activists who care about health and women's rights have three options.

The first is to ignore the international community and instead create better and more robust women's movements that demand money, power and sexual choices everywhere that women live. The second is to mobilise better and more effectively among global activists, ensuring that struggles for social justice are connected and that it is these fights, rather than technical papers, that drive our activism.

The third and most compelling option is for us to do both at the same time. Virchow may have been writing over 150 years ago, but his words ring true today. Diseases do have two causes. The era of pushing to better understand the pathological causes of AIDS has yielded many positive results. But for all the progress we have made on pathology, we have made only tentative inroads on the political front. The next era in the fight against AIDS must focus on changing the structures that underlie injustice. Without this, in another 150 years we will still be citing Virchow and praising his prescience. Our goal must be to prove him wrong so that the only cause for disease is indeed embedded in our biology rather than in our sociology.

International HIV/AIDS Alliance
Together to end AIDS

BIOGRAPHY

Sisonke Msimang

Sisonke Msimang works for Sonke Gender Justice in South Africa. A writer and an activist, Sisonke's work with a range of NGOs over the past 20 years has focused on good governance, democracy, gender and AIDS.

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