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**Rising infection rates among women reflect imbalances in gender relations**

By NYOKABI KAMAU

On October 12 and 13, more than 200 women living with HIV and Aids from all over Kenya gathered to demand a political response to the issues that continue to affect women and girls.

This meeting came as a result of years of notable silence especially from top leaders on issues of HIV and Aids especially as it affects women and girls.

The last few years have seen this country bogged down under the weight of many issues ranging from the post-election violence, the new Constitution, its implementation, the ICC, to the high cost of living, drought and hunger, next year’s elections, corruption and now war. As a result, issues to do with HIV have been forgotten.

This meeting came at a time when high infection rates among women aged 15-49 remain a somber reminder that we must never forget that in our midst lives a virus that has no cure yet, and which continues to infect so many as to have a prevalence of 8.8 per cent for women and 5.5 per cent for men.

It is worth noting that for sections of the population, especially widows and divorced women, the prevalence is as high as 17 per cent and 22 per cent respectively.

The need to champion women’s leadership to contain Aids is an issue that must be given priority.

This conference was meant to be a reminder about the importance of a gender focus in HIV and Aids control.

We need to see some clear agenda-setting on issues involving HIV and Aids and their effect on women, especially by those seeking to lead this country.

None has so far appeared to be concerned about this reality, yet they are all looking for women’s votes.

A sobering reality is that around the world, the highest infection rates continue to be in those cultures where women have little power to negotiate for safer sex.

Women’s vulnerability is driven by cultural norms, which restrict power in all areas of their lives.

In which ways can the State empower women? There is need for special education forums targeting them so that they can take charge of their sexual, social and economic needs.

All HIV and Aids messages should be positive and not moralistic as this helps to reduce stigma.

Any message on prevention that tends to have moral undertones only makes those infected feel ashamed while the uninfected avoid being associated with the problem.

I have in mind messages that continue to give advice like “be safe, stay faithful, love carefully, *wacha mpango wa kando*” etc.

The message to the infected is that they loved carelessly and they had *mipango ya kando*, yet we know that the majority of women and girls infected with HIV got it from partners they trusted.

More positive messages focusing on the basic facts of prevention, treatment and care can make people see the need for positive living.

Prevention efforts should also consider the reality. The continued emphasis on male condom use, abstinence, circumcision, remaining faithful to one partner and so on, leave women confused as they fail to address the social, economic and power relations between men and women.

Men should be provided with information about the gender dimension of HIV and Aids given that they have more control on sexual matters.

It is only if they are fully educated that problems like rape, wife inheritance, early marriages and gender violence will be reduced.

Medical personnel need retraining to change their attitudes towards people infected with HIV.

Research evidence indicates that they tend to be more hostile to women and girls with a sex-related complications.

Women and girls (especially those with disabilities) generally feel a special anxiety, vulnerability, and fear of being labelled immoral if discovered to have sex-related problems.

For women infected with HIV, these feelings are even deeper as they fear being treated with contempt.

Such responses will help us analyse stereotypes and explore ways of reducing gender inequalities, not just in relation to HIV, but in all other aspects of life.

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