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How Did Gender Roles Contribute to the Spread of HIV/AIDS in South Africa?

HIV/AIDS is spread via contact with infected bodily fluids: blood, semen, or vaginal fluid. It is typically spread by unprotected sex or intravenous drug use. We know how AIDS spreads, so why is the epidemic in South Africa so pervasive? Each day an estimated 1,600 people contract HIV and another 600 die from illnesses related to AIDS in South Africa alone, overall 11% of South Africa's population is HIV positive (Kalichman 299). The epidemic is worsened by , rape, using transactional sex as a way of survival, and the inability to negotiate safe sex in relationships. The rate of HIV infection is influenced by a number of factors: sexual violence, high rates of transactional sex and beliefs about condom use, the root cause of all of these is the rigid definition of gender roles in South Africa. This idea is summed up by N. Mngoma who states, “[gender based violence] or fear of it disempowers and subordinates women and can interfere with their ability to negotiate safer sex practices or refuse unwanted sex, and access and/or adhere to treatment and care, thus leaving them more vulnerable to HIV.”

In South African society black women are expected to take on the roll of mother and caregiver. Because of this, the AIDS epidemic has a far greater effect on women than men, both because women are biologically more likely to contract HIV and because women are more likely to become the caregiver to a family member who contracts the disease (Peacock). Women are

seen as mothers and grandmothers, providing care to the children and the sick (“Gender Roles, Marriage, and Family”).

In all things, women are confined by submissive, domestic roles; and many women in South Africa have no employment outside of sex work (Walker, 45). Thus, a woman’s financial security, and social standing, is based on her ability to have, and keep, a man (Kalipeni, 149). This leaves women at risk for significant sexual violence because women know they must keep their husband/partner, at all costs. This is not just something women live with, it is actually an integral part of being an African woman, says gender and violence expert Rachel Jewkes, “for African women, excusing male behaviour is an integral part of dominant femininity and essential for keeping the right man,” (“Gender and sexuality”). This belief often leads to acceptance of rape and complete sexual submission. In the book *Waiting to Happen* Liz Walker states, “women are experiencing sex as something that something that happens to them rather than something they can initiate themselves,” (40).

A study conducted in Cape Town found that the vast majority of men and women believe that a woman should always obey her husband (Kalichman, 302). This attitude traps a woman as an object that her husband may use for his gain or satisfaction, be it sexual or otherwise. The study described by Kalichman gives an explicit definition of female gender roles in South Africa, which was supported by the majority both male and female participants in the study:

“With regard to gender roles, we expected and found that men often viewed women as passive, subservient, and as fulfilling traditional gender roles. This finding is consistent with previous research that suggests South African women are expected to fulfill a

stereotypical female gender role by being docile, especially in sexual relationships,” (304).

All in all, women are expected to remain within the home and rely on their boyfriends/husbands for support. In return they are expected to submit to his desires, at all times, and in all things.

By contrast, being a man in South Africa often means being commanding, violent, and taking risks. Walker found masculinity to be defined by “risk taking behavior such as alcohol consumption, intravenous drug use, multiple sexual partners, and violence,” (24). All of these behaviors increase the risk of HIV contraction (Walker, 24). Walker goes on to suggest that having multiple sexual partners may be a way for a man to prove his masculinity - which is associated with “uncontrollable sexual urges,” (26). Kalipeni agrees, “manhood is proven by having multiple sexual partners,” (149). Just as women believe they must submit to men in all things, men see themselves as an unquestioned authority over their girlfriends, “men have exclusive rights to sex with their girlfriends,” they claim (Walker, 31). Furthermore, “young men and women, too, believe that a man has a right, or even a duty, to force himself on a woman who displays reluctance or shyness,” (32). Masculinity in South Africa is directly tied to sex, aggression, and domination.

The relationship between male and female gender roles is examined by Jewkes and Morrell in “Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention”:

“The dominant ideal of black African manhood emphasizes toughness, strength and expression of prodigious sexual success. It is a masculinity women desire; yet it is sexually risky and a barrier to men engaging with HIV treatment. Hegemonically

masculine men are expected to be in control of women, and violence may be used to establish this control. Instead of resisting this, the dominant ideal of femininity embraces compliance and tolerance of violent and hurtful behaviour, including infidelity.”

As is implied in this quote, the gender roles within which individuals operate vary greatly for black and white South Africans. Jewkes goes on to describe white, male South Africans as “heavily invested in material achievement, public position and embodiment that found particular expression in sporting achievement,” (“Gender and sexuality”). White women, on the other hand, have identities shaped by their roles within the home and as caregivers, they are “less vested in personal autonomy,” (“Gender and sexuality”). In contrast, black men in South Africa, oppressed by the apartheid regime, confined to low-paying migrant labor were unable to tie their masculinity to their professional achievement, as white men were, this “has increased the likelihood of finding masculine affirmation in homosocial (sometimes criminal) settings and in their relations with black women,” (“Gender and sexuality”). Because of difficulty for black women finding employment they “have often been dependent on black African men and this, together with cultural practices of respect, has promoted obedience and passivity as hallmarks of African femininity,” (“Gender and sexuality”). Here it is suggested that the traditional gender roles of colored South Africans are more closely tied to gender violence and the subjugation of women, than the gender roles of white South Africans. This is supported by “Gender Inequitable Masculinity and Sexual Entitlement in Rape Perpetration South Africa: Findings of a Cross-Sectional Study.” which found more colored men to have committed rape than white men.

A multitude of studies have been performed to examine *why* men rape. Authors Jewkes and Abrahams point to cultural norms as a cause by saying, “Young men are not taught either at

home or at school to respect women's right to withhold consent from sex. Furthermore there is no evidence that involvement in non-consensual sex carries any social stigma for the perpetrator. In many cases rather than blaming the perpetrator the women is held to be responsible if she is deemed to behave immodestly,” (The epidemiology of rape and sexual coercion in South Africa”). In another study, that asked men why they had committed rape, almost all answers were consistent with the ideas of male entitlement (“Gender Inequitable Masculinity”). Male entitlement is reinforced by a cultural silence which discourages women from reporting rape, a recent study in Gauteng found only 1 in 13 women will report their rape to the police, this number drops to 1 in 25 if the rapist is an intimate partner (“The epidemiology of rape and sexual coercion in South Africa”). The culture of silence surrounding rape is well known to men and used in the selection of a victim, participants in a study who had raped a young girl were asked if this was because they believed she would be less likely to report, 49.3% answered affirmatively (“Gender Inequitable Masculinity”). Rape, in South Africa, “has to be understood within the context of the very substantial gender power inequalities which pervade society. Rape, like domestic violence, is both a manifestation of male dominance over women and an assertion of that position.” says Rachel Jewkes (“The epidemiology of rape and sexual coercion in South Africa”). The rape epidemic stems from a feeling powerlessness and is worsened by victim blaming, gender inequality and the reliance of a woman on a man for support.

Although the rate of rape in South Africa is astronomically high, the rate of gang rape appears to be higher still with 16.3% of men surveyed admitting to participating in gang rape, in contrast 8.4% admitted to perpetrating sexual violence against an intimate partner (Mngoma). Gang rape is committed for ‘fun’ or because men were ‘bored,’ in contrast, rape of an intimate

partner is usually a form of punishment (“Gender Inequitable Masculinity”). In gang rape the woman functions as a “vehicle for the interaction among men,” the rape usually is not about her, but about the bonding of men as a group (“The epidemiology of rape and sexual coercion in South Africa”). Gang rape is also a way for young men search to assert “gendered power” in a racist society where they are unable to do this by functioning as a “provider,” as white men are (“Gender Inequitable Masculinity”).

We can see, the greatest contributor to the spread of HIV/AIDS comes in the form of the South African patriarchy and gender inequality. South African society holds a belief that it is bad for men's physical and psychological health to deny sexual urges (Walker, 28). This notion is accepted by women and is used to justify unfaithful partners. There is a strong cultural belief that one woman can not satisfy a man sexually, thus he must have women on the side (Walker, 28). In addition to this women have watched their fathers and grandfathers be unfaithful to their mothers and grandmothers and have thus accepted infidelity as a part of life (Walker, 30). In traditional African culture men often had multiple wives, the idea of sharing a man is not new and is not nearly as taboo as it might be in other places.

Unfortunately, the tradition of a man holding multiple partners places women at an elevated risk for HIV and other STIs. Men with HIV are much more likely to pass HIV on to their partner than women are, “a man with HIV has a one-in-500 chance of passing virus in single act of unprotected intercourse, the odds of woman to man transmission is one-in-1000,” (Walker, 40). Undeniably, women are at a higher risk for HIV and AIDS but the rigid gender roles within they operate makes protecting themselves nearly impossible. Most married women are too afraid to ask their spouse to use a condom. The tradition in South Africa is that a condom

is not used with a spouse or primary partner, but only with other, less serious or trusted, partners (Bandali). When a woman asks her husband to use a condom her husband will fear she has been unfaithful and resort to beating her (Kalichman, 300). For many, unprotected sex is a sign of love and trust (Walker, 41).

Condoms were not introduced in Southern Africa until the 1990s (Kalipeni, 146). The condom is a relatively new method of contraception in South Africa and as such it is not a trusted method of protection. It is commonly believed that condoms were introduced to control the African population, some even believe that condoms are a form of biowarfare and the manufacturers have infected them with HIV (Kalipeni, 146-147). Some simply say that sex does not provide the same pleasure with a condom, saying things like, “people want to feel the sperms when the man is ejaculating,” (Walker, 34). Or, “you cannot eat the banana with the peel, it doesn’t have any taste,” (Bandali). These ideas come from the cultural belief that the exchange of fluids during sexual intercourse is important for physical health and are especially held, and enforced, by men (Walker, 23). Men are able to refuse condom usage because of the position of power they occupy in romantic relationships.

Another cause of the HIV/AIDS epidemic comes from what is known as “transactional sex.” Transactional sex describes a sexual relationship in which sex is given in exchange for goods or material items (Walker, 23). These relationships, by nature, cater to the man who is providing the items; be it clothing, food, or luxury items. As such these relationships seldom involve condom use and women engaging in transactional sex are at a high risk for contracting HIV. For fear of losing the security provided by the relationship these women do not feel comfortable asking for a condom to be used (Kalipeni, 149). For some, transactional sex is the

best way to put food on the table and clothe themselves. It is rare for women in South Africa to finish school and find employment. This leaves many women with no choice but to rely on men for money, food, clothing, and other necessities. In all relationships women have less agency but transactional sex magnifies this problem, when a woman's survival is based on a sexual relationship she must accept any terms laid out by the man.

Transactional sex flourishes in the area around migrant camps. Many men, seeking to provide for their families, turn to migrant labor and take up work in the mines (“Gender Roles, Marriage, and Family”). Migrancy was employed by apartheid as an effort to break up black families and capitalize on cheap labor, to weaken the black majority. Migrant workers were only permitted to go home for two weeks each year, lead to increased infidelity on the men's part, many had partners in the cities where they spent most of the year. Abstinence, while away from the wife, would be unheard of, as masturbation is taboo in South Africa. The male attitudes towards masturbation can be summed up by this interview, “[masturbation] plays with and confuses your mind ... because you are trying to get that feeling and you are not there touching with a woman ... you are just on your own,” (Walker, 34). Men, separated from their families seek other women to fulfill their sexual desires. Often, these relationships are transactional. A migrant laborer acknowledges, “there are two things to being a man: going underground and going after women,” (Walker, 64). All in all, the apartheid's implementation of migrant labor increased casual sexual relations and thus increased the spread of HIV and AIDS due to the preexisting notions surrounding male sex drives and the acceptance of multiple partners as part of male dominance.

Almost all of the romantic relationships in South Africa are based on the notion that men may demand sex whenever and however it suits them. Studies conducted in South Africa show that most do not believe a man forcing a woman to have sex is rape, rape is imagined to only be perpetrated by a stranger (Walker, 32). The HIV/AIDS epidemic devastating South Africa is largely caused by power imbalances in romantic relationships and patriarchal traditions. It is impossible to begin to stop the spread of HIV/AIDS by practicing safe sex when very few sexual relationships are consensual in the first place. To fight the epidemic South Africa must first turn to the patriarchy that governs every aspect of their society and examine how they endorse these gender roles. Fighting male dominance and unbalanced sexual relationships is the best way to combat the spread of HIV/AIDS. Although there are aggravating factors that increase the spread of HIV/AIDSs, the epidemic is linked most directly to the rape epidemic and gender based violence which stem from gender inequality and rigid gender roles in South Africa.