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FEMINIZATION OF THE HIV/AIDS EPIDEMICS IN AFRICA: ETHICAL CASE OF PERSISTENT DISCRIMINATION ON WOMEN

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Abstract

Gender inequalities are still visibly large in our society. Women and girls are seen as the very poor of the human society. This is evident when we examine the average of the three component indices of: life expectancy, education, and income. In Nigeria for instance, Gender-related Development Index (GDI) value indicates women's low status and poor access to basic health services. According to United Nations' statistics, women perform one-third of the world's work, but they earn only one-tenth of the world's income, they are two-thirds of the world's illiterates, and own less than one-hundredth of the world's property. The emergence of the HIV/AIDS epidemic has defamed the already fragile esteem of women in that women rank the highest in HIV/AIDS prevalence and infections statistics in Africa. HIV has been regarded as the epidemics of women – giving rise to the **Feminization** of the HIV epidemics in Africa. Studies allege that women in Africa are substantially affected by the HIV epidemic to a large extent due to gender roles prevalent in the society. These and more other factors prevent women from making essential decisions about their health and lives and national development. This paper therefore, will investigate the cultural factors that expose women to HIV/AIDS infection more than men. It will also suggest possible areas of intervention and solutions to emancipate women from this stigma.

Keywords: *Ethics, HIV/AIDS, Feminization, Discrimination, Gender.*

Introduction

To a great extent the level of any civilization is the level of its womanhood. When a man loves a woman, he has to become worthy of her. The higher her virtue, the more her character, the more devoted she is to truth, justice, goodness, the more a man has to aspire to be worthy of her. The history of civilization could actually be written in terms of the level of its women (Archbishop Fulton J. Sheen).

Gender roles and relationships have significant influence on the course and impact of the HIV/AIDS epidemic throughout the world, especially in Africa. Globally, about 50% of HIV positive people are females. Although in some places the rate of infection is almost equal between men and women, yet women, to the most extent, are more

likely to be infected than men¹. Thus, the epidemic's disproportionate impact on women and girls has given rise to a startling new discrimination reality which has been termed: the "Feminization" of the HIV/AIDS epidemic².

In Africa in particular, women cover about 57 percent of "People Living with HIV/AIDs" (PLWHAs)³, while in sub-Sahara Africa it averages nearly 60 percent⁴. The gender imbalance of infections appears greatest among Africa's young women. Women between the ages of 15 to 24 are at least three times more likely to be infected than young men of the same age group⁵. In a study carried out in Nigeria, HIV prevalence among girls aged 15 to 19 is four to seven times higher than among boys of their age. This is evident in HIV/AIDS screening exercise carried out in two mixed secondary schools at Agege Lagos, 18 out of the 120 students randomly picked for screening tested positive, eleven of them were girls⁶. In other parts of Africa, like in southwestern Uganda evidence shows that female students of ages 15–29 are the most vulnerable to the disease⁷. This disparity is linked to widespread sexual abuse, coercion, early marriage, discrimination, and impoverishment meted out to women.

The statistics presented above and their disproportionate impact blame women as vectors of the HIV/AIDS epidemic. Women are particularly vulnerable because of the interrelationships among complex biological, socioeconomic and cultural factors. They have been described to be triply more vulnerable to STIs than men⁸. Adeyi et al., described the women's HIV/AIDS predicaments as follows:

¹ Bourke, D.H., *The Skeptics Guide to the Global AIDS Crisis: Tough Questions, Direct Answers*. Authentic Media, USA, 2005, p. 22.

² Onwuliri, V.A. – Jolayemi, O.M.; *Reaching Vulnerable and high-risk groups in Nigeria*, in Adeyi, O. – Kanki, P. et al., (eds.), *AIDS in Nigeria: A Nation on the Threshold*. Harvard Series on Population and International Health, U.S.A. 2006, p. 312.

³ Federal Ministry Of Health, 2003 National HIV Seroprevalence Sentinel Survey. Abuja: Federal Ministry of Health, 2003; GARBUS, L. – MARSEILLE, E., *HIV/AIDS in Uganda*, AIDS Policy Research Center. University of California San Francisco Published by Regents of the University of California, November 2003, p 17.

⁴ Bourke D.H., *The Skeptics Guide to the Global AIDS Crisis*, p. 7.

⁵ UNAIDS, *2004 Report on the Global AIDS Epidemic*. Geneva, UNAIDS, 2004.

⁶ Federal Ministry Of Health, 2003 National HIV Seroprevalence ...

⁷ World Bank, *Country Assistance Strategy: Uganda*. Washington, DC. 2000.

⁸ Emonyi, I.W. – Gray, R.H. – Zenilman, J., et al., *Seroprevalence of herpes simplex virus type 2 (HSV-2) in Rakai district, Uganda*. *E Afr Med J.*, vol., 77, 2000, pp. 428-430.

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Women...the voiceless population ... have biological vulnerability to HIV as well as an economic one, and many cultural factors contribute to the high rates of infection among women⁹.

Onyenwenyi indicted the medical practice as reinforcing this blame knowingly or unknowingly through antenatal HIV screening. She argued that besides the self-evident cases, it is always the woman who is the first to be tested for HIV, because hospitals and clinics perform the screening on pregnant women going for pregnancy checks and so it gives the impression that it is the woman who first got the virus¹⁰.

Furthermore, cultures that uphold male chauvinism are always at play. Women are still seen as inferior to men. Most frequently in some African traditions, women are always the victims. For instance, if wife and husband are able to keep the fact secret that one of the two has got HIV, the marriage can keep going, but if the news that the woman has the virus spreads, she will be marginalized and sent away. It does not happen when the husband is the one who has the virus¹¹. It is still the same cultural bias that considers the woman responsible for bringing the virus into family.

For these and still some other reasons women are directly or indirectly blamed as vectors of HIV and other sexually transmitted infections (STIs)¹². Today, in Africa and beyond, these biases have given rise to the term *feminization* of HIV epidemic as a way to describe the uneven feminine HIV/AIDS vulnerability. This has added to a huge extent the discrimination against women¹³.

This paper, therefore, will focus on the cultural factors which have been alleged to be responsible for women's susceptibility more than men to HIV infection and thus to the discrimination. It will also propose some possible solutions to the reduction of HIV discrimination and stigma.

Cultural Factors that Promote Feminization of HIV/AIDS in Africa

Besides the natural and socio-economic factors, Adesoji, et. al., have argued that cultural factors are responsible for the higher number of women living with HIV in

⁹Adeyi O., et al., (eds.), *AIDS in Nigeria...*, p. 5.

¹⁰Onyenwenyi, A. in Casadei R. (ed.), *Irene's eyes: prevention, treatment and fighting AIDS the first-hand experience of an Italian NGO*. Guerini e AssociatiSpA, Milan Italy, 2006, p. 68.

¹¹Onyenwenyi A., In Casadei R. (ed.), *Irene's eyes...*, p. 67.

¹²Folabi O., *Beyond the Shadows: unmasking HIV/AIDS-related stigma and discrimination in Nigeria*. A publication of Journalists Against AIDS (JAAIDS), Nigeria, 2004, p. 28.

¹³Maduna-Butshe, A. C. Women sex workers and the HIV pandemic: stigma and blame in context. *S. Af. AIDS News*, vol. 5 no. 1, 1997, pp. 8-11.

Africa¹⁴. Some African cultural norms, ritual systems and practices increase the social prejudices that erroneously penalize women: Women are erroneously perceived as the main transmitters of STIs including HIV infection¹⁵, and are often treated differently from men¹⁶. For instance, in many African countries, deeply ingrained gender roles require that girls be sexuality naïve, inexperienced and submissive, while virility for men means multiple partners¹⁷. Whereas men are excused for their behaviour that resulted in infection, women are not; they are rejected by wider family members and are blamed for AIDS-related death of their husband¹⁸. These assumptions in addition to stigma, further fuel the epidemic¹⁹. Many more women than men are infected with HIV all over today. Of the 25 million HIV-infected people in sub-Saharan Africa, roughly 57 percent are women²⁰. Let us now examine some of the cultural practices that inflame HIV transmission in Africa among women.

The most notorious cultural practice that makes women more vulnerable to HIV in many African countries is the early marriage practice. Harmful marriage practices violate women's human rights and contribute to increasing HIV rates in women and girls. Due to early marriages women at such young age, are less likely to negotiate safer sexual practices²¹. Many women do not have a say in sexual relations, although absolute fidelity is expected from them. This societal demand holds true for both married and unmarried women. In many parts of Africa, there is no legal minimum age for marriage. Hence early marriage is still the norm in some areas, especially in Muslim dominated cultures. Thus many girls get married at very early ages and there is usually a large age gap between husbands and wives²².

¹⁴Adesoji F.A.–Moronkola A.O., Changing social and cultural practices in the face of HIV/AIDS in Nigeria, *Africa*, 2, vol., 43, no. 3, 2003, pp. 55-60; AA. FUTUH-SHANDALL, Circumcision and infibulations of females, *Sudan Med J*, vol., 5, 1967, pp. 178-211.

¹⁵De Bruyn, M., Women and AIDS in developing countries. *Social Science and Medicine*, vol. 34, 1992, pp. 249-62.

¹⁶Angleton, P., Warwick, I., *Community response to AIDS*, 1999, in www.uniads.org/publications/documents/children/children/sexyouth99.htm\#young, 10 -08 – 2007.

¹⁷Bourke D.H., *The Skeptics Guide...*, p. 22.

¹⁸UNAIDS, *HIV and AIDS-related stigmatization, discrimination and denial: forms, context and determinations*. Research studies from Uganda and India, 2000.

¹⁹Folabi, O. *Beyond the Shadows...*, p. 10.

²⁰Adeyi, I et al., (eds.), *AIDS in Nigeria...*, p. 5.

²¹World Health Organization, Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infections, WHO 2001., OLAYINKA BA., OSHO AA., Changes in attitude, sexual behaviour and the risk of HIV/AIDS in southwest Nigeria, *East Afr. Med J*, 1997;74:554-560.

²²Nasidi A.–Harry T. The epidemiology of HIV/AIDS in Nigeria, in O. ADEYI et al. (eds.), *AIDS in Nigeria...*, p. 35.

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Polygamy is acceptable and extra-marital affairs are relatively permitted for men in some African settings²³. Polygamous men generally seek out young women, even as they themselves age. In this way, formal and informal polygamy pumps the virus from one generation to the next. Formal and informal polygamy create a network of simultaneous or “concurrent” sexual relationships that link sexually active people not only to one another but also to the partners of their partners and so on, creating a giant web that can extend across huge regions. If one member contracts HIV, then everyone else in the web may, too. On account of their young age, lack of education and low status, young married girls are not able to protect themselves against such husbands, from HIV and STIs²⁴.

Further to this are the issues of bride price and widow inheritance. Studies show that the payment of bride price (dowry) is a major factor related to domestic violence and women’s economic subordination in some parts of Africa and the world where else it is practiced. With bride price, respect and honour are not accorded to women directly but rather indirectly through the men who own them. With bride price still in practice, a woman can be sent packing from her matrimonial home at any given provocation notwithstanding how long the marriage has lasted. Furthermore, women’s subordination is compounded by unhealthy traditional practices of widow/wife inheritance and wife cleaning, wherein a widow is forced to marry the deceased husband’s brother. This increases the risk of HIV transmission²⁵.

Another significant factor pertains to the denial of inheritance and the right to succession. In many places in Africa, HIV/AIDS-related stigma and discrimination are particularly apparent in relation to inheritance and succession rights of women at the death of their husbands. Suspicion about HIV/AIDS leads husband’s parents to react negatively towards their daughter-in-law and her children. The belief that an infected individual might die in a short period of time, further compounds the difficulties many women face²⁶. Till today, in many African cultures, women are not allowed to own land. If a woman’s husband dies, she is either thrown off the land or the land passes to relatives of her husband, especially if she has no male child. This current legal framework impedes women’s access to land when husbands die, even rights to the land

²³ NACA, National HIV and AIDS Behaviour Change Communication 5-year Strategy 2004-2008, April 2004, p. 66.

²⁴ Nasidi A. - Harry T., The epidemiology of HIV/AIDS in Nigeria..., op. cit., p. 35; Population Council, Child Marriage Briefing: Nigeria, September 2004 /documents/PopCouncil/2478.

²⁵ Onwuliri, V .A.,—Jolayemi, O.M., Reaching Vulnerable..., p. 313.

²⁶ Folabi O., Beyond the Shadows..., p. 75.

she has been cultivating before the demise of the husband. The HIV/AIDS epidemic by increasing male adults' mortality rates has rendered this problem particularly acute²⁷. More still some fathers and relatives appeared unwilling to bestow bequests of any kind upon women with HIV and their children²⁸.

Many customary and statutory laws still discriminate against women in areas of marriage and inheritance²⁹. Unequal sharing of resources within households, unequal access to education and physical assets such as land reflects cultural factors in which women are disadvantaged³⁰. In summary,

Most severe form of HIV/AIDS-related discrimination experienced by women is particularly in terms of remaining in the marital home after the husband dies. They suffer property grabbing, eviction from their marital homes and their assets seized by in-laws. In reality, the succession laws are largely ignored.³¹

In many parts of Africa, the belief that domestic violence is a private concern that should not involve the state permeates all levels of the justice system. This way of acting aids the perpetrators of domestic violence go largely unpunished³². In addition, arranged marriages are still common in some developing countries even when age disparity is evident. Sadly, poverty is a major pressure on girls and families to patronize such practices³³. Finally, rape is an all-common occurrence in many poor countries; especially with the spread of the myth that having intercourse with a virgin will cure AIDS. This myth contributed to an alarming increase in rape of young women and girls³⁴.

In a study by Eliah, about 60% of African women experience circumcision/female genital mutilation (FGM)³⁵. No law specifically prohibits FGM in some nations of

²⁷World Bank, *Country Assistance Strategy: Uganda*. Washington, DC. 2000.

²⁸Monico S.M. – Tanga E. O., Nuwagaba, A., *Uganda: HIV and AIDS-related Discrimination, Stigmatization and Denial*. UNAIDS, Geneva, 2001.

²⁹Human Rights Watch, *Just Die Quietly: Domestic Violence and Women's Vulnerability to HIV in Uganda*. New York, 2003.

³⁰ Ugandan Ministry Of Finance: *Planning and Economic Development, Uganda's Progress in Attaining the Poverty Eradication Action Plan Targets in the Context of the Millennium Development Goals: Background Paper for The Consultative Group Meeting, Kampala*, 2000.

³¹ Human Rights Watch, *Just Die Quietly..*, 2003.

³²Matsamura E.K., High Incidence of Rape Exposes Girls to HIV/AIDS Infection, in *Inter Press Service*. Kampala, 2003.

³³Bourke D.H., *The Skeptics Guide...*, p. 23.

³⁴Bourke D.H., *The Skeptics Guide...*, p. 23..

³⁵Eliah E., In Uganda, elders work with the UN to safeguard women's health. *UN Chron.*, vol. 36 no. 1, 1999, p. 31.

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Africa, though the government publicly condemns it³⁶. No religion officially requires it, yet, it is practiced by members of all religions in places where it is the custom³⁷. Besides being painful, it can put women and girls at risk of contracting HIV from unsterilized instruments, such as knives and broken glass that are used during the procedure³⁸

On the other hand, many researchers have increasingly stressed the protective role of male circumcision. Male circumcision is counted as one of the special factors that have helped keep HIV/STD infection rates down in Senegal³⁹. Epidemiological data suggest that male circumcision (especially when done before any sexual debut) provides a significant degree of protection against STD and HIV infection, especially in countries with predominantly heterosexual transmission of HIV⁴⁰. Hence lack of male circumcision is one of the most determining factors accounting for levels of HIV infection in Africa⁴¹.

Importance of Women in National Development

Gender equality as a development imperative is considered a global consensus on the goals and strategies of development. Without womenfolk National Development will slow down the pace⁴².

The overall discussion on development is the improvement and upliftment of the quality of life of people that they are able to attain their potential, build and acquire self-confidence, and manage to live lives of reasonable accomplishment and dignity⁴³. This is a human desire for both the individual and social progress which is then institutionalized in development policies, projects, and plans. Amartya Sen in a more radical way defined development as “a process of expanding real freedoms that people

³⁶ Amnesty International, *Female genital mutilation in Africa: Uganda*. New York. 2003.

³⁷ D. H. Bourke. *The Skeptics Guide...*, p. 28..

³⁸ U.S. Department of State, Nigeria: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC), in D.H.BOURKE, *The Skeptics Guide...*, p. 28.

³⁹ E. C. Green. *Rethinking AIDS Prevention...*, pp. 42, 228.

⁴⁰ D. T. Halperin., & R. C. Bailey. Male circumcision and HIV infection: 10 years and counting, *Lancet* vol. 354, 1999, pp. 1813-1815; R. C. Bailey, S. Neema, & R. Othieno. Sexual behaviour and other HIV risk factors in circumcised and uncircumcised men in Uganda. *Journal of Acquired Immune Deficiency Syndromes*, 1999, vol. 22, pp. 294-301; The Centre De Cooperation Internationale (CCISD)., p. 9.

⁴¹ R. C. Bailey, S. Neema, & R. Othieno. Sexual behaviour, 23.

⁴² M. Anikpo. Perspectives in Gender Studies and Women Development Programmes: Agenda for the new Millennium, *Gender Studies Conference, department of English*, University of Port Harcourt, 2000.

⁴³ K. K. Prah. Culture—the missing link in development. Paper presented at the roundtable discussion on “Mainstreaming human security and conflict issues in long-term development planning in Africa: A new development paradigm?” in Accra, 9–10 July 2001, p. 91.

enjoy”⁴⁴. This definition places gender inequalities as sources of “unfreedom” and, therefore, constitutes obstacles to development. Some critiques see this as the bane of African women. For them, African womanhood has been pathologized in service of development practice⁴⁵. Others argue that the poor- rural nature of women in Africa, burdened by motherhood and domestic chores, does not allow for the range and complexity of African women’s realities. It also does not allow for recognition of the many dimensions on which a woman may be considered in many development projects, including in income, class, ethnicity, nationality developments, etc. All these researches had looked at the contributions of women based on the cultural gender division of labour, which before the colonial era was restricted to farm, and household activities. But the contributions of women in National Development are beyond agriculture and household duties⁴⁶. There are notable contributions of women in community development and physical development, notwithstanding that various rights were denied to women and as a result their contributions to National Development were stifled and ignored.

Thus, as early as the 1970s, Ester Boserup in her book: “Women’s Role in Economic Development”, argued on the women’s right to work, to fair remuneration for work, and to reproductive rights. She was, therefore, concerned about the disenfranchisement of women from “productive” work outside the home and, by extension, from the process of development. According to Anyidoho, Boserup made the argument that women had unacknowledged and untapped productive potential and that their purposeful integration into development programming would benefit the process of development⁴⁷. This assertion is true and corroborated in the instance of Nigeria where the women outnumber the men in population⁴⁸. This is for the fact that the dividend of human resources can never be overemphasized in national development. Human resources is number 101 in the productive and development index of any country.

⁴⁴ Sen, A. Development as freedom. Oxford: Oxford University Press, 1999, p. 3.

⁴⁵ D. Lewis. African gender research and postcoloniality: Legacies and challenges. In Oyewumi, O. (Ed.), *African Gender Studies: A reader* (pp. 381–396). New York: Palgrave Macmillan, 2005.

⁴⁶ T. A. Olorin. The practice of physical planning in Nigeria: A Gender Appraisal, 1996, in Oruwari, Y., (Ed.): *Women Development and the Nigerian Environment*. Ibadan: Vintage publishers (Int) Ltd., pp. 295-303.

⁴⁷ N. A. Anyidoho. Women, Gender, and Development in Africa, in Yacob-Haliso, Falola, O., T. (eds.), *The Palgrave Handbook of African Women's Studies*. Springer Nature Switzerland AG, 2020
https://doi.org/10.1007/978-3-319-77030-7_63-1

⁴⁸ F. Ekong. Contributions of Women to National Development...,

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In fact, as early as the colonial era, when it became difficult for the men alone to sustain the family, it was necessary that women had to earn some income. Ekong asserts that women are the real engine driving the economy of many countries and are the keys to development and therefore crucial to the goal of sustainable development⁴⁹. In 1975, FAO reported that 70% of all the work in food processing and almost 100% of all domestic and households' chores are performed by women. This trend has not changed except that women now take additional burden of extra-domestic affairs. Agbola confirmed this assertion by concluding that women are the operators of the economy and constitute a major arm of the labour force, and that Nigerian women for instance, are dynamic, industrious and resourceful.

In a Study carried out in Akwalbom State of Nigeria, (the Civil Service Commission Annual Report, 2006), the total number of women staff in the Civil service, Hospitals, Secondary schools and Technical colleges outweigh that of men. Out of 33,670 senior staff in the civil Service, 19,941 (59.2%) are women while men accounted 13,729 (40.8%) only. For instance, out of 14,188 teachers (those with National Certificate of Education (N.C.E.) and above) 9,810 (69.1%) are women. In the Health sector out of the 4,600 numbers of qualified nurses, 3,798 (82.6%) are women⁵⁰. These statistics represent the situation in many other states of Nigeria and beyond. In administrative positions, we were reliably informed that women are in the fore fronts. For instance, in Akwalbom State the same report confirmed that at that period of the report, the Head of Service, the Chief Judge and Auditor General were women besides the other three permanent secretaries appointed on merits like their male counterparts⁵¹. These statistics corroborate the fact that women are really contributing to the development of the country.

Today women have ventured into occupations that were until now monopolized by men. Today, there is hardly any discussion on any serious issues that is not gender inclusive. Almost every development intervention – every policy, program, or project – is regarded as gendered in nature and in its impact (in the differential ways it affects men and women). With gender equality, all sorts of women discrimination will be

⁴⁹ F. Ekong. A Gender Appraisal of the Disbursement of Bank Loans. *Ibom Journal of Social Issues*, 2006, 7(2), pp. 87-101.

⁵⁰ Akwalbom State Of Nigeria, Civil Service Commission, 2006 Annual Report. Official Document no. 2 of 2007.

⁵¹ Akwalbom State Of Nigeria, Civil Service Commission....

deracinated from its reductionist goal, though challenging but there is ongoing changing gendered dynamics of power⁵².

In general, gender relations in African societies has become flexible, allowing women and men to inhabit similar roles⁵³. Authors also stress that women and men did have differentiated roles but that these were equal and complementary in development pursuits⁵⁴. There is therefore, a caveat for a better conceptualization of gender in order to accommodate an approach to development that is context-specific. Gender equality and women's empowerment must be anchored in "space, history, politics and location"⁵⁵. That women make substantial contribution to National development is indubitable. The crux of the matter remains the same: women perform one-third of the world's work, they earn only one-tenth of the world's income. Women's socio-economic roles are not appraised. Women's reproductive labor is unpaid work that is, unaccounted for in the gross domestic product, a conventional measure of national wealth⁵⁶. Men still dominate income-generating activities in the "public sphere," accruing higher social and material benefits in their "productive" roles as breadwinners, employers, and employees. The incorporation of women into the "productive" sphere through access to resources such as financial and physical capital would at once make women contribute to development and improve their social status in relation to men⁵⁷.

Recommendations for the Reduction of Discrimination of Women in Africa and Beyond

Article 10 of the UNESCO Declaration on Bioethics and Human Rights states that the fundamental equality of all human beings in dignity and rights is to be respected, so that they are treated justly and equitably. This is especially applicable to women of today, particularly in developing countries: to promote accessibility and non-discrimination of women in the areas of education and participation in the work force, specifically in the fields of science and technology.

⁵² Cornwall, A., & Anyidoho, N. A., Introduction: Women's empowerment-contentions and contestations. *Development*, 53(2), 144–149. <https://doi.org/10.1057/dev.2010.32>.

⁵³ Amadiume, I. *Male daughters, female husbands: Gender and sex in an African society*. London: Zed Books, 1987.

⁵⁴ Aidoo, A. A. Women in the history and culture of Ghana. *Research Reviews*, 1985, 1(1), pp. 14–51, Sudarkasa, N. "The status of women" in indigenous African societies. *Feminist Studies*, 1986, 12, (1), 91–103, in Anyidoho N. A., , *Women, Gender, and Development in Africa...*

⁵⁵ Cornwall, A., & Anyidoho, N. A., Introduction: Women's empowerment..., 2010, p. 146.

⁵⁶ Marçal, K., *Who cooked Adam Smith's dinner? A story about women and economics*. New York: Portobello Books, 2016.

⁵⁷ Tinker, I., *Persistent inequalities: Women and world development*. Oxford: Oxford University Press, 1990.

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For these reasons, the U.N. member nations would strive to promote women's rights, women empowerment, gender analysis of policies and programmes, gender mainstreaming. The main issue is that of fairness to women by carrying them along with men without discrimination. This would mean that gender would be considered in all programme mainstreams like agriculture, education, politics, health, etc. In the area of politics, governments and NGOs should work to improve women's participation in politics and governance: from just voting and party membership to standing for elections. Women should not only be there to dance and clap for politicians or be bench warmers. It is expected that women's participation in government, public, and community decision-making and its implementation process be constantly improved. There should be monitoring and lobbying to ensure that these pass into law as gender equal opportunity bill. A developed nation is known by the way she treats her women.

To ensure real transformational development, women literacy is a positive predictor. There should be education, training and monitoring, rights from schools, villages and wards to sensitize people on gender equity, gender friendliness and gender sensitivity. In the schools for instance, the NGOs staff and volunteers should embark on field works to encourage young girls to appreciate and embrace the study of sciences, law and political subjects which usually many of them shy away from with the mentality that they are meant for boys alone. Efforts must be made to build and strengthen women autonomy and self-reliance, in economic empowerment and productivity through various educational, professional and vocational skills acquisition. Credit scheme for small scale farmers and micro-credit service for poor women should be encouraged. The effort here is to impart on women the strong will power to reject "idling away in misery", so as to engage with others to work out their living⁵⁸. This will help women become economically independent and also desist from sexual transactions for living.

While some healthy marriage rites could be upheld, the idea of **Bride Price** must be expunged wherever it exists. Bride price makes men relate with women/wives as their owners, landlords, proprietors. This puts women under men with the title of ownership like ordinary material property. Bride price enslaves women in perpetuity.

As the saying goes, "health is wealth", therefore, health care programmes must emphasize on treatment, care and 132 on of the deadly diseases like HIV/AIDs,

⁵⁸ Gutierrez G., Drink from our own Wells, The Spiritual Journey of a People. New York: Orbis books, 1984, pp. 133, 134, in IBE A.C., The Ordeal of Young Widows: A Challenge to Maintain their Moral Status and Dignity as Persons: A paper presented on the 5th Edition of Young Widow Empowerment Programme (YWEP), by Her Excellency Lady Eberelhedioha, UvuruMbaise, 29th March, 2014.

Ebola, COVID-19 and other life threatening diseases in Africa. Frequent and regular health seminars, workshops/conferences, free medical missions will assist women to avoid premature death from diseases that could be easily controlled.

Furthermore, actions against AIDS-related stigma and discrimination must be supported by top leadership at every level of society. It must address women's empowerment, social norms that affect sexual behaviour – including those that contribute to the low status and powerlessness of women and girls. Laws, policies and regulations must be enacted, promulgated and enforced to promote and protect human rights, protect particularly women and girls against gender inequality, sexual violence, disinheritance, including harmful traditional practices in and outside of marriage. Governments should enact and enforce laws against rape, discrimination, loss of property rights and other situations that hurt women. There should be laws to raise the legal marriage age⁵⁹. The government must reinforce national gender equity policy, which includes efforts to increase boys' respect for girls' rights⁶⁰. Respect for women autonomy and decision-making, providing empowerment, and changing gender cultural norms and laws can advance women status in Africa and beyond. It can also enhance access to sustainable good health and wellbeing, including HIV prevention and treatment services.

Education no doubt gives women an opportunity to venture beyond their traditional roles, changing their aspirations and values and giving them the confidence to break from the obnoxious cultural norms. Yet, until women are seen as equal partners with men, all the sciences in the world will not solve the AIDS crisis⁶¹. In the fight against HIV/AIDS, women must be brought on board; women must be empowered to take decisions about their sexual lives and participate at all levels of governance⁶². The Charter on human rights must be redirected to its original goal – service, defence and promotion of human individuals, especially women and children.

Conclusion

With the delicate gender disproportion between the roles of work, family and maternity women experience, authors have postulated a “democratic triple therapy”, consisting of

⁵⁹ Bourke, D.H., *The Skeptics Guide...*, p.23.

⁶⁰ Diarrah, C.O. – Rielly, C., A dose of democracy for Africa's AIDS crisis. *The Boston Globe*, 2002, p. A19.

⁶¹ O. ADEYI et al. (eds.), *AIDS in Nigeria...*, p. 5, in IBE A.C., *The Politics of HIV/AIDS in Africa: A confrontation between the Western and indigenous prevention policies in Nigeria and Uganda*. Rome, 2009, pp. 97 – 98.

⁶² Y. K. MUSEVENI, *Keynote address*. Delivered by Crispus Kiyonga, chairman of the Working Group to establish the Global AIDS and Health Fund, New York Hilton Hotel, October 13, 2001.

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public participation, poverty reduction and women's right, in order to "turn the corner on HIV/AIDS" and women discrimination⁶³. If the goal of gender equality is to be realized, more purposeful collaboration is needed between ranges of activists. Better partnerships also need to develop between academics and activists. Without the backing of reliable research evidence, "women's demands for policy change are easy to be dismissed"⁶⁴. Still, without effective advocacy, gender equality in policymaking processes and outcomes will never to be achieved"⁶⁵.

Studies show that women living with HIV who disclosed their status to their partners, experience negative reactions such as anger, blame, end of relationship, abandonment and violence. Some have experienced physical and emotional violence following diagnosis than those who had not disclosed. Others experience a continuum of stigma, discrimination and violence ranging from blame, discriminatory behaviours (e.g. refusing to touch or eat food prepared by the woman) to verbal abuse (e.g. shouting, insults) to physical and sexual abuses⁶⁶. It is therefore pertinent that people should know the scientific truth about HIV. People should know that HIV is human malady. It can only be transmitted through blood/body fluid contact. With antiretroviral treatment people with HIV do not develop AIDs. HIV positive person can marry a HIV negative person and will not infect the partner if the infected partner takes the antiretroviral treatment religiously. The HIV positive mothers can have their babies free from HIV⁶⁷. With correct information about HIV we shall achieve zero new infections, zero stigmatization, zero discrimination and zero AIDS-related deaths. It is expected that when people are sufficiently informed about the prevalence of HIV/AIDs and non-discriminating policies put in place, women will come out in their best to contribute in national development.

⁶³Green E.C., *Rethinking AIDS Prevention...*, op. cit., p. 170; Ibe A.C., (2013/2014) An Overview of the Mission of Justice, Development and Peace Commission in Nigeria, in the Light of Pacem in Terris at The Fiftieth Anniversary Of its Publication, *OcheAmamihe*, vol. 2, no. 5,

⁶⁴Tsikata, D., & Kerr, J. Introduction. In Tsikata, D. & Kerr J. (Eds.), *Demanding dignity: Women confronting economic reforms in Africa*, 2000b, pp. 1–44. Ottawa: North-South Institute.

⁶⁵Tsikata, D., & Kerr, J. Introduction, 2.

⁶⁶Ibe A.C., *The Politics of HIV/AIDS in Africa: A confrontation between the Western and indigenous prevention policies in Nigeria and Uganda*. Rome, 2009, 69.

⁶⁷ Cf. **U=U: "Undetectable = Untransmittable"**. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV negative partner, In **FASTER PROJECT: Faith-Based Action for Scaling up Testing & Treatment For Epidemic Response**, 2020/2021 by Catholic Relief Services, Nigerian Office Abuja.

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