

## Adolescents, gender-based violence and AIDS

*Bene E. Madunagu, Coordinator, GPI Calabar Centre presented this lecture at last year's holiday outreach programme to mark the world AIDS day and period of action on violence against women*

### Introduction

The Acquired Immune Deficiency Syndrome, (AIDS) is a disease caused by the Human Immunodeficiency Virus (HIV). HIV attacks the immune system, weakening until the infected person can no longer fight off diseases and eventually such a person dies.

### Means of transmission of HIV

The most common means of transmission worldwide especially in Africa, is through sexual intercourse between an infected person with an

uninfected persons. Other means of transmission include the means of infected blood, through semen and vaginal fluids, in addition, an infected

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pregnant woman can transmit HIV to the child before, or during birth through the baby's exposure to the mother's infected body fluids or after birth through breast-feeding, these are described as-mother-to-child transmission.

Further more, a person who uses the same syringe that had been used by an infected person to inject drugs, without first sterilizing it thoroughly with bleach (for example) can become infected because some blood might have leaked out from the infected person into the syringe. This situation is also true with other body-piercing instruments, beyond syringe. Lastly, blood transfusion is another means of HIV transmission. Any blood that an infected person donates or sells for medical use can infect someone else through transfusion.

### Distribution of world's HIV/AIDS cases

	% of World Population	% of World's HIV/AIDS case
Africa	13.2%	69.2%
America	13.6%	8.10%
Asia	60.7%	20.4%
Europe	12.0%	2.2%

It has been recorded that AIDS is the fourth leading cause of death in the world today, and the leading cause of death in sub-Saharan Africa.

Currently, 25.3 million people in sub-Saharan Africa are living with HIV/AIDS, of this number, 12.2million are women; 10.1million are men, while 3 million are children under the age of 15. Women present an increasingly larger percentage of adults (15 years and above) who are infected with HIV. Millions of

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girls and women around the world face two great threats to their health and well-being.

(1) HIV/AIDS

2) Violence by an intimate partner

Violence and the threat of violence play a strong role in limiting a woman's ability to negotiate safer sex with a partner.

The same fear of violence also discourages girls and women from telling their partners about their HIV - status.

It has been recorded that more than half of all deaths in the 15 - 49 age groups can be directly attributed to HIV/AIDS.

In Nigeria, infected rates vary with age with the highest rate found among young adults, aged 20 - 24. There is an alarming projected 4.9% prevalence rate among adolescents. Nigeria has one of the worst HIV/AIDS epidemics in the world.

### Gender, adolescents and HIV/AIDS

Every minute six adolescents under the age of 25 become infected with HIV.

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Every 7,000 young people, aged 10 - 24 become infected with HIV. It has been established that gender roles tend to place adolescents at high risk for HIV infection. These include:

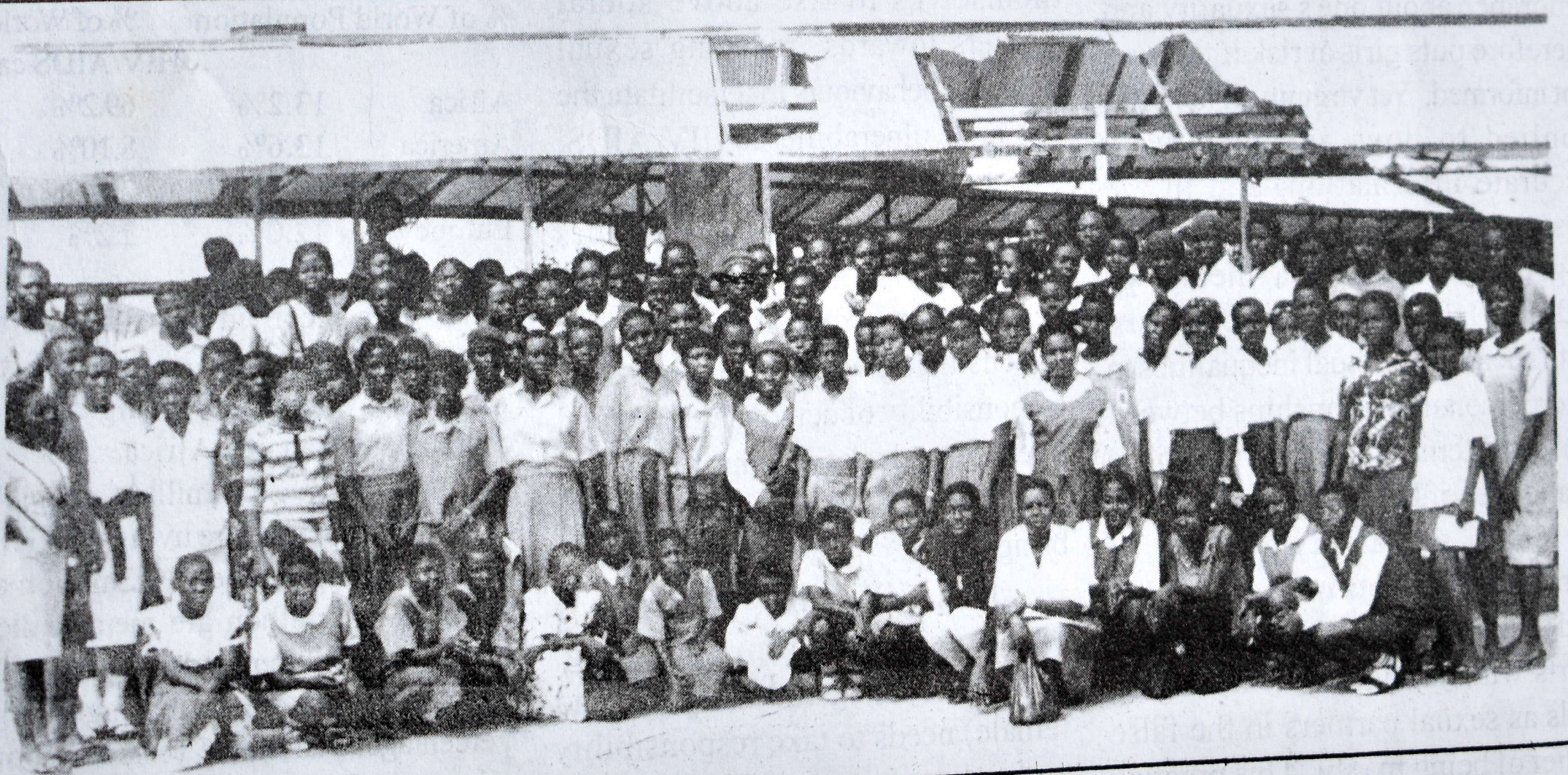
1) **Ignorance:** Young girls are socially denied information about their sexuality. They are expected to know nothing about sex and sexuality because according to the argument, if they do, they will be spoilt. They also know nothing about condom. This lack of knowledge in the midst of gender discrimination subjecting girls to low self-esteem as second class persons coupled with religious interpretation of

submissiveness and humility to male partners, puts adolescent girls at high risk of HIV infection.

2) **Social definition of femininity:** Young girls are expected to be passive. They should be seen, not heard. They should humbly serve without questioning. These gender roles impose sexual passivity, submission to male demands and domination of sexual decisions and exploitation of girls by male partners. Males control female sexuality so, this leaves girls with little control over when, who, where and how sexual activities occur. They cannot demand for safer sex by negotiation for condom use because of being passive by social expectation of femininity.

3) **Virginity:** Virginity is a strong and desirable social value for male and female and if so upheld, could be one weapon against HIV transmission. However, most African societies ignorantly place the burden of virginity only on girls while young men and sugar daddies are free to coerce innocent,

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● Group of participating girls at the end of the last GPI holiday outreach programme, organised by the Calabar Centre

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ignorant girls into unprotected sex. Thus, this gender-based discriminatory belief system puts young girls at high risk of HIV infection.

**4) Socialisation:** Young boys are socialised to know about sex and sexuality but not with accurate information. The expectation is for them to show their maleness by their sexual prowess. This expectation and false knowledge prevent young boys from seeking accurate information about HIV/AIDS for fear of appearing ignorant about sexual matters which will make them unmasculine by social expectation. Meanwhile, they are by the same sexist expectation, encouraged to try out their masculinity ignorantly with girls. Some are encouraged to receive "training" from commercial sex workers and then go through the process of multiple sexual partners as a sign of masculinity putting themselves and such partners at risk.

**5) Men as leaders syndrome:** Young men learn from home, schools, society at large and media that as male, they must be aggressive to prepare them as men for leadership and decision-making. This distortion of what leadership means and the gender bias of only male for decision-makings makes boys feel they must be in control. As young men develop their aggressive behaviour, they seek for drugs to assist them maintain the posture of aggressiveness. Their sense of

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judgement gets impaired. They enter into risky sexual behaviours. Their victims are young innocent virgin girls. They engage in unprotected sexual activities with multiple partners, putting themselves and such partners at risk.

**6) Social hypocrisy:** Since society sees girls and women as commodities to be bought with bride price, they believe from this that by the act of marriage, a female sells her rights to her bodily integrity and freedom to make her choice and decisions on what affect her. By this gender-based notion, young men and boys are expected to experiment with sex in their adolescent years so that they will not fail their wives in their sexual prowess.

Sexual experimentation for boys is accepted or tolerated, while for girls it is a taboo. For boys, it is a matter of prestige, but for girls it is a sign of promiscuity and they must be mutilated. Such actions in the face of social male/female power in relationships plus unprotected sex, increase the risk for young girls.

**Gender-based violence and HIV/AIDS**  
The immature genital tract, socially encouraged norm of male/female power in relationships and male peer aggression along with sugar daddies in the face of ignorance and poverty create fertile ground for such violent acts like rape, coerced sexual activity, economically-motivated sex, forced prostitution, and other forms of sexual partner abuse on girls.

Other high-risk sexual acts like multiple partners, unprotected intercourse, use of drugs by aggressive partners, low self-esteem, etc constitute high risk for HIV and other sexually transmitted infections. Female exploitation during communal crisis and armed robbery constitute violence and exposure to HIV infection.

**The way forward to reduce the risk of HIV transmission for adolescents**

\* Programme strategies must aim at creating educational and economic opportunities for adolescents. This should include massive provision of formal and informal HIV/AIDS and sexuality, sexual and reproductive health and rights education in and out of schools.

\* The national curriculum for sexuality education must be implemented.

\* There must be efforts to offer youth-friendly health and prevention services that will take into account the realities that young people face.

\* Young people must be involved in the planning and implementation of prevention efforts directed at youth opportunities for economic empowerment as a means of engaging young people productively in their spare time as viable alternatives to high risk and aggressive behaviour.

\* All the programmes must be from a gender perspective.

\* Priorities must also be placed on screening blood samples to prevent infection through blood transfusions.

\* Adequate care and counselling should be provided to reduce mother-to-child transmission as well. Resources and political will coupled with appropriate skills are important to embark on serious implementation of these strategies to stem the tide of high HIV transmission among adolescents. ♀

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