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Perspectives: How the #MeToo Movement Can Help End the HIV Epidemic in Sub-Saharan Africa

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For years, United States foreign HIV aid has been dictated by the need to share our resources with the less fortunate. One such program, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), spent 5.2 billion dollars in FY2017 on HIV/AIDS programs in sub-Saharan Africa. This is a substantial sum, accounting for almost 11% of U.S. foreign aid. Yet its effectiveness is up for debate; 92% of the world's infected women still live in sub-Saharan Africa, with a new girl contracting HIV every minute.

To effectively utilize taxpayer dollars and halt this epidemic, the United States must grow within its international aid. No longer can we inefficiently throw billions of dollars at the issue and hope that primary prevention through medical recourse is enough. The persistent, disproportionate spread of the virus within the female population suggests that it is time to account for a woman's perspective when tackling HIV. To do this, we need to present the lessons learned from our current moment of reckoning: the #MeToo movement.

Various clinicians, government organizations and NGOs are currently taking steps to prevent transmission; however, these efforts miss the mark regarding women in the community. As these programs sometimes rely on a male partner's willingness to participate, vulnerable groups such as sex

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workers, single women or child brides are particularly excluded. One such initiative, voluntary counseling and testing (VCT), is already underway in several sub-Saharan African countries. VCT targets barriers to HIV-preventative behaviors, encouraging open communication between couples regarding condom use and fidelity, and providing on-the-spot testing with the ease of a finger prick. A 2010 study shows that when couples in ten sub-Saharan African countries attended VCT together, status disclosure rates skyrocketed to 91%, and that women within heterosexual couples transparent about their status were less likely to experience violence. However, this same study states that VCT is currently not implemented on a scale large enough to drastically reduce HIV transmission. VCT seems to be an effective coping strategy for couples who are sero-discordant or both infected; however, it does not stop transmission for marginalized groups susceptible to infection.

Other common preventative methods include condom use, male circumcision and pre-exposure prophylaxis (PrEP.) However, these preventative efforts are almost entirely tailored towards men; concepts such as whether a man is circumcised or chooses to engage in protected sex are often out of a woman's control. To examine the extent of the HIV epidemic, we must consider the cultural factors that leave women more susceptible to transmission.

It's no secret that many cultures in sub-Saharan Africa subscribe to traditional male-female gender roles: men in the family act as breadwinners, while women are often relegated to household work. This creates a frequent lack of female financial autonomy and a culture conducive to women depending on sex for financial stability, for example through sex work. According to Avert, which provides global information on HIV and AIDS, multiple partners and frequent inability to ensure condom use leaves sex workers in sub-Saharan Africa extremely vulnerable to HIV. In South Africa, Lesotho and Zimbabwe at least 50% of sex workers live with HIV, and in Lesotho alone almost 72% of female sex workers are infected. It's no coincidence that circumstances placing women in a position deferential to the man in the relationship and subject to his treatment are associated with higher risks of HIV.

The patriarchal dynamic within male-female relationships is intentional, and according to many men in the region, it's the way things should be. A 2012 study identifies the concept that women "owe" men sex as a core belief in several sub-Saharan countries such as South Africa, Tanzania and Rwanda. This applies to young girls in child marriages, who are required to satisfy their husbands even though early "sexual" debut is associated with higher risk of infection. Violence against women who refuse unprotected sex is normal. And according to men, it's fair. Women clearly have little in the way of sexual agency and often no say in whether their partner uses protection or takes necessary precautions to prevent HIV. How can we ask a twelve-year old to refuse sex to an adult man if he doesn't want to use a condom?

Education is a key factor in preventing the spread of HIV and can serve as an antidote to these cultural barriers for women. A 2017 study uses the term "social vaccine" to describe the effect of prolonged education on HIV contraction. Researchers concluded that a comprehensive education in sub-Saharan Africa shifted from a risk factor to a preventative strategy during the HIV-pandemic of the 1990s, under the hypothesis that educated people were exposed to new public health reforms. Girls in school also have lower risk of getting married and unplanned pregnancies, thereby lowering their odds of contracting the virus. However, girls have less access to education in general, with a Human Rights Watch article stating that 49 million girls are out of primary and secondary school. The idea that education is "optional" for girls and young women is the beginning of a lifetime of patriarchal norms stating that their empowerment and self-worth is nonexistent.

U.S. foreign aid plays a pivotal role in addressing these factors, and luckily, there's already an avenue to continue change. In November 2018, PEPFAR piloted the Determined, Resilient, Empowered, AIDS-free, Mentored & Safe program (DREAMS) specifically targeted at preventing HIV in girls and women in ten sub-Saharan African countries. Among other services, DREAMS provides HIV testing, care for survivors of gender-based violence and education subsidies. The DREAMS "core package" of interventions includes two extremely pertinent objectives regarding HIV prevention: providing access and education regarding family planning services and "social asset" building. These are crucial innovations; family planning prevents pregnancy, which allows girls to stay in school longer and, according to the aforementioned study, decreases their chances of contracting HIV. Furthermore, social asset building – helping girls create safe spaces and strong female relationships within their community – arms young girls with positive examples of self-worth and builds solidarity in sisterhood. Such bonds give girls firsthand experience of each other's experiences and strengths, spreading the idea that women have value despite decades of cultural norms that have told them otherwise.

DREAMS provides a key tool to normalize the concept of women resisting mistreatment and exploitation at the hands of men, an area in which (through no fault of their own) they have historically been complacent.

Clearly, DREAMS is on track to implement successful programs that target women and create an unprecedented level of female education and autonomy in sub-Saharan Africa. However, it currently only targets half the population. The only way for DREAMS to effectively continue is if it expands its mission to address the role that men play in the acquiring of HIV. This involves comprehensive sex education programs in schools teaching about HIV transmission between boys and girls. It involves partnering with grassroots organizations to lobby for national policy which effectively prevents child marriages and toughens rape laws. It involves community efforts to teach boys about consent and why women have the right to refuse sex, especially that which is unprotected.

These changes may seem minor. However, issues of consent and sexual agency are currently at the forefront of U.S. national attention. The emphasis is no longer on girls not to be harassed, but for boys not to harass them. American lawmakers are now trying to introduce the idea of consent into sex education programs and create policy which defines rape as a lack of explicit consent as opposed to “active resistance”. And at Brown University, the program “Masculinity 101” seeks to teach men about the repercussions of toxic masculinity and sexist culture. Similar legislation in sub-Saharan Africa would provide an avenue for women to categorize an unwanted, unprotected sexual encounter as non-consensual and solidifies a consequence for men who fail to respect their wishes.

The differences in perception of women’s rights between the United States and sub-Saharan Africa is vast; these American programs might not translate exactly if implemented exactly as they are. However, the message of these efforts is clear and applicable to both regions: we must work to elevate the perception of women as more than expendable beings whose value is defined at the whim of men. It may be too soon to tell, but since these endeavors have created a national (and worldwide) conversation regarding sexual harassment and assault, equal rights and all-around respect for women, they’re already working. Given the cost of the lesson, we as a country have a responsibility to take what we have learned and share it with the world.

The idea of utilizing American taxpayer money to fund an abstract social construct such as consent seems infinitely less practical than continuing to funnel money towards concrete, effective HIV-prevention methods such as access to PrEP. However, adding to programs within PEPFAR that tackle the cultural factors conducive to HIV spread is a step towards ensuring that preventative methods are needed less and less. Ultimately, investing in programs that target the root of HIV transmission ensures that the U.S. will spend less long-term as HIV becomes less prevalent.

HIV is a life sentence. And for women, preventable cultural decisions can lead to its acquisition. Don’t we as a country have an obligation to present the crucial, hard-learned lessons of the last two years as a solution? If we’ve internalized them enough to teach them, that bodes extremely well for our own progress changing American culture surrounding sexual assault and harassment. It’s time for us to embrace the mistakes we’ve made regarding women’s rights and for our international aid to reflect the country we’re on our way to becoming.

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