Gender Mainstreaming for Combating HIV/AIDS in ZAMBIA

National HIV prevalence rate estimated at 16% with 2 million PLWHAs of which 57% female. Prevalence rate for women estimated at 18% compared to men at 13%; prevalence in young women aged 15-24 years is 4 times more than their male counterparts

Gender relations characterized by unequal balance of power between men and women – women have fewer and unequal legal rights, lack of sexual autonomy and power of decision-making, less access to education, health services, training, financial resources and property, including land. Male and female inequalities fuel HIV and AIDS spread by undermining women’s ability to make informed choices on sexuality and other reproductive health issues, seek appropriate HIV/AIDS preventive information and testing, take the necessary steps to prevent its transmission and access and adhere to ART.

Zambia has high rates of gender-based violence (GBV) – more than 50% of women surveyed reported beatings or physical mistreatment since age 15, and one in six women reported having been raped, at least 2-3 defilement cases against young girls surveyed reported beating or physical mistreatment since age 15, and one in six women reported having been raped, at least 2-3 defilement cases against young girls.

“…He hits me almost every time I am ill or to collect ARVs. When I tested for HIV in 2005. I was ill… and a nurse asked me to go for VCT. I asked my husband who refused and said “if you go for VCT and test positive, I will divorce you.” I went secretly to the clinic and tested positive. After few days, my husband went down to see if I was pregnant. I was not, so I left ARVs at home but my husband does not know. … I am always thinking about my life. I do not want to lose my marriage and I do not want to lose my life, so I have to do this to keep both my marriage and my life. If I am divorced I can not look after my children. My husband is very handsome. This scar on my face is because he hit me. He beats me because he suspects I am ill and because I go to the clinic a lot when I am ill or to collect ARVs. … He hits me almost every day which is good for me because I can find an excuse to go to the clinic. I never reported him to the police.”

Unequal treatment access means fewer women are treated for AIDS-related illnesses, directly increasing the impact of HIV/AIDS on women, while unequal property rights, including land, leave women in perpetual poverty and most women are forced out of their homes when widowed or diagnosed with HIV.

The National Response

Through Fifth National Development Plan (FNDP), 2006-2010 and the National Gender Policy, Gender and HIV/AIDS has been mainstreamed in all sectors and development programmes. Five key sectors have been prioritized for the period of the plan. These include Health and Social Protection with particular emphasis on HIV/AIDS, Education and training, Agriculture and Land, Governance and Justice, and Employment and Labour. The interventions in these sectors will ensure that strategies focus on alleviating poverty and HIV/AIDS among vulnerable groups particularly women and girls.

Examples of Gender mainstreaming in HIV/AIDS Programs

1. Gender mainstreaming in HIV/AIDS Community projects

- Women Empowerment - Tsumabulange: Women’s Club implemented activities on literacy, Gender, Human Rights and HIV.

- Male Caregiver Supporting client at Nalikingo HBC community project.

- Empowerment of Women in Decision Making Roles: Mutusa HBC community project conducts gender clinics.

2. Male involvement in community:

- Caregiver providing support to his female partner diagnoised with HIV.

3. National achievements on gender mainstreaming in HIV programs

a. Empowerment of females to negotiate safe sex – 10 percent increase in respondents who believe condom purchases by unmarried women is acceptable.

b. Sharing HIV/AIDS information among couples: Percentage of respondents who reported talking to their spouse about ways to prevent HIV increased by more than 10 percentage points among females.