

Love, sex and abstinence: the positive women's perspective

Article produced as part of the KIC Project

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Women sharing intimate issues during the session Love, Sex and Abstinence

As USAID and PEPFAR-funded programmes increasingly insist on the ABC approach, in particular one that focuses on the A and B but leaves out the C, HIV-positive women from Uganda, Zimbabwe and Namibia concur that this approach is failing women and are now demanding a different approach to sexual and reproductive rights. The women converged at the International AIDS Conference in August 2006 in Toronto, during a dialogue organized by the International Community of Women living with HIV/AIDS (ICW). Approximately 50 people attended the session. The session was coordinated by four ICW members, but the discussion was interactive and participants were both HIV-positive and negative women and men.

All sexual activity is carried out in the context of power relations in any given society. Societal gender inequalities are among the factors informing the power relations of the intimate realm, which means that women's sexual activity is often enacted from a position of lower status vis-à-vis a male partner. Most women living with HIV are infected through heterosexual sex, and most often by a regular partner or spouse. Under such situations, all three of the options that the ABC approach promotes are ineffective, sometimes impossible to act out, and women in all cases bear the brunt – and often the consequences – of failing to act them out. Abstinence (the A of ABC) is not only difficult to enact if one is in a relationship, it is also a choice not many people would wish to make. Abstinence-only campaigns could stigmatize people living with HIV and even label them as promiscuous, especially women, whose sexual activity of any kind tends to provoke more disapproval than men's in most countries. Abstinence-only campaigns are also especially stigmatizing for HIV-positive women among discordant couples – where their partners are HIV-negative – as they levy a burden of guilt against the positive member of the couple.

The B ('Be faithful') and C ('use Condoms') of ABC campaigns are equally problematic for women. Arguably, anyone can control his or her faithfulness to a partner (except in cases of rape, sexual violence or coercion), but nobody can have control over his or her

partner's sexual behaviour, and it is unrealistic to talk about faithfulness in cultures that permit polygamy and/or promote masculinity based on the number of sexual 'conquests' the individual male is able to make. The use of condoms, and other safer-sex methods, currently still requires at least the consent – if not the actual application – from a male partner, though the female condom gives more control to women in this

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respect. HIV-positive women from Zimbabwe and Uganda said that they were tired of hearing about how it is only disempowered poverty-stricken women who are unable to negotiate condom use. *"Educated, economically independent women are equally unable to negotiate safe sex"*, one of them said.

Factors behind disempowerment

Undoubtedly, choosing abstinence, or a period of abstinence, whether alone or in a relationship, can be empowering. However, this choice is often made for a number of disempowering reasons including fear (of becoming infected, or infecting others); the negative associations with sex that an HIV-positive diagnosis may result in; guilt; shame; or the internalization of

stigma which may lead people living with HIV to feel that they are not worthy, and do not deserve love and sex any more. Many women living with HIV experience a loss of sexual identity following a positive diagnosis. Where abstinence is born out of any of the negative feelings mentioned above, a false sense of empowerment may prevail, if women encounter circumstances in which they are clearly not in control of the situation, such as incidents of sexual violence, coercion or the simple realization that the choice of abstinence was motivated by external rather than internal factors.

What should be aimed for, according to a young HIV-positive woman living in Zimbabwe, is a situation in which “No means No, but Yes also means Yes”. In other

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words, where women living with HIV, and negative or untested women, should be able to exercise their right to choose when, how, why and with whom to have sex. “There is sex after an HIV diagnosis,” she said, just as there is sex after menopause for older women, sex after becoming physically disabled, and sex after widowhood. Some of her initial experiences of sex-after-diagnosis were accompanied by ignorance from male partners, some of whom expected her gratitude for the pains they were going through in order to give her pleasure while protecting themselves, others whose fear of becoming infected was so great that it dominated the sexual act.

Lack of leadership

These women feel let down by their leaders, especially the first ladies of some of their countries, who are often at the forefront of prevention campaigns, but who support the Bush administration’s promotion of abstinence-led campaigns, with reference to ‘illicit’ and ‘immoral’ sex which stigmatizes those already living with the virus. To them, abstinence has proved to be unsuccessful as a long-term prevention message. Female HIV/AIDS activists in Uganda have been branded ‘the Women AIDS Mafia’ for pushing to at least keep condoms on the political agenda despite president Yoweri Museveni’s announcement at the International AIDS Conference in Bangkok in 2004 that “condoms do not work with all sex styles.”

There is a strong feeling also, that their leaders are out of touch – or choose to ignore – the realities on the

ground in their countries. Kanjoo, a young HIV-positive woman from Namibia said: “*Maybe there is an abstinence movement running across Africa very fast. But at the same time there are plenty of stories of teenage pregnancies. ... Sex before marriage is being condemned everywhere you look, but it appears to be happening at a greater rate than ever before. ... Abstinence and prevention messages have removed the love from the whole thing. Messages are abstract and sterile. We need to bring love back into the whole thing.*”

Burden of responsibility

Relationships with an emphasis on partnership, caring, and a fulfilling sex life, can be very healing, but the enactment of such relationships, especially in sero-discordant couples – is difficult. Where do the rights of one partner end and the other’s begin? Whose responsibility is it to ensure that the other remains protected, when it may already be the woman (in this case, also the HIV-positive partner) who is struggling to ensure that the couple practices safer sex? With the advent of criminalization of HIV transmission in many countries, the burden of responsibility lies heavily on the person living with the virus, yet when that person is a woman, she may be powerless in terms of ensuring that her partner protects himself.

What is the solution? The participants in this dialogue urged for greater openness about sex and sexuality, starting with the family – with parents talking to their children about sex, including the right kinds and the wrong kinds of sex, so that girls in particular are more able to understand from an early age how to avoid coercion and potentially dangerous situations. A second step is to keep the pressure on governments through dialogue and the media so that national laws and strategies are not based on political opportunism only, but also take into account the realities of women and men on the ground. Thirdly, there is a need to broaden cultural definitions of sex and sexuality to include intimacy, pleasure and love, and ensure that these are reflected in prevention messages. ■



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