

WOMEN AND HIV/AIDS: the TASO EXPERIENCE

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At

**ECOSOC Annual Ministerial Review
Regional Preparatory meeting for Africa on Women and Health
12-13 January 2010
Dakar, Senegal**

Introduction

Medical Anthropologist Farmer (2005) writes of the connection between structural violence and HIV: “HIV attacks the immune system in only one way, but its course and outcome are shaped by social forces having little to do with actual virus... From the outset of acute HIV infection to the end game of recurrent opportunistic infections, disease course is determined by, to cite but a few obvious factors: (1) whether or not post exposure prophylaxis is available; (2) whether or not the steady decline in immune function is hastened by concurrent illness or malnutrition; (3) whether or not multiple HIV infections occur; (4) whether or not TB is prevalent in the surrounding environment; (5) whether or not prophylaxis for opportunistic infections is reliably available; and (6) whether or not antiretroviral therapy (ART) is offered to all those needing it.” To this list, we can also add what the gender situation is, and how different gendered expectations, interactions and norms contribute to the contraction and impact of HIV.

The number of people living with HIV/AIDS continues to grow despite continuing prevention efforts. Research and experience show that gender roles and relations influence an individual's vulnerability to HIV/AIDS infection. Gender plays a role not only in HIV/AIDS susceptibility, but also in the impact of the disease on everyday life. Gender inequality affects access and utilization of sexual and reproductive health services e.g. Family Planning, PMTCT, Condom use, HIV counseling and testing, and disclosure by beneficiaries and promotes Gender based violence (GBV). Gender inequality is promoted through social-cultural beliefs at family and community level.

Gender mainstreaming: key in response to HIV/AIDS

The HIV/AIDS epidemic in Uganda is gendered, with women accounting for over 60% of HIV infections. According to the Uganda demographic health survey 2004/5, young women accounted for about 80% of all young people infected with HIV. The prevalence among young women aged 15-24 years being four times that of their male counterparts (UDHS 2004/5). This situation is evident at TASO, where the 2008 TASO Annual Report indicates that out of the 21,270 new clients who were registered by the organization, 15,335 (64 %) were female, each of whom faces different pressures and experiences than their male counterparts. Some of the common issues facing women that are addressed at TASO include issues of HIV discordance, disclosure to partners, condom use, utilization of family planning, uptake of PMTCT services, and poverty eradication programs among PHAs.

Tackling the AIDS pandemic is fundamentally about behavior change. Since gender inequality is one of the key factors escalating the spread of HIV/AIDS, as well as worsening its impact, efforts have been made to integrate gender into programming in ways that promote behavior change towards gender equality. Gender mainstreaming in TASO strives to make sure that the different needs of men and women are addressed in order to reduce transmission of HIV, improve the quality of care, increase access to TASO services, and move closer to TASO's vision of a world without AIDS. TASO as an organization has been at the forefront of providing quality HIV/AIDS prevention and care services. As a further step toward its vision of "A world without AIDS," TASO has increased its commitment to gender mainstreaming. No wonder then, that while women form about 64% of the total clientele, about 70% of the 24,523 clients accessing ART in TASO are women (TASO MIS 2008).

Gender mainstreaming, is one of the goals of TASO's current Strategic plan:

To contribute to enhancement of gender mainstreaming in HIV prevention, care and support services through a rights based approach by TASO and partner HIV/AIDS service organizations

TASO recognized the importance of how gender directly and indirectly influences the level of an individual's vulnerability to HIV infection. By highlighting gender, TASO recognizes that men and women, boys and girls have different needs when treating and preventing HIV/AIDS. For example, in staffing TASO at least has one female medical officer and counselor at every service centre to attend to clients who may be uncomfortable with male medical officers/counselors. TASO, therefore, has customized its services to gender and has ensured that gender aspects are taken care of during recruitment.

Having integrated gender sensitivity into its comprehensive service delivery, TASO maintains its position as a leader in innovation, a champion of stigma reduction, and a beacon of progress.

Lessons learnt

- Increasing male involvement has improved progress in some activities, including condom use, family planning and preventing parent-to-child transmission. Activities that have brought the most benefits include couple counseling, preventing parent-to-child transmission; working with discordant couples, and peer-to-peer education.
- Couple counseling is more effective than individual counseling for addressing conflicts within marriage.
- Positive prevention
- Sensitizing cultural leaders, religious leaders and communities to address gender issues affecting the transmission of HIV creates more impact than working with individuals.
- Gender issues cut across HIV & AIDS programming and affect adoption of HIV prevention strategies, care and support services
- Increased focus on Gender-based programming will address gaps in development planning- TASO has been targeting female clients for economic empowerment
- Addressing gender issues in HIV programming requires focused attention in programming and implementation of HIV/AIDS programs from strategic plans to action plans and regular monitoring and review process

- Effective Gender mainstreaming requires leaders to ensure that various stakeholders understand the link between Gender issues and HIV transmission
- Service providers' awareness that response to Gender based violence will address HIV prevention since same conditions predispose women to both
- Service providers' and clients' awareness that women economic empowerment will reduce GBV and the fact that women empowerment cannot be achieved by women alone but requires men's support
- Successful gender-based programming demands continuous engagement of agencies, communities and local leaders.

Finally, TASO does not look at gender mainstreaming as an end in itself; rather perceives it as a means to an end. It is part of a complex process of building a Uganda free of HIV, where everyone has equal opportunity to access services and care.

References

Farmer, P. (2005). Pathologies of Power: Health, human rights, and the new war on the poor. Berkely and Los Angeles, University of California Press Ltd.

The AIDS Support Organization (TASO) www.tasouganda.org