Failed Health Policies and Colonial Legacies:

The Case of U.S. HIV/AIDS Prevention and the Vulnerability of Kenyan Women

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Study Objectives

(1) To determine the extent and manner in which PEPFAR addresses the HIV infection risk of women, using Kenya as a case study;

(2) Understand the historical processes that underlie contemporary Kenyan women's vulnerability to HIV/AIDS; and

(3) Identify the contemporary structural factors that perpetuate these historical processes.

The "Female Face" of HIV/AIDS in Kenya

- **Total Population (35 million)**
  - Number of people living with HIV/AIDS (2005): 1.3 M
  - Adult HIV prevalence rate (2005): 6.1%
- **Women (17.5 million)**
  - Proportion of women estimated to be living with HIV/AIDS (2003): 65%
  - HIV prevalence rate for women 15-49 (2003): 8.7%
  - HIV prevalence rate for women 15-24 (2003): 12.4%-18.7%

Source: Kaiser Family Foundation, 2005; UNAIDS, 2006; United Nations General Assembly Special Session on HIV/AIDS, 2006; Center for Health and Gender Equity, 2006; The World Bank Group, 2007.

PEPFAR

- Authorized by the ***United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003***

- **Objectives**
  - Provide ART to 2 million HIV-positive people
  - Prevent 7 million new HIV cases
  - Provide care for 10 million orphans & infected persons

- **Budget**
  - $15 billion over 5 years to 15 developing countries
  - Treatment: 55%; Prevention: 20% (abstinence-only: 33%); Care: 15%
  - FY2004: $2.4 billion ($92.5 million to Kenya)

Source: Avert, 2004; CDC, 2004; Congressional Research Service, 2004; U.S. 108th Congress, 2003; Center for Health and Gender Equity, 2005; PEPFAR, 2006.

Research Methods

- **Qualitative approach**
- **Comprehensive review of the literature**
  - Gender and HIV/AIDS
  - Structural determinants of women's HIV infection risk
  - Colonialism and its impact on gender inequality
- **Policy Research**
  - Global HIV/AIDS Policy
  - PEPFAR
- **Policy Analysis**
  - H.R. 1298

How Does PEPFAR Address Women's HIV Infection Risk?

- **Biomedical model of HIV/AIDS in H.R. 1298**
  - HIV/AIDS as "first and foremost a **health problem**"
  - Interventions centered on the **health care system**
  - Reliance on **clinical medicine**
  - Reliance on the provision of **pharmaceutical drugs**
  - Prioritization of **"high-risk groups"**
  - Construction of women as **reservoirs** & **vectors** of HIV
  - Lack of attention to **social context**

PEPFAR and the Cultural Model of HIV/AIDS

- **Focus on "traditional cultural practices"**
  - Wife inheritance
  - Polygamy
  - Child marriage
- **Reliance on "immodest claims of causality"**
  - Unproven theories
  - "Half-baked cultural generalizations"
  - Dismissal of socioeconomic context
  - Exotification of the "cultural Other"

Source: Farmer, Paul. 1998.

British Colonial Rule in Kenya

- **Pre-colonial Kenya**
  - Agrarian society
  - Extended familial networks
  - Collective ownership of land and means of production
  - Fluid gender division of labor
  - Parallel male and female leadership structures
  - Unequal land, property, and cattle rights for women
    - **BUT** women had power in agriculture and sustenance
- **Colonialism in Kenya**
  - **1920:** Kenyan territory assigned British colony status

Source: Coquery-Vidrovitch, Catherine. 1997; Cutrufelli, Maria Rosa. 1983.

British Colonial Rule and Gender Relations in Kenya

British colonialism:

- **Transformed familial relations**
  - e.g., male-headed households, nuclear family units
- **Institutionalized gender inequality** in the economic, education, and legislative systems.
- Assigned men **individual ownership rights** over property, land, and other means of production

Source: Weisner, Thomas S et al. 1997; Mirsa, Joya. 2000.

How Did British Colonial Rule Affect Gender Relations in Kenya?

- **Colonial law**
  - "Native courts"
- **Colonial agricultural reform**
  - Cash crops
- **Colonial land rights**
  - Land redistribution (1897-1926)
- **Labor migration**
  - Rural-urban migration of male workers (beg. in 1920s)

Source: Hoerder, Dick. 2002. Quinn, Naomi. 1977. Sacks, Karen. 1982.

Colonial Legacies and Gender Inequality

- **Colonial era:**
  - Strict gender division of labor in ***formal economy***.
  - Formal exclusion of girls and young women from ***schools***.
  - Undermining of women's rights through ***legal codes***.
- **Today:**
  - Women's ***employment*** options limited to unregulated industries with low pay.
  - Girls and young women face significant access barriers ***education***.
  - ***Legal*** and regulatory frameworks discriminate against women in the areas of inheritance and property rights.

What Does This Mean for the HIV Risk of Kenyan Women Today?

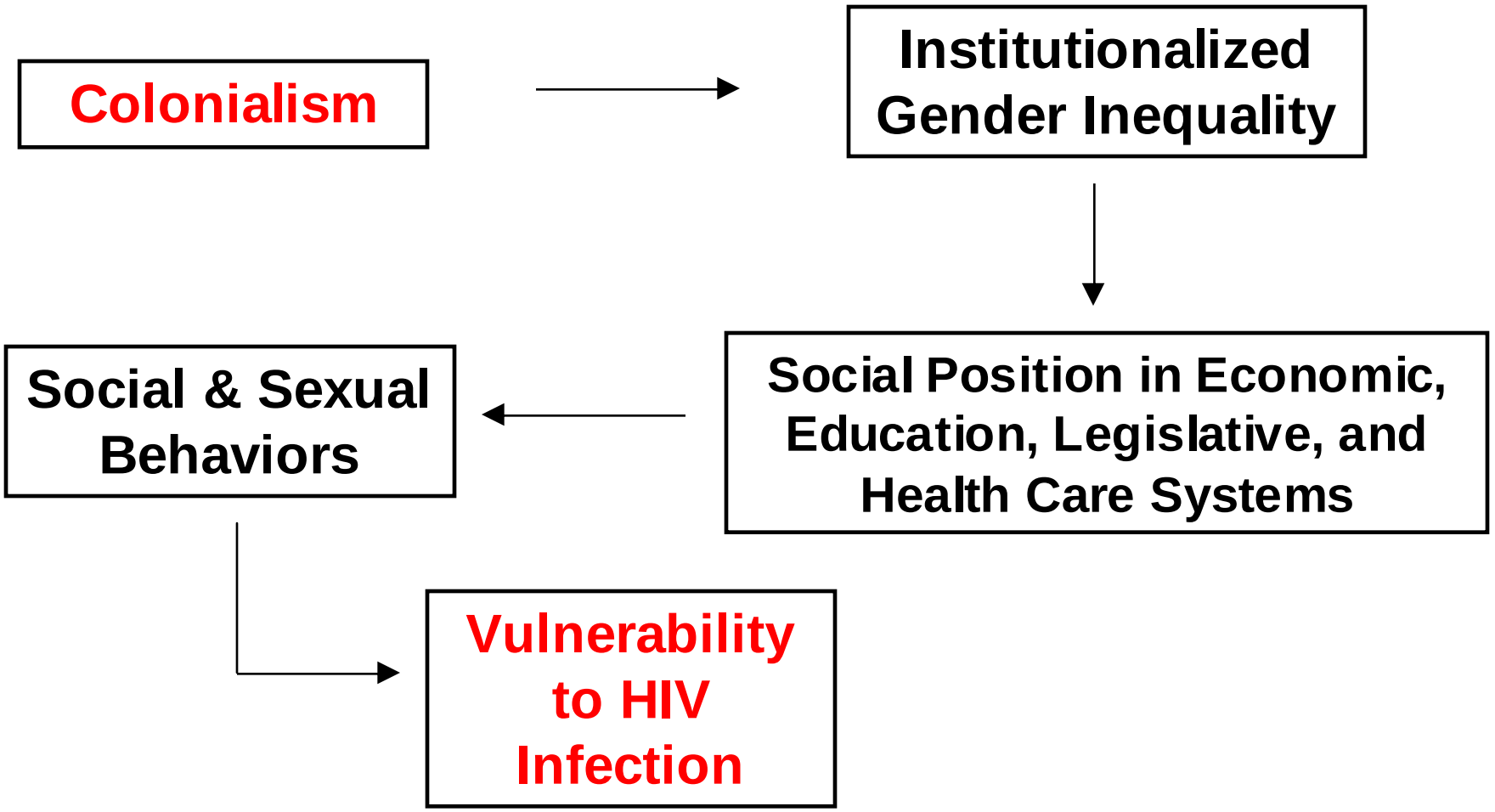
- Women's precarious position in the **formal economy** puts them at increased risk for HIV.
- Young women's restricted access to **education** means that they don't fully benefit from its preventative value.
- The limited rights granted to women under Kenya's **legal codes** heightens their vulnerability to HIV infection.

Source: Craddock, Susan et al. 2004. Timyan, Judith et al. 1993. Singer, Merill (Ed.). 1998.

Summary

- U.S. global HIV/AIDS policy adheres to **biomedical** and **cultural** models of HIV/AIDS.
- Kenyan women are disproportionately vulnerable to HIV infection as a result of **colonialism** and the **structural factors** that perpetuate its effects today.
- **What is a more comprehensive way of addressing Kenyan women's HIV infection risk?**

Conclusion



Existing Gender-Based Approaches to HIV/AIDS

- Gender-sensitive HIV prevention
- Female empowerment approach
- Gender mainstreaming
- Transformational approach

Source: UNAIDS, 2004.

Recommended Approach

Woman-centered transformational approach that…

- **(1)** Recognizes that there is an **identifiable**, **external**, and **common** source to women's HIV infection risk; and
- **(2)** Addresses the impact of **colonialism and its legacies** on women's HIV infection risk by:
  - Promoting women's ***economic rights***;
  - Ensuring girls' and young women's ***access to education***;
  - Implementing ***laws*** that protect women's rights; and
  - Decreasing access barriers to ***health services*** for women.

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"Unless the underlying struggles of millions to survive in the midst of poverty, powerlessness, and hopelessness are addressed, and the meanings of AIDS understood in the context of gender relations, HIV will continue to spread."

~Brooke Schoepf

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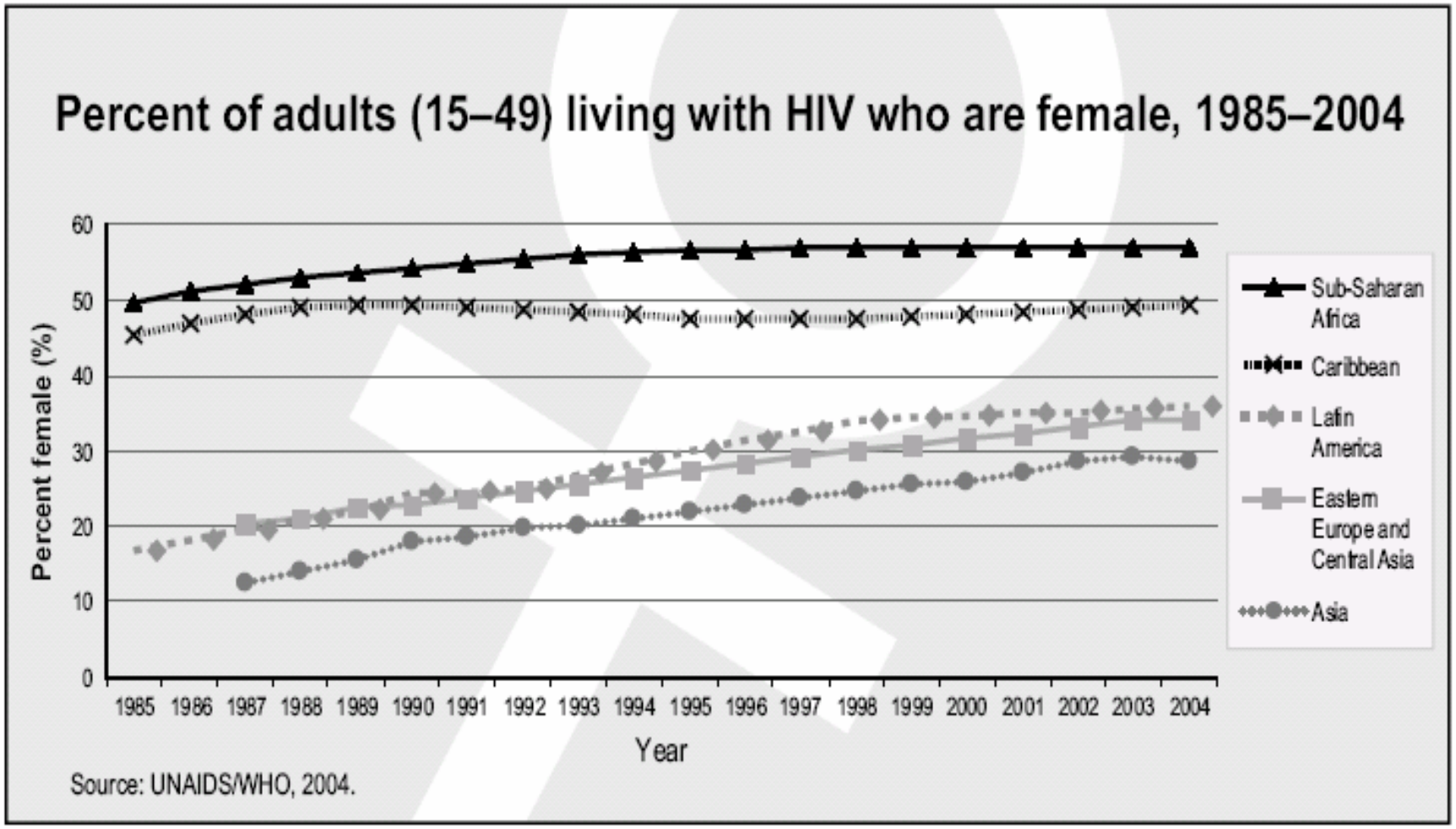
Thank You!

Background: The Feminization of the Global HIV/AIDS Pandemic



British Colonial Rule in Kenya (cont.)

- **Colonialism in Kenya**
  - **1886:** Territorial boundaries determined by Britain and Germany
  - **1895:** Formal British take over; territory named East Africa Protectorate
  - **1920:** Territory assigned colony status and renamed Kenya
  - **1964:** Kenyan independence from British rule

Limitations

- Unable to assess causal link between colonialism, contemporary structural factors, Kenyan women's HIV infection risk;
- Secondary data analysis so difficult to assess the quality of all of the data;
- Lack of information about the effect of colonialism and its legacies on gender inequality in Kenya in particular and sub-Saharan Africa as a whole.

The Global HIV/AIDS Pandemic

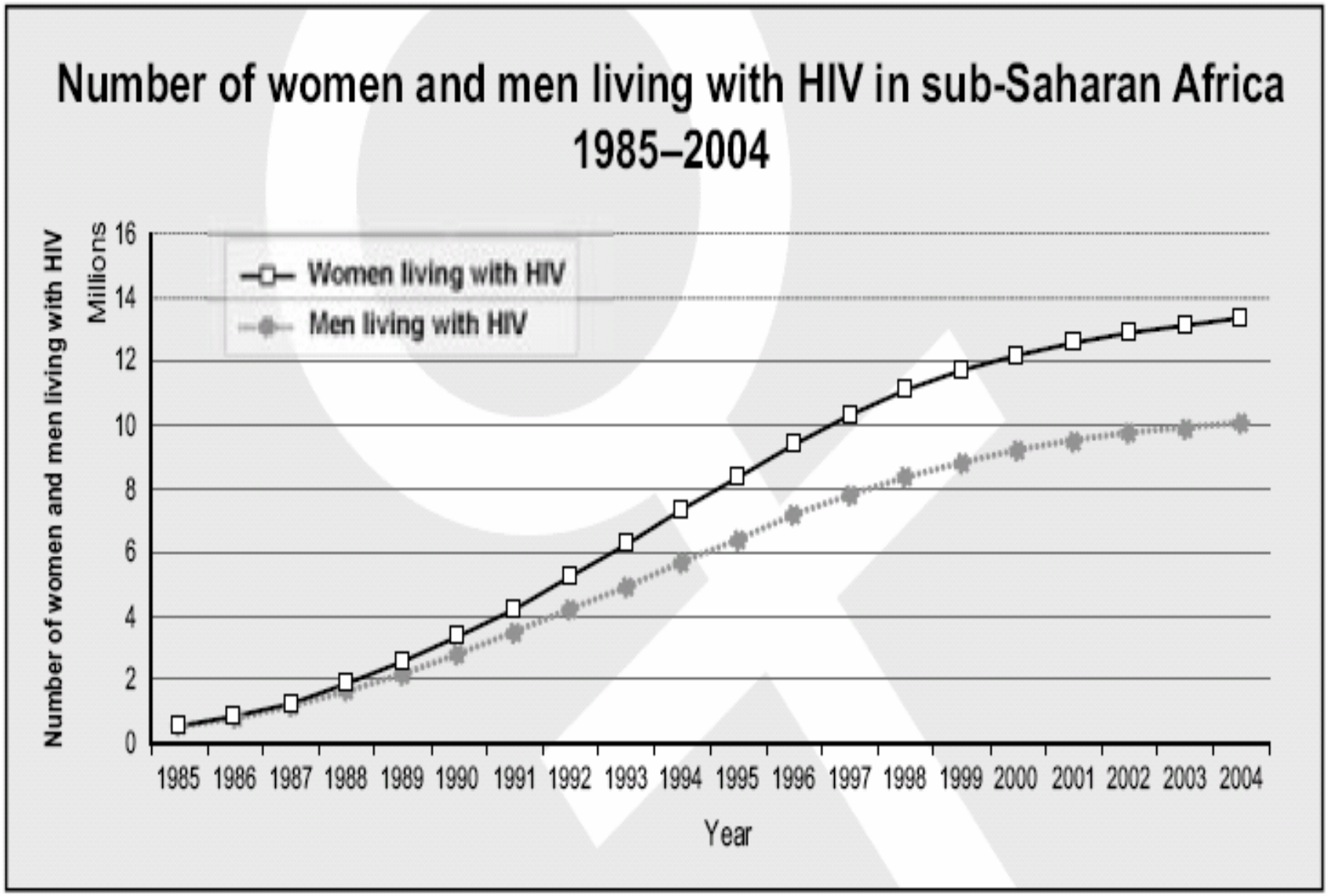
- **AIDS in the world**
  - 38 million HIV infected persons
- **AIDS in sub-Saharan Africa**
  - 25 million HIV infected persons
  - 70% of all HIV positive people in the world
  - 8.3% HIV prevalence rate
  - Leading cause of death
  - Regional differences
- **AIDS in Kenya**
  - 6.7% HIV prevalence rate
  - 1,100,000 adults living with HIV
  - Regional differences

The Global HIV/AIDS Pandemic (cont.)

- Sub-Saharan Africa
  - 25 million
- Latin America
  - 1,600,000
- Eastern Europe
  - 1,300,000
- Central Asia
  - 1,300,000
- North America
  - 1,000,000
- East Asia
  - 900,000
- Western Europe
  - 580,000
- North Africa and Middle East
  - 48,000
- Caribbean
  - 430,000
- Oceania
  - 32,000

Gender and AIDS: The HIV Infection Vulnerability of Women

- **In the world**
  - 50% of all HIV infected persons are women
  - 17 million women are HIV-positive
- **In sub-Saharan Africa**
  - 58% of all HIV infected persons are women
  - 13 HIV infected women for every 10 HIV infected men
- **In Kenya**
  - 8.7% female prevalence vs. 4.5 % male prevalence rate
  - 720,00 HIV-positive women
- **Young Women**
  - Greatest risk of infection
  - Women infected earlier than men



The Biomedical Model of HIV/AIDS in H.R. 1298

- HIV/AIDS as “first and foremost a health problem”
- Reliance on clinical medicine
  - “Clinical medical interventions”
- Reliance on the formal health sector
  - “Increasing health budgets”
  - Strengthening “health care delivery systems and infrastructure”
  - “Building health system capacity”
- Reliance on the provision of pharmaceutical drugs
  - Increasing the availability of patented ART

The Biomedical Model of Disease

- **The biomedical model of disease**
  - Physiological & biological etiology of illness & disease
  - Failure to address social determinants of health
- **The biomedical model of HIV/AIDS**
  - Focus on immune system & individual cells
  - Reliance on clinical medicine & natural sciences
  - Recent recognition of structural context of HIV infection
- **The biomedical model of HIV/AIDS and social inequality**
  - Women
  - “Africa”

The Cultural Model of HIV/AIDS

- **The cultural view of AIDS**
  - Direct challenge to biomedical model
  - Focus on "cultural sexual practices"
- **"Africa" and the cultural model of HIV/AIDS**
  - Blaming of "traditional African" culture, practices, and customs
    - Wife inheritance
    - Polygamy
    - Child Marriage
- **"Immodest Claims of Causality"**
  - Unproven theories
  - Prejudiced and racist overgeneralizations
  - Dismissal of socioeconomic context
    - "Cultural difference" vs. "structural violence"
  - Colonialist exotification of the "Cultural Other"

The Relevance of History to the Kenyan AIDS Epidemic

- **AIDS pandemic mediated by structural factors**
  - Historically-determined; colonial legacies
  - Structural factors ➔ Social behaviors ➔ HIV vulnerability
  - Gender relations, gender inequality, and heterosexual relations
- **Colonialism and dependency**
  - Dependency theory (Karl Marx; Immanuel Wallerstein)
  - Dependency Between Kenya and Britain
  - Dependency between Kenyan men and women

Colonial Rule in Sub-Saharan Africa and Kenya

- **Colonialism in sub-Saharan Africa**
  - 15th-18th centuries: Limited European settlements
  - 1830: Increase in direct colonization interventions
  - 1870: Military acquisitions of African lands by European troops
  - "Divide and conquer"
- **British colonialism in Kenya**
  - 1886: Boundaries determined with Germany
  - 1895: Formal British take over; East Africa Protectorate
  - 1920: Colony status; Kenya
  - 1964: Kenyan independence from British rule

The Impact of British Colonial Rule on Kenyan Women (cont.)

- Colonial law
  - "Native courts"
  - Christian missionaries
  - Reinforced discriminatory traditions
  - Dismissed customs that provided women with rights
- Colonial land rights
  - Land redistribution (1897-1926)
  - Individual land ownership

The Impact of British Colonial Rule on Kenyan Women (cont.)

- **Colonial Agricultural Reform**
  - Introduction of cash crops
  - Introduction of intensive agriculture
  - Impact of colonial agricultural reform on women
- **Labor Migration**
  - Origins of male labor migration
  - Impact of male labor migration in rural areas
  - Impact of male labor migration in urban areas
  - Post-colonial labor migration (post-1964)
    - Acceleration of labor migration
    - Feminization of labor migration

The Relevance of Gender Inequality and Gender Relations to HIV Infection in Kenyan Women

- Historically-determined processes
  - Colonial legacies
- Shape women's social experiences
  - Formal economy
  - Education system
  - Health care system
  - Legal system
- Determine women's sexual interactions
- Mediate women' s HIV vulnerability

The Kenyan Economy and HIV Infection in Women

- Female integration into **formal economy**
  - Women restricted to agricultural & service sectors
- **Gender inequality**
  - Restricted economic & employment options for women
  - Low wages; poor working conditions
- **Poverty**
  - Major risk factor for HIV infection in women
  - Lack of female agency in heterosexual relations
  - Inter-generational relationships
  - Multiple sexual partners
  - Violence against women
  - Commercial sex work: sex as economic survival

Other Kenyan Systems and HIV Infection in Women

- **Education system**
  - Preventative value of education
  - Gender inequality and access barriers
  - Gender literacy gap
- **Health care system**
  - Gender inequality and access barriers
  - Untreated Sexually Transmitted Infections (STIs)
- **Legal system**
  - Discriminatory legal codes
  - Women's property rights

Policy Critiques

- Gender: “Everyone’s problem, no one’s responsibility”
- ABC model of HIV prevention
  - Abstinence
  - Faithfulness and monogamy
  - (Male) condom use
  - Behaviorism/Cognitivism
- Gender Mainstreaming and HIV prevention
  - Kenyan Technical Sub-Committee on Gender and HIV/AIDS Task Force
  - Gender-sensitive HIV prevention

Suggestions and Recommendations

- **Structural transformation**
  - Socioeconomic context
  - Transformational HIV prevention programs
- **United Nations' suggestions**
  - Challenge discriminatory social norms & values
  - Empower young women and girls
  - Promote women's economic rights
  - Ensure women's access to education
  - Increase women's access to health care
    - Integration of reproductive health & HIV prevention
- **Female-controlled HIV prevention methods**
  - Female condoms
  - Microbicides

Key Points

1. Kenyan women are more vulnerable to HIV than men
2. Gender inequality, gender relations & SES are at the root of their vulnerability
3. They are historically-determined processes & legacies of colonialism
4. They shape Kenyan women's experiences in the formal economy, as well as in the education, health care, and legal systems
5. Kenyan women's social experiences in these systems mediate their sexual interactions with men
6. These heterosexual relations increase their vulnerability to HIV infection
7. HIV prevention efforts by the U.S. & Kenyan governments fail to appropriately acknowledge & address Kenyan women's vulnerability