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 **Gender and HIV/AIDS in Africa south of the Sahara: interventions, activism, identities**

Debbie Epstein, Robert Morrell, Relebohile Moletsane, Elaine Unterhalter
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In lieu of an abstract, here is a brief excerpt of the content:

**Gender and HIV/AIDS in Africa south of the Sahara:
interventions, activism, identities**

Debbie Epstein (bio), Robert Morrell (bio), Relebohile Moletsane (bio), and Elaine Unterhalter (bio)

Introduction

The incidence of HIV/AIDS cannot be separated from social relationships and therefore the different forms of manifestations of social relationships are bound to have different impacts. From this assumption, one can say that different identities potentially result in varied degrees of the spread of HIV. However ... identities in themselves do not explain sufficiently the spread of HIV. ... It is more the context within which these identities are lived that has a significant impact on the prevalence of HIV.
(Kirumira, this volume, page 154-9)

As Edward Kirumira points out in the interview he gave for this special issue, social relationships cannot be separated from the incidence and prevalence of HIV/AIDS. It is now widely acknowledged that the gender dimension of the AIDS pandemic is critical both for the understanding of its impact and to the successful implementation of prevention and amelioration campaigns. Gender inequalities clearly fuel the pandemic - leaving young women particularly vulnerable to infection. In this special issue, we examine the ways in which AIDS has impacted on gender relations in Sub-Saharan Africa and the way in which gender relations themselves have shaped and continue to shape the path of infection.

By examining three discrete areas - interventions, activism, and identities - from a gender perspective, this issue weaves together threads of gendered analysis which are often separated in the popular media and in policy. The ways in which men and women, boys and girls, are affected by the pandemic must proceed, we argue, from an understanding that gendered identities are socially constructed and that these constructions are embedded in, and **[End Page 1]** formative of, power relations. We contend that, up to now, many of the interventions that seek to address 'gender' still work with essentialist and static understanding of men and women and of masculine and feminine identities. Such interventions can appear either to avoid the

issue of power completely or to treat gendered identities as if they were discrete phenomena unrelated to power. However, gendered social identities cannot be separated from power relations. Furthermore, the pandemic has generated an environment in which gender identities and relations are changing very rapidly. People throughout the continent are facing situations which two decades ago were unthinkable. Family forms have been revolutionised - the deaths of parents and extended family members have created households with very young heads. Old women have been propelled into parenting third generation children (as their own children have died). Marriage as a family form is changing. In some cases, men have less power in the workplace and the family than women do. On a wide number of fronts, issues that were hitherto taboo have come to the fore. Sexual orientation and traditional sexual practices (circumcision and virginity testing, for example) have pushed their way on to AIDS agendas worldwide. In turn, these have found their way into interventions of one sort or another and are currently expressed by activists. As we show, there is great diversity in these responses to AIDS and this diversity reflects and impacts upon gender relations.

Another important aspect of the HIV/AIDS epidemic in Africa is that it is taking place within a global context in which socio-economic relations, famine, indebtedness and the role of international corporations, particularly the pharmaceuticals, have a major impact. This is manifested in levels of poverty and consequently compromised immunities even before HIV infection, in the macro-economic possibilities for Sub-Saharan African countries and in the interventions offered by aid organisations and activism within affected countries. UNAIDS offers a glimpse of the scale of the problem:

AIDS in Africa

By far the worst-affected region, sub-Saharan Africa is now home to 29.4 million people living with HIV/AIDS. Approximately 3.5 million new infections occurred there in 2002, while the epidemic claimed the lives of an estimated 2.4 million Africans in the past year. Ten million young people (aged 15-24) and almost 3 million

children under 15 are living with HIV.

A tiny fraction of the millions of Africans in need of...



Article

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2715 North Charles Street
Baltimore, Maryland, USA 21218
[+1 \(410\) 516-6989](tel:+14105166989)
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