

The ABC Approach and the Feminization of HIV/AIDS in the Sub-Saharan Africa

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INTRODUCTION

The growing prevalence of HIV/AIDS infections among women in African nations south of the Sahara is a complex and pressing public health concern. In this article, we examine how HIV/AIDS prevention campaigns construct women as the new face of HIV/AIDS in Sub-Saharan Africa. We do so by providing a feminist analysis of the US Government's Abstain, Be faithful, and correct and consistent use of condoms (ABC) health campaign. President Bush's Emergency Plan for AIDS Relief is the largest commitment ever made by a single nation towards an international health initiative—a five-year, \$15 billion approach to combating HIV/AIDS. The centerpiece of the prevention component of this plan is the ABC approach (Office of the United States Global AIDS Coordinator, 2005). Abstinence, according to this theory, should take precedence for people who are not in a relationship. Those who are in a relationship should remain faithful to their partners. And if the first two strategies fail for any reason, condoms should be used to prevent the transmission of HIV. Global AIDS Coordinator Randall Tobias endorsed a provision in U.S. law requiring that at least one-third of all U.S. assistance to prevent HIV/AIDS globally be reserved for “abstinence-until-marriage” programs. In effect, this makes “abstinence-until-marriage” advocacy the single most important HIV/AIDS prevention intervention of the U.S. government.

In our feminist analysis, we view this HIV/AIDS prevention campaign from a cultural perspective (Cheng, 2005; Sontag, 1990; Treichler, 1999; Waldby, 1996), rather than structural determinants of risk such as public policy, globalization, industrialization, and the economy. For us, the feminization of this disease operates as an epidemic of signification, which takes the gendered, raced, and sexualized body of women as its subject. Far from the “gay white men's disease” of

the 1980s, HIV/AIDS is infecting and affecting women more than ever before. As the epidemic enters its third decade, women now account for half of the 42 million people living worldwide with HIV/AIDS. Of the 3.1 million people who died of AIDS in 2002, 1.2 million were women. In Sub-Saharan Africa, the transmission rate for women has surpassed that of men with six HIV-positive women for every five HIV-positive men (UNAIDS/WHO, 2004).

Women, the dominant subjects of AIDS discourses, are placed at risk by common systems of oppression such as gender, race, class, and social and spatial location. Through the health campaigns which are disseminated and reproduced through television, radio, newspapers, and more recently the internet, women are uniquely constructed by privileged “experts” from the West as consumable subjects. In the case of women in Sub-Saharan Africa, we found that health campaigns which feminize AIDS are rooted in largely hegemonic cultural images which portray women as vulnerable subjects under siege. Through our analysis, we problematize the ABC health campaign and its appropriateness for women in Sub-Saharan Africa.

BACKGROUND

Women in Sub-Saharan Africa have become the new face of HIV/AIDS. While calling attention to women may help to end their silent suffering, if not done sensitively, it may unwittingly reproduce a discourse that depicts Africa in largely pessimistic terms. Media images of Black children with emaciated bodies, impoverished communities facing environmental and epidemic catastrophes, and bare-breasted women standing besides grass huts are imprinted on the collective consciousness of citizens in the West. The internet provides a global forum for disseminating “afropessimism”

through a broad range of communication channels, including televised and printed media reports, news outlets, medical journals, Web sites, press releases, and policy documents, among others.

Through these pessimistic portrayals, African women have come to serve as a convenient trope for signifying the worst of the global HIV/AIDS pandemic, a fate to be both feared and avoided by other nations. The human suffering resulting from HIV/AIDS in Sub-Saharan Africa has become entrenched in the psyche of the general U.S. population. For instance, the Kaiser Family Foundation's *2004 Survey of Americans on HIV/AIDS* found that more than eight in 10 (83%) correctly acknowledged Africa as the part of the world that has been hardest hit with HIV/AIDS. However, only four in ten (39%) knew that about half of all new HIV infections in the U.S. occur among African Americans, and a similar share (40%) knew that half of all new infections in the U.S. occur among people under age 25. Thus, it appears that Americans know more about the HIV/AIDS situation in Africa than they do about their own country.

The American publics' understanding of the AIDS pandemic in Sub-Saharan Africa is dominated by media outlets which, unfortunately, often portray negative imagery and misguided generalizations. For instance, in this same Kaiser Family Foundation survey, when Americans were asked where they get information about HIV/AIDS, a large majority (71%) say that most of the information comes from the media. About half (51%) report they have seen a lot about the problem of AIDS in Africa in the last year, while less state they have seen a lot about the problem of AIDS in the U.S. (34%), Asia (11%), Latin America (7%), and Eastern Europe (5%). And while most Americans are aware of the problem of AIDS in Africa, it is difficult to contextualize this information, because Africa is often depicted in monolithic terms, even though it is a continent of 11.5 million square miles and 53 culturally, linguistically, and religiously diverse nations (Gesheker, 1995).

Distorted media accounts and a general lack of rounded understanding of African nations and culture conspire to maintain the historical, economic and psychological relationship between "us and them" (Clark, 2004; Mayhew, 2002). One such relationship, the association between AIDS and Africa, has become almost reflexive (Gesheker, 1995) with nearly every report beginning with the recitation of the HIV/AIDS

statistics for women—Women comprise about half of all people living with HIV worldwide. In Sub-Saharan Africa, women make up 57% of people living with HIV, and three quarters of young people infected on the continent are young women aged 15-24 (UNAIDS/WHO, 2004).

Within this milieu, the ABC approach has been adopted as a public health campaign to combat HIV/AIDS in Africa. However, the ABC health campaign may be unrealistic for many African women and men. In what follows, we provide a feminist reading of the ABC approach, identifying why this health campaign may be problematic. We organize our analysis around each component—abstinence, be faithful, and condom use.

Abstinence

The feminization of AIDS focuses efforts on protecting "vulnerable" women and their children. Female sexuality is constructed around purity, selfrestraint, and the denial of sexual pleasure, with chastity and morality as the underlying logics (Cheng, 2005). Thus, the health message for women is to abstain from premarital and extramarital sex—"Abstinence is the only sure way to prevent sexual transmission of AIDS and other sexually transmitted diseases."

While the health message is clinically accurate, we find moral judgments about self control and sexuality embedded in the call for abstinence. Personal choice over when and how to engage in safer sexual activities is less prominent. And while moral assumptions may not reflect the cultural practices and beliefs of many African women and men, all HIV/AIDS prevention programs funded by the U.S. federal government are required to promote abstinence. Moreover, in the 2004 State of the Union Address, President Bush called for a new emphasis on abstinence-only education, and doubling the funding for abstinence-only programs (Office of National AIDS Policy, 2005). Thus, the U.S. government is not a neutral, philanthropic provider of aid. Rather, donations are subject to U.S. political interests that influence policy decisions to support programs and services, which may in fact be incompatible with local needs.

It is not just the content of the abstinence health message, but who has the power to determine the content of the health messages. "ABC has become little more than an excuse and justification to promote their

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