

ANNUAL GENDER STUDIES CONFERENCE (AGSC '96)



GENDER POWER RELATIONS

Scholastica Mokake  
WAMATA Youth

Paper Presented to AGSC '96, December 5<sup>th</sup> - 8<sup>th</sup>  
IFM, Dar es Salaam.

# GENDER POWER RELATIONS

BY

SCHOLASTICA N. MOKAKE  
WAMATA  
DAR ES SALAAM

# GENDER POWER RELATIONS

## Gender Inequality a boots to HIV/AIDS

### INTRODUCTION:

The issues concerning HIV/AIDS are too many among them the question of gender relation has a big impact on the spread of the HIV/infection because in most Societies there is a problem of unequal relations between men and women which give ways to the increase of HIV infection. This chapter based on the research findings on gender and AIDS conducted during 1995-1996 at Kigamboni area, which is a promoting along the Coast in Dar es Salaam region. It is a small town with a population of about 50,000 people with different backgrounds, social, economic and behavioural patterns.

Economically, the population can be divided into three categories. There are those who are living Luxurious lives with nice houses near the sea, owning more than two cars and keeping cattle. Of course, these are a minority. The second category comprises very low income earners, most of whom are illiterate. I can say about 80% of the population is from the low income group and a few, from the middle class. My concentration was only the middle income category and the low groups.

The middle category groups are people who run small shops (petty traders), teachers, soldiers, office employees and farmers. The low income groups are involved in fishing work as bar maids, limestone quarry, labourers, prostitutes and beggars. Most of these people do not own properties and as a

result they rent rooms from landlords. They get very low income from their businesses. These people enjoy themselves in the evening in the local pubs, where women sell different types of local beer. Of late, alcohol consumption has increased in Kigamboni and small drinking pubs are mushrooming. The Local Beer is brewed and sold by women and this is an important source of income for the women. However, these women and their customers are more likely to be vulnerable to occurrences of casual sex without the use of condoms.

In Africa HIV/AIDS transmission has taken a differed form from that which was originally in North America and Europe. Theirs was mostly as a result of homosexuality and utravenous drug use. In Africa the main mode of transmission is through heterosexual activities. Though some men are believed to practice homosexuality which is in secret, it is not easy to tell. The spread of HIV/AIDS in Tanzania within its population is mainly by heterosexual relation.

Therefore it is very important to talk about power and sexual relationship among people, especially sexually active people who are at risk. It appears women are more vulnerable due to different reasons. For example: Lack of power in negotiating safer sex, lack of economic power, lack of information etc. I believe that the gender inequality and injustice contributes erroneously to the spread of the desease among women.

## METHODOLOGY:

The study was designed to allow comparative analysis, quantitative base line review, qualitative investigations and interactive dissemination. The method used was interactive (participatory) with discussion in small groups, role plays, individual interviews, observation and health education. All these approaches were used in phase one and phase two but with a few modifications eg. on individual interviews risk reduction method was used. This method was not used in 1995. It helps individuals to assess their risk of HIV and implement risk reduction behavioural changes. It is an interactive process which provides clear and simple information, clarifies misinformation and assists in decision making and implementation of behavioural changes. This type of counselling helps an individual to personalise his or her risk for HIV and it makes her/him understand that HIV poses a personal threat as a result of his/her behaviour. Therefore, it can help people to break through their denial and come to terms with their potential risk. This approach can make individuals recognise that although HIV is a personal threat, it can be avoided by adopting safer behaviour. The emphasis on Phase I was on prevention and people tried to discuss how they could avoid HIV infection by following sex practices eg. abstinence, faithfulness between partners, masturbation and use of condoms as possible methods of protection. This was discussed in small groups during seminars and focus group meetings. The discussions were less generalizations, and some people were moved by other people's ideas. Others reserved their own experiences. These are

people who have the tendency of not wanting to reveal their problems in front of others, for some reasons.

Also in phase II, the "Fish Pond" technique was used to make sure each person participated fully during community counsellors seminar. This is a technique, which was not used in phase I, It emphasised participation and motivated everyone to enter into the discussion. This was done after realizing the weakness in Phase I. The participants sit around in a cycle. Another inner circle of three participants is formed and the three participants are told to discuss some controversial issues, with one of them acting as the discussion leader. The leader starts with a statement which introduces the topic or the debate or discussion. If someone in the outer circle wants to intervene in the discussion, she takes her chair and moves to the inner circle. At the end of the session most of the people end up in the inner circle. The ones who remain outside the circle always feel bad.

During the field work the following methods were used to identify risk factors and other related issues affecting women and youth in the context of the AIDS epidemic.

a) Consultation with AIDS related organisations and interviews with key personnel and their clients. eg. WAMATA client who are HIV infected and KWETU counselling clients (i.e. girls in the street - prostitutes)

b) Group discussions with women, fishermen limestone quarry labourers, barmaids, AIDS counsellors and WAMATA youths.

c) Home visits to families whose family head or both parents had died of AIDS.

d) Seminar on the subject of AIDS and women empowerment with a group of women and at TGNP Wednesday seminars.

e) Discussion with other research team members.

f) Workshops to allow for comparative stimulus and dissemination of knowledge gained both among the research team and other local workers in the field.

## SEMINARS

TYPE OF PEOPLE	NUMBER				NUMBER OF SESSIONS	THEME
	YEAR 1995		YEAR 1996			
	M	F	M	F		
<b><u>WOMEN:</u></b> House wives, bar maids, teachers, Komoni brewers and farmers.	-	53	-	45	3	-Women sensitization on AIDS Focus on -The basic facts of HIV/AIDS. -Risk behaviour which can expose someone to the infection -Behavioural change -Sexual relationship between men and women -Women empowerment
Fishermen and their wives	10	5	-	-	3	- Gender and AIDS - Risk behaviours - AIDS prevention - Sexual relationship between M/F
WAMATA Community Counsellors	-	-	10	44	-	-How is Gender constructed and pattern of communication between M and F -Sex and sexuality
WAMATA YOUTH	-	-	-	-	1	- Social relations of sexuality - Knowledge in condom use -HIV/AIDS prevention

## FOCUS GROUP DISCUSSIONS

TYPE OF PEOPLE	NUMBER OF M & F 1995		1996		NO OF SESSIONS	THEME
	M	F	M	F		
Bar Maids	-	9	-	-	1	Sample facts about HIV/AIDS
Fishermen	10	-	-	-	2	-AIDS transmission and prevention -Gender inequalities
People living with HIV (PLWAS)	1	7	4	6	4	- How gender can contribute towards getting HIV infection (life experience)
Men and women working in limestone quarries	4	8	-	-	2	-Gender relationship -Division of labour -HIV/AIDS information



Women who sell Komon (local liquor)	-	12	-	6	1	-Simple facts about HIV/AIDS -facts about HIV/AIDS -Their roles in the society as women, mothers, sisters etc.
Women who are commercial sex workers	8	-	-	-	3	-Basic facts about HIV/AIDS -Problems encountered -AIDS prevention
<u>Individual interviews</u> Men and women employees from different sectors (the worried well)	-	2	4	-	-	-Risk reduction counselling -How people are at risk of getting HIV infection. -The effect of AIDS in the family
<u>Home Visits:</u> Orphans	-	6	2	-	-	

### 5.1. Participatory research process:

A team of two experienced researchers and other staff from AIDS related NGOs i.e. WAMATA, SWAAT, WAMATA YOUTH and TGNP worked together in reviewing the questionnaires and made corrections to fit our societies. This enabled them to start collecting the data on AIDS and gender research.

### 5.2. Preparation for Data Collection:

i) Familiarization with the research area Phase I (1 + week).

The research team started with the familiarization at district/neighbourhood level and visited authorities for research clearance.

- Each researcher identified existing youth women groups and their activities on his/her area. In Kigamboni I managed to identify a church women's group, bar maids, prostitutes, fishermen, limestone quarry labourers and housewives/women who brew and sell local beer "Komoni".

ii) **Development of the data collection plan**

- The research team agreed to hold team meetings regularly in order to share information and give each other feedback. Seasoned workers shared experiences with others who were new to this type of work and helped others improve their approaches and research skills.

In Tanzania team we shared information by exchanging written documents. If a team member came across any document with inputs on AIDS or gender, he/she passed it to others.

**5.3. Data Collection:**

Each researcher looked for assistance in collecting information in the field. On my side, I requested a fellow social worker to assist me in recording minutes of focus group discussions and seminars. Data collection started in April, 1995. Public transport was used during the exercise. After returning from the field, a plenary debriefing session was held to discuss positive and negative experiences during data collection.

**5.3.1. Quality control during data collection:**

During data collection all important events and information were recorded in a field notebook. The entries were made daily and covered all activities. After team meetings, all the comments of the field work were added. Additional information included logistical and travel problems, observations, ideas and opinions.

Our country's coordinator made sure that the group met every month to share experiences, read each other's notes, edit and rewrite the notes.

### 5.3.2. Study instruments:

The Tanzania research team organised study sessions whereby different documents were read and discussed. This helped capacity building especially for the less experienced researchers.

- The exchange of ideas helped us in finding out how the others researched and interpreted similar data. The regular meetings of the Tanzania team began in February 1995.

- Focus group discussions at Kigamboni comprised of small group discussions with 8 - 12 people of similar background using a topic guide for discussion. A total of 16 focus group discussions were completed: 10 in 1995 and 6 in 1996.

- Key interviews were carried out at WAMATA and Kwetu Counselling center. Interviews with people having special knowledge e.g. prostitutes were conducted. Included were people living with HIV, orphans and social workers who are in AIDS field. A total of 20 interviews were completed. All these interviews were informal.

- Posters and diagrams were used during seminars and group discussion sessions.

- Observations were made while participating in different activities. I watched and listened to them.

#### 5.4. Data analysis:

- After collecting data in Phase I, and Phase II, the research team met to identify important themes e.g. prevention empowerment, sexuality and gender information. It was agreed to write the details according to different themes with emphasis on what happened on the field.

- Dissemination workshop among the researchers and other local workers in the field were organised and each researcher presented his/her findings and received comments from other participants. The workshop helped to strengthen skills in qualitative research methodology.

#### 5.5. Follow Up:

The follow up was done in Phase II

- We started by finalising the follow up proposal
- Follow up research findings, then we finalised with a full follow up report, and lastly the merging of the 1995/1996 report.

#### 5.6. Ethical considerations:

Before carrying out the study, permission was obtained from relevant authorities and each researcher was given a research clearance from the Commission of Science and Technology.

During the study, consent from all the respondents was obtained.

The purpose of the study was explained, in order to reduce suspicion and increase participation, especially since at the time we started the research, Tanzania was preparing for multiparty elections. These explanations were to wipe out the idea that these gatherings were in connection with politics. The participants were informed that participation was voluntary, and that the results would be presented in summary form and the names of people would not be disclosed.

### **Gender power relation in the household:**

Gender relations are an important area of concern in all areas of reproductive health while gender roles determine who make decisions regarding human health and human life in general. From what I have gathered it appears that women have little say on their roles as mothers, sisters, wives, daughters and as partners of men in social and economic production.

But all in all HIV/AIDS intervention presupposed equal access to knowledge and information on the range of options which influence the decision on prevention, treatment and supportive care.

When we talk of gender relation we normally think of cultural beliefs, customs and taboo which surround men and women all these contribute to the roles someone plays in the society.

### **The Social roles:**

The Social roles in the performance of men and women plus the division of labour in the household i.e. who is supposed to do this and that, it all depends on who has the control over the resources and the power of command.

It has been observed that for ages now Men have been given access to have the controlling power because they have been given access to education and other important roles in the societies and leave the women with all the difficult roles to play, like looking for fire wood, fetching water from far carrying for small children and the sick etc all these have brought gender imbalances.

All the beginning of the research it appeared that many people did not know the meaning of gender. So we had to look for a definition and we agreed with respondents that **gender is an individuals biological self conception as a male or female but must have social and cultural differences and some similarities between men and women whereby their roles have been socially and historically made.**

It was reported during women sensation seminar that the roles are socially constructed by different societies and it seems they are there to stay cultural beliefs, religion and even formal education have influence, our gender roles to a greater extent. One woman quotation others during women sensitisation seminar that they should remember that even our religion (Christianity) contributes a lot in today's woman's roles. She quoted a chapter in the bible saying, "Then Lord said I will make a helper fit for him (Genesis 2.18 Holy Bible) she added that the helper is the woman who came from the rib of the man. Another quotation is "Wives, submit to your husbands as to the Lord. For the husband is the head of the wife as Christ is the head of the church, his body, of which he is the Saviour. Now as the church submits to Christ, so also wives should submit to their husbands in everything. (Ephesians 5:22 New Testament Holy Bible). So she believed that there is nothing a woman can do, her role was that of helper, so she must obey orders.

It was mentioned that uneducated women have difficult roles to play in

societies and other important roles are taken away from them.

**Example:** One lady who attended a women's sensitisation seminar in 1995 commented that she is suffering in her today's life because of her parents, they did not send her to school, like they did to her brothers as the result she is now cooking local brew "Komoni" something which an educated woman will not do, even think of drinking other woman will not do, even think of drinking. Other women also lamented at the attitude where the parents felt that only the boys should go to school and girls should stay at home to help their mothers. They don't value a girl child and think that she should be brought up for taking care of the men (husband) as the result there is a denial of education to many women. It perpetuates inequality and as a result women in most cases can not meet up with men, socially and economically they continue to be dependants of men. e.g. On the side of women who are working in bars or guest houses their job expose them to practice risk behaviours, these people are vulnerable to HIV infection because their customers can deceive them by giving them offers and money and because most of them are poorly paid, they agree, and at the end they will be asked by their customers to have sex with them, because they need the money they agree. It was also reported that some girls do that so as to keep the customers coming back to the bar or the guest house and the girl will be praised by the owner for the good service.

I managed to talk to few bar maids in Kigamboni during phase 1 and during that talk I realised that these girls are staying there at the bar, the owner have given them one room whereby they are cooking and sleeping there,



very few who have husbands or they are single mothers who have families are renting rooms nearby these give me a picture that some of these girls are used by the owners to improve their business.

For the prostitutes they may have sex with their customers in order to increase income. For them what matters is money. The poor economical status of these women contributes a lot to their practising risk behaviour, you may find this type of people hanging around drinking places, hotels, streets were they meet men who can give money and demand for sex in exchange.

I manage to have a focus group discussion with prostitutes during phase 1 these girls were divided into two groups, those prostitutes who operating in brothels (customers are following them in their rooms) and the other group is those girls who are waiting for customers in the streets, and hotels, I talked to six girls from the brothels and two from the streets.

There was a perception among prostitutes respondents that there is no other life style available for them, to cope with life. They prefer using condoms rather than leaving the job because it is part and parcel of their life. They added that because the business is paying they will keep on doing it. They also suggested that Organisations which are talking about AIDS prevention must not forget to educate men because prostitution can not exist without men. Men were the buyers and women are the sellers.

Some of the girls reported that sometimes they feel like leaving

prostitution business because they are tired and they know that they are risking their life but the hardships of life make them to continue selling their bodies, they thought if they were economically empowered to stand on their own they will leave prostitution the main factors which influence or drive them into prostitution the main factors which influence or drive them into prostitution is socio-economic and cultural factors all these lead them lack education as the result they can not get employment and find themselves engaged in prostitution. But there some cases whereby someone is educated and get influences from peer groups to engage in prostitution.

**I managed to interview few prostitutes and below is the story of one:**

This is the lady who was married and had 5 children with the husband abandoned her and went to marry another woman living her with nothing other than the kids. She went to report to her in-laws and asked for help with her children but her in laws chased her away. She later decided to go back to her parents, her mother is very old and their family is very poor. Due to hardship of life at home she decided to come to Dar es Salaam to appeal to her sister in law, if she can assist. This sister in law advised her to join her in a business. (The sister in law is a commercial sex worker a Prostitute in brother). The intention of this woman was to look for a job as an office attendant or a house girl, but she had bad luck no one wanted her. The woman is very beautiful, house wives were afraid to take her, thinking she will break their marriages so she had no option than to agree to join her sister in law in the business. That is how she started , she told me she was doing the job which she used to hate, but

because that was the only alternative for her to survive with her children she had to do it. What she did she opened a bank account with "Posta" where each cent she was getting, she sent it to her mother who was staying with her children back home. This lady is getting a lot of customers because she is new and beautiful. Her intention is to get enough money and go back home to build a small hut and buy a farm, she said she is not comfortable with what she is doing.

First of all other women who are along in the business do not like her because she is attracting many customers. If you go outside her room you can see a queue of men waiting. She told me that she can make more than T. Shs. 10,000/= a day. Their charges are as follows:- a single ejaculation is T. Shs. 500/= with a condom and T. Shs. 2,500/= without a condom. A customer is not allowed to continue having sex after ejaculation unless he added more money. Therefore after ejaculation you go away and another customer enters. She is able to sleep with up to 10 people a day. All the prostitutes I talked to admitted that they are not enjoying anything they are doing that as a job, get money and for pleasure. They said sometimes they feel like running away because somebody pays his money he will want to treat you any how you can not refuse.

It was reported by these prostitutes that nowadays they are very strict on the use of condoms without condoms they are refusing having sex because they are aware that there is AIDS.

**a) Social relations of sexuality between men and women:**

Women felt that they have no power to prevent themselves from getting HIV infection, they felt that the prevention strategies are protecting men more than women. That is to say one way of protecting yourself from getting HIV through reducing the number of sexual partners or fidelity within relationship women said they can do that on their side but they are not sure of their partners. They added that men are free animals, they can go anywhere to look for satisfaction.

I quoted a man who said "it is not easy to stay with one woman forever, it is like eating beans everyday; obviously you will get tired".

It was pointed out that sometimes couples do not get satisfied with each other sexually and therefore they give way to extramarital sexual practices.

One fisherman said "Mchele ni ule ule, lakini mapishi huleta radha tofauti". "The recipe determine the taste of rice", that is to say women can satisfy men differently. It is said that sexual desire is, inborn but it can also be influenced by other factors such as appearance, hygiene body morphology, knowledge in preferred sexual practices etc.

Women felt that they can control men in sexuality, unless men themselves felt the need of doing so. Concerning safer sexual practice e.g. Use of Condoms and abstinence from having sex women felt also that those things are there to protect the men not the women. If women had condoms it would be easy for them to use, but in this case, it is only the men who wears them. He

may decide to wear or not and as a result many women are having unprotected sex. One woman commented during focus group discussion that men are very selfish; they sometimes want sex even when a woman is in her menstruation period. Another woman added that some of the men deliberately remove the condom just before climax so that they ejaculate inside a woman and not in the condom.

One man was quoted as saying "Utakulaje ndizi na maganda yake?" "How will you eat a bananas without peeling it?"

Another factor is the influence of alcohol. People argued that men find themselves consuming a lot of alcohol which lead them to temptations. In most cases when a person gets drunk he has tendency of looking for the opposite sex, and find themselves engaged in sexual intercourse without remembering the use of Condoms. In most cases these men have wives at home. There you can see how the route of HIV started. i.e. The chain - female commercial sex worker to-the male client - then to their wives and finally from the wives to children through parietals transmission. Nowadays because of Economic hardships and lack of economic power many women are indirectly commercial sex workers. They exchange sex for money that is after having sex, they expect some money or commodities, even favours. All this economical dependency on their male partners. Men control them that makes them not to have a say in negotiating sex.

### **On Men Side :**

During seminars and focus groups, men felt that sex is there for them to enjoy. If there is no enjoyment or satisfaction, men are free to move around looking for satisfaction else where. I quoted men saying " It is not easy to stay with one woman forever, it is like eating beans everyday". However, some men are of the opinion that because women are economically dependent on male partners, men control them. The other fact is that a woman can not negotiate sex. Men are financial controllers so they control everything, even sex. Some men felt that AIDS women's disease. Women sell the disease and men buy it with their money. That is the mentality of many men as it was proved during male discussions. The majority of male respondents tended to blame women of spreading the HIV infection, especially because in most AIDS cases the infection is discovered first in the female partner. But this may be so perhaps because, she was first to be tested when the baby fell sick or when she was tested during antenatal clinics.

### **Abstinence:**

In many marriages abstinence from having sex is not practised, even when a woman discovers that the husband has an affair with a woman than refuse having sex with the husband because it may lead to her getting a divorce.

Economic hardships encourage women to engage themselves in practising risk behaviours which lead them to getting HIV infection. One woman commented that "woman engage themselves in sex work for economical

survival. We are not doing this because we like or enjoy it, but we are looking for financial gains, to be able to feed our children. We have no power over our own bodies” she added.

In most relationships, men tend to blame women for spreading the HIV infection especially when the infection is discovered first in the wife. This may be so perhaps because she is the first to be tested when the baby falls sick or during ant entail clinics.

### **Condom Use:**

Respondents have expressed both positive and negative attitudes to condom use. Some said it is good to use condoms because it prevents from getting STDs, AIDS and Pregnancy.

A Male respondent said “ I think everybody should use condoms especially those who have sex for pleasure and is not sure of the sexual partner.

But others had fears that condoms are not safe they sometimes bust and other feared that the condom have been impregnated with virus in order to destroy and kill Africans.

During women sensitisation seminars women expressed their feeling about the use of condoms that condom is for the men, he is the one who wear it.

Men decide when to have sex and whether to use condom or not in most cases women have no power to control the use of condom as a result many women end up having unprotected sex.

**Fidelity (faithfulness):**

Most of the female respondents reported that they don't trust their husbands, they don't believe that their husbands sticks to one wife since most of the men are not staying home of the time instead they move from place to place, drinking and doing other things, which eventually leads them to misbehaving, sleeping and making with other woman.

**b) Social relation of sexuality between Parents /Children:**

Parents felt that all children are equal (i.e. male/female children) though they are not the same. However the argued that many parents feel that boys can have much more sexual freedom that girls. This was queried by women during a sensitisation seminar for women, the women did not find it fair to restrict a girl. The assumption is that parents should be left to guide their own children. If they let the girl loose they should bear the consequences. It was also reported that, however, although parents are worried about their children contracting the HIV infection, most of them are not ready or able to sit down with their children to discuss sex.

We all believe that AIDS presentation requires open sexual discussion in a straight forward manner. Our values, attitudes and beliefs about sex and sexuality are formed by a variety of environmental factors, such as culture, religion, economics, media, family and peer groups. Many sexual issues are taken like taboos people do not discuss.



A young secondary school girl from TGNP Wednesday discussions commented that many young girls are going to die with AIDS out of Ignorance, because they don't know the dangers of having unprotected sex. Some of them think that it is necessary to have boyfriend and have sex with him, thinking that, that is love. She lamented that no one is ready to educate them. She added that, in schools, the topic of productive health is taught in form IV and is usually the last topic in the syllabus. Sometimes teachers do not teach it because of the preparations for the final examinations. When a teacher decides to cover the topic, she/he does it in a rush. At home parents do not discuss anything about sexuality.

During seminars at Kigamboni with women, one women testified that she had a daughter studying in Form Two. She had never spoken to her about sex or HIV/AIDS, believing that her child is still young. One day, she was disappointed by her daughter when she opened her daughter's school bag. The daughter was not around. She was shocked when she found a packet of contraceptives (pills in her daughter's bag. Her daughter had taken the upper line already! The women cried alone in the room saying " Is this really my daughter who is doing this at a tender age, I thought she is still a small child". It means she is preventing herself from getting pregnant, not knowing that she can get AIDS. She blamed herself for not educating her child on the danger of HIV/AIDS, whose main mode of transmission is through sexual intercourse. This is something which happened in a family where parents are still alive, what about

the families where both parents have died, who will talk to such children?

We should make sure we are reducing the gape of inequality between men and women so as to reduce the spread of HIV infection.