

Gender and STIs

The term 'gender' is used to describe the various characteristics and roles assigned to women and men by a given society.

Gender roles are learned, rather than inherent and vary from culture to culture and from generation to generation.

In Tanzania and many other societies, gender roles and relationships are characterised by inequalities between men and women in many areas of life including sexuality.

This adversely affects women's ability to negotiate safer sex and maintain their reproductive health rights. Directly, this situation increases their vulnerability to sexually transmitted infections (STIs), and other reproductive health problems.

Men are also adversely affected in many different ways. Many of them live with unnecessary socio-economic burdens. Others



Gender is socially constructed, learned and can vary from culture to culture, generation to generation.

File photo: Young people featuring in a play on risky behaviours. Courtesy of EMAU Project.

women's ability to negotiate for safer sex, gender inequality is an obstacle to partner notification (P. 4), information access and service utilisation.

Even for curable STIs, it is not easy especially for women to notify their partners for fear of gender based violence and other adverse repercussions. Many of those infected may therefore miss the opportunity of seeking early medical treatment.

For gonorrhoea (P.6), one of the most common STIs in Tanzania, more women than men are likely to remain untreated because some of those who are infected do not show symptoms.

According to the World Health Organisation, between 10 - 15% of men, and 60 - 70% of women infected

including boys assume risky behaviours and practices to prove that they are 'real men'. However, all these increase their vulnerability to STIs.

Issue No. 3 of the STIs Newsletter raises challenges on common gender driven behaviours and practices in Tanzania that increase the risk of STIs infection to both women and men.

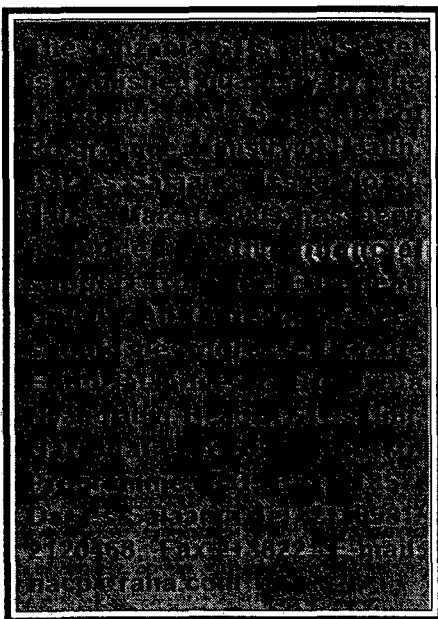
Gender inequality is also a very big constraint in the national effort to control the spread of HIV/AIDS/STIs. Besides undermining

with gonorrhoea do not show any symptoms.

PLEASE READ ON...

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A spotlight on risky gender based behaviours and practices

The 'small house'

The 'small house', a common practice in urban and rural areas is an extra-marital home where a married man maintains a concubine.

The fact that such relationships sometimes produce children implies that contraception and condoms are not always used. Thus, with the current high prevalence of HIV/AIDS/STIs in Tanzania (10-12%), there is considerable risk of infection through the 'small house' to the men, women and other sexual partners.

Sex work

Many young girls and women, involved in sex work include those who were denied their rights to education, inheritance and other resources because of gender based discrimination of the girl child. Later, some are forced to do sex work for lack of alternative livelihood means.

Studies by Anne Outwater and others on two groups of high risk women conducted at 4 truck stops along Tanzania - Zambia highway, and at a street in Morogoro town in 1991 and 1993 respectively, found that 97% of all women involved in the study group (169) had no more than primary education and could not seek formal employment.

Although reduction of sexual partners and increased condom use have been reported among some female sex workers, they, along with their partners still remain a very vulnerable group to STIs. This is due to various reasons including inconsistent and incorrect condom use with long term partners, alcohol and drug abuse, rape and 'unusual' offers by clients.

Casual sexual practices

Non commercial casual sex, sometimes involving many partners, can also be attributed to gender based cultural and traditional factors. These include:

- Traditional initiation rituals for girls and boys which lead them into early sex with many sexual partners.
- The culture of male dominance

which encourages sexual experimentation among boys and men through multiple sexual relationships.

Male sexual violence

Male sexual violence includes spouse and non spouse battering, rape, sexual harassment, and intimidation. The Beijing platform for action cites other forms of male sexual violence: forced sterilisation, forced abortion, forced pregnancy, coercive use of contraception and sexual slavery.

The risk of STIs and other reproductive health problems through male sexual violence, is enormous. In a situation of rape, the victim may experience bleeding and tearing of the genital area. This can create passageways for STIs to enter the blood stream. Condoms are not likely to be used in situations of coerced sex, placing both victim and perpetrator at a greater risk of STI infection.

In addition to the ongoing campaigns against gender based violence, *the Sex Offences Act, 1998* is in place, and people convicted of sexual offences may suffer jail sentences of up to 30 years.

Forced marriages

In some communities, women have no choice of their life partners; a factor that exposes them to greater risks. There are circumstances where young women are forced to marry well off men to alleviate economic hardships, offset a particular pressing problem at the time, or in expectation of a 'prosperous' future.

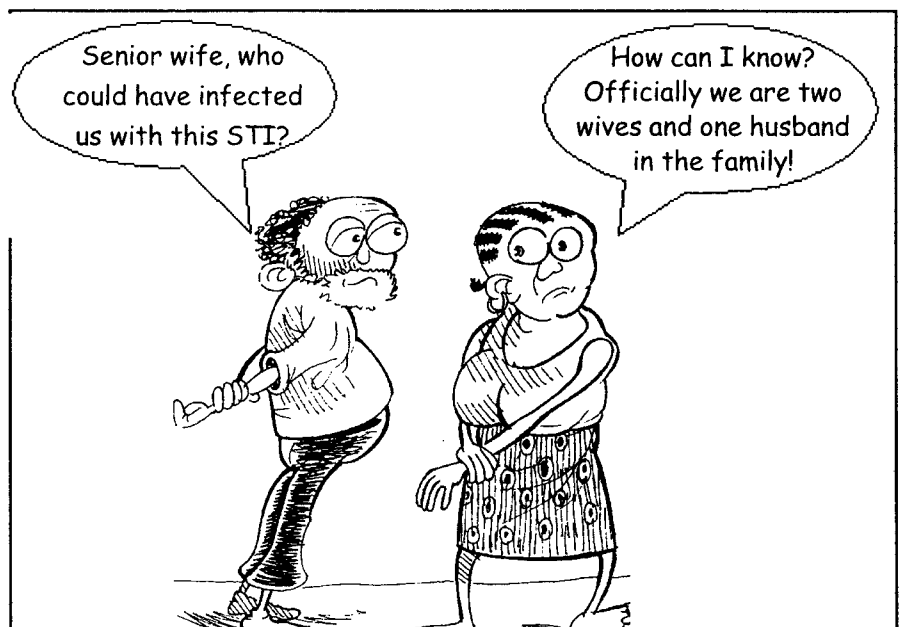
In similar situations, widowed women may be forcefully inherited by a member of the husband's family 'to take care of her and the orphans'.

Wife inheritance has been noted to be one of the factors responsible for the spread of HIV/AIDS/STIs in Tanzania.

Early marriages

On Tanzania Mainland, the legal age to marry is 15 years for girls. However, some girls reportedly get married much earlier, sometimes to more older polygamous men.

Data from National AIDS Control Programme (NACP) shows that women are generally infected with HIV/AIDS/STIs at a younger age than men. Other dangers associated with early marriages have been documented by Masabo and others in a book, *Chelewa chelewa - The*





Training of Traditional Birth attendants in Karatu. TBAs have a duty to apply safe health practices and educate their clients on STIs.

Photo : Courtesy of Marie Stopes Tanzania

dilemma of Teenage girls, 1994.

As many teenagers are still experiencing puberty growth, problems including contracted pelvis, obstructed labour, foetal death, vesical vagina fistula and rectal vagina fistula occur more often than in mature women.

Gendered division of labour

The gendered division of labour in some communities whereby men are supposed to be the resource mobilisers and women domestic functionaries entrenches gender inequality.

In rural areas, the gendered division of labour, apart from undermining womens' development, sometimes divides families. Men leave their families for many months to work in mines, plantations, businesses, etc. This contributes to extra marital sexual practices.

In Makete district of Iringa region, some sources attribute the increasing spread of HIV/AIDS/STIs

to the migratory labour practice by men to the neighbouring districts. Overtime, the men in their new work stations, and the women left behind find part time sexual partners. Condoms are not always used for various reasons including alcohol, and long-term relationships.

Female genital mutilation

Female genital mutilation (FGM) is carried out in some regions in Tanzania including Mara, Singida, Dodoma, Kilimanjaro, Arusha and Mtwara.

It is a cruel and painful cultural practice that results in heavy blood loss. If it heals, it leaves a permanent scar in the genital organs which may rupture during child birth. Through sharing of cutting tools and blood contact with people involved in the ritual, there is a big risk of contracting STIs.

FGM impairs women sexually and reduces their ability to enjoy fully their sexual rights.

However, education and information campaigns are having some impact. Research findings by the Tanzania Media Womens Association (TAMWA) in Arusha, Dodoma, Kilimanjaro, Singida and Mara regions conducted in September, 2002 indicated that:

- Some men no longer consent to the FGM of their daughters.
- Some traditional birth attendants and midwives who perform FGM have stopped the practice.
- Some Masai youngmen (Moran) reported that they would be willing to marry girls who have not undergone FGM, if elders consent.
- Some village governments are now more than ever committed to fight both HIV/AIDS/STIs and FGM.
- Some religious denominations have taken a strong stand against FGM and other forms of gender violence, to the extent of excommunicating non compliant members.

FGM, however, still remains socially and culturally strong in some societies. Some young girls, while aware of the dangers of FGM, reportedly present themselves for the ritual to escape social stigma and discrimination. More effort is still needed at community level.

More information on gender, cultural and traditional practices, behaviours and HIV/AIDS/STIs can be obtained from :

1. *The Director, TAMWA, P.O. Box 8981, Dar es Salaam.*
e-mail: tamwa@raha.com
2. *Tanzania Gender Networking Programme, P.O. Box 8921, Tel: 022 244350/244386, Fax: 2443244, e-mail: tgnp.com.tz*
Dar es Salaam.
3. *The Legal and Human Rights Centre, P.O. Box 75254, Tel. 229620, Fax. 2113177*
Dar es Salaam.
4. *AFNET in Dodoma and Singida*

The list of risky behaviours and practices that inflame the HIV/AIDS/STIs epidemic in Tanzania is long. You can help to expose and challenge them at every opportunity

Challenges to partner notification

Partner notification is the process by which sexual partner(s) of individuals with STIs are identified, notified, counselled on their exposure and offered appropriate services including treatment and education on safer sexual health.

The aim of partner notification is to break the chain of STI transmission and reduce the rate of infections in the community.

The Ministry of Health, and the World Health Organisation recommend notification by the patient (patient referral method) because of its low cost and practicability. The patient may provide the partner with information, accompany him/her to the clinic or simply hand over a contact slip.

Gender based violence

Partner notification activities may be constrained by the fear of violence, especially on the side of women who may be blamed as the source of the infection. Thus, some women do not notify their partners of the infection. Men as a result may remain untreated and spread the infection to others.

WHO estimates that about 52% of women worldwide suffer physical violence from their male partners,

with impacts ranging from bruises and broken limbs to permanent disability and even death.

Poverty and dependency

In situations of poverty and powerlessness, partner notification may also be limited by fear of divorce or breakdown of the



relationship.

Many people, especially young women, lack alternative livelihood opportunities as they do not have the necessary skills and education. Thus, where the marriage or relationship is the mainstay of their livelihood, its breakdown could be more economically and socially devastating.

Stigma and discrimination

Disclosure of STIs status carries fears about possible stigma and discrimination as STIs are often associated with promiscuity. On disclosure of their HIV/STIs status, some people have gone through difficult problems.

Due to gender inequalities, women with STIs are likely to

experience more stigmatisation than men.

Multiple sexual relationships

In relationships involving many casual sexual partners, partner notification, for example in mobile population groups including pastoralists, long distance truck drivers, the armed forces and some business people present obvious difficulties.

Constraints in the STIs control and management system

According to the National guidelines for the management of STIs, partner notification services should be available to all persons diagnosed in public and private health facilities with STIs.

However, this is not always possible due to constraints in the health system. There are concerns about:

- Level of confidentiality.
- Low number of trained health workers.
- The quality of STI case

management and reporting, and

- Inadequate public health education on STIs.

A survey on knowledge about STI complications conducted in Dar es Salaam, Mwanza and Shinyanga regions (Valentina Msechu, 1999), highlights the importance of:

- Enabling unknowing partners to seek early medical care and avoid reinfection.
- Abstinence: a person who is infected should abstain from all sex until he/she is properly treated and cured.
- If abstinence fails, he/she must use a condom to avoid reinfection and spreading it to other people.
- Caution in notifying a partner: one should be careful to avoid violence and situations which may result into more difficult problems.

Marie Stopes Tanzania

Marie Stopes Tanzania (MST) was registered in the country in 1989 as a family planning services provider.

Between 1990 and 2001, Marie Stopes registered considerable expansion, opening up 14 centres in different regions: Dar es Salaam (4), Arusha (3), Kilimanjaro (3), Mara (1), Iringa (2), Kibaha (1) and Zanzibar - Migombani (1). Apart from the Tabata and Kibaha centres all the others are working.

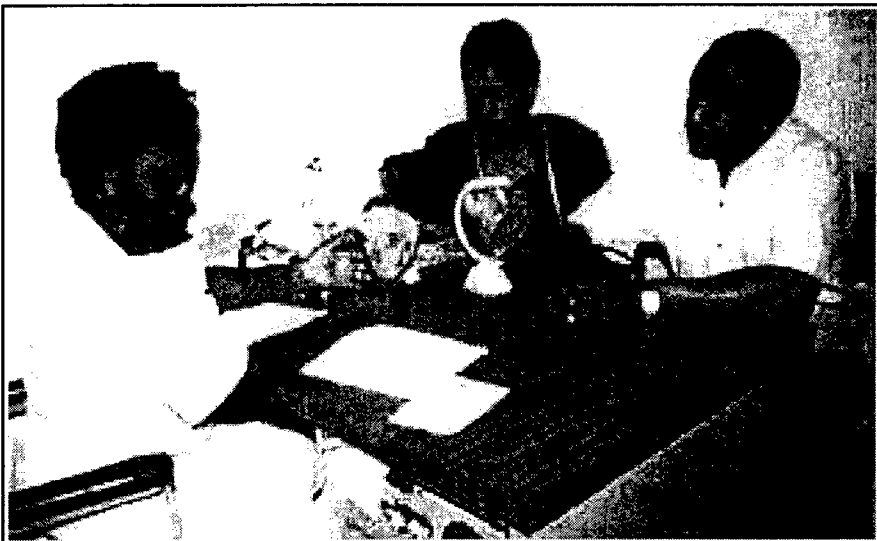
The services provided include:

- Reproductive health services for men, women and young people.
- Mother and child health (MCH) services.
- Laboratory services.

- Treatment and management of STIs.
- Voluntary counselling and testing.
- General medical services.

MST has been cooperating with Government and different NGOs including AMREF and UMATI in service delivery. Youth friendly services have also been introduced at several centres.

Overall performance has improved considerably. Some centres, for example Makambako, Iringa and Musoma are already self sustaining. At the Migombani Marie Stopes Hospital in Zanzibar, an average of 250 expectant mothers are served monthly.



*A counsellor on reproductive health attending to a couple.
Photo: Courtesy of Marie Stopes Tanzania.*

Marie Stopes Mwenge

Marie Stopes Hospital, Mwenge in Dar es Salaam started as a family planning services centre in 1990.

According to the Hospital Manager Mrs Veronika Nkurunziza, the increasing demand for reproductive health services necessitated expansion and improvement of services to meet the client needs.

Apart from the services provided at the hospital, Marie Stopes operates an outreach programme through several outlets in and out of Dar es Salaam. Outreach centres have been established at Tandale, Uzuri, Makongo, Kerege, Mwanarumango, Kisarawe and Bagamoyo.

Demand for STI services has grown slowly for several reasons. According to Mr Patrick Magesa, a Clinical Officer at the hospital, many people with STI symptoms, especially men, opt to buy drugs directly from pharmacies. This, he cautions, can result in undertreatment of the infection which may not cure properly.

The person may also develop more serious complications, while at the same time continuing to spread the infection to other people in the community.

Hospital records indicate that a total of 376 STI cases were treated in the year 2002. Among them, only 16 female and 15 male cases reported to the clinic through partner notification.

According to Mr. Magesa most of the cases treated were women and youths. On average 40 STI cases are handled every month.

The Mwenge Marie Stopes Hospital is run by a team of 20 personnel including 2 medical officers, 4 clinical officers, 4 nursing midwives, 4 nurses, and 2 laboratory technicians.

For further information contact:
Marie Stopes, Mwenge,
Shekilango Road,
near Afrika Sana,
TEL: 022 2701290 DSM

Marie Stopes Tanzania
 Dar es Salaam: Marie Stopes Hospital, Marie Stopes Dispensary
 Arusha: Marie Stopes Hospital, Marie Stopes Dispensary
 Kilimanjaro: Marie Stopes Hospital, Marie Stopes Dispensary
 Mara: Marie Stopes Hospital, Marie Stopes Dispensary
 Iringa: Marie Stopes Hospital, Marie Stopes Dispensary
 Kibaha: Marie Stopes Hospital, Marie Stopes Dispensary
 Zanzibar - Migombani: Marie Stopes Hospital, Marie Stopes Dispensary
 Kibaha Support Office, Kibaha
 P.O. Box 70/2, Tel: 2152000/2152071
 Fax: 2152071, e-mail: info@mst.or.tz - Dar es Salaam.

Gonorrhoea

Gonorrhoea is a widely known sexually transmitted infection in the world. It is commonly known as 'gono' and by other names in different parts of the country.

The infection, caused by the bacteria *Neisseria gonorrhoeae*, is curable. The bacteria attacks the cells of the mucous membranes including:

- the surfaces of the urethra, vagina, cervix and endometrium,
- the fallopian tubes,
- the anus and rectum,
- the lining of the eyelids, and
- the throat.

According to the Ministry of Health, most people diagnosed with STIs in 1999, 2000 and 2001 presented genital discharge syndromes which included gonorrhoea.

A study conducted in Dar es Salaam by Dr. Chalamila and others (2000), indicate that of all males who reported to the study clinic with urethral discharge symptoms, at least 73% were diagnosed as gonorrhoea cases. These findings and other reports from hospitals and health facilities in different parts of the country indicate that gonorrhoea affects many people in Tanzania.

Common symptoms of gonorrhoea

Men

The common symptoms among males include:

- discharge of thick yellowish pus from the penis,
- burning sensation and pain when urinating, and
- feeling like urinating from time to time (increased frequency).

Women

Among women, the common

symptoms include:

- abnormal vaginal discharge with foul smell,
- painful urination,
- lower abdominal pain,
- painful intercourse,
- irregular menstrual flow (menstruation in between periods),

Children

Neonatal conjunctivitis (see picture below) is common among infants born to infected and untreated mothers.



A baby with ophthalmia neonatorum-acquired at birth from an infected mother.

Photo: The diagnosis and management of Sexually Transmitted Diseases in Southern Africa, 1993.

Some people, particularly women, infected with gonorrhoea, may not show any symptoms but they can still infect others through unprotected sex. According to the World Health Organisation, 60% - 70% of women and 10%-15% of men infected with gonorrhoea do not show symptoms. If they are not treated early, they may develop more dangerous complications.

How is gonorrhoea spread?

Gonorrhoea can be spread:

- heterosexually through vaginal, anal, or oral intercourse with someone who is already infected,
- from mother to child during pregnancy or delivery, and
- through contaminated linen, door handles etc.

In Tanzania, most STIs including gonorrhoea are spread through heterosexual transmission.

Gonorrhoea complications

Gonorrhoea can be treated and cured at hospitals and most health facilities in Tanzania. However, delay in seeking proper treatment may result into complications in men, women and infants. These complications include:

- For males:**
- scrotal swelling, and
 - urethral stricture.

For females:

- chronic pelvic inflammatory diseases.
- pelvic abscesses,
- ectopic pregnancy, and infertility.

Other complications which affect both men and women include:

- secondary infertility,
- arthritis,
- skin diseases, and
- meningitis and septicæmia (infection of the blood) as a result of disseminated gonococcal infection.

- For infants:**
- conjunctivitis (eye infection - see photo right)
 - blindness

How can gonorrhoea be prevented?

The disease can be prevented by:

- Fidelity to one partner who is not infected.
- Proper condom use,
- Abstinence.

The Ministry of Health emphasises that:

- Every person infected with an STI should seek early medical treatment and counselling.
- Notification of all sexual partners is important so that they can also seek early medical treatment.
- Health education on STIs.