International Scholars Journals

African Journal of Gender and Women Studies Vol. 5 (6), pp. 001-007, June, 2013. Available online at www.internationalscholarsjournals.org © International Scholars Journals

Perspective

African Women/Girls and HIV/AIDS: The Issue of Justice

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Accepted 03 June, 2020

Ethics in the social, cultural, political, or economic contexts govern the behavior of individuals to attain the goal of the well-being of individuals. Meanwhile, in some societies characterized by gender biases, these moral principles may be absent. Severe consequences to a minor group describe their absence. The alarming number of cases of HIV/AIDS infections in sub-Saharan Africa among women and girls have raised many questions. This paper aims to address the issue of gender-related injustices as the primary cause of the situation. Most of the countries in the region are characterized by aspects such as patriarchal systems, polygamy, and early child marriage, which affect women and girls significantly. Meanwhile, various stakeholders are called upon to intervene and offer remedies to the situation by applying ethical principles. Such interventions include prevention, educational, and vocational training programs. However, these interventions should encompass ethical principles to sustain and promote the well-being of marginalized groups, in this case, women and girls.

Keywords: HIV/AIDS Prevention, Sub-Saharan Africa, Justice.

INTRODUCTION

After more than three decades since HIV/AIDS was first reported, the epidemic remains widespread in sub-Saharan Africa. Global estimates suggest that this region is home to most people affected by the disease. It remains a leading cause of death and a severe public health problem (Wu, 2019). The scale of the epidemic has put a spotlight on the major contributing factors to the spread of the virus. These include not only the low economic valuation of the sub-region but also the aspects of gender biases that increase the vulnerability of women to be induced to various forms of injustices in most African societies (Amuche et al., 2017). Inclusive to the causes of the epidemic are dimensions that encompass gender, politics, economics, social and sexual components. Of interest is the gender dimension that explicitly affects women adversely. It is because the majority of the African societies exhibit male dominance in most of the decision making in societal matters.

Women, particularly those between the ages of 15 and 19, continue to be disproportionately affected by HIV/AIDS despite the progress in many aspects of the global HIV/AIDS response (Avert, 2018). Gender-related injustices such as patriarchy, polygamy, and child marriage increase the rates of HIV/AIDS infection in most women in Africa. Sub-Saharan Africa has been reported to be the only part of the world where HIV prevalence and AIDS deaths are higher for women than for men (Kharsany et al., 2016). In this region, the incidence of HIV/AIDS in young women between ages of 15 and 24 years is likely to be twice that of their male counterparts (Sia et al. 2016). Although recent reports show a decrease in new HIV/AIDS infections among young women (by 25% between 2010 and 2018), the current estimated infection rate of about 6000 young girls daily remains a concern (Wojcicki, 2017). Therefore, a detailed understanding of the gender dimension within the spread of HIV/AIDS is warranted.

In this case, an ethical approach may reduce the social injustices experienced in sub-Saharan Africa. The fact that the wrongs are products of social, cultural, political,

and economic factors, the introduction of new, morally acceptable practices can neutralize the situation. This paper suggests that the introduction of high ethical principles that could help restore the health and well-being of women and girls in sub-Saharan Africa. In addition, various forms of inequality that increase the vulnerability of this marginalized group being infected with the epidemic will be highlighted. Above all, the paper will call for various intervention mechanisms by relevant stakeholders such as governments, private agencies, and healthcare professionals. The mechanisms will be based on the recommended strategies meant to minimize injustice perpetrated against women in most African societies.

BACKGROUND

Sub-Saharan Africa is a region overwhelmingly affected by the HIV/AIDS epidemic. In 2019, *Avert*, a charitable organization providing general information about HIV/AIDS, reported that 68% of the 37.9 million people affected worldwide by the disease live in sub-Saharan Africa. South Africa ranks highest out of all African nations, with over 7 million residents who have been diagnosed with HIV/AIDS (Avert, 2020). In terms of the number of people with the disease, Swaziland has the second-highest rate of infection, with 28% of its residents who have HIV (Cousins, 2017). In these regions, the transmission of HIV/AIDS results mainly from heterosexual encounters (Dwyer-Lindgren et al., 2019). Kenya, Namibia, Nigeria, and Mozambique also have high proportions of residents infected with the disease (Maheu-Giroux et al., 2019). Evidence reveals that nearly every minute, one young person is infected with HIV/AIDS in sub-Saharan Africa (Kharsany & Karim, 2016).

According to Dwyer-Lindgren et al. (2019), the occurrence of HIV/AIDS is mostly in women. While HIV/AIDS is the second killer in Africa (Ng'ang'a, 2017), it is the fourteenth leading cause of death globally (Roser & Richie, 2019). As such, scholars have designated HIV/AIDS as an epidemic as well as Africa's most deadly, unprecedented war (Niehof and Rugalema, 2019). Although the disease is widespread in Africa, sub-Saharan women are disproportionately affected by the HIV/AIDS epidemic accounting for almost 58% of all cases in the region (Dwyer-Lindgren et al., 2019). Data resulting from antenatal surveillance note that several African nations have reported the prevalence of HIV/AIDS within their areas with studies involving pregnant women demonstrating higher rates of infection (USAIDS, 2019). Most important is data from Zambia and South Africa, which listed rates of disease at 14.5% and 39.5%, respectively (Ramje e et al., 2008).

Data reveal that young, unmarried women are at the highest risk of developing HIV/AIDS (De Cock et al., 2019). This is mostly due to their engagement in unsafe sexual practices, as many women have been known to contract the disease as a result of prostitution (Kharsany & Karim, 2016). According to *Avert*, Zimbabwe's HIV/AIDS statistics indicate that around 1.3 million people are infected with HIV/AIDS, with women accounting for 58% of those affected (Avert, 2020).

Theoretical Framework

Empowerment theory is a construct by which individuals' strengths, competencies, proactive behaviors, and natural helping systems are linked in their efforts toward improving the state of their well-being (Jamision et al., 2006). Empowerment theory allows individuals to effect change in their broader political and social environment in the mutual struggle to create a community that is responsive to their needs (Perkins & Zimmerman, 1995). Systemic problems embedded within society contribute to the challenges they face. As a result, women need to be empowered collectively to challenge deep-rooted systems of oppression and marginalization.

Empowerment theory is a foundation for constructing proactive social policies and measures to address problems that present the broader social and political environment impacted by HIV/AIDS (UN News, 2019). The theory compels governments, private agencies, scholars on HIV/AIDS in sub-Saharan Africa, and health care practitioners to consider solutions from the perspective of wellness rather than an illness to achieve substantive change (UNAIDS, 2007). Ministers of health, doctors, and heads of private institutions need to provide resources to achieve these objectives. Empowerment-based recommendations include the development of prevention programs, the improvement of relationships between genders, and collaboration with the United Nations Sustainable Development Goals for the achievement of universal health coverage (WHO, 2008). These solutions for the participation of various entities to gain understanding, access resources, and achieve goals related to supporting ethically sound approaches to control the spread of HIV/AIDS. Simultaneously, women are empowered to become autonomous in their decisions regarding their engagement in sexual activity (United Nations Assembly, 2019).

Injustices Contributing to Women's Rates of HIV/AIDS Infection

Gender and sexual inequalities in economic opportunities, disparate roles, and societal norms affect men's and women's autonomy as well as their vulnerability to HIV/AIDS. In this regard, a gendered understanding of the disease reveals that females are more vulnerable to the contraction of it. The disproportionate effect of the HIV/AIDS epidemic on women is a result of factors which range from unequal

social, cultural, structural, biological, as well as economic status in society (Chersich & Reese, 2008; UNAIDS, 2017; UNAIDS, 2019). In most African societies, issues related to inequitable laws (McCloskey et al., 2016), intimate partner violence (WHO, 2019), and harmful traditional practices are commonplace. The blending of these issues often results in the promotion of gender-based unequal power dynamics which contributes to an increase in the population of women affected by HIV/AIDS (USAIDS, 2019).

Patriarchy and Polygamy

Patriarchal societies are primarily based upon the oppression of women (Sileo et al. 2018). Patriarchy is a system of social structures as well as practices which are utilized by men to oppress, dominate, and exploit women (Ackermann & Klerk 2002). Within this process, men gain more significant opportunities and power compared to women. In recent years, organizations such as the WHO, UNICEF, and the World Bank have initiated projects for the purpose of implementing educational programs for women in order to empower them financially and to liberate them from the effects of patriarchy (Sileo, 2018). However, despite these interventions, Africa remains a patriarchal region of the world.

In most sub-Saharan African societies, men are viewed as the heads of their families. As a result, they assume the role of the decision-maker and are given charge of the family resources and finances (Ackermann & Klerk 2002). In terms of the role of women, the mandate of respecting their husbands, polygamous relationships, and the fulfilling of community and family duties is the primary requirement (Sia et al., 2016). These cultural norms within African society encourage men to regard women as property. Men are allowed to have several sexual partners, even if they are married, contributing to the spread of HIV/AIDS (Sida, 2006). Further, since women are not permitted to have multiple sexual partners, they have been the unwilling victims of the proliferation of the HIV/AIDS epidemic.

Patriarchal structures within the cultural context of African societies are problematic because they relegate women to an inferior status to that of men. As such, women are treated unequally, devalued, and have no substantive role in decisions which pertain to themselves. In most sub-Saharan nations, women do not have the right to sexual self-expression (Dwyer-Lindgren et al. 2019). Women who assert themselves in any way, including refusing to have sex or to use a condom with their husbands, are often violently beaten and assaulted (Sileo et al., 2018).

In sub-Saharan Africa, one of the cultural practices that reinforces this type of behavior is the payment of a bride price for women in African societies (USAIDS, 2019). This process includes the family of the bride receiving financial compensation from the family of the individual who intends to marry their daughter. In recent years, economic issues concerning the payment of a bride price have occurred where many men have been unable to meet the cost associated with marriage especially when it is expensive (Gould, 2016). Due to their inability to meet the costs of payment for the bride price, many men move from relationships with one woman to another. In these instances, wives are left with children without means of support and must take sole responsibility for the care of children (Gould, 2016). This results in difficult economic challenges for women who often find themselves in positions of having to resort to measures such as the sex trade to provide for their children which places them at greater risk of contracting HIV/AIDS (Sia et al., 2016).

Child Marriage

In many African nations, younger women are encouraged to marry older men. This causes them to be more at risk and susceptible to contracting HIV/AIDS. Adolescent and young women who lose their virginity as a result of unprotected sex with males who have multiple partners are at an increased risk of getting the disease (Mfecane, 2008). Even if an individual was sexually active before marriage, the practice of polygamy increases the chances of having HIV/AIDS. For example, in Malawi, wives are obligated to engage in sexual intercourse with their husbands regardless of the number of multiple partners that he has (Amuche et al., 2017). In many African nations, society celebrates polygamy and discourages divorce. As a result, women who find that they have no recourse to an abusive relationship with their husbands often seek intimacy from other males increasing their risks of contracting HIV/AIDS (Sida, 2006).

Women who are married at a young age tend to lack a formal education and do not understand the implications of contracting HIV/AIDS (Mfecane, 2008). Several studies indicate that women who have had some educational training understand the need to protect themselves from contracting the disease. Once educated, they desire to manage their sexual activities, and because of that men have reportedly responded by requiring women to engage in “dry sex” (Wojcicki, 2017). It is the practice of inserting objects such as herbs or dry cloths into the vagina of women.

Poverty

The subordination of women has resulted in their state of abject poverty. As a result of gender inequality, women are disproportionately affected by poverty and experience it differently than men. As a result, women are increasingly at risk for the negative effects of societal factors. Except for Girl Child education, there has not been any significant policy aimed at supporting women in their effort to be more independent (Niehof & Rugalema, 2019). Worldwide, women are negatively affected by poverty. Women represent a population of 70% of the 1.2 billion people who live in poverty (USAIDS, 2019). These socioeconomic and gender inequalities cause women to

be increasingly vulnerable to contracting HIV/AIDS particularly in regions of Africa where women's status is often considered lower than men (Mfecane, 2008).

Poverty exists as the major contributor to the spread of HIV/AIDS among African women. Studies suggest that increases in the inequitable distribution of incomes is directly related to the spread of HIV/AIDS and its rate of prevalence (Chersich & Rees, 2008). For African women, patriarchal structured societies often deny them the opportunity to obtain an education and gain financial independence. Low income is directly related to early engagement in sexual activity, minimal use of condoms, multiple sex partners, and a heightened chance of sexual assault (Mfecane, 2008). As a source of income, many African women rely on transactional sex. In these cases, young women are forced to engage in sexual activity with older men as a source of revenue.

In high poverty areas, the risk of contracting HIV/AIDS is perceived as an insignificant concern. This is due to their need to meet basic requirements for living such as food and shelter. In these instances, sex is viewed as a commodity which can be bought and sold. For most women, transactional sex is a means of supporting themselves as well as their families (Chersich & Rees, 2008). On many occasions, women engage in unsafe sexual practices as their male customers insist on not using condoms placing them at higher risk of contracting HIV/AIDS.

Ethical Challenge

Each individual in society has a role to play in eliminating the ongoing injustices, mostly based on gender. Since the various forms of injustices directed against women and girls in sub-Saharan Africa take place in the social, cultural, or economic contexts, it disrupts the social well-being of the group. Prevention is better than cure. The impeding higher cases of HIV/AIDS in the region are significantly linked to the injustices committed against women. Women and girls in society, not just the males, need to be appreciated and respected. Therefore, all individuals should contribute to the well-being of the group. Initially, the victims can report unhealthy issues such as early child marriages to respective authorities. They should not just bear the pain of the practices since it increases their susceptibility to contracting the disease. Public health prevention and intervention programs value culturally relevant intervention designs. However, health professionals face the dilemma of upholding local cultural values while recognizing the societal oppression of women and girls that increase the risk and negative consequences of HIV and AIDS. Lastly, healthcare organizations and individuals have a duty of safeguarding the wellness of women and girls. For instance, WHO and UNAIDS can establish programs and deploy their skilled personnel to empower women such that they escape social injustices and thereby HIV/AIDS pandemic. The programs may entail treatment, financing, or adult education essential for overall women empowerment. All in all, the victims, individuals, authorities, and organizations should work collectively to attain desirable ethical standards and direct them towards fighting HIV/AIDS epidemic.

Recommendations for Tailored Strategies to Mitigate HIV-Related Injustices in Women

What follows are recommendations to support ethically sound approaches to control the spread of the disease while simultaneously empowering women to become autonomous in their decisions regarding their engagement in sexual activity. Gaining an understanding of the problems facing the region is a crucial element necessary to achieve solutions to them.

RECOMMENDATIONS

- The development of prevention programs to educate individuals about the disease and how it contributes to injustices perpetrated against women. This is the basis of the rationale that the prevention of new cases of HIV/AIDS infections should be afforded the highest priority in actions aimed at mitigating gender inequality and injustice (Cousins, 2017). These include the supply and usage of male and female condoms, sex and reproduction education, and administering antiretroviral drugs to women.
- The improvement of the power dynamics between genders to mitigate HIV/AIDS-related injustice against women. A reconfiguration of these power dynamics between genders is essential to taking an ethical approach to control the spread of HIV/AIDS in sub-Saharan Africa and empowering women to become autonomous make decisions of whether to engage in sexual activity.
- The adoption of a humanitarian approaches whose designs are woven around the WHO's recommended guiding principles of human rights and gender equality. Specific measures to empower women who are plagued with the burden of HIV/AIDS consist of legal support, vocational training, and adult education for married women. Also, it entails school for girls, micro-financing programs, women's employment programs, safe housing programs, and childcare programs. Such programs help develop a desirable ethical approach in the society since when marginalized groups are sorted out, the chances of engaging in immoral activities are reduced.

Biomedical Consideration

Indeed, the high prevalence of HIV/AIDS infections in sub-Saharan Africa, especially in women, is tragic. Women and girls are more vulnerable in that most African societies practice traditional customs without considering their effects on the health and well-being of the group. As stipulated earlier, most traditional African societies are characterized by patriarchy, polygamy, child marriages, especially in girls and poverty, which increases susceptibility to contracting the epidemic. Unfortunately, women and girls stand no chance to oppose such practices in a given context as it may invite more punishments. It is convincing that social justice is lacking in sub-Saharan Africa, and this is the leading cause of the disease. It follows that women and girls are underprivileged in wealth and income distribution and other opportunities, such as making personal decisions.

It is time for relevant organizations and stakeholders, for example, WHO and UNAIDS, and individuals to step in with effective mechanisms that could mitigate social injustices rooted in various societies. In turn, the attainment of social justice alongside other medical interventions can reduce the spread of the HIV/AIDS epidemic in women and girls in sub-Saharan Africa. In this case, the recommended solutions can effectively be enacted in the social, cultural, economic, and political contexts by applying the four significant dimensions of medical ethics. Autonomy, non-maleficence, beneficence, and justice. These are the main guiding principles that can achieve desirable standards of behavior in controlling the spread of the epidemic, especially in women and girls. Notably, the justice aspect is the most lacking and, therefore, essential in modifying the actions of the biased society that increases the susceptibility of women to get infected.

One of the recommended solutions which promote the aspect of justice is to raise awareness. Through the various programs developed by the stakeholders to help the affected group, members should be enlightened on the existence of social injustices such as patriarchy and early child marriages. In cases where women and girls find such practices to be threatening in terms of health and well-being, they should be encouraged to stand against them and, if possible, report to the nearest legal authority. Secondly, the programs tailored to provide medical support to the group in sub-Saharan Africa can be turned into empowerment centers. A significant number of women and girls in the region are defenseless due to the way the society depicts them. The belief that women and girls are dependent on the men facilitates the faster spread of HIV/AIDS. Meanwhile, empowerment programs such as education for girls, women employment, and micro-financing schemes can boost the status of women in society and liberate them from associated social evils.

Apart from that, traditional African societies should implement ways in which income and wealth are distributed among gender. Gender biasness is responsible for patriarchal societies. Such societies are responsible for inequitable distribution in income and wealth to women. The high poverty level pushes women and girls to engage in transactional sex where, during the action, an individual is not sure of the intimacy and condition of the partner. In the absence of protective measures, one may contract the disease. In this case, relevant stakeholders and organizations can advocate for the rights of the group to the state authorities. They should push for the amendment or rather, the formation of new policies that requires community members to allocate significant wealth to women and children.

Consequently, the element of justice cannot thrive well in mitigating the social evils related to high HIV/AIDS prevalence among women and children in sub-Saharan Africa without the assistance of other medical ethics. When the aspects of autonomy, non-maleficence, and beneficence are encompassed in the strategies of assisting the group, nearly all the periphery of their needs is addressed. Initially, the programs developed by stakeholders to support the underprivileged women and children in the regions should respect their personal interests. Healthcare officials should observe the confidentiality of the victims during their encounter. For example, vaccine trials to the epidemic should not be administered without the consent of the individuals as an effort to control the epidemic. Also, the communication between an infected person and the health practitioner should be kept in confidence to boost the trust of the victim to pursue more services as stipulated in the treatment plan. It helps avoid stigmatization. However, it is prudent for the victims to inform their sexual partners. Alternatively, women and girls should be allowed to make personal decisions on sexual life that is less threatening.

Similarly, the strategies undertaken to help women and girls affected by HIV/AIDS should have positive forthcoming benefits. In a case where partners are encouraged to use protective measures such as a condom, the disease can be prevented. Also, the application of antiretroviral drugs should significantly boost the immune system of a victim. Circumstantially, the aspect of non-maleficence should be articulated such that any side effects to the victims should not accompany the proposed diagnosing and treatment plans. The administration of drugs should be justified to be fit for human consumption by medical practitioners.

Generally, the absence of justice has stimulated the rise of social evils in most societies in sub-Saharan Africa. Since women and girls are regarded as minorities, they have high risks of being infected with HIV/AIDS. However, when relevant stakeholders achieve this ethical approach alongside autonomy, beneficence, and non-maleficence, the overall health and well-being of women

and girls in the region can be achieved through the proposed solutions above.

CONCLUSION

In conclusion, injustices perpetrated against women operate as one of the leading causes of the widespread nature of HIV/AIDS among women. These injustices and inequitable practices have resulted in women being more vulnerable and susceptible to contracting HIV/AIDS. Recommendations to mitigate HIV/AIDS-related injustices that affect women include prevention, education, and vocational training programs. Improving the relationships between genders is also recommended as a solution.

ACKNOWLEDGEMENT

I express my heartfelt gratitude to these people, who helped me complete this paper. I would like to thank Associate Professors Nanette Elster and Lena Hatchett, (all in Loyola University Chicago Stritch School of Medicine), profusely who were able to guide me and read through this paper.

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