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PEPFAR Problems: How Does the United States' Presidential Emergency Program for AIDS Relief Empower Women?

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PEPFAR Problems: How Does the United States' Presidential Emergency Program for AIDS Relief Empower Women?

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In partial fulfillment of the requirements for South Africa: Multiculturalism and Human Rights

School for International Training: Cape Town

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Glossary

AB: Refers to a program of sex education that advocates “abstinence, be faithful.” In the context of PEPFAR, these programs advocate abstinence until marriage, and then a monogamous, faithful relationship. These programs do not discuss condoms or other contraceptive methods.

ABC: Refers to a program of sex education that advocates “abstinence, be faithful, condomise,” where condoms are advocated in the case that abstinence and faithfulness cannot be guaranteed.

AIDS: Acquired Immunodeficiency Syndrome

APLO: The Anti-Prostitution Loyalty Oath, which all organizations receiving PEPFAR funds must agree to. The legislation reads “No funds made available to carry out this Act [PEPFAR], or any amendment made by this Act, may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking” (108th Congress 2003).

BCC: Behavioral change and communication; a method of HIV & AIDS education taught by Scripture Union

CDC: The Center for Disease Control; based in Atlanta, Georgia, United States. This organization receives funds from the State Department to distribute to organizations for PEPFAR.

COPs: Country Operational Plan Reports, released each year by PEPFAR to outline activities in each recipient country

DOH: Department of Health in South Africa

FBO: Faith-based organization

GBV: Gender-based violence

GOLD: Generation of Leaders Discovered; acronym for GOLD Peer Education

HIV: Human Immunodeficiency Virus

PEPFAR: The Presidential Emergency Plan for AIDS Relief. This program was originally signed into law by President George W. Bush, and made the United States the primary donor of AIDS relief funds in the world.

TB: tuberculosis; air-borne disease commonly associated with HIV

Transactional Sex: sex performed in exchange for material goods

SAG: South African government

Sugar Daddy: term used for an older, wealthy man hoping to date a younger woman; he gives her money and gifts in return

SWEAT: Sex Workers Education and Advocacy Taskforce; main NGO working with sex workers in the Cape Town area

UNAIDS: The Joint United Nations Programme on HIV/AIDS

USAID: United States Agency for International Development; one of the primary funders of PEPFAR

USG: United States Government

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Abstract

This study looks to examine how the Presidential Emergency Program for AIDS Relief (PEPFAR) works to achieve one of its key goals, the empowerment of women, in the Western Cape. Human immunodeficiency virus (HIV) affects women disproportionately, around the world and in South Africa. Thus, women should be a key focus of Acquired Immunodeficiency Syndrome (AIDS) relief and HIV prevention. This paper analyzes the work of PEPFAR to empower women through three lenses. Women's empowerment in general is discussed, to see how organizations view their own methods of empowerment. PEPFAR's work with sex workers is examined, as they are often women and the stigmas they face in society compound their struggles receiving HIV prevention and AIDS relief services. Finally, this paper will explore sex education, to look at both abstinence and comprehensive programs, as well. Alternative education routes are key. This paper will explore these topics by looking at two nongovernmental organizations (NGOs), GOLD Peer Education and TB/HIV Care Association, a faith-based organization (FBO), Scripture Union, and one of the key funders of the program, the Center for Disease Control (CDC), as well as PEPFAR, United States Government (USG) and South African government (SAG) documents.

Introduction

One of the first things I noticed upon arriving in South Africa is how open the people are about topics generally considered taboo in the United States, especially subjects pertaining to race. I had researched HIV & AIDS in South Africa before, so I knew about the high rates here, and thus I quickly assumed that these would also be a popular conversation topic. However, after a few weeks in Cape Town, I realized that *no one* was talking about it in an informal setting. I had seen NGOs dedicated to HIV & AIDS advocacy, support, and education. I had heard academics reference the topic. Yet, while everyone from cab drivers to store clerks to my host sisters were constantly bringing up race, politics, and economics, HIV & AIDS were never mentioned. I wanted to explore these issues at a deeper level.

I chose looking at HIV & AIDS through a lens of PEPFAR's empowerment of women for several reasons. Firstly, as will be discussed in the literature review, HIV & AIDS affect women in greater numbers than men, especially in places such as South Africa, where economic circumstances, patriarchal values, and high rates of gender violence compound the issue (Ndinga-Muvumba 2008). Moreover, as will be discussed in my findings, PEPFAR is currently undergoing several changes, and I wanted to see how those changes might be affecting the program, and therefore the women receiving services through the funding (Chiliza 2012 pers. Comm., Nov 9). Finally, I chose PEPFAR because I had researched its effects in Uganda—and, to a lesser extent, in South Africa—during a summer internship. I was thus aware of both its shortcomings and its successes, which is also why I chose to focus on women's empowerment through engagement with sex workers and sex education. I chose to look at the Western Cape in general, rather than Cape Town specifically, because the organizations I chose to speak with do similar work throughout the province.

Before I begin my analysis, I want to mention that, if it seems I speak in a gender binary, a manner that emphasizes heteronormative behaviors, or using disempowering language that implies a lack of agency among people with HIV or AIDS at certain points, this is because I tried to use the language presented by the authors of the literature I looked at and the people of the organizations I interviewed. Some of these organizations—particularly TB/HIV Care—did *not* use a gender binary or assume heterosexuality among its constituents, but some organizations and much of the literature did speak in this manner, and thus my writings reflect this.

Before I continue, I would like to establish the objectives of this research. The objective is not solely to criticize PEPFAR, the United States government, or the work that these organizations are doing. PEPFAR and the organizations it engages are doing incredible, life-saving work, and I hope that work continues. However, even though a program or organization is doing good work, they can still

have shortcomings, and I cannot in this analysis ignore those aspects. Specifically, the objectives of this study are trifold. One objective of this research is to allow for organizations to self-reflect on if they are achieving their goals to the best of their abilities. The second is to look at the PEPFAR program to see how some of its programs are truly empowering women, as it is one of their stated objectives in the Western Cape. The third objective is to look at what sorts of alternative sex education and outreach programs work the best in the Western Cape setting.

After a brief look at the existing literature relevant to the topic at hand, I will discuss my findings. These begin with a brief overview of PEPFAR in the Western Cape, followed by a detailed overview of the PEPFAR programs run by the organizations I interviewed. I then discuss what the organizations themselves say they are doing to empower women. Next, I analyze PEPFAR's work with sex workers in the Western Cape. I end with a look at the sex education programs funded by PEPFAR in the area.

This paper uses several sources. For my literature review, I relied on secondary sources evaluating PEPFAR, various sex education programs, the relationship between sex work and HIV & AIDS, and HIV & AIDS in South Africa. The majority of these studies were practicum-based to show the practicality of various methods and programs relating to sex work, sex education, and HIV & AIDS prevention. These studies were in the form of journal articles, United Nations documents, and academically reviewed books. My findings are based on interviews with people working with the PEPFAR funds to implement programs, an interview with the PEPFAR coordinator of the Western Cape who works under the Center for Disease Control (CDC), and documents found on the PEPFAR website.

Limitations

I was able to conduct interviews with three organizations that receive or have received PEPFAR funds, as well as the Center for Disease Control's Western Cape PEPFAR coordinator. While this may not seem like many interviews, I was asking for interviews during only a one-month period. Moreover, this month happened to coincide with both World AIDS Day on December 1st and the 16 Days of Nonviolence from November 25 to December 11. Almost all of the more than thirty organizations I contacted were involved in efforts for these events. Thus, receiving four interviews was actually a success. Thankfully, all four provided ample information for a well-thought-out study of PEPFAR's diverse organizations. I was able to see several perspectives of the program and interact with people involved in all facets I was attempting to study.

As an international student, I also had to overcome several challenges. For instance, I have few contacts to organizations in South Africa. However, I was able to use contacts through SIT staff and my university to find some interviews. I was also persistent in emailing and calling some organizations, which occasionally worked.

Finally, I discovered another challenge of researching government funding programs. Many organizations fear loss of funds, and so do not want to say anything inflammatory about the program. This led to many organizations being wary of meeting with me, but I was able to convince them that they and their organization could remain anonymous if they said anything that they did not want to be public. In the end, no organizations decided upon anonymity.

Literature Review

Former U.S. President George W. Bush signed the Presidential Emergency Program for AIDS Relief, the United States' global AIDS relief program, into law in 2003. It donates billions of dollars to countries each year to prevent and treat HIV & AIDS (Susser 2009). While this program is clearly beneficial, and has positive aims, it is also perceived to contain several flaws pushed by Bush to indoctrinate other nations to “American values,” or what Bush perceives to be American values. For instance, PEPFAR promotes a sexual education policy called “ABC,” which recommends abstinence (Susser 2009). Moreover, organizations that promote sex work are excluded from funding. All organizations must sign a pledge, promising not to promote prostitution. These policies ignore the reality of HIV & AIDS in several parts of the world, and hurt women—and all genders—in the process (Susser 2009, pp. 61-64).

Institutions vs. Organizations

In the analysis of PEPFAR in the Western Cape, institutions and organizations will play a key role. Kauffman (2004) gives a theoretical overview of the differences between institutions and organizations. He explains that “the *institutions* are the ‘rules of the game’ and the *organizations* are groups of individuals, who are affected by and consequently try themselves to affect the institutions, but are viewed as separate entities” (Kauffman 2004, p. 19). For instance, the Catholic Church is an *organization* that is against abortion, an *institution*. Formal institutions, such as laws, are critical to assess a society's context, but often, *informal* institutions govern more about society. Informal institutions can be defined as “codes of behavior that individuals live their lives by” (Kauffman 2004, p. 19). Essentially, they are unwritten scripts for how people perform societal norms. One important indicator of informal institutions in a society is the role of women (Kauffman 2004, p. 19). In the context of PEPFAR, formal institutions would include the United States legislation regulating the program. Organizations would include funding sources, such as the United States Agency for International Development (USAID) and the Center for Disease Control (CDC), and the organizations that receive those funds, such as Scripture Union, TB/HIV Care, and GOLD Peer Education. Informal institutions would include the stigmas surrounding sex work and HIV, the status of women in society, the norms of gender violence, and the ideas surrounding sex education and condom use. These distinctions are important to understand, as much of the findings will be related to how one organization, the United States government, reinforces some informal institutions, such as the idea that prostitution is bad, through a formal institution, PEPFAR, while claiming to change another informal institution, the

unequal status of women in society. Although complicated, these distinctions will come up frequently in the findings.

Women and HIV & AIDS

HIV is a gendered virus. Although men are also susceptible to it, it affects women to larger degrees for several reasons, both biological and social (Usdin 2003; Ndinga-Muvumba, 2008). Due to a cisgender women's body structure and her role in heterosexual sex as the *receiver* of sexual fluid, she is "at least twice as likely to contract HIV from an infected man" (Usdin 2003, p. 45). Moreover, women tend to have a lower socioeconomic status than men, which impedes their abilities to choose the healthiest life option possible (Usdin 2003, p. 47). For instance, women often cannot access education or typical health services (Usdin 2003, pp. 47-48). The biology and socioeconomic status of women combine globally to exacerbate rates of infection in women. Thus, in sub-Saharan Africa for example, "for every ten HIV-infected men [...], there are on average thirteen women living with the virus" (Ndinga-Muvumba 2008, p. 8). Moreover, according to Susser (2009), women in sub-Saharan Africa also tend to contract HIV ten years before men (Susser 2009, p. 4).

In South Africa, the gendered nature of the disease has the added dimension of high rates of gender-based and sexual violence, as well as the low status of women. According to van der Vliet (2004), women are particularly prone to infection due to a combination of "their inability to negotiate safer sexual relationships, of high levels of domestic violence and rape, of macho sexual attitudes, and dangerous myths around HIV/AIDS" (van der Vliet 2004, p. 84). These informal institutions exacerbate women's incidence of HIV. Marks (2008) discusses the links between gender-based violence and HIV & AIDS in South Africa. There are several links between sexual violence and HIV transmission: violence such as rape can lead to female genital injury,

"assault by multiple assailants in gang rape also compounds risk; both rape and physical abuse limit women's ability to insist on condom use; childhood sexual abuse may lead to riskier sexual behaviors later on; and women whose HIV status becomes known are often subjected to abuse by their partners" (Marks 2008, p. 49).

All of these issues combine to force women to bear a disproportionate amount of the burden of HIV. The link between gender and HIV & AIDS is key to the research at hand, as it demonstrates the importance of empowering women *through* HIV prevention & AIDS relief. If women are empowered,

they will gain the ability in society to negotiate sexual circumstances and relationships, and therefore reduce HIV transmission.

PEPFAR

PEPFAR is the United States' global AIDS relief program. It donates billions of dollars to HIV & AIDS and tuberculosis (TB) activist groups and relief services across the globe. Although this program is working to fix a major international problem, it has some faults. Susser outlines some of the problems with PEPFAR, claiming the program is being used to push neoconservative policies abroad (Susser 2009, p. 63). For the countries that need PEPFAR, such as South Africa, "there are many more implications than the immediate moral imperatives about abstinence," (Susser 2009, p. 61) or other neoconservative policies; however, "agencies have been denied [PEPFAR funding] because of association with reproductive education" (Susser 2009, p. 61). In fact, well-known AIDS activist groups in Africa were denied funds, whereas "a consortium of evangelical groups with no experience in HIV/AIDS or international work" received large amounts (Susser 2009, p. 61). These evangelical groups are notorious for promoting informal institutions such as "particular restrictions on women and reproduction as well as neglect of comprehensive sex education and stigmatizing of sexual orientation, sex workers, and drug users" (Susser 2009, p. 63). Thus, PEPFAR seems to be disempowering women through these efforts. Moreover, PEPFAR condemns sex work, through a pledge all organizations must sign called the Anti-Prostitution Loyalty Oath, and in many organizations anti-prostitution policies have been implemented due to pressure from the United States. According to Susser, this has led to more sex workers' arrests (Susser 2009, p. 64). Furthermore, twenty percent of PEPFAR funds are allocated for prevention, with no particular amount required for instruction about condoms or related contraceptives (Susser 2009, p. 48). Abstinence-focused education is advocated. However, after Uganda had implemented comprehensive sex education programs and seen a decline in HIV transmission rates, the United States gave the country PEPFAR funds and advocated abstinence-focused education. HIV rates increased (Susser 2009, p. 59). Thus, PEPFAR regulations have already been demonstrated to be ineffective in some contexts in sub-Saharan Africa.

Mbugua (2009) expounds on these ideas through looking at PEPFAR policies. She explains that the PEPFAR definition of ABC, as of 2008, is:

"a) abstinence for youth, including the delay of sexual debut and abstinence until marriage; b) being tested for HIV and being faithful in marriage and monogamous

relationships; and c) correct and consistent use of condoms for those who practice high-risk behaviors” (Mbugua 2009, p. 172).

She argues that this is not practical in an African context. It only advocates for monogamy in marriage, which conflicts with some African cultures (Mbugua 2009, p. 172, p. 176). Moreover, PEPFAR’s ABC definition does not require information about condoms to be distributed to youth not practicing “‘high-risk’ sexual behavior” (Mbugua 2009, p. 172). Mbugua explains that misinformation about condoms is rampant in Africa. Most sub-Saharan Africans do not know what female condoms are, where to find condoms anonymously, how to use a condom, or how to insist on using a condom “‘without evoking the anger or distrust of one’s sexual partner” (Mbugua 2009, p. 17). This is particularly true among women, who are viewed as promiscuous if they know about condoms (Mbugua 2009). Thus, proper condom education campaigns are necessary. These programs need to focus not just on the *use* of condoms, but also on how to find them or convince a partner to use them. This is the context in which the organizations receiving PEPFAR in Cape Town operate. Any restrictions or regulations required by PEPFAR are, theoretically, restrictions for these NGOs, and thus they are important to understand for this analysis.

Sex Work

UNAIDS outlines several factors surrounding entry into sex work. Poverty leads many people into sex work. Some are forced into sex work through violence or trafficking. Others simply wish to work in the sex industry. Culture can also influence entry, and thus must be considered when implementing HIV & AIDS programs for sex workers (UNAIDS 2002, p. 2). UNAIDS found that sex workers have “‘significantly higher rates of HIV infection have been documented among sex workers and their clients as compared to most other population groups within a country” (UNAIDS 2002, p. 2). Unfortunately, police, clients, and pimps frequently perpetrate violence against sex workers (UNAIDS 2002, p. 9), which exacerbates the issue. However, studies have demonstrated that sex workers respond strongly to HIV and sexually transmitted infection (STI) prevention programs (UNAIDS 2002, p.2), making them a key group to focus on with education and prevention efforts.

Meaghan (2001) also gives a brief overview of the relationship between sex work and HIV & AIDS. Prostitution has been considered a public health threat for a long time, and “‘with the advent of the HIV/AIDS ‘Crisis’ during the 1980s, female sex workers were viewed as a ‘high risk’ group for spreading AIDS in the general population” (Meaghan 2001, p. 107). Moreover, media often blames sex workers for the spread of the disease (Meaghan 2001, p. 108). Part of this stigma is due to the lower position of women in society, and the fact that most sex workers—although not all—tend to be women

(Meaghan 2001). Furthermore, “cultural, political, and religious authorities...reinforce male values concerning sexuality, to divide ‘bad women’ from ‘good women’ and to support a sexual double standard” (Meaghan 2001, p. 109), and policy related to the issue has “attempted to eradicate or regulate commercial sexual encounters by requiring sex workers to register, to be confined to segregated areas, and to be inspected and quarantined if found to be infected” (Meaghan 2001, p. 107), rather than fixing working conditions to decrease rates of infection. This stigma leads sex workers to often be excluded from treatment and prevention efforts. Biology also hurts female sex workers, as there is a higher chance of client-to-worker transmission than vice versa (Meaghan 2001, p. 108). Interestingly, Meaghan found similar statistics in the rate of infection between sex workers and the general population, which differs from the statistics found by UNAIDS (UNAIDS 2002, p. 2). However, the difference in statistics is negligible; sex workers, as people, deserve access to care whether they *are* infected at higher rates or not, and society tends to bar them from these services, so NGOs must work to provide them.

Usdin (2003) also discussed the relationship between sex work and HIV & AIDS. For instance, AIDS has affected sex work; now many clients seek younger sex workers to decrease their chances of infection (Usdin 2003, pp. 38-39). Unfortunately, HIV & AIDS activists often marginalize sex workers. Susser explains that they were often singled out in early literature, with no “attention to their lives as men or women in the social context of families or neighborhoods” (Susser 2009, p. 34). They are viewed *only* as sex workers in these efforts. At the 2006 International AIDS Conference in Toronto, one woman claimed, “We sex workers are never included in panels that are about women” (Susser 2009, p. 35). Mbugua ends with a discussion on sex workers in Sub-Saharan Africa. According to her, “most poor female sex workers may want to use condoms but do not do so because they cannot afford to purchase high-quality condoms”(Mbugua 2009, p. 180). Moreover, if prostitutes are given free condoms by secular organizations, many cannot use them because their clients prefer not to (Mbugua 2009, p. 180). Essentially, the real risk is posed by the client, not the sex worker, in many cases (Meaghan 2001, p. 108). Creative solutions are thus necessary.

When given access to proper resources, however, sex workers can prevent new infections. For instance, in a study analyzed by Pelter (2008), in Nairobi, when 10-18% of sex workers use condoms, 10,200 new infections can be prevented in a year (Pelter 2008, p. 219). Moreover, when governments work *with*—instead of against—sex workers, progress can be seen. In Senegal, according to Kauffman, sex workers are required to register and have regular health check ups. The government provided counseling for safe sex and monitored HIV transmission. After this had been implanted, in 1998, “99 percent [of sex workers in Senegal] used condoms with their most recent *new* client and 97 per cent used condoms with their most recent *regular* client” (Kauffman 2004, p. 27) due to regulation. In South

Africa, sex workers are considered “core transmitters” (Pelter 2008, p. 218). However, Susser discusses a scenario in which UNAIDS made female condoms available free to sex workers in the Mpumalanga Province. When the women began using them, many clients offered to pay more for the women’s condom (Susser 2009, p. 31). Thus, in South Africa, working with sex workers has been proven successful. This information is important to analyze PEPFAR in the Cape Town area, as it demonstrates what methods have aided sex workers, as well as the unique risks they face that must be overcome. This information can be used to evaluate the work done with sex workers in the Western Cape with PEPFAR funds.

Sexual Relationships and Education

Sexual education is a key component to preventing HIV & AIDS. Tonks (1996) discussed some of the issues surrounding HIV & AIDS and sex education across the world. The book looked at several education programs’ effectiveness, to examine the effects of abstinence promotion, irregular sex education, and more. Tonks found few experts who would advocate abstinence campaigns as “a viable response to the problem” (Tonks 1996, p. 15) of HIV & AIDS education. However, in the United States conservatives often fear that the option of abstinence will be ignored in comprehensive sex education programs (Tonks 1996, p. 18). Tonks discussed more obtainable goals than abstinence for everyone, including delaying sexual debut and improving communication skills—particularly for women and girls—in order to negotiate condom and other contraception use or delaying sexual behaviors (Tonks 1996, pp. 19-21). Tonks also argued that advocating for “secondary virginity” is pointless, as teenagers and young adults rarely give up what they perceive as adult behaviors (Tonks 1996, p. 19). While most of Tonks’ results stem from studies in the United States, many of her points—particularly those related to conservative pressures in the United States—are relevant to this research as many American ideas about sex were reinforced through the distribution of PEPFAR funds. Usdin (2003) agrees that ABC is over-simplistic. The United Nations estimates that in “up to 80 per cent of cases where women in long-term relationships are HIV-positive, they acquired the virus from their partners” (Usdin 2003, p. 51) so that even sex within marriage is a risk. Moreover, the “B” in “ABC” often leads serial monogamists to believe they are being safe, as they are faithful within any given relationship. They are, however, still at risk (Usdin 2003, p. 77). Finally, an abstinence approach does not work “as a lifestyle choice in the context of rape” (Usdin 2003, p. 50). Ferris and Walters (2012) admit that there are “limited successes of ‘rational,’ information-driven approaches to HIV and AIDS education, insights from empathic, creative, and playful approaches to community empowerment can be helpful to the work of educators, activists, and caregivers” (Ferris and Walters 2012, p. 78)

As aforementioned, the United States is pushing an abstinence-focused view of sexual education abroad. However, in a global study conducted by Kirby, Laris, and Rolleri, it was found that comprehensive sexual education programs did not increase sexual activity (Kirby, Laris & Rolleri 2006, p. 214). These programs were just as or more effective in developing countries as they were in developed countries, whether the area was rural or urban, regardless of socioeconomic status. They were effective in schools and communities, and across all ages (Kirby et al. 2006, p. 214). Kirby et al. also found that, although these programs are effective, in order to reduce HIV transmission they should be only one component of “a larger initiative that can reduce sexual risk-taking behavior to some degree” (Kirby et al 2006, p. 214). Thus, comprehensive sexual education does not seem to have the negative affects neoconservatives fear.

Volks (2004) explains that most formal education institutions did not have HIV/AIDS education policies until 1999. In 1996, at primary and high school levels, the National Education Policy Act of 1996 introduced Life Skills programs, which included HIV & AIDS education (Volks 2004, p. 164). However, “anecdotal evidence suggests that the life skills programmes remain uneven and ad hoc in quality and comprehensiveness both across and within schools” (Volks 2004, p. 165).

Baylies (2000) also analyzed some of the issues of both abstinence-only and ABC education for women, specifically in Africa. HIV & AIDS education programs generally advocate condoms, fidelity within marriage or a relationship, abstinence, and partner reduction. However, Baylies notes that although women in Africa often control their *own* behavior as related to these ideas, “they are unable to control that of their partners” (Baylies 2000, p. 17), which leads to these methods being moot for women.

This information about sexual education in schools adds context to the organizations interviewed that conduct these education programs in the Western Cape. This literature provides insights into the challenges and successes of these sorts of techniques, as well as the benefits of comprehensive sex education and the drawbacks—or lack of necessity—of abstinence-only programs.

Condoms

Susser (2009) and Hunter (2003) outline the importance of condom use and education in Sub-Saharan Africa. Susser focuses on the female condom. The male and the female condom are both 90% effective if unbroken and used correctly. However, the female condom is made of polyurethane and is less likely to tear or break. Moreover, women can be empowered through the use of female condoms, which are under their control and can be inserted hours before sex. Unfortunately, in 2007, while 11

billion male condoms were in circulation, only 26 million female condoms were available (Susser 2009, pp. 29-30).

In ABC programs, the condom is rarely mentioned, and when it is, it is usually directed only towards sex workers. It ignores the fact that marriage can be a risk factor for women (Susser 2009, pp.47-48). In Africa, “extensive public education” is needed to inform people about condoms (Hunter 2003, p. 32). This education should not be limited to schools, either, but also to governments, churches, and other societal leaders (Hunter 2003, p. 32). Condom education alone is not enough, either, to decrease HI virus transmission. In many places, including South Africa, even when women wish to use condoms, men “traditionally have the ‘power’ to say no” (Kauffman 2004, p. 22). If these women refuse sex, they risk being stigmatized.

Access to free condoms does not always increase use, either, argues Bermudes Ribiero Da Cruz (2004). This is partially due to the aforementioned problems with male dominance. Furthermore, stable relationships are the “primary motivation for disuse of condoms” (Bermudes Ribiero Da Cruz 2004, p. 146); condom use is often “symbolic of a very new relationship” (Bermudes Ribiero Da Cruz 2004, p. 146). Many women interviewed claimed that condom use signified a lack of trust or love, even though of surveyed males, “59% had more than one sexual partner at a time, and 22% had three or more” (Bermudes Ribiero Da Cruz 2004, p. 152).

These issues with condoms highlight the need not just for contraceptive information, but also for alternative prevention education. Formally, PEPFAR advocates only AB and ABC programs, but this does not mean organizations only teach abstinence, faithfulness, and condom use. The problems and successes surrounding condom use in South Africa must be taken into account when analyzing PEPFAR programs’ work in the Western Cape, in order to analyze the effectiveness of the discussion surrounding—and extending beyond—condom use.

Conclusion

HIV & AIDS affect women disproportionately due to biology and socioeconomic factors. In South Africa, HIV infection and transmission rates are high, but the tide can be turned. However, the available literature implies that official PEPFAR policies relating to condoms, sex education, and sex work are impeding this progress. PEPFAR has an admirable goal, but in order to reduce transmission rates, these policies must be examined in the field to evaluate how beneficial the program truly is. This independent study project (ISP) will utilize these resources to understand the background of gendered issues surrounding HIV & AIDS and PEPFAR in the Western Cape, as well as the global and regional context these issues occur in. This ISP seeks to use these resources to understand exactly how sex

education and working with sex workers can be used to empower women, as well as how organizations receiving funding define their own successes with women's empowerment. This ISP takes issue with the apparent focus on condom use and abstinence in PEPFAR-funded HIV programs given the context of South African society, as well as how sex workers are often looked over or stigmatized in the legislation. This research also seeks to understand alternative ways in which organizations are working to empower women and alleviate their burden of HIV in a patriarchal society within the PEPFAR framework.

Methodology

To conduct this research, I conducted four interviews. Three of these interviews were conducted with NGOs and FBOs who receive, or received until recently, PEPFAR funding. One of these organizations receives funding to work with Sex Worker Education and Advocacy Taskforce (SWEAT), and therefore with sex workers. Another received funding for abstinence-only education. The third received funding for ABC education until 2011. The fourth interview was conducted with an employee of the Center for Disease Control (CDC) who coordinates PEPFAR funds distributed through the CDC in the Western Cape. Interview questions were tailored to each individual organization. Copies of my prepared questions can be found in **Appendices A-D**. This is not necessarily a full list of all interview questions, but rather the ones I prepared before the interview. It may exclude some questions that arose during the interview. I chose interviews so that I could speak with a wide range of organizations, rather than just one or two, as participant-observation would allow. I chose to speak to these organizations because they provided a breadth of types of programs offered by PEPFAR that could potentially empower women.

My data from interviews were all qualitative; I also looked at PEPFAR documents for both quantitative and more qualitative information. These documents include direct language from the legislation, information about PEPFAR in the Western Cape, and Country Operational Plan Reports (COPs) for South Africa. COPs explain which organizations are funded, which United States organization funds them, and what those funds are used for. COPs for 2012 are not yet available; I looked at those for 2008-2011. I examined these sources to determine the key goals PEPFAR has for each organization, as well as how much funding the organizations receive. I was also able to discover specific goals for PEPFAR in the Western Cape, as well as the South African Government (SAG).

For my literature review, I looked at several academic texts and journal articles relating to the issue at hand. I looked at reviews of PEPFAR, to see what research has been conducted and what problems have been found. I also looked at the link between HIV & AIDS and women, to see in what ways women could be empowered through prevention efforts. This served as a basis for my own interview questions. Furthermore, I looked at studies of sexual and HIV & AIDS education, to see what has been proven effective and what has not. I chose to relate sexual education and women's empowerment because sexual and HIV & AIDS education can empower women by teaching condom negotiation skills, for instance, as mentioned in the literature review. I also looked at several articles discussing the link, or denying the link, between sex work and HIV transmission, as well as the stigma surrounding sex work. I linked these texts to women's empowerment because sex workers are often

women. Finally, I read about condoms, to see if “condomise” was a sufficient last step in sex education practices. I chose to look at these topics because I felt they best represented a range of concrete ways to relate PEPFAR to the empowerment of women.

Introduction of Interviewees

1. *Jessica Chiliza, CDC PEPFAR* (9 November, 2012): Chiliza works for the Center for Disease Control as their Western Cape PEPFAR coordinator. The CDC receives funds from the State Department to distribute to organizations for PEPFAR. She thus gave me an overview of the program as a whole, as well as several changes I had not yet heard about. She discussed sex education and sex work in the context of PEPFAR. Chiliza was referred to me by organizations that could not meet with me. I chose to speak to Chiliza in order to deepen my understanding of PEPFAR’s functions in the Western Cape, as well as to hear PEPFAR’s stance on some of my concerns and questions.
2. *Jenny Griffiths, Scripture Union* (14 November, 2012): Griffiths works for Scripture Union, a religious organization that coordinates Life Skills programs. I chose to speak to Scripture Union because the organization was designated by PEPFAR as an AB program, which means it receives funding for abstinence-only education. I was curious to see how, aside from the obvious lack of information on contraceptives; these programs differed from ABC programs. Moreover, in my research, potential methods of female empowerment through ABC education became clear—for instance, organizations can teach condom negotiation skills to women. However, I was not sure how this would play out in an AB organization, and I wanted to explore this. The organization no longer receives PEPFAR funding.
3. *Andy Lambert, TB/HIV Care Association* (22 November, 2012): Lambert works for TB HIV Care, an organization involved in the public health aspects of TB and HIV. Lambert is in charge of projects involving high-risk groups. The organization has partnered with SWEAT because it wanted to work with sex workers, and SWEAT had an existing framework. I chose to interview TB/HIV Care—and looking at the relationship between sex workers, PEPFAR, and HIV & AIDS more generally—because of the Anti-Prostitution Loyalty Oath and the potential effects it could have on the organizations programming. Moreover, because sex workers tend to be—although are by no means exclusively—women, and because their work is often looked at as controversial, analyzing the work done with and by sex workers through PEPFAR funding can show a clear indication of the level of success of PEPFAR’s female empowerment goals.

4. *Natalie Tedders, GOLD Peer Education Program (27 November, 2012):* As its name suggests, GOLD Peer Education is a peer education program. The organization educates on several issues, including HIV & AIDS, relationships, and self-esteem. It considers itself neither AB nor ABC, and reported to PEPFAR on both methods. I chose this organization because I wanted to examine an organization that received funds to discuss contraceptives, to see how they worked with young women on these issues. Tedders coordinated the PEPFAR funds for this program.

Findings

AIDS relief programs are administered by several bodies, including the Global AIDS Fund, the South African Government, and, of course, PEPFAR. However, no single country contributes as much to AIDS relief as the United States. Many believe that through PEPFAR, the United States is pushing a neoconservative agenda by promoting abstinence, excluding sex workers, and disempowering women (Susser 2009). This research was conducted to respond to the query, “How does the Presidential Emergency Program for AIDS Relief work to empower women in the Western Cape?” I examined this through three primary lenses: treatment of sex workers, discussion of sex education, and how the organizations receiving funding describe their own empowerment processes.

There is, in fact, a wide variety of ways in which the organizations receiving PEPFAR funds are working to empower women in the Western Cape and overcome the informal institutions exacerbating HIV and AIDS. Some organizations are teaching condom negotiation skills, in order to give women the power to say no to unprotected sex (A Lambert 2012, pers. Comm., Nov 22). Others work to teach women self-esteem (J Griffiths 2012, pers. Comm., Nov 14). Some work with sex workers to increase access to health services (A Lambert 2012, pers. Comm., Nov 22). They all discuss gender-based violence in an attempt to teach people what *not* to do as well (N Tedders 2012, pers. Comm., Nov 27; A Lambert 2012, pers. Comm., Nov 27; J Griffiths 2012, pers. Comm., Nov 14). However, PEPFAR is currently undergoing rapid changes as funding contracts and control shifts to the South African government (J Chiliza 2012, pers. Comm., Nov 9), and thus this is a key moment to look at programs to see what is effective, and therefore should be saved, and what could be improved upon. PEPFAR is, in spite of several criticisms and although imperfect in several respects, working to empower women in the Western Cape, and its best efforts must be preserved. This research is based on several premises. For instance, this research assumes PEPFAR is dedicated to its goals of

“Expanding integration of HIV prevention, care and support, and treatment services with family planning and reproductive health services, so that women living with HIV can access necessary care, and so that all women know how to protect themselves from HIV infection” (PEPFAR 2009),

as well as its other commitments to gender equity. It also assumes that the keys to empowerment of women include improving access to health care and education, increasing women’s feeling of self-worth, and reducing stigmas surrounding women, women’s sexuality, and women in certain places in society.

Chapter One: Too Much, Too Soon: PEPFAR in the Western Cape

In order to evaluate PEPFAR programs in the Western Cape, it is necessary to understand how the program is coordinated in the area. Jessica Chiliza, who coordinates PEPFAR through the Center for Disease Control (CDC) in the Western Cape, sat down with me to outline several facets of PEPFAR mechanisms in the area. For instance, the province is divided into four substructures, designated by the DOH. Chiliza added that there are two health systems in the area, as “a remnant of apartheid” (J Chiliza 2012, pers. Comm., Nov 9): the city of Cape Town, and the Department of Health. Both of these structures have clinics in Cape Town. PEPFAR also gives one-year grants to small community organizations in the Western Cape (J Chiliza 2012, pers. Comm., Nov 9).

When PEPFAR began in the Western Cape, there were several issues surrounding HIV & AIDS in South Africa. The program began under Mbeki, Chiliza explained, an AIDS denier. Moreover, PEPFAR in South Africa “grew too fast, with too little staff” (J Chiliza 2012, pers. Comm., Nov 9). Now, however, SAG has “a handle on treatment. There are free ARVs [antiretroviral drugs] now; people have access to them; people aren’t dying” and SAG has a strong health system; thus, the efforts by the United States Government (USG) can be scaled back (J Chiliza 2012, pers. Comm., Nov 9). She said that the Western Cape government in particular has its programs under control (J Chiliza 2012, pers. Comm., Nov 9). At this time, South African NGOs and FBOs receive approximately \$600 million in a year for PEPFAR (J Chiliza 2012, pers. Comm., Nov 9).

Several government documents were also useful to analyze funding levels. They added quantitative data to the project. For instance, in the Fiscal Year (FY) 2012, PEPFAR donated \$483.7 million (approximately R4,111.45) to South Africa. Between 2004 and 2011, PEPFAR gave \$3,717.0 million to the country (Partnership Implementation 2012, p. 11). PEPFAR has over 120 prime partners—direct funding recipients—in South Africa, 80% of which are based in South Africa (Partnership Implementation 2012, p. 12).

However, PEPFAR is undergoing major changes in the area. In 2010, PEPFAR began to coordinate more with SAG, and now funding is decreasing to \$250-300 million a year over five to seven years (J Chiliza 2012, pers. Comm., Nov 9). These funds will be focused on prevention now, rather than treatment. The goal is “essential service delivery,” which the Western Cape nearly has under control now (J Chiliza 2012, pers. Comm., Nov 9). Another change is that, originally, PEPFAR would tell partners, “be innovative and we’ll fund you, but now we’re saying do what government wants” (J Chiliza 2012, pers. Comm., Nov 9). Thus, some innovation could be lost in the coming years, depending on which direction the South African government decides to pursue.

These changes will be done through the PEPFAR Provincial Liaison, a government coordinator located in each province. These liaisons are located in the consulates in Cape Town, Durban, and Johannesburg. In other provinces, they are in SAG offices. These liaisons work to ensure that PEPFAR programming and the NGOs PEPFAR funds are “working with government, in line with government policies,” Chiliza explained. They are guided by the Partnership Framework, which defines how SAG and the United States Government work together (J Chiliza 2012, pers. Comm., Nov 9). Most of the work is coordinated with South Africa’s Department of Health (J Chiliza 2012, pers. Comm., Nov 9). When these liaisons were implemented, coordination was low. “When I began my job,” Chiliza explained, “they [the South African Government] thought we had four partners in the Western Cape. We had forty-four” (J Chiliza 2012, pers. Comm., Nov 9).

Unfortunately, while it would be impractical for PEPFAR to continue indefinitely, there will be some necessary negative repercussions. Approximately 425 community health workers were let go after the funding ended. Chiliza assured me that some found employment elsewhere or through NGO funding. These NGOs can also apply to become a partner of the Department of Health (DOH), and thus receive more funding. However, they will not receive “as much as PEPFAR was giving them. They will receive minimal amounts” (J Chiliza 2012, pers. Comm., Nov 9). Eighty-eight posts were absorbed by the SAG Department of Health, but some positions are being “bridge funded” by PEPFAR partners until funding can commence by SAG (J Chiliza 2012, pers. Comm., Nov 9). However, many mobile clinics are also disappearing due to loss of funds, and all youth programs in the Western Cape ended funding in September (J Chiliza 2012, pers. Comm., Nov 9). “It’s a community gap,” Chiliza lamented. “We don’t have all those people going door to door anymore” (J Chiliza 2012, pers. Comm., Nov 9). Moreover, no new funding announcement for youth programs have been announced (J Chiliza 2012, pers. Comm., Nov 9). However, South African government also wants to focus on “young people in the age group 15-24,” especially for “behavior change based prevention” (HIV and AIDS 2007, p. 56), so it is possible—though not guaranteed—that SAG could take over some of the burden.

Organizations expressed some concern that they could misuse the funds provided to them. For instance, Jenny Griffiths of Scripture Union outlined a former program of theirs, which involved a Life Skills education course, combined with a night of camping. Many of her employees did not entirely understand the program, however, and thus she discontinued the program. However, she added that this program had seen the most success in the Western Cape (J Griffiths 2012, pers. Comm., Nov 14). It was clearly important to Griffiths to be responsible with the funding, and to not risk losing it due to problems with PEPFAR.

Griffiths also explained to me that, rather than PEPFAR mandating what certain organizations do, the organizations had submitted proposals to PEPFAR, explaining what the funds would be used for (J Griffiths 2012, pers. Comm., Nov 14). Nathalie Tedder of GOLD Peer Education somewhat disagreed, saying,

“PEPFAR can be very restrictive, rather, prescriptive...because they have their targets that they are reporting on. We have a policy at GOLD that we will never change what we do because of a donor in terms of our strategy or our methodology, but we will improve on what we do because of a donor” (N Tedder 2012, pers. Comm., Nov 27).

In the case of GOLD Peer Education, they improved their monitoring and evaluation, as well as their financial controls, because PEPFAR required more in their reporting. “PEPFAR is used to coming in and taking over an organization, being the only funder...which is why so many organizations are now bankrupt” Tedder added, referring to the recent contraction of PEPFAR money in the Western Cape and the rest of South Africa (N Tedder 2012, pers. Comm., Nov 27). However, Chiliza informed me that this method is changing; now PEPFAR gives specific guidelines for what it is looking for, and any organization may apply if their activities fit within this broad description. PEPFAR still stresses innovation, but within the confines of what SAG wants (J Chiliza 2012, pers. Comm., Nov 9).

Handing control over the South African government means that the goals being met now by PEPFAR organizations will be in line with SAG goals for AIDS relief. One of these goals is “promoting equality for women and girls,” as outlined in South Africa’s “HIV AND AIDS AND STI STRATEGIC PLAN FOR SOUTH AFRICA, 2007-2011” (HIV and AIDS 2007). SAG prioritizes “interventions focusing on the causes of gender inequality, and the horrific impact that HIV has on many women and girls” (HIV and AIDS 2007, p. 54). More specifically, SAG hopes to “Mobilise society to respect and protect human rights of women and girls, including those with disabilities, to eradicate gender-based violence and advance equality in sexual relationships” (HIV and AIDS 2007, p. 59). In fact, gender equality and women and girls’ rights are a key theme throughout South Africa’s HIV and AIDS strategic plan. This will hopefully mean that many programs committed to gender equality will continue to be funded, if at lower levels.

Chapter 2: Programs Run by Organizations Interviewed

Scripture Union is a faith-based organization (FBO) designated as an “AB” program, promoting abstinence and faithfulness within monogamous relationships. Jenny Griffiths described their programs as focusing on “BCC,” or “behavioral change and communication” (J Griffiths 2012, pers. Comm., Nov

14). This is implemented through Life Skills courses, camps, and holiday retreats. The Life Skills courses, taught at various schools, are designed for ten-week time frames, with ten modules, but Scripture Union will tailor its design to work anywhere within one to ten weeks. As Griffiths explained, the organization would rather give a “short message than no message at all” (J Griffiths 2012, pers. Comm., Nov 14). Scripture Union chose ten weeks for its program because behavior cannot change overnight and “kids need someone to walk a journey with them” (J Griffiths 2012, pers. Comm., Nov 14). The camp is also conducted through ten modules, all within three days. Griffiths described the camp modules as experiential, rather than lecture-based, because space can be provided for activities. The holiday club has five modules, which are also experiential in nature. Although the organization conducts courses at secular schools, they often affiliate with Christian school groups at a given school as well. Griffiths described their presence in these groups as “often needed” (J Griffiths 2012, pers. Comm., Nov 14). The organization offers three curricula, based loosely on grade-level of students. “Decide Right” is for grades five through seven. “Jika Generations” is for grades 8-10. “All the Right Moves” is for grades 11-12. However, Jika and All the Right Moves would occasionally be implemented in younger grade levels, depending on the school and the learners’ background. Because the NGO is often in secular schools, it does not explicitly advocate for Christianity. Nevertheless, Griffiths admits that you “can’t take your [Christian] nature away from you” (J Griffiths 2012, pers. Comm., Nov 14). Scripture Union is also popular among other religious schools and organizations, such as Muslim schools, due to similar values (J Griffiths 2012, pers. Comm., Nov 14).

GOLD Peer Education received its funding from USAID. GOLD stands for “Generation of Leaders Discovered” (GOLD 2011, p. 5). They also conduct BCC programs. The organization lost PEPFAR funding in October of 2011. The NGO facilitates three-year-long peer education field training courses. In the first year, approximately thirty students are in a workshop, of all genders. There is, however, attrition, so that by year two, there are approximately twenty students in each group, and by year three, there are around fifteen (N Tedder 2012, pers. Comm., Nov 27). Tedder described “the GOLD model” as “the most intense model” of peer education (N Tedder 2012, pers. Comm., Nov 27). The courses all meet weekly, and the same facilitator teaches each course for all three years, as long as the facilitator continues working with the NGO. If a new facilitator must come in, there is an entire training process to catch him or her up. The organization defines itself as “Christ-centered,” but is *not* a faith-based organization. Rather, Tedder explained that the founder was a Christian, and thus the organization is “taking that inspiration from it” (N Tedder 2012, pers. Comm., Nov 27) and Christ’s principles of “integrity, honesty, service, and leadership” (N Tedder 2012, pers. Comm., Nov 27).

TB/HIV Care Association receives their funding through the CDC. Aside from their coordination with SWEAT, TB/HIV Care also runs several other ABC PEPFAR programs, but no AB program. The only PEPFAR program that is not marked as “ABC” is the Sex Worker HIV Prevention Project. Most of its work is done through mobile units. The organization partnered with SWEAT in 2011 to coordinate efforts with sex workers. SWEAT has a sub-partner agreement for peer education, advocacy, support and peer interface. The partnership functions with SWEAT administering the “psychosocial support” of the program and the “peer education support model,” while TB/HIV Care administers the biomedical aspects (A Lambert 2012, pers. Comm., November 22). The group goes to “indoor brothels, clubs, and outdoor areas” and is able to use a “peer interface [where] you talk like people who look like you” due to their involvement with SWEAT (A Lambert 2012, pers. Comm., November 22). After the peer educators do outreach, they bring the sex workers to the mobile units. Andy Lambert of TB/HIV Care explained to me that the organization tries to reach PEPFAR targets but that they “also have their own CDC targets related to the project” (A Lambert 2012, pers. Comm., November 22). The TB/HIV Care programs outlined in this research have not been affected by 2012 funding cuts.

Chapter 3: From Makeovers to Safe Spaces: Women’s Empowerment Through PEPFAR

According to Geeta Rao Gupta, the President of the International Center for Research on Women, “empowerment is information, education, economic opportunities and assets, social support, services, technologies and political participation, all of which help women take control of their lives...” (Usdin 2003, p. 119). This research focuses on which ways PEPFAR was working to reach these goals; thus the organizations interviewed were asked to evaluate this in their own terms. All of them, in some way, and as outlined below, disperse information to and educate women. Education is generally discussed in the chapter on sex education, but other methods of empowerment are discussed below.

Female Empowerment and PEPFAR

By 2016, PEPFAR and the South African government hope to have 100% of government departments and sectors with operational plans taking into account gender and rights-based dimensions (Partnership Implementation 2012, p. 29). One of the key principles advocated by the PEPFAR agreement between the South African Government and the United States government is “gender sensitivity,” due to the “disproportional vulnerabilities to HIV infection and access to treatment and care

[that are] influenced by gender” (Partnership Framework 2012, p. 4). PEPFAR’s goal is also to reduce HIV transmission, particularly among women (Partnership Framework 2012, p. 14). Thus, even during and after the contraction of funds, PEPFAR hopes to empower women through its programs and its programs’ legacies.

Teaching Self-Worth

The organizations interviewed all felt that the key to female empowerment was teaching self-worth and self-importance. When asked how Scripture Union works to empower women, Griffiths mentioned several gender-specific programs and modules the organization runs. One of the camps run by Scripture Union is a “beauty camp.” The organization takes a few girls away for the weekend to, as Griffiths described, “pamper them” with facials, manicures, and more. During this weekend, employees of the organization also teach the girls that they are worthwhile and important. In this case, PEPFAR was not using funds to empower women to the best of its ability. The combination of makeovers and a message of self-worth seem to conflict. Young girls are being taught they are worthwhile while being *altered* aesthetically, which lends to the idea that they are only worthwhile when made over. This is clearly not the message Scripture Union is aiming to teach—Griffith’s positive intentions were clear—but the real message must be enforced strongly, as young girls can be impressionable. Nevertheless, Griffiths promises that this is one of the most successful Scripture Union programs and will certainly continue, even though Scripture Union now receives no PEPFAR funding (J Griffiths 2012, pers. Comm., Nov 14). If positive effects are being seen, the program is clearly not *hurting* these young girls, even if it could be improved.

Just as Scripture Union teaches young girls that they are worthwhile, GOLD Peer also works to empower their learners, including women, through their program by teaching young girls—and boys—that “they are unique and have a purpose and that the choices they make now will affect their future” (N Tedder 2012, pers. Comm., Nov 27). Usually this leads to them making healthy choices, and “girls will say ‘I don’t actually need a boy to make me feel special; I don’t need a sugar daddy’” (N Tedder 2012, pers. Comm., Nov 27). Due to the low socioeconomic status of women (Usdin 2003, p. 45), women are often drawn to older, successful men. By decreasing this necessity, they can alleviate their risk of HIV. Moreover, in a society where women often will not seek health services for fear of being judged (Usdin 2003, pp. 48-49), teaching a higher level of self-worth can be beneficial and increase the number of women who get tested or seek contraceptives.

Lambert also outlined several ways in which TB/HIV Care empowers women. Many of them are described in the chapters on sex work or sex education, but he also mentioned the organization’s

creative safe spaces. These spaces were unique among the organizations I interviewed. TB/HIV Care coordinates these meetings every other Tuesday and Wednesday. Approximately 80 female sex workers come on Wednesdays and the male program has about 180 attendees. The transgender meeting consists of around 35. Lambert hypothesizes that the large number of male attendees stems not from a facet of the program itself but from a weaker male sex work community, when compared to the female community (A Lambert 2012, pers. Comm., November 22). In these spaces, sex workers can discuss health, protection, good business management, and condom negotiation skills. The goal is to “hear from them” and “provide good health services,” according to Lambert (A Lambert 2012, pers. Comm., November 22). These programs, along with the other creative and unique measures mentioned in this research, are in line with the research of Ferris and Walters, which has found “limited successes of ‘rational,’ information-driven approaches to HIV and AIDS education, insights from empathic, creative, and playful approaches to community” (Ferris & Walters 2012, p. 78). In other words, creative, innovative approaches like these safe spaces or Scripture Union’s experiential methods in their camps and retreats have been effective. Hopefully, the South African government’s new controls on funding do not eliminate these successful, creative measures.

SWEAT also has a peer program, called an Ambassador program, where the organization identifies sex work leaders and leaders in the community. They then “empower them with education and information. They go out and they try to empower other women and men,” Lambert explained (A Lambert 2012, pers. Comm., November 22). This peer program is outlined in detail in the chapter on sex education, but the empowerment of the sex worker through this method must be mentioned.

Like TB/HIV Care, GOLD Peer also teaches condom negotiation skills, as part of a module on relationships (N Tedder 2012, pers. Comm., Nov 27). Moreover, the NGO facilitates debates in order to improve negotiation skills. Negotiation is a key to empowering women, because “women have much less bargaining power than men in the negotiations surrounding safe sex” (Kauffman 2004, p. 22). If, as Kauffman outlines, a woman would like to use a condom, the male often has the power to disagree. Moreover, “women who ‘know too much’ about condoms or sex are deemed immoral” (Mbugua 2009, p. 179), so women often hesitate to ask. Condoms are seen as a sign of distrust or cheating, which compounds issues surrounding condoms (Bermudes Ribiero da Cruz 2004, p. 150). If the man refuses a condom and the woman then does not want to have sex, she is judged or faced with stigma (Kauffman 2004, p. 22). If women learn to negotiate condom use, they will be able to stay protected. Moreover, they will be able to face any stigma, with at least a little less shame, through a feeling of empowerment and self-worth.

Tedder gave me access to the facilitator's handbook for the GOLD program. This guide outlines a "focus on gender sensitivity" (GOLD 2011, p. 7), which should inherently lead to some level of empowerment. The booklet encourages facilitators to "think about how different issues equip peer educators to role model gender equality in their relationships and communities and highlight this in different sessions" (GOLD 2011, p. 17). The guide suggests that modules on alcohol, careers, and relationships are key areas for this discussion. Relationships, of course, are often gendered—particularly since the booklet focused on heterosexual relationships. Alcohol and drug abuse often lead to gender-based violence. Careers are often dominated by a particular gender, so to focus on equality could lead to a more even distribution of genders across fields, as well as the feeling that women can achieve success in male-dominated fields, such as politics or medicine. Facilitators are also encouraged to have learners work with students not of their gender (GOLD 2011, p. 17), which would enforce the idea that the genders are equal. Tedder also lent me the curriculum for peer educators, which also discusses the gendered nature of HIV transmission. It explains that women are more vulnerable for several reasons. For instance, women are often not given information about sexual transmission, because people expect "women not to talk about or ask about sex," men are often viewed as "in 'control' of sexual relations," and violence can compound transmission (GOLD 2011, p. 8). These assertions are corroborated by van der Vliet (2004), who mentioned the link between HIV transmission and "high levels of domestic violence and rape" (van der Vliet 2004, p. 84), and Marks (2008), who outlines the various ways sexual assault increases likelihood of transmission. These include vaginal tearing and inability to negotiate condom use (Marks 2008, p. 49). Men also face gendered informal institutions that make them more vulnerable, however, including "being expected to have several girlfriends" (GOLD 2011, p. 8), but are still less affected. Other key topics relating to empowerment include raising awareness in the community, reaching goals, living with HIV, and dealing with grief. It was clear through the discussion with Tedder that the ability to positively influence peers is viewed as empowering. GOLD Peer lost funding from PEPFAR over a year ago, but due to its previously mentioned refusal to allow PEPFAR be its *only* funding source or control it, these programs will be able to remain to empower women, even after the contraction of funding.

Individuality

Individual attention was often viewed as key to empowerment by the organizations. TB/HIV Care, for instance, works to empower women through the discovery and elimination of "internal and external barriers" to sex workers' health (A Lambert 2012, pers. Comm., November 22). The aim of this is to teach self-worth. Lambert listed these potential internal barriers. Lambert said that in many cases

there is a “sense of ‘I’m not worthy and therefore I do not need to take care of me” (A Lambert 2012, pers. Comm., November 22). In order to find this worth, TB/HIV Care and SWEAT attempt to determine what could cause a sex worker to care about their health, such as children or family. “Sometimes, it’s about taking them to that broader context and finding that one thing in the sex worker’s life that they can attach onto that they find important and using that as an anchor to bring importance back to their own health” (A Lambert 2012, pers. Comm., November 22). Lambert thinks that “improving health-seeking behaviors is empowering” as well (A Lambert 2012, pers. Comm., November 22). Thus, TB/HIV Care focuses in this respect on empowering women *to be healthy* and to continuously seek healthy behaviors. This individual attention assures that each worker finds this worth, whereas a more general approach may not work. If a woman does not have children, telling her to stay healthy for her children would be pointless. GOLD Peer also commits itself to individual attention regardless of gender. “It’s very much about working with the individual,” Tedder explained, “and that they go out and change, and that they then change their peers” (N Tedder 2012, pers. Comm., Nov 27). Tedder also emphasized the need to explain to boys about *their* role in issues, in order to help empower women (N Tedder 2012, pers. Comm., Nov 27). Other organizations echoed this view.

Conclusion

The programs PEPFAR funds and has funded in the Cape Town area show a diverse definition of women’s empowerment. All of these organizations recognize women’s empowerment as a key component of ending HIV & AIDS, as so much of the epidemic is compounded by socioeconomic factors disproportionately affecting women. They emphasize self-worth, leadership, and individual attention. While the PEPFAR programs are not perfect, the program is clearly working to empower all *sorts* of women, from young girls, to sex workers, to women in relationships hoping to use a condom, and it uses creative measures to encourage this empowerment.

Chapter 4: ‘We Are Promoting Health: Sex Workers and PEPFAR in the Western Cape

Sex workers are a key population to focus on in HIV transmission prevention. Sex workers tend to be women, which makes them vulnerable to infection for previously mentioned biological and socioeconomic factors. Moreover, legal factors and stigma limit sex worker’s access to key social services (Meaghan 2001, p. 108). However, PEPFAR’s Anti-Prostitution Loyalty Oath, which states that no organizations promoting sex work legalization can receive funding and which all funding recipients

must sign, seriously limits work with sex work in some areas (108th Congress 2003). Thus, the little work that *is* being done with sex workers should be analyzed for effectiveness.

Working with Sex Workers

UNAIDS calls for “a multi-faceted approach that coordinates a range of diverse responses” (UNAIDS 2002, p. 2) and TB/HIV Care, the only organization through which I was able to interview someone that works with sex workers, succeeds at this goal. The organization takes a nonjudgmental, holistic approach to working with sex workers. Lambert explains, “We know what these women and men and transgender sex workers are doing what they’re doing” (A Lambert 2012, pers. Comm., November 22) and they will not tell workers not to do their job. The organization works with individuals in person to think of “internal and external barriers” to taking care of their own health (A Lambert 2012, pers. Comm., November 22). This is beneficial and unique, as many programs aimed at sex workers discuss sex workers *qua* sex workers, and not in any other social context, such as a family or community (Susser 2009, p. 35) or the culture that may encourage them to begin this work (UNAIDS 2002, p. 2). Andy Lambert explained to me that the organizations work is “about providing safe health care” for the workers (A Lambert 2012, pers. Comm., November 22). The organization, during counseling, works to find what the workers find important to hook them in order to bring the workers back for more (A Lambert 2012, pers. Comm., November 22).

Lambert outlined the continuum of sex work, from “as broad as getting a meal in exchange for sexual acts” to being paid for sexual acts, to emphasize how complicated defining sex work can be (A Lambert 2012, pers. Comm., November 22). Thus, the organization defines sex work as the United Nations, as well as the Desmond Tutu HIV Foundation, describes it. UNAIDS classifies both formal transactional sex, through brothels and/or pimps, and informal transactional sex, such as “streetwalkers and self-employed street-callers,” to be sex work (UNAIDS 2002, p. 4). They also include people participating in sex work only on occasion, which is most common in Africa (UNAIDS 2002, p. 4). “It’s more about if they’re selling sex,” Lambert adds. “It’s pretty obvious if they’re selling sex.” Aside from the sexual education programs outlined below, TB/HIV Care offers several other services for sex workers. For instance, the organization offers substance abuse counseling, negotiation skills, and abuse and self-esteem counseling. Thus, the organization attempts to give comprehensive medical services to sex workers (Lambert 2012 pers. Comm., Nov. 22). This is necessary because sex workers, as a stigmatized group, often lack access to “health, social, and legal” services that could help reduce their risk of HIV infection (UNAIDS 2002, p. 8). Moreover, efforts to reach out to sex workers have been

proven successful (UNAIDS 2002, p. 2), so these creative measures must continue, even after the contraction of PEPFAR, in order to empower sex workers—including women sex workers.

One key obstacle to consistent work with the sex workers is the mobile units and the sex workers' own mobility. This is a common theme in organizations working with sex workers, as identified by UNAIDS (UNAIDS 2002, p. 3). Because the organizations' services are not constantly in one place, and the clients are also frequently moving around, sometimes they lose clients or must refer them to other organizations. This issue of mobility is complicated by the fact that sex workers are "mobile as well, and it is hard to see them again," adds Lambert (A Lambert 2012, pers. Comm., November 22). However, these issues do not lie within the PEPFAR framework, but rather within the framework of working with this particular population. TB/HIV Care works to overcome these issues. For instance, in order to provide some family planning services, TB/HIV Care will ask workers for their experiences and then refer them to other family planning clinics, although the organization hopes to offer these services some day. The NGO also is working on a drug user program, in which they refer drug users to the proper support groups and starting sex-work specific drug-use support groups. Moreover, in the work the organization does with violence, rape, and other coerced sex work, they must—and do—refer survivors of these transgressions to the proper psychosocial support system (Lambert 2012, pers. Comm., Nov 22). Moreover, there is some benefit to the mobility issues, as it forces TB/HIV Care to center around a "self-help, community-based model" (Meaghan 2001, p. 109), which has seen success in other parts of the world such as Canada and New Zealand.

The focus of this organization should be—as it is—on the female sex workers themselves, and not the clients, as rate of transmission from females to males are much lower than rates of transmission from males to females (Meaghan 2001, p. 108). The stigma surrounding HIV & AIDS and sex workers, who are often portrayed as a key threat for transmission, exacerbates these issues (Meaghan 2001, p. 107). However, the only services I did not hear Lambert mention that would help sex workers is client intervention. UNAIDS suggests peer education among clients, as well as other groups related to sex work, such as pimps (UNAIDS 2002, p. 3). Of course, TB/HIV Care only receives limited funding, and has limited resources. Nevertheless, SWEAT and TB/HIV Care are the only organizations in the Western Cape focusing on sex work, so this is a substantial gap that, if filled by PEPFAR or SAG funding, could really empower the women sex workers.

The Anti-Prostitution Loyalty Oath in the Western Cape

TB/HIV Care and SWEAT are in a unique position in the Western Cape, as organizations that provide HIV & AIDS relief services to sex workers using PEPFAR money. Although the organizations do not promote sex work, they are two of the few organizations in the area that test the effects of the APLO in the Western Cape. Lambert assured me that the organization has not had problems with PEPFAR authorities over their work with sex workers. Lambert thinks the fact that they “are about health and providing health” helps the organization (A Lambert 2012, pers. Comm., November 22). “We are just really trying to keep them from being HIV-positive and treating them for any other ailments,” he explained (A Lambert 2012, pers. Comm., November 22). In fact, Lambert hypothesizes that PEPFAR funds the project because “they believe that everyone has a right to health” (A Lambert 2012, pers. Comm., November 22) and because in South Africa, less than five percent of sex workers have access to a full range of health services (A Lambert 2012, pers. Comm., November 22). Chiliza seemed to echo these views, saying that PEPFAR will not fund termination of abortion or pregnancy termination but is supportive of “many HIV preventions” (J Chiliza 2012, pers. Comm., Nov 9). She also says that there is a caveat “if you are doing prevention or something similar...we ‘re not promoting sex work; we’re promoting health.” (J Chiliza 2012, pers. Comm., Nov 9).

Tedder explained that GOLD Peer had no issues with the APLO because the organization does not explicitly work with sex workers (N Tedder 2012, pers. Comm., Nov 27). This appears to be true; however, the organization does *discuss* transactional sex. The senior curriculum describes it as “having sex for stuff” and labels it a “high-risk behavior” (GOLD 2011, p. 7). The NGO also explains that “poverty can lead some people to have sex in return for money, goods, or favours” (GOLD 2011, p. 7) and adds that people engaging in transactional sex “are often unable to insist on using a condom during these sexual relations” (GOLD 2011, p. 7). Thus, it appears that the implications of and circumstances leading to sex work can also be discussed with little to no PEPFAR interference in the Western Cape.

Conclusion

In the Western Cape, the Anti-Prostitution Loyalty Oath has not hindered organizations from their HIV prevention & AIDS relief work. As long as the organization is increasing access to health services, PEPFAR representatives in the area will not interfere. Thus, TB/HIV Care and SWEAT have been able to partner together to use creative methods to encourage these workers and empower them to improve their own health, and other NGOs can discuss sex work. TB/HIV Care, with PEPFAR funding, has been able to do this through the creation of safe spaces, health service referrals, and

attention that treats sex workers as more than just their career. This is a key success of PEPFAR in the Western Cape in terms of women's empowerment.

Chapter 5: More Than Sex Education, It's 'Values Education'

HIV & AIDS are strongly linked to education, particularly sex education. In a society where "sex is regarded as a taboo" (Phillips 2004, p. 84), and therefore youth are unlikely to learn correct information about prevention methods in informal settings, this is the main vector through which prevention information can be disseminated. While, as has been discussed, AIDS has provided neoconservatives a new venue to push their discourses, it has also "provided an opportunity to challenge hegemonic discourses concerning what is "natural" about sexuality and to shift the safer sex debate from control to prevention" (Meaghan 2001, p. 110).

The Nature of Prevention Education Through PEPFAR in the Western Cape

Chiliza explained to me that programs still implement the AB and ABC strategy, but that since President Barack Obama took office in the United States, quotas for each have been less strictly enforced. In fact, Chiliza mentioned that during the Bush era, the "C" of "ABC" was reserved mostly for sex workers, but now it is more common in other programs. "It is a wider scope of work that we do now," she explains (J Chiliza 2012, pers. Comm., Nov 9). *All* sex education is now indicated to be "AB" on COPs, but this does not actually limit them anymore. Moreover, data related to AB and ABC education is collected but not regulated. In fact, some of the faith-based organizations that receive funding, such as Life Choices, give comprehensive sex education, and simply abstain from the distribution of contraceptives (J Chiliza 2012, pers. Comm., Nov 9). Nineteen organizations were designated for sexual education in 2009 in the Western Cape (Activities 2009, pp. 27-32).

SAG has added some difficulties to the implementation of PEPFAR policies in the Western Cape. The Department of Education in the province does not wish to cover HIV & AIDS. When they would visit schools, they would find multiple NGOs doing work, taking away time from the rest of education. Thus, the NGOs were no longer allowed to work in schools during the school day. Some NGOs began offering programs during the holidays, but many students could not come due to transportation costs or responsibilities at home (J Chiliza 2012, pers. Comm., Nov 9). PEPFAR must implement HIV & AIDS education programs through NGOs rather than schools themselves because teachers may always want to avoid the topic since "almost everything that needs saying on the HIV/AIDS issue is bound to offend someone" (van der Vliet 2004, p. 68). With the end of youth

programs, these programs may all end and students' instruction will be tarnished by institutionalized stigma surrounding sex and HIV & AIDS.

Values Education

Griffiths does not describe Scripture Union's Life Skills courses simply as sex education, but rather "values education," which she describes as "much bigger than sex education" (J Griffiths 2012, pers. Comm., Nov 14). Griffiths feels that "most kids don't have a value system," and therefore teaching sex education alone would be insufficient (J Griffiths 2012, pers. Comm., Nov 14). There is only one module in their Life Skills program on peer sex education, but many other relevant modules exist. For instance, there are modules on relationships and how to handle the other sex. GOLD Peer also discusses values, as well as "leadership and self development" (N Tedder 2012, pers. Comm., Nov 27). "You can't just say 'use a condom,'" Tedders explains. "You need to understand why people are using alcohol and drugs or are in gangs, all of those subtle things" (N Tedder 2012, pers. Comm., Nov 27). The focus on values, however, contradicts Tonks' (1996) argument that "the subject at issue here is health education, not moral education" (Tonks 1996, p. 18). What Tonks seems to miss is that, as long as health education facts *are* being taught, and as long as the educational system does not think sex and self-respect are mutually exclusive, and therefore morals will lead to abstinence, teaching morals about respect and self-esteem *can* reduce HIV transmission by leading to fully informed sexual decisions, and that self-respect can manifest itself in abstinence or demanding a condom.

Tedder gave me access to the curriculum for GOLD Peer Educators in their third year of the program. Similar to this focus on values, GOLD Peer discusses far more than sex and HIV in an attempt to change behavior, and not simply educate about the facts. The curriculum identifies risk behaviors such as "not using a condom," "alcohol or drug abuse," "having sex for stuff," and "changing partners often" (GOLD 2011, p. 7). The program also addresses poverty and social norms such as gender inequality and "lack of government investment" as the root of the spread of HIV (GOLD 2011, p. 7). Teaching more than just information about sex has been proven valuable. Sex education programs have been proven to "can reduce sexual risk-taking by a modest amount" (Kirby et al. 2006, p. 214), but the term "modest" is key: broader campaigns are necessary. Again, with the loss of funding, young women could miss out on values education, and then never experience the modules working to empower and educate them. This could exacerbate the transmission of HIV.

Abstinence

As aforementioned, Scripture Union is an AB organization. They therefore promote abstinence. As Mbugua (2009) explains, abstinence is advocated only until marriage or faithfulness can be guaranteed, and so “all sex-education programs that advocate sexual abstinence (including the ABC model) have to clarify the abstinence recommendation” (Mbugua 2009, p. 174). Moreover, marriage can be a risk factor, as fidelity is assumed but partners are not always faithful (Susser 2009, pp.47-48; Baylies 2000, p. 17). When asked what the organization says to students who are already sexually active, in order to explore what Scripture Union does to clarify their recommendation, Griffiths said the organization advocates for second chances and tells these students that they can stop now and wait again (J Griffiths 2012, pers. Comm., Nov 14). This challenges Tonks’ assertion that “advocating for ‘secondary virginity’ is often pointless, as students will rarely give up what they perceive as advances towards adulthood” (Tonks 1996, p. 19). Scripture Union’s programs, where evaluated, have proven effective in reducing teen pregnancy rates and increasing high self-esteem. The effects have only been measured in East London, but Griffiths assured me the same programs are implemented in the Western Cape with similar results (J Griffiths 2012, pers. Comm., Nov 14). Extending these results to the Western Cape seems a valid conclusion, since studies in the United States have proven that particular sex education programs yield the same results across geographic region, socioeconomic status of students, and other demographic indicators (Kirby et al. 2006, p. 214). However, Griffiths’ findings in the Eastern Cape do not agree with the research of Tonks (1996), which has found abstinence to be ineffective, but the cultural differences—Tonks was studying the United States—could account for the discrepancy (Tonks 1996, pp. 14-15). Griffiths’ findings also conflict with experiences in Uganda, where comprehensive sex education was advocated until PEPFAR funding was implemented. Before PEPFAR, HIV transmission rates were declining. However, PEPFAR forced Uganda to emphasize abstinence, and rates rose again (Susser 2009, p. 59). Thus, while Scripture Union’s programs may be working at the moment, AB programs still must be cautious in certain contexts, so that women are not caught unprepared for partner infidelity or rape. As Kirby et al. demonstrate, promoting abstinence-only is somewhat useless, as comprehensive sex education has not been proven to increase sexual activity (Kirby, Laris & Roller 2006, p. 214).

GOLD Peer does not consider itself “AB” or “ABC,” and so would report on both, which led to some problems with PEPFAR (N Tedder 2012, pers. Comm., Nov 27). The organization did not have *separate* AB and ABC programs, but rather than prescribing one system to all peer educators, they would tell students that it is better to wait, but also tell them where to get condoms (N Tedder 2012,

pers. Comm., Nov 27). This is in line with Tonks, who explains that while conservative fear that comprehensive sex education will leave out abstinence all together, abstinence is a responsible method to teach, as long as it is combined with other methods (Tonks 1996).

The focus of abstinence in South Africa is disempowering to women. As Usdin (2003) mentions, abstinence “as a lifestyle choice in the context of rape” (Usdin 2003, p. 50) is unrealistic. While *advocating* for abstinence may not hurt women, ignoring issues such as morning-after pills, condom negotiations, or working to reduce GBV through speaking with men—and women—about the harms of GBV is necessary as well. Scripture Union *does* discuss GBV (Griffiths 2012, pers. Comm., Nov 14).

Contraceptives etc.

TB/HIV Care, due to the nature of their audience, focuses on condom promotion and other preventative measures in their sex education work (A Lambert 2012, pers. Comm., November 22). They also conduct condom demonstrations and distribute information about other STIs. These demonstrations include female condoms. For female condoms, they also have vaginal models and “procure as many [female condoms] as possible” (A Lambert 2012, pers. Comm., November 22). Lambert lamented that these condoms are hard to find, and explained that the sex workers tend to prefer them. In fact, sex workers are “charging more, saying that ‘you don’t have to use a condom’ but they have a female condom in” (A Lambert 2012, pers. Comm., November 22). This anecdote is corroborated by Susser, who explained that clients would pay more for female condoms when UNAIDS distributed them (Susser 2009, p. 31). GOLD Peer also outlined issues with focusing on the female condom. Tedder explained that the facilitators at the NGO will discuss the condom, but that in some places “you just can’t find them” (N Tedder 2012, pers. Comm., Nov 27), so that instruction on the topic seems almost a waste.

The curriculum at GOLD Peer discusses prevention, and advocates for several methods, including but not limited to condoms. For instance, GOLD Peer was the only organization I met with that discussed the “window period of infection” (GOLD 2011, p. 51), demonstrating that the more time that has passed since your partner’s infection, the less likely you are to become infected. GOLD suggests that this information will help learners make the decision “not to have sex, to be faithful to your partner, or to use a condom properly every time, with every partner” (GOLD 2011, p. 51). The curriculum always mentions condoms, and also admits that there is still a chance of transmission even with proper use. Thus, the curriculum mentions abstaining, partner reduction, and other methods of risk reduction. The curriculum also encourages peer educators to speak with their friends about condom use, asking them if they use them and, if not, asking why they do not (N Tedder 2012, pers. Comm., Nov 27).

In FY 2012, PEPFAR was able to distribute 492 million male condoms and 5.1 million female condoms in South Africa. By 2016, PEPFAR hopes to help distribute 1 billion male condoms and 25 million female condoms (Partnership Implementation 2012, p. 29). Although these statistics are for all of South Africa and not just the Cape Town area, unfortunately “often the simple access to free condoms does not automatically translate to consistent use” (Bermudes Riebiero Da Cruz 2004, p. 145). Moreover, male condoms are distributed more widely, even though female condoms have been proven more effective because it is less likely to break (Susser 2009, p. 29). PEPFAR is, in this case, institutionalizing sexual norms, which place the burden of the condom on men and take the control away from women. It is no wonder that GOLD Peer worries about the accessibility of female condoms, and therefore does not always advocate for them.

Unfortunately, other obstacles are involved, as well, with male condoms. If, Lambert mentions, a client refuses to wear a condom and a worker needs the money because the rent is due, there will be issues” (A Lambert 2012, pers. Comm., November 22). Moreover, many women cannot bargain with men on the use of condoms—sex workers and otherwise—and thus, condom negotiation is key (Usdin 2003, p. 49). Male condoms also remove much of the power from the woman, as has been discussed. Mbugua (2009) claims, “sub-Saharan Africans have rejected the ABC model due to the fact that it violates their individual and/or collective norms” (Mbugua 2009, p. 172). However, Mbugua offers no alternatives, and does not expound upon what should be done, and does not advocate abstinence either. Thus, it would seem that while ABC is imperfect, it needs only to be improved upon with other methods. These organizations receiving PEPFAR funds have improved upon the ABC method with discussions of negotiation, self-esteem, and more, thus using their funds even more effectively than PEPFAR guidelines permit in order to empower learners.

Peer Education and Gender-Based Violence

One common theme mentioned throughout the interviews was that of peer education. As evidenced by the organization’s name, GOLD Peer focuses on peer education. According to the GOLD Peer curriculum, when peer education occurs, “peer educators experience change with themselves,” then “peer educators influence their peers to make healthy decisions,” and finally, “as groups of peers begin to change and make healthy decisions the whole community begins to change” (GOLD 2011, p. 6). Essentially, peer education is a positive spin on peer pressure. TB/HIV Care also has a peer outreach system for its sex work program. According to Lambert, “these peer educators are former sex workers, are current sex workers. As SWEAT says there is a whole continuum of exiting sex work” (A Lambert 2012, pers. Comm., November 22). The NGO also identifies sex work leaders, and then educates them

so that they can educate other workers. UNAIDS has commended peer education among sex workers, because it is “giving [the community] more control over its own health” (UNAIDS 2002, p. 11). This has been proven particularly effective in areas with mobile sex workers (UNAIDS 2002, p. 11), which has been one of the key factors in TB/HIV Care’s programs. The drawback to peer education echoes the previous reservations expressed about TB/HIV Care’s programs—it does not tend to reach pimps, clients, or other groups related to sex work as they do not consider sex workers their “peers” (UNAIDS 2002, p. 11).

As aforementioned, gender-based violence and HIV & AIDS are linked. The violence often creates vaginal tears, increasing likelihood of transmission. Moreover, condoms are rarely used in these situations. PEPFAR, as well as the organizations it works with, outlines the importance of looking at gender-based violence in order to empower women. In its 2009 document outlining activities for the Western Cape, one activity mentioned is that “the USG team will focus on...training on sexual assault” (Activities 2009, p. 22). In this same document, part of Scripture Union’s focus on gender is described as “discouraging violence, coercion and abuse against women and the girl child as well as respect shown for one another, regardless of gender, and human capacity building” (Activities 2009, p. 22). One of the modules at Scripture Union discusses gender-based violence. In this module, classes are divided into small groups, and young men, recent alums, work with the students to discuss these important issues. In this module, says Griffiths, classes are divided into small groups, and young men, recent alums, work with the students to discuss these important issues (J Griffiths 2012, pers. Comm., Nov 14). This is similar to a peer education model. GOLD Peer also has a module on gender-based violence. It gives an encompassing definition to GBV, including emotional abuse and threats, childhood marriage, and denial of access to health care (GOLD 2011, p. 57). This module also addresses the stigma surrounding violence, and why it is not discussed. “They [women] are ashamed of what happened and think it is their fault,” the book explains, and it then continues on to advocate “breaking the silence on violence” (GOLD 2011, p. 59). Furthermore, Lambert mentioned several GBV-related topics the SWEAT program focuses on which tend to be prevalent in sex work. These include violence, harassment, rape, and trafficking. “We’re looking at all of these things were people may be forced into sex work,” he adds (A Lambert 2012, pers. Comm., Nov 22).

Conclusion

Although access to condoms and information on how to use them is an important part of HIV relief that PEPFAR has increasingly funded in recent years, knowledge about condom use, abstinence, and faithfulness is not enough in the context of South Africa. Condom access is often limited. Moreover,

infidelity and gender-based violence are common, which limit the success of AB education. Finally, condoms are often not wanted by men. Thus, creative measures are being funded by PEPFAR, to reduce risk, such as condom negotiation. Moreover, in order to increase identification with those teaching students, peer education is being emphasized. Values such as honesty, leadership, and self-worth are also being taught, so that young people are fully informed and willing to engage in sexual activity when they do. Gender-based violence is also a focus, so that young men will realize the consequences of their actions.

Ethical Reflexivity

Many ethical considerations were taken into account during this research. Due to the nature of the research and the fact that NGOs and organizations were generally the interviewees, personal questions were avoidable and therefore not asked. No interviewees were ever asked to divulge their HIV status, and I never asked to specifically interview an HIV-positive or HIV-negative person. I also interacted with organizations working with sex workers, but no sex workers themselves. I thoroughly outlined the purpose of this study, and allowed interviewees to approve all quotes and material pulled from their interviews. I explained to them that the work *could* go public, via the School in International Training (SIT) Independent Study Project (ISP) online database and journal, but also that it would not necessarily do this. I allowed for anonymity or the obscuring of identity. I also assured interviewees that this information would not be sent to the United States or South African governments, and so would have no bearing on their funding levels.

The only ethical issue I occasionally encountered involved discussing HIV & AIDS in South Africa as an HIV-negative American. I had chosen to look at PEPFAR partially because I feel I am *more* qualified, since it is a United States policy, to evaluate it than many other issues in this area. However, although I may be somewhat qualified to analyze United States policy, I am still less qualified to look at HIV & AIDS in the area, as I can not fully understand the issue after living here for only three months.

Conclusions

This research began with a simple question: “How does PEPFAR in the Western Cape empower women?” However, throughout the research I discovered that changes were occurring within PEPFAR that would affect my answer. The scale back in funding is likely to have enormous consequences on PEPFAR in general and on women’s empowerment through HIV & AIDS relief funding. Nevertheless, even though much of the control is being passed to the South African government, they also promote a goal of increasing equality for women and girls (HIV and AIDS 2007). Thus, the research outlined in this report should remain relevant for the coming years.

The organizations funded by PEPFAR in the Western Cape are changing institutions to empower women, to various degrees. The wide variety of sexual education programs—including abstinence-only, comprehensive, and hybrid programs—allow for all individual situations to be addressed, so that every woman receiving this education is empowered to negotiate her sexual experiences and understand her own sexual behaviors. They give young girls and women individual attention and a sense of self-worth, so that if they so desire, they can say no. Some of these programs push saying “no” to sex, perhaps to a damaging degree, as these programs are rarely seen as effective (Tonks 1996, pp. 14-15), but all programs give young women and girls the *power* to say no and face the potential stigma associated with it. They also focus on values, rather than just giving information about condoms, which are not always available or wanted by both partners, and abstinence, which only works until monogamy is ensured, in order to navigate all situations, such as lack of access to condoms or being courted by a “sugar daddy.” The programs also promote self-worth through elevating some leaders as peer educators. Peer education allows learners to identify with the person speaking to them. Finally, there is a focus on values as an attempt to bridge the gap between culture in South Africa and the AB or ABC methods of sex education, by focusing on society as well.

Programs are also empowering women through their work with and about sex workers. These workers, stigmatized by societies and viewed as transmitting a larger portion of HIV than they are truly responsible for, are still an important part of AIDS relief work, as they have a disproportionate risk of contracting the virus. TB/HIV Care and SWEAT have partnered together to produce several empowering projects to promote health care among sex workers. They have created safe spaces for self-expression. In these spaces, workers can disseminate information specific to sex work, such as condom negotiation with clients. The program also works to empower workers by recognizing sex worker leaders and sending them into the community as ambassadors. Other programs discuss the relationship between sex workers and HIV & AIDS. In the Western Cape, the Anti-Prostitution Loyalty Oath is not a

problem, as PEPFAR does not interfere with organizations' work as long as they are promoting healthy practices. For a population so stigmatized by South African society, as in global society, this is incredibly empowering.

However, the PEPFAR programming is still imperfect. Some "empowerment" programs seem almost disempowering, telling young girls to change themselves *while* telling them they are important, which sends conflicting messages about self-worth and beauty. Moreover, although all of the organizations work to empower women, only one—Scripture Union—had specific, unique programs for women, and that was the same program that sends conflicting messages. Although TB/HIV Care offers separate spaces for men, women, and trans* people, it offers no extra services for empowering women. GOLD Peer offers the exact same programs to both boys and girls as well. Finally, PEPFAR's focus on distributing the *male* condom does not empower women, as the final control of the condom then remains with male partners. As both PEPFAR and SAG want to improve the status of women, it seems more programs devoted to just women should be developed.

Recommendations for Further Study

There are several possible new research topics that could build upon this study. In a few years, PEPFAR will have completed its contraction in the area. This will provide a new range of topics to explore, including how organizations are coping, and if any have had to stop their programs due to loss of funding. Moreover, Jessica Chiliza told me that “at risk populations” are now the hot topic in AIDS relief, so a study on PEPFAR in another group as defined by most AIDS relief programs, such as men who have sex with men, truck drivers, or drug users, would be useful. Empowerment of these same groups—all often stigmatized by society, like women—is also an important facet of HIV and AIDS relief.

The empowerment of women could also be expounded on. Because this paper was multifaceted, reaching for a breadth of information rather than a depth, it is not as in-depth as possible in many areas discussed. SWEAT itself could be looked at, or other organizations involved in sex work. The topic of female condoms was also frequently brought up in the interviews, but lack of access and stigma limit their use. Condom negotiation skills were also deemed important, and could be looked at more in-depth.

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Appendices

Appendix A

Interview Questions for Jessica Chiliza

1. How does PEPFAR decide how many AB versus ABC funds to allocate?
2. How is usage of these funds monitored?
3. How does the APLO affect funding in this area?
4. About how many organizations are refused because of the APLO?
5. Do you think some organizations do not apply because of the APLO?
6. What does OP (other prevention) entail? What sorts of prevention?
7. What exactly is your role as coordinator?
8. I see that one of the principles of PEPFAR in South Africa is to “accelerate programs to empower women and educate men & women on women’s rights and human rights.” Can you tell me a bit more about that principle and its success thus far?
9. I know that PEPFAR tries to facilitate country ownership. How does this play out in South Africa? What input does the South African government versus the United States government have?

Appendix B

Interview Questions for Scripture Union

1. Can you describe what the PEPFAR funds you receive are used for?
2. How would you describe your sex education programs?
3. What emphasis do you place on abstinence?
4. What do you say about condoms and other preventative measures?
5. Do you mention female condoms?
6. In what ways does your organization work to empower women?
7. Does your program address sexual violence or rape? What does it say?
8. What guidelines are given to you by PEPFAR for the use of your funds?
9. How would your programs change without these guidelines?
10. Do you do any work at all with sex workers?
11. Are the schools you work in religiously affiliated?

Appendix C

Interview Questions for TB/HIV Care Association

1. What exactly are your PEPFAR funds used for?
2. How does your partnership with SWEAT function?
3. Have there been any conflicts with PEPFAR employees because you work with sex workers but signed the APLO?
4. How do you teach negotiation skills to sex workers?
5. How do your programs work to empower women?
6. How do you involve sex workers in your programs?
7. How does your program define a sex worker?
8. Who is reaching out to sex workers—doctors, peer educators, etc?
9. Do you discuss female condoms?
10. How do you address contraception in sex work?

Appendix D

GOLD Peer Education Interview Questions

1. What exactly do your PEPFAR funds do?
2. Did PEPFAR place any guidelines on your programming? Would you change anything about your programming without them/have you?
3. Did you lose funding in September due to the gradual contraction of PEPFAR funding in the area or another reason?
4. Could you describe your peer education programs?
5. What information do you give on contraceptives?
6. Do you discuss female condoms?
7. In what ways does your NGO work to empower women?
8. Can you define the “peer” in “peer education” for your programs?
9. How do you address the stigmas surrounding HIV & AIDS?
10. Do you do any work with sex workers?
11. Have you noticed any effects of the APLO in the Western Cape?