

Chapter 3

The Context

The Human Development Index (HDI) provides a measure of a county's development on three dimensions: its people living a long and healthy life, being educated and having a decent standard of living. Countries in sub-Saharan Africa, which include East Africa and the countries within it (Kenya, Tanzania, Uganda and recently added Burundi and Rwanda), rank low on the index. Among the 179 countries for which an HDI is available, Kenya ranks 144, Tanzania 152 and Uganda 156. These countries show high prevalence of HIV and AIDS, although they also show some decline in prevalence since 2001. Nevertheless, the United Nations Programme on HIV and AIDS (UNAIDS) warns that in Uganda, stable HIV trends are occurring alongside an apparent increase in behaviour that favours HIV transmission and a rapidly increasing population, which may increase prevalence levels. National population-based surveys in Tanzania suggest that HIV safe behaviours are declining in some sections of society (UNAIDS, 2008a, p.16).

Table 3.1 Estimated number of people (adults and children) living with HIV

Country	2007 (low and high estimates)	2001 (low and high estimates)
Kenya	1,500,000–2,000,000	1,300,000–1,700,000
Tanzania	1,300,000–1,500,000	1,300,000–1,500,000
Uganda	870,000–100,0000	990,000–1,300,000

Source: Report on the Global AIDS Epidemic, UNAIDS (2008b), p. 214

The rate of HIV and AIDS is substantially higher among young women as compared with young men across all three countries, as seen in table 3.2, below.

Table 3.2 Estimated rate of HIV and AIDS prevalence among young men and women (2007 figures)

Country	% young women (low and high estimates)	% young men (low and high estimates)
Kenya	4.6–8.41	0.8–2.5
Tanzania	0.5–1.3	0.4–0.7
Uganda	2.7–5.2	0.6–1.9

Source: Report on the Global AIDS Epidemic, UNAIDS (2008b), p. 217

Although East African countries have made great gains in removing the gender gap in schools, girls and women in these countries, as well as in sub-Saharan Africa in general, are at a greater risk of acquiring HIV because of socio-economic and cultural attitudes, beliefs and practices (as mentioned above). Studies from many countries in sub-Saharan Africa, including Uganda and Tanzania, suggest that girls and women are economically less independent and develop low self-esteem because of cultural practices. Schools tolerate and promote the power imbalance between girls and boys, which is also reflected in their sexual behaviour. Curricula and teachers promote traditional gender roles and views of male and female sexuality, making girls vulnerable to their fellow male students as well as to male teachers. Even when the school's formal curriculum includes lessons on HIV prevention and awareness of gender issues, teachers' practices and school culture reinforce rather than challenge gendered roles, relationships and practices (Mirambe and Davies, 2001; Vavrus, 2003; Colclough et al., 2003).