Burkina Faso is one of the poorest countries in the world with 70 out of 100 people living on less than US$2 a day. Women are particularly affected by poverty as they are generally more vulnerable both economically and socially due to illiteracy. The 2007 and 2008 Human Development Report states that in Burkina Faso, 38% of the children under five years are underweight. The report further states that literacy among the 15-24 year youth category stands at 33% for boys and 27% for girls. Primary school enrolment stands at 51% but with a very low secondary and tertiary enrolment rate for girls.1

Illiteracy deprives women of skills that would empower them to be employed or seek economic opportunities. Women are therefore highly dependent on men. Such vulnerability makes Burkinabe women susceptible to various forms of violence.

The violence experienced by women in Burkina Faso results partly from the society clinging to some harmful traditional practices (HTPs). UNICEF estimates that in Burkina Faso, more than two thirds of women had experienced genital mutilations in 2005.5 Furthermore, the tradition of forced and often early child marriages, as well as the remarriage of a widow within the husband’s family, is still prevalent. These marriages, especially those involving widows, are often accompanied by intense psychological pressure such as the threat of expulsion from the family or the widow being denied custody of her children.

According to a 2006 survey on violence against women in Burkina Faso, the most frequent forms of violence include being over-worked in the homes, and being subjected to physical cruelties and blows.3 The family setting is the first place where women experience violence with the husband inflicting these cruelties, followed by the parents. The survey established that most women and men disapproved of violence, but that only a minority of women knew about the existence of legal services for victims of gender-based violence.

Burkina Faso has made considerable strides to improve the conditions of women. A National Policy for the Promotion of Women was adopted in 2004 and a national gender policy is being formulated. These accomplishments are partly due to advocacy efforts of several NGOs championing women’s rights. Non-governmental organisations have lobbied the government and donors to recognise and respect human rights and women’s rights in particular. Nevertheless, women occupy only 12 seats in Parliament.

It is in this context that Burkina Faso has consistently taken part in “16 days of activism against gender-based violence,” an international campaign, for three years. Last year, the annual campaign, which takes place between November 25 and December 10, marked its 17th anniversary.

Initially, a committee of the “16 days of activism” was established, comprising the five most influential civil society organisations in the advancement of women’s rights. In 2007, the committee, for the second year, selected “Gender and HIV and AIDS” as its theme.

Burkina Faso experiences the feminisation of the HIV and AIDS epidemic. In 2006, about 150,000 people aged 15 years and above were living with HIV with 80,000 of them women.4 Ten years ago, men were more infected and affected than women. This led to the following questions:
- What is the relationship between HIV and AIDS and gender, the relationships between the sexes?
- Why are women particularly vulnerable?

The committee concluded that socio-economic inequalities prevented women from independently determining when to enter into sexual relations and whether to have safer sex or not. Equally, violence against women is due to women’s weak
socio-economic status. The threat to be raped, beaten, or chased out of the home, to be psychologically harassed or be forced into prostitution in order to survive, prevents women from taking the responsibility to protect themselves against HIV. These factors combined with their high biological vulnerability leads to higher rates of HIV among women than men.

Within this framework, the committee realised the need for a new law domesticating the “Protocol of the African charter of human and peoples’ rights on the rights of women” signed and ratified by Burkina Faso, to be reviewed in Parliament. This law N° 049-2005/AN on reproductive health deals with among others, the voluntary infection of HIV. The law stipulates a fine or imprisonment of any individual who, after knowing his or her HIV status, voluntarily infects other persons. The law also requires that everyone reveals his or her HIV status to his or her partner.

But this law has some major weaknesses that make its application difficult. For instance, it specifies neither the point in time when the serostatus should be revealed, or the role of health agents in such an act. This leads to the problem of the confidential medical communication (see International Guidelines UNAIDS). Sufficient protection measures to avoid potential infection of one’s partner and their child are also not specified. Moreover, the rights of people living with HIV and AIDS to confidentiality of their health condition and to non-discrimination are not adequately considered.

Furthermore, the committee analysed the law on voluntary infection of HIV using a sex disaggregating analytic tool. This analysis revealed that in its actual form and as far as women are concerned, the law does not consider the following facts:

- More women than men take a screening test for HIV especially as part of the prevention of the mother-to-child transmission of HIV (PMTCT).
- Thus, by law, more women than men will have to inform their partners of their serostatus. The intention of women to protect their future babies by taking a test could be discouraged by the fear of being rejected by her partners and families.

The 2007, 16 days campaign, besides other objectives, aimed at a reconsideration of the law in parliament by proposing amendments stemming from issues arising from the campaign’s activities. The activities launched by the campaign committee together with roughly 50 partner organisations included theatre representations, sketches and film performances, commercials, roundtables and documentaries on the national television, training for radio journalists and a conference on HIV and VAW. Resource persons facilitating at these events were drawn from the field of gender-based violence and HIV and AIDS.

The conference with resource persons in the field of gender-based violence and HIV and AIDS resulted in several members of Parliament committing to discuss the law in question at the next session of Parliament.

The play about the power relations between men and women, followed by a guided discussion at the end of each presentation revealed that for the majority of the audience, the submission of women and the sexual domination of men, is accepted as a social reality. Sexual harassment, for example, is part of this reality. Legal measures should, therefore, provide for a remedy by taking into account that a complaint for sexual harassment can cause at the same time the expulsion of the plaintiff from her environment and family.

The conference with resource persons in the field of gender-based violence and HIV and AIDS resulted in several members of Parliament committing to discuss the law in question at the next session of Parliament. The training of radio journalists led to coverage of the campaign by radios in several provinces in the country.

The 16 days of active campaigning against gender-based violence in Burkina Faso will continue in 2008. The objective will be to draw the attention to the fact that failure to amend the law on voluntary HIV infection can bring about discrimination of women and even more violence against them. In order to make the law applicable and to avoid further discrimination particularly of women (but also to other vulnerable groups of the society!), the protection of human rights including women’s rights must be guaranteed.

The campaign should also focus on fundamental change of social norms based on the economic, social and physical domination of women over men. It should encourage healthy conditions that enable couples to share the responsibility for the consequences of HIV infection for themselves and their family. This could be a first step in the right direction, because according to one of the advisers of a HIV test centre in Ouagadougou, “taking a screening test is not the problem, the true problem is disclosing the result to the partner and above all, to cope with the problems following the disclosure.”

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