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Gender Equality Tip Sheet

HIV/AIDS

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Canada 

HIV/AIDS

This note has been written as a starting point to help understand how and why a gender perspective is relevant when supporting initiatives relating to HIV/AIDS. It is not an all-inclusive guide, rather it sets out initial questions to consider and provides resources to be used in follow-up.

Gender roles and relations powerfully influence the course and impact of the HIV/AIDS epidemic. Gender-related factors shape the extent to which men, women, boys and girls are vulnerable to HIV infection, the ways in which AIDS affects them, and the kinds of responses that are feasible in different communities and societies.¹

Why are gender inequalities and relations a factor in the spread of HIV/AIDS?

- **Biological vulnerability.** During unprotected vaginal intercourse, an HIV-positive man is at least twice as likely to transmit the virus to an uninfected woman as vice-versa. Adolescent girls are particularly vulnerable due to the immaturity of their reproductive system.

Globally, women are becoming infected at younger ages than men and are estimated to comprise 67% of all newly infected 15-24 year olds in developing countries. (UNFPA, 2002)

- **Social and cultural factors:** Women often lack power within relationships and the negotiating skills to insist on safe sexual practices. Cultural attitudes often make it difficult for women to appear knowledgeable about sex or to suggest condom use. Men often are socialised to engage in risky behaviour.

“Women are vulnerable to HIV; men are at risk. That generalization reflects the different circumstances in which both sexes contract the disease. Most women are vulnerable because they have limited opportunity to protect themselves; many men are at risk because they refuse to do so – often deliberately it seems.”²

- **Economic factors:** Poverty and lack of equal economic opportunities for women and girls make them vulnerable to sexual trafficking and exploitation. Women’s economic dependence can often make it difficult for them to challenge a husband or partner who insists on unsafe sexual practices.

In many regions in Asia, the movement of women and men is fuelled by economic necessity. Women and children migrating as factory and domestic workers to urban areas and across borders are extremely vulnerable to infection. Low social and legal status, language barriers and lack of social support heighten their vulnerability to sexual violence and abuse. Men employed as labourers, traders, fishermen, and military personnel are not only vulnerable to infection but may often transmit STDs between the communities where they work and live.

Why are gender inequalities, relations and roles important in understanding the impact of HIV/AIDS?

- The stigmatization of being HIV positive or having AIDS can be different for women and men. “Disclosure of women’s HIV status can cause abuse or abandonment by their families and loss of their rights to children and property.” (DAW 2000)
- Gender inequalities influence access to health care services. Family resources are more likely to be used to help men access treatment. In Thailand, Burmese sex workers have little access to medical care due to their illegal status, lack of knowledge of available services and social isolation.
- Gender relations also influence how the burden of caring for people with AIDS is shouldered. It is generally women and girls who must care for the ill and orphaned while trying to maintain a family income and food security after the loss of a primary wage-earner.
- 1 in 5 women suffers physical abuse from a husband or partner in their lifetime and one-third to one-half of abused women also report sexual violence (UNFPA, 2002). During war and civil disorders, women often are systematically targeted for rape, increasing their exposure to STDs and unwanted pregnancies.

¹ UNAIDS (2001). Fact Sheet: Gender and HIV/AIDS. http://www.unaids.org/fact_sheets/ungass/html/FSgender_en.htm

² Foreman, M. (1999). AIDS and Men: Taking Risks or Taking Responsibility. London: PANOS/Zed Books.

Gender and HIV/AIDS Programming: Considerations

- ✓ *Targeting:* HIV/AIDS programmes should be based on an understanding of how gender inequalities and differences influence the spread and impact of the pandemic. Young people lack access to gender-sensitive, age-appropriate sexual health information and counselling. Different strategies to work with women, men and young people are required.
- ✓ *Identifying socio-cultural barriers:* A gender analysis can assist in the assessment of strategies and help design responses that will challenge and transform gender inequalities. While promotion of condom use is important, for example, if women are unable to insist that their partners use condoms, then increased distribution alone is unlikely to be effective.
- ✓ *Human rights:* An important element is to ensure that the legal, civil and human rights of those affected and infected are protected. Legislation is required to change discriminatory labour practices and improve immigration policies and access to social services. Women and young people must have access to STD treatment, counselling and support on an equal footing with men.
- ✓ *Multi-sectoral responses:* HIV/AIDS is not just a health issue. A coordinated response that is multi-sectoral and multi-level is needed to address the root causes of HIV/AIDS. Supporting an increased understanding of the gender dimensions of the pandemic in relevant government ministries and building coalitions with civil society and the private sector are key.
- ✓ *Capacity building:* Strengthening national capacities for gender analysis and planning through improved use of sex-disaggregated data, gender-sensitive indicators and training tools should be a priority for local institutions. Building community capacity to prevent the spread of disease and cope with the impacts of the epidemic is equally important.

HIV/AIDS Prevention and Control (India)

The aim of the project is to strengthen the capacity of national, state and local institutions responsible for co-ordinating efforts to combat the spread of HIV/AIDS. One element is working at the community level in Rajasthan and Karnataka to provide prevention, care and support to vulnerable populations, such as commercial sex workers (CSW). A gender perspective has been integral to understanding the communities, collecting baseline data, designing relevant interventions and cultivating local ownership. Although commercial sex work is widespread, the circumstances vary greatly from urban to rural areas and across communities.

In some northern districts of Karnataka, commercial sex work is related to the *devadasi* system: a form of temple prostitution where women are recruited from very poor families to provide sexual services to priests and male travelers. Rooted in poverty, gender discrimination, history, and culture such patterns of sex work present enormous challenges for designing and delivering health promotion programs. In other districts, the project is supporting sex worker collectives to strengthen leadership, program formulation and proposal development and linking these groups to resource centres for counselling and access to health care and social and legal services.

Men: 'Partners for Change'

Men's vulnerability to HIV infection, like that of women, is influenced by gender roles, relationships and identities. It is heightened by cultural attitudes toward masculinity and sex, higher rates of intravenous drug use and a tendency to under-estimate the threats of 'risky' sexual practices. Men are less likely than women to pay attention to their sexual health. UN Agencies, such as UNFPA have developed HIV prevention campaigns oriented to working with men as 'Partners for Change.'

"Men who are leaders in politics can speak out about HIV/AIDS. They can lead the way towards the changes in law and policy that support women's empowerment and recognize women and men as equal partners in life. Men in their many roles, personal and professional, can help construct positive role models and encourage one another to raise their sons to respect women and to respect themselves." (UNAIDS, 2000)

Resources

- ✓ BRIDGE (2002). *Gender and HIV/AIDS Overview* (Cutting Edge Pack). www.ids.ac.uk/bridge/reports_gend_CEP.html
- ✓ Commonwealth Secretariat, Maritime Centre of Excellence for Women's Health (2002). *Mainstreaming in HIV/AIDS: Taking a Multi-sectoral Approach*. Available in book form only through the Commonwealth Secretariat.
- ✓ DAW (2000) *Expert Group Meeting on The HIV/AIDS Pandemic and the Gender Implications*. Windhoek. <http://www.un.org/womenwatch/daw/csw/hivaids/index.html>
- ✓ UNAIDS, HIV/AIDS and Gender. <http://www.unaids.org/gender/index.html>
- ✓ UNIFEM East and South East Asia. Women, Gender and HIV/AIDS in East and Southeast Asia. <http://www.unifem-eseasia.org/Resources/GenderAids/genderaidstop.htm>
- ✓ UNFPA (2002) "Addressing gender perspectives in HIV prevention", *HIV Prevention Now: Programme Briefs*. No. 4. www.unfpa.org/aids/docs/progbrief04.pdf