

HIV/AIDS AND GENDER ISSUES

July 2006



1 Nicholas Street, Suite 726, Ottawa ON K1N 7B7
Telephone: (613) 233 7440 • Fax: (613) 233 8361
E-mail: info@icad-cisd.com • Website: www.icad-cisd.com

INTRODUCTION

Researchers, policymakers, and programmers have long recognized that gender plays a role in vulnerability to HIV/AIDS and its impacts in every region in the world. Gender refers to socially defined and learned male and female behaviours that shape the opportunities that one is offered in life, the roles one may play and the kinds of relationships that one has. It is distinct from sex, which is a biologically determined and fixed set of characteristics for men and women. It is also distinct from - though closely linked to - sexuality, which is the “social construction of a biological drive” that is defined by how, why, and with whom one has sex (Rao Gupta, 2000).

Gender affects:

- Masculinity and femininity
- Roles, status, norms and values
- Responsibilities and expectations
- Sexuality
- The division of labour, power and responsibilities
- The distribution of resources and rewards

Gender roles dictate how each of the above factors differ between men and women. Since gender is a social construct, the differences between men and women may vary from place to place; but they are almost always present, and ultimately have a significant impact on vulnerability to HIV/AIDS. The inequalities between men and women that are created and reinforced by gender roles typically leave women especially vulnerable to HIV infection and its impacts, but it is also important to recognize that gender roles affect men’s vulnerability as well.

WOMEN’S VULNERABILITY

As a result of their societal roles, women and girls face a number of unique challenges that affect their ability to protect themselves from HIV/AIDS and its overwhelming effects. This is evidenced by the disproportionate impact of the

epidemic on women, especially in Sub-Saharan Africa, where the “feminization” of AIDS is most visible. In this region, for every HIV-positive young man (15-24 years) there are three HIV-positive young women.

Social norms about female sexuality make it very difficult for women and girls around the world to protect themselves from HIV infection. Women and girls are often encouraged to remain uninformed about sexual matters and/or remain sexually passive. Traditional norms of virginity for unmarried girls impede young women’s freedom to seek important sexual health information, including knowledge about HIV risk. Women often have limited access to sexual health information and services because of a misguided fear that it will encourage sexual activity. In addition, in order to preserve their virginity, many young women engage in alternative sexual behaviours, such as anal sex, which can increase their risk of acquiring HIV (Rao Gupta, 2000). The expectations for sexual passivity in women, along with the priority given to male sexual pleasure, also makes it difficult for women to be an equal partner in deciding the terms of sexual activity, including negotiating safer sex practices.

The power imbalance between men and women also translates into economic dependency for women. In most societies, men have greater control and access to productive resources. Women may feel pressured to stay in risky or abusive relationships with men because of the economic consequences of leaving. Limited income-earning opportunities are a common challenge for girls and women around the world. Women may be forced to exchange sexual favours for money or gifts in order to meet their basic needs, support their families, pay for school, or even to enhance their social power. Sex is therefore used as a commodity and a survival strategy, and such ‘transactional sex’ most often takes place with older men (who are more likely to be HIV positive).

Many women choose to enter the sex work industry, but face particular risk of HIV infection. Negotiating condom use can be very difficult with clients who refuse to wear condoms. In such cases, sex workers may risk unprotected sex knowing that, if they refuse, the client may simply find another sex worker who is willing to engage in condom-free sex (unless a collective position is taken, as with Thailand's 100% condom programme). Where sex work is criminalized, sex workers are at higher risk of abuse because they may be apprehensive about accessing programmes or services that can protect them from violence (and also provide education, treatment, and care). Also, where the threat of police arrest looms, sex workers may not be inclined to carry condoms or take the time to negotiate safer sex.

Women and girls' vulnerability to HIV is also enhanced by their limited access to health services. Whether because of household obligations, limited mobility, or insufficient funds, women often face greater challenges to accessing health care services, including sexual and reproductive health services that could help protect from HIV or properly manage the disease for those already infected. The same challenges exist for girls and women in accessing basic education. Basic education can empower girls to lead productive lives and avoid behaviours and situations that increase their risk of HIV infection. Despite this, poverty leads families around the world to withdraw their children, and daughters in particular, from school in order for them to contribute to household chores or income generation.

When a family member falls ill with HIV/AIDS, women and girls carry the overwhelming majority of the burden of care. Mothers, grandmothers, daughters, and women from extended families provide home based care, take in orphaned children, tend to the family's fields, find income generating activities, and perform ongoing household duties in support of the family. These responsibilities can limit their own opportunities for advancement, including pursuing education (many girls are withdrawn from school to care for sick family members), developing their skill set, and earning financial independence. Despite all of their hard work, women still bear the enormous stigma attached to

being widowed by AIDS, and are often left to battle the discrimination alone.

The most disturbing way that the imbalance of power between the sexes contributes to women's enhanced vulnerability to HIV/AIDS is through gender-based violence. Violence against women and girls can include rape and forced sex, physical assault, emotional abuse, humiliation or intimidation, and economic restrictions. It can enhance vulnerability to HIV both directly, such as through rape or forced sex (where abrasions in women's vaginal tissue increase the risk of HIV entering the bloodstream); and indirectly, by limiting women's autonomy and access to prevention information and services through fear and intimidation.

Not only do gender-based inequalities affect women's vulnerability to HIV infection, but they also exacerbate the negative effects of HIV/AIDS. Denial of women's inheritance and property rights in some regions of the world, as a result of overlapping legal regimes (such as older colonial laws, newer constitutional laws, and ongoing customary laws) which are often interpreted in favour of men, leave women and girls in the throws of poverty and dependency after the death of their partner or parents. This in turn increases their vulnerability to sexual exploitation and violence.

MEN'S VULNERABILITY

Societal expectations of men and boys also have an impact on male vulnerability to HIV/AIDS. Social norms about masculinity often assume that men are knowledgeable and experienced when it comes to sexual issues. This can have the negative effect of preventing men from seeking sexual health information or admitting their lack of knowledge about HIV risk reduction. Such norms cause myths about HIV/AIDS to persist (such as the myth that one can be "cured" by having sex with a virgin). Masculinity norms can also pressure men to have multiple sexual partners, which contradicts HIV/AIDS prevention messages about fidelity, delaying onset of sexual activity in young people, or reducing the number of sexual partners.

The archetypal image of the strong, virile, aggressive male also contributes to widespread

homophobia, leaving men who have sex with men to struggle with fear and stigma. This can often compel men who have sex with men to keep their sexual behaviour secret and avoid accessing services or seeking information that can help them adopt behaviours to protect themselves and their sexual partners (whether male or female) from HIV transmission. In regions where homosexuality is criminalized, the vulnerability of men who have sex with men and their sexual partners is even greater.

ENLISTING MEN IN HIV/AIDS PREVENTION

Analyzing the role that men play in the epidemic is crucial. Because men commonly have more sexual partners and more control over decisions regarding sex than women do, it is their behaviour that largely determines how quickly and to whom the virus is transmitted. Consequently, prevention efforts targeting men and boys are crucial, not only to promote their own health, but also the health of women and girls.

Underlying the sexual behaviour of men and women are powerful assumptions about male and female sexuality and entitlement. To turn the epidemic around, men will need to take responsibility for their actions - and change begins with the ways that boys are raised. This means addressing certain cultural attitudes and beliefs that have traditionally encouraged risk-taking and discrimination against women.

A GENDER-BASED RESPONSE TO THE EPIDEMIC

An effective response to the epidemic needs to be built on an understanding of how gender influences the HIV/AIDS epidemic. Both men and women need to be involved in developing effective responses to the pandemic at the national and community levels. Here are some directions to move in:

Promote women's participation at all levels. Participation means not only women's physical presence, but also their actual decision-making power - at home, in the community, and at national and global levels. Promote their physical presence by providing transport for women to

attend meetings of communal importance. In areas acutely struck by AIDS, women often have caretaking responsibilities as well. Thus, childcare should be available, or activities should embrace the presence of children.

Make gender a public issue. Advocate that governments examine all policies to see how they might impact women and men differently. Encourage a legal framework where gender-based grievances can be heard fairly. Advocate for more balanced or appropriate resource allocation between men and women. Support an active civil society where issues of gender can be debated. Take gender-based violence out of the closet and name it as part of the societal inequality between men and women.

Be sensitive and confident discussing gender-sensitive issues. Address how education, prevention and treatment affect the sexes differently. For gender-sensitive material, groups may initially need space for each sex to talk separately, facilitated by a person of their own sex, age and cultural background.

Provide skills training in sexual communication. Sexual behaviour is only partly driven by rational decision-making; such other factors as social taboos and the emotional need for intimacy also affect people's choices. Programs need to find ways to encourage frank discussion around sexual choices. Subjects for discussion might include alternatives to penetrative sex, perhaps, or the various aspects of condom use: purchasing and determining quality, negotiating use and learning the proper method of use.

Support the development and use of female-controlled methods of prevention. Given the challenges that women face in protecting themselves from HIV, it is astonishing that feasible prevention strategies are still unavailable to the millions of women for whom abstinence, mutual monogamy and male condom use are simply not possible. The female condom has proved to be at least as effective as the male condom and consequently should be supported as a reliable and effective prevention method - and made widely available. It has the obvious advantage that it can be initiated by women and inserted well before intercourse. The

development of microbicides (gels or creams, etc., that are applied topically in the vagina and that have the ability to prevent the sexual transmission of HIV) is another potential alternative. Microbicides are not available at present, except through clinical trials. However global investment in microbicide research and development needs to be significantly increased in order for a first-generation product to be available to women who need it most.

Be aware of the stigma associated with HIV/AIDS. In all societies, the experience of living with HIV/AIDS is accompanied by discrimination. The fear of ostracism and isolation - of losing a job or a house or being denied treatment - prevents many women from confiding their status and seeking the support they need. Furthermore, where HIV is seen as a sign of sexual promiscuity, the stigma is much more burdensome for women than for men: women are frequently thrown out of the home by husbands who may have been the source of their infection. Innovative and creative programs that address stigma and discrimination are invaluable.

Disempowering language. Counter tendencies to view certain populations as "causes" of AIDS rather than persons affected by it. Also be wary of treating people solely as "victims," rather than as leaders in the struggle to protect their dignity and rights.

Hold governments accountable. Use international obligations, covenants and statutes to advocate for action. The commitments adopted in June 2001 at the UN General Assembly Special Session (UNGASS) on HIV/AIDS (renewed in June 2006), and the UN Millennium Development Goals (especially MDG 3: to promote gender equality and empower women) are particularly invaluable.

CONCLUSION

AIDS feeds on systems of injustice that existed long before HIV had considerable impact on human society. Ending the epidemic both exposes these systems and presents an historic opportunity for real change. It will involve a revolution in long-held cultural beliefs and intensely held personal norms for both men and women.

Men will need to work hard to face their vital part in the pandemic. They will need to learn about and dismantle the parts of their gender conditioning that have resulted in the development of inappropriate power over women. Both sexes should recognize that men's efforts will bear most fruit in a climate of encouragement and understanding.

Women need to be encouraged to continue to empower and protect themselves, as well as to speak and live their truths as autonomous sexual beings. They deserve help and support in standing up to male domination where that is the case. At the same time it must be remembered that women are powerful and not helpless victims of male oppression. They are proactive participants and full partners in the fight to halt the HIV/AIDS epidemic.

REFERENCES

UNAIDS. *Women and AIDS: an extract from the AIDS epidemic update (December 2004).*

UNAIDS. **2006** *Report on the global AIDS epidemic.*

Rao Gupta. *Gender, Sexuality, and HIV/AIDS: the what, the why, and the how.* Plenary Address for the XIIIth International AIDS Conference, Durban, South Africa. International Centre for Research on Women, Washington (2000)

For a detailed description of more resources, please consult ICAD's *Annotated Bibliography on Gender, HIV/AIDS and Development (2005).*

ICAD's mission is to lessen the spread and impact of HIV/AIDS in resource-poor communities and countries by providing leadership and actively contributing to the Canadian and international response. This document was prepared with funding from the Public Health Agency of Canada. The opinions expressed by the authors and researchers do not necessarily reflect the official position of the Public Health Agency of Canada. Ce feuillet d'information est aussi disponible en français.