



HIV Prevention Now

Programme Briefs

No. 4 - Addressing Gender Perspectives in HIV Prevention

Gender dynamics are understood as the different roles, expectations, identities, needs, opportunities and obstacles that society assigns to women and men based on sex. Girls and boys, women and men, have the same rights, potential and capacities; but discrimination against girls and women based on socio-cultural norms often relegates them to lower status and value. This often places them at considerable disadvantages in terms of their access to resources and goods, decision-making power, choices, and opportunities across all spheres of life. While sex is biological, gender is socially-ascribed. It determines how individuals and society perceive what it means to be male or female, influencing one's roles, attitudes, behaviours and relationships - aspects of personal identity that have a direct bearing in sexual decision-making and the HIV/AIDS pandemic. International commitments¹ have affirmed the need to explicitly address the gender-based inequities and ramifications of the pandemic.

Though complex and challenging, gender mainstreaming across the broad range of responses to HIV/AIDS is necessary to halt the epidemic. For UNFPA, commitment to addressing the critical role that gender plays in sexual and reproductive life, and how it impacts on HIV prevention, are key to successful programming. It is important to note that this Programme Brief does not attempt to cover gender issues in an exhaustive manner, but rather reviews some of the major implications specific to HIV/AIDS as well as those actions with the greatest relation to UNFPA's support to country responses to the epidemic. Therefore, the focus is placed on the three core areas of UNFPA's work in HIV prevention: prevention among young people, prevention in pregnant women and comprehensive condom programming.

- HIV/AIDS Cluster

Why is gender critical for HIV prevention?

Over 75% of HIV infections are transmitted through sexual relations between women and men. In countries where young people account for a high proportion of all new infections, HIV-positive young women may outnumber their seropositive male peers by as much as six times (UNAIDS). Therefore, **addressing gender roles and power dynamics between women and men, and how they impact on sexual relations and decision-making, is critical for effective prevention** to ultimately halt the HIV/AIDS pandemic. Socio-cultural norms, beliefs and practices that apply to and affect women and men differently have a direct effect on vulnerability to HIV infection. For example, girls and

women are often raised to be submissive and unaware of sexual matters until marriage. They often fear reprisals from their partners and others, or being identified as promiscuous, immodest or unfaithful, if they raise issues related to sexuality and sexual health including STI/HIV prevention. Also, while many women suffering from STIs are asymptomatic, when they do experience subsequent STI-related problems they accept it as normal. Conversely, boys and men are often expected to be sexually knowledgeable and experienced, to be virile and healthy, and may express sexual prowess to prove their manliness through casual and multiple partners (including sex workers), infidelity, and dominance

¹ The ICPD Programme of Action (8.28, 8.29a). The 1995 Beijing Conference Platform of Action (para.108). The ICPD and Beijing five-year reviews. The UN General Assembly Special Session on HIV/AIDS (UNGASS 2001) Declaration of Commitment on HIV/AIDS. Secretary-General's Report to the UNGASS, states "that gender inequalities fueling the epidemic must be explicitly addressed" (para.88).

in sexual relations. This deters many men from asking questions or seeking STI/HIV/AIDS services.

Girls and women are disproportionately vulnerable to HIV. Their physiological susceptibility – at least 2 to 4 times greater than men’s - is compounded by social, cultural, economic and legal forms of discrimination. Poverty, low social status and lack of equal economic rights and opportunities makes girls and women susceptible to sexual trafficking and exploitation, to ‘sugar daddies’ and exchanging sexual favors for necessities and goods. Girls and women also have lower levels of education and literacy - one of the strongest determinants of sexual and reproductive health status overall. Early marriage and vulnerability associated with their age and norms may promote respect of men’s authority in sexual matters and contraceptive use, and dictate sex as a wife’s duty, regardless of risks to herself. Thus, marriage can be a major risk factor for women who are powerless to negotiate condom use or their husbands’ extramarital behaviour. Studies indicate that

Shifting trend: In the early stages of the HIV/AIDS pandemic, infection was predominantly among men. This situation has dramatically changed over time. As of the end of 2001, 47% of all new infections were in women who also constitute 17.6 million of the estimated 40 million people living with HIV/AIDS. More alarmingly, young 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.³ This trend supports the strategic need to address the gender dimensions of the epidemic – especially in relation to the greater vulnerability of women and girls.

in some regions, a high proportion of HIV-positive married women are most likely infected by their husbands, their only sexual partner.²

Social values surrounding fertility and motherhood often prevent women from using condoms or HIV-positive mothers from using infant replacement formula. Sexual violence and harmful traditional practices also expose women to HIV. In high-prevalence countries, girls and women are bearing a disproportionate burden of care

for the ill and orphaned, while struggling to maintain household income, productivity and food security, under conditions of increasing impoverishment. To reverse the trend, tailored responses that foster gender equality are critical for success: girls and women must be empowered, and boys and men enabled to become supportive, responsible partners.

What have we learned so far?

Mainstreaming gender concerns into HIV prevention programming - including addressing power dynamics and overcoming socio-cultural barriers - is essential. This implies understanding and responding to the specific challenges faced by particular groups of girls and boys, women and men, in decision-making and in negotiating safer and voluntary sex, as well as fostering open discussion on sexual health and challenging negative gender norms. Empowerment strategies that enable girls and women to develop self-esteem, critical thinking, assertiveness, and gain access to increased opportunities and economic autonomy have proven effective for HIV prevention. Enabling boys and young men to challenge negative masculine stereotypes supports them in resisting unwanted peer pressures and taking greater care of themselves and their partners.

Lack of respect for women’s reproductive rights can be significant deterrents to HIV prevention. Younger or unmarried women often face discrimination in services based on age and marital status, and are more likely to suffer from disrespectful treatment. HIV-positive pregnant women face extremely difficult choices given the strong social correlations of fertility and motherhood with social acceptance, marital harmony, and self-identify and fulfillment. Lack of access to services along with fears of coercive HIV-related counseling or interventions resulting in lack of respect for reproductive choices, of blame and shame, and of their status being revealed may keep them away from timely care.

Instilling gender equity values as early as possible empowers young people to protect themselves from HIV infection. Gender identities are solidified during adolescence and youth, which is also when the majority

² Resource Packet on Gender & AIDS, UNAIDS 2001. For instance, “an estimated 60-80% of HIV-positive African women have had sexual intercourse solely with their husbands”. In a sample survey in India, “91% of them reported only ever having sex with their husbands”.

³ Ibid.

UNGASS Targets:

“By 2005, bearing in mind ... that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women’s full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection” (Paragraph 59); and eliminate “all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape, and other forms of sexual violence, battering and trafficking in women and girls” (Paragraph 61). *Declaration of Commitment on HIV/AIDS*, Special Session of the UN General Assembly, June 2001.

“By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework”. *Declaration of Commitment on HIV/AIDS*, Special Session of the UN General Assembly, June 2001, Para.60).

of the world’s population becomes sexually active, yet young people most often lack access to gender-sensitive sexual health education and services, including condoms for those sexually active. Fostering norms and values of mutual care, respect and equality between the sexes at the earliest ages possible can enable girls and boys to develop a more positive, responsible outlook on sexuality and reproductive health issues and acquire preventive behaviours.

Gender-based violence renders girls and women directly and indirectly susceptible to HIV/AIDS.

Globally, an estimated 1 in 5 women suffers physical abuse from an intimate partner, and one-third to one-half of abused women also report sexual violence. Girls are especially vulnerable to sexual abuse, incest, rape and trafficking, and are often targets of systematic rape and other forms of sexual abuse in times of war and emergency situations - directly exposing them to HIV. Fears of abuse or abandonment can deter women from seeking HIV counseling and testing, as well as from informing their partners of test results.

What should be our guiding principles?

HIV/AIDS prevention must be approached from a comprehensive, multi-sectoral development framework that promotes the empowerment and autonomy of girls and women and gender equality.

Programme support to women-specific initiatives, such as those that facilitate the empowerment process to identify and challenge the effects of gender-based

disadvantages, can lead to assertiveness for self-care and protection from HIV/AIDS. In certain instances this may require girl or women-only ‘safe spaces’ to build self-confidence, participate fully, and gain awareness about their rights. Men-only groups can create opportunities for openly discussing concerns, pressures, and emotions that can lead to changes in attitudes and behaviours that place them and their female partners at risk of HIV/AIDS. For both women and men, motivation for self-care and self-protection - including adoption of safer sexual behaviour - is correlated with the perception of positive future prospects.

Protection of reproductive rights and women’s rights as human rights should be promoted throughout the life-cycle in all HIV prevention efforts.

Rights to confidentiality, voluntary and informed choice, information on the full range of options available, and to non-discrimination based on age, gender, marital, racial, HIV or other status should be emphasized as critical elements of effective prevention for both women and men. All programmes should ensure the application and mainstreaming of relevant international instruments, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the UN guidelines on HIV/AIDS and human rights.

Participation of intended beneficiaries is fundamental for programme relevance and effectiveness

- especially women’s and youth groups and of people living with HIV/AIDS. Their participation at all levels of national and local policy-making and programming on HIV prevention - better ensures user-

sensitive responses that address the different and diverse realities, needs and perspectives of women and men throughout the life-cycle, in addition to promoting their rights to participate in decisions that affect their lives.

What can UNFPA do?

UNFPA's mandate and extensive experience in population and development, women's empowerment and gender equality, and reproductive health and rights, provides a strong basis on which to continue building gender-responsive HIV prevention programmes. Gender-sensitivity in HIV programming implies explicitly mainstreaming and responding to the different identities, perspectives, barriers and needs that affect girls' and boys' and women's and men's attitudes and behaviours related to HIV prevention. Specifically, UNFPA should:

Ensure gender-responsive sexual and reproductive health programmes to achieve HIV prevention among young people. Access to gender-sensitive sexuality education (in and out-of-school) and youth-friendly services should be rapidly expanded, including:

- *Educational and outreach efforts* focused on motivating behavioural change, including by responding to the socio-cultural factors, myths, expectations and double-standards that apply differently to girls and boys which inhibit self-protection from HIV/AIDS. Participatory methodologies with single and mixed-sex groups of young people can encourage self-reflection, discussion and critical analysis about the different pressures and barriers girls and boys face in adopting preventive behaviours. Sexuality, reproductive health and rights, relationship and violence issues should be discussed in relation to STIs/HIV/AIDS and focus on challenging underlying stereotypes or misconceptions.
- *Community-based mobilization for creating a supportive environment.* Youth peer educators of both sexes can serve as community role models of gender equality and responsible behaviour. Parents, key family relatives, teachers, and other members of the community should be sensitized on the realities of gender, sexual health and HIV issues in youth, with emphasis on developing non-judgemental and open

attitudes that will enable them to fulfill their duties in providing an enabling environment for young people. Culturally-sensitive mobilization efforts should enable the empowerment and protection of girls' rights and needs, while promoting values based on equity and equality between the sexes.

- *Condoms (male and female) should be made widely available for sexually active youth of both sexes* in places where they can most easily and anonymously access them, such as public vending machines, public places where they gather. (e.g. dance clubs, workplaces, sports), and strategic single- or mixed-sex settings.
- *Training for peer educators, health providers and other outreach workers* should emphasize gender-sensitive interpersonal skills and counseling for young people on open communication, relationship issues, sexual health and sexuality, including on male and female condom use and dual protection for those sexually active.
- *Services* should safeguard rights to non-discrimination, confidentiality and privacy, and pay particular attention to the specific challenges each sex may face in negotiating voluntary, safer sexual relations or delaying sexual initiation - including the implications of sexual abuse and violence against girls.⁴

Integrate gender-sensitive STI/HIV prevention, counseling and testing into existing reproductive health programmes to prevent transmission in pregnant women.

- *Public and community-based awareness-raising campaigns* on HIV prevention and pregnancy should aim at reaching women, as well as men and the community at large, in order to foster a supportive environment for HIV prevention among pregnant women. Message content should respond to the specific socio-cultural factors and barriers that affect women and men in adopting preventive behaviours, including those related to marital roles and pressures surrounding fertility and virility.
- *Health provider training and counseling services* should be rooted in an understanding of the identities and potential obstacles specific to women and men regarding HIV prevention and testing, such as social

⁴ Refer to *HIV Prevention Now*, Programme Brief No. 3: Preventing HIV Infections in young people, for further information.

expectations related to motherhood, partner resistance to condom use and testing, risks related to partner abuse or extramarital unprotected relations, and hesitations due to mistrust of health services. Training should emphasize respect for women's reproductive rights, and should include partner and couple counseling. Services should provide partner counseling for cases where male participation has been identified as beneficial and consented to by the woman, in order to support the woman in negotiating condom use or avoiding unsafe sexual relations.

- *Service referrals* must be made available for HIV-positive pregnant women and their partners in all cases where HIV testing is offered, in order to ensure access to proper follow up care and treatment,⁵ including support groups and other programmes.

Address gender-specific issues related to condom programming and STI/HIV supplies and commodities.

- On the *demand side*, emphasis should be placed on building national capacities to meet female and male user needs and improve their access to preventive methods. For example, issues of condom size may be especially relevant for adolescent boys and costs may be a concern for young people or for users of the female condom. Female condoms should be promoted and introduced in countries through capacity-building and advocacy, as an important empowering option.
- On the *supply side*, logistics systems should be supported to make preventive reproductive health commodities widely available, including simple diagnostics and treatments for sexually transmitted infections, male and female condoms, emergency contraception (e.g. in the case of condom breakage or improper use and rape), HIV test kits, and safe delivery kits. In *emergency and conflict situations*, and for refugees and displaced populations, where women are often exposed to large-scale sexual violence and sex for survival, there is a special need to ensure sufficient supplies of these commodities. To expand access, women's groups and other non-governmental networks should be included in condom distribution.

In addition, **across the broad range of HIV/AIDS programming**, UNFPA should ensure that gender concerns and power dynamics are addressed, and consider the following:

- In *communication and educational strategies*, a thorough understanding of the socio-cultural context surrounding gender roles and gender-specific reasons for health-related decision-making is necessary to tailor messages effectively. Outreach efforts should consider single-sex as well as mixed group strategies focused on gender, reproductive health and rights, and HIV issues;
- At *all levels of programming* the active participation of specialized women's groups should be pursued, as should the participation of people living with HIV/AIDS;
- To *increase access to HIV testing and counseling*, *service settings* should respond to the different needs and concerns of women and men to overcome some of the obstacles they face. For example, market places and other alternate locations can provide women discreet access to HIV counseling and testing during their daily routes. Men-only, weekend or extended service hours may increase male access. Also, the availability of rapid HIV tests may help overcome barriers related to personal misgivings, time availability and freedom of mobility in retrieving test results.
- In *advocacy and community mobilization efforts* for policies and laws, and for creating a supportive environment for gender-sensitive HIV prevention, community discussions that foster open dialogue and collective understanding about gender and HIV issues offer important opportunities to break harmful stereotypes and develop more positive and equitable values regarding relations between women and men. Policies and laws that protect reproductive health and rights, promote male responsibility, provide for equal education opportunities and equal economic rights for women – including livelihood options, inheritance, banking and property rights – and work to eliminate harmful practices and sexual exploitation of girls and women help ensure the enabling environment needed for the success of HIV prevention efforts.

⁵ See *HIV Prevention Now*, Programme Brief No. 2: Prevention of HIV Infection in Pregnant Women for specific service components and further information.

- In *programme monitoring and evaluation*, gender-disaggregated data should be collected and analyzed and gender-sensitive indicators developed that can help ascertain programme impact. Quantitative and qualitative indicators should include those related to changes in power relations between women and

men, such as: women's empowerment in sexual and reproductive decision-making; changes in boys' and men's attitudes and male responsibility; increased access and use of female and male condoms; and changes in expectations among youth of girls' and boys' capacities, shared rights and responsibilities.

Gender roles and relations have a significant influence on the course and the impact of the HIV/AIDS epidemic in every region of the world. Understanding the impact of gender roles and relations on individuals' and communities' abilities to protect themselves and effectively cope with the impact of AIDS is crucial for expanding the response to the epidemic. (UNAIDS Technical Update: Gender and HIV/AIDS, 1998)

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Published Programme Briefs available on the UNFPA Website (<http://www.unfpa.org/aids/index.htm>):

No. 1 - Overview

No. 2 - Prevention of HIV Infection in Pregnant Women

No. 3 - Preventing HIV Infections in Young People