

3. HIV AND AIDS AND GENDER

Inequalities between women and men drive the HIV and AIDS pandemic, and are in turn reinforced by HIV and AIDS. Gender does not refer just to women, but women are particularly vulnerable to violence, abandonment and discrimination following an HIV-positive diagnosis. VSO recommends a three-pronged approach to tackling gender inequalities in relation to HIV and AIDS, in which the immediate burden on women is decreased; work towards the longer-term aim of equality and empowerment continues; and men and boys are supported to increase their involvement in the response.

WHY IS IT IMPORTANT?

Inequalities between women and men and the HIV and AIDS pandemic form a vicious circle, each exacerbating the other. Women are particularly vulnerable – in 2006, 59 per cent of people living with HIV and AIDS in Sub-Saharan Africa were women.¹

This is due to a number of factors, including women's low socio-economic status; gender-based violence; unequal access to property and inheritance rights; lack of basic rights; unequal access to prevention and health care; and higher biological risk. A woman's HIV status and her gender often intersect to leave her even more vulnerable to violence, abandonment and discrimination in the community and workplace. The fear of violence can also impact on the ability of a woman living with HIV and AIDS to access prevention, including testing, treatment, care and support services. Globally, the number of women living with HIV and AIDS is growing rapidly. In South and South-East Asia, 26 per cent of infections (1.9 million) are among women² and globally, young women (15–24 years) are 1.6 times more likely than young men to be HIV positive.³

Key manifestations of inequalities between men and women in relation to HIV and AIDS:

- The burden of caring for the sick falls predominantly on women, compounding their domestic responsibilities and reinforcing stereotypes about gender roles.
- Unequal access to appropriate HIV-prevention information for women, for persons with disabilities, for males who have sex with males and for transgender people, increases these groups' vulnerability to HIV and AIDS. Groups targeted by specific HIV-prevention interventions risk becoming stigmatised in the larger population.
- Women often cannot negotiate safer sex for fear of being accused of infidelity by their partners (see Position 7: HIV prevention for more information).
- Gender violence is linked to HIV transmission through rape, and reduces the ability of women and vulnerable men to discuss sex with their partners.
- Unequal rights to property mean women may be forced out of their homes when widowed or diagnosed with HIV. This increases their vulnerability to illness and the need to undertake sex work.
- Peer expectations of behaviour among young men, such as sexual risk taking and violence, may place them and their sexual partners at increased risk of HIV and AIDS.
- Unequal access to treatment may, in some contexts, mean fewer women than men are treated for HIV- and AIDS-related illnesses, directly increasing the impact of the pandemic on women.

¹ UNAIDS (2006) AIDS Epidemic Update 2006, p3, p5

² UNAIDS (2005) AIDS Epidemic Update 2005, p4

³ UNAIDS (2005) AIDS Epidemic Update 2005, p4



KEY DEBATES

In recent years, there has been increasing recognition of the feminisation of the HIV and AIDS pandemic, for example, with the establishment of the UN Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa. While it is broadly recognised women are more vulnerable to HIV and AIDS than men, little progress has been made in addressing this. Debates now centre on moving from rhetoric to action.

Further debates surround the planned focus of interventions addressing inequalities between men and women, with some arguing that in order to respond effectively to HIV and AIDS, structural gender inequalities must be addressed. Others suggest that addressing the immediate needs of women and girls must be at the forefront of the response to HIV and AIDS. The role of men in the HIV and AIDS pandemic is increasingly being discussed.

Some groups argue men must be involved for an effective response, others that involving men means taking resources away from work with women. Some people argue men are also trapped by negative gender roles, which can increase their vulnerability to HIV and AIDS.

Males who have sex with males, male sex workers and transgender people are often marginalised and excluded from society. They tend to be more at risk of suffering human rights violations because of their actual or perceived sexual orientation or gender identity. The level of discrimination faced by these groups makes them extremely difficult to access in order to deliver HIV and AIDS prevention, treatment, care and support services. Their vulnerability to HIV and AIDS is further compounded by incidences of sexual and physical violence, denial of education and employment opportunities and increased economic vulnerability.

VSO'S POSITION

VSO undertook stakeholder research in Cambodia, India, Namibia and South Africa in 2003. These findings were captured in the VSO position paper *Gendering AIDS*. Further research was undertaken in Bangladesh in 2004/5 (see VSO Bangladesh: *Gendering AIDS*) and used as a basis for our advocacy work on reducing the burden of HIV and AIDS care and HIV prevention.

Gendering AIDS recommends a three-pronged approach to addressing the gender inequalities that drive the HIV and AIDS pandemic:

1. Addressing the immediate needs of women affected by HIV and AIDS, as carers within the family and community; as people suffering from gender violence; and as individuals requiring treatment and care and support for HIV and AIDS.
2. Continuing the focus on directly empowering women to attain equality in the family, workplace and the community by ensuring existing policies and commitments supporting women's rights are put into practice.
3. Increasing the constructive involvement of men in activities and interventions designed both to reduce gender inequalities and to minimise the impact of HIV and AIDS.



LANGUAGE

It is vital that language and communications do not perpetuate the gender stereotypes that reinforce power imbalances between women and men. For example, instead of saying: "A real man has many sexual conquests and fathers a lot of children," we might say, "A real man communicates with his partner and nurtures his children". In our day-to-day interactions, we must correct inaccuracies, challenge gender inequality and stereotypes and promote gender-sensitive responses to HIV and AIDS. We may do this by:

- talking about '**inequalities between men and women**', rather than 'gender inequalities' – the latter is difficult for people to engage with and has become over-used
- using positive images and role models, including constructive male involvement and also showing women as empowered and strong
- avoiding language of blame, especially in relation to men
- promoting positive images, for example the VSO-RAISA Zimbabwe T-shirt, bearing the slogan 'Men of quality are not afraid of equality'
- affirming what is ignored or undervalued, such as the roles women and girls perform in caring for people living with HIV and AIDS. ⁴

VSO defines '**gender sensitive**' responses to HIV and AIDS as responses that ensure the gender dynamics that drive vulnerability to HIV and AIDS are central to the design and implementation of any HIV-prevention policy or programme. This means developing programmes that take account of the different experiences, needs, desires, and vulnerabilities of women and men, girls and boys and transgender people in order to deliver accessible and effective programmes.



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⁴ See Position 4: Caring for the carers for more details