



HIV/AIDS and Gender

- an awareness raising folder



CONTENT

WHY?

Why is it necessary to look at HIV/AIDS in a gender perspective? 5

WHAT?

What are the **factors** influencing risks of HIV-infection, living with HIV/AIDS and impact of HIV/AIDS at family, community and national levels?

FACTORS:

Social and cultural factors	6
Economic factors	8
Legal rights	10
Reproductive health and rights	12
Biological factors	14
Men's violence against women	16
War and conflict	18
Youth	20
Treatment and health care	22

HOW?

How can this be dealt with? Suggested actions and methods 24

Notes and web-sites 25

This Awareness Raising Folder on HIV/AIDS and Gender is written by representatives of the following Norwegian organisations:

- FOKUS - Forum for women and development <http://www.fokuskvinner.no>
- The Living for Tomorrow Project, The Nordic Institute for Women's Studies and Gender Research (NIKK) <http://www.nikk.uio.no>
- Section for Medical Anthropology and International Health, Institute of Community Medicine, University of Oslo <http://www.med.uio.no/ism/inthel/>
- Norwegian People's Aid <http://www.npaid.no>
- Norwegian Church Aid <http://www.nca.no>
- Norwegian Agency for Development Cooperation <http://www.norad.no>
- Norwegian Students' and Academics' International Assistance Fund - SAIH <http://www.saih.no>
- The Norwegian Conservative Women's Network <http://www.hoyre.no/org/kvinnenett/kvinnenettverket.html>

Working group on HIV/AIDS and Gender

In order to raise awareness and exchange knowledge and experience the Norwegian Ministry of Foreign Affairs and the Norwegian Agency of Development Cooperation (NORAD) took initiative to establish **AIDSNETT** - a Norwegian network of several working groups on HIV/AIDS on different topics. HIV/AIDS and Gender is one of them. This group consists of members of different NGOs and research institutions.

Contact persons: Liv Bremer, liv.bremer@npaid.org tel: +47 22037700
Anne Skjelmerud, AIDSNETT co-ordinator, anne.skjelmerud@heso.no, +47 22403914

Consultancy and layout: Kirsti Svenning & Vibeke Hermanrud
svenning@forumfor.no & vibekehermanrud@hotmail.com

Publisher: Oslo Forlagstrykkeri
Printed in 3000 copies

Oslo, Norway
December 1, 2001

WHY?

Women and men are affected differently by the HIV/AIDS epidemic. This Awareness Raising Folder aims to highlight the consequences of gender inequality in terms of risks of infection and living with HIV/AIDS. It is envisaged as a work in process to be amended and expanded as new suggestions reach us and seem appropriate.

- 36.1 million people were living with HIV/AIDS as of the end of 2000. About 6 million people are now newly infected with HIV every year.
- The vast majority of HIV infections are caused by the unprotected sex between men and women.
- The number of people living with HIV/AIDS has tripled from 1990 to 2000 in Sub-Saharan Africa and South-East Asia. New medication has reduced the AIDS death rates in Western countries – but all over the world, from Russia to the Caribbean, Europe to China, US to India, Chile to Estonia, HIV infection-rates continue to rise.
- About 15.000 people were infected daily in 2000. Of these more than 95% live in developing countries. Over 60% are under 25 years old.
- The proportion of adults living with HIV/AIDS who are women has been steadily increasing. In 1997, 59% people with HIV/AIDS were men and 41 % were women; by 2000, however, 47 % were women.
- In Sub-Saharan Africa 55% of the infected are now women, and girls are five times more likely to be infected than boys.

Ref. UNAIDS, WHO and UNIFEM

Examples:

Individual risks to HIV/AIDS are gender specific

- unequal power-relations give women a subordinate position and make them socially dependent on male family members: women have less access to health care, employment, education, information, etc. Thus women are in a poorer position to control when, with whom, or in what circumstances they have sex
- the ideology of fidelity, love and trust within marriages/ relationships often leads couples of all ages to neglect or abandon condom use. Resuming condom use without a crisis following any infidelity, can put the relationship at risk. Marriage and long term relationships are proving high-risk conditions for long term partners, especially women, to contract HIV
- acceptance of double standards for men and women normalises men seeking multiple partners and encourages men to go into sexual circulation without commitment to sexual safety
- early marriage forces girls to have sex before their bodies are fully developed
- young women are kept ignorant about sexual matters as this is often viewed as a sign of purity and innocence - in sexual relations, both men and women often learn to prioritise men's sexual pleasure and disregard women's sexual agency. This unequal participation in sexual exchange heightens the risk
- many myths about men's and women's bodies and about sexual intercourse override HIV factual information e.g.: there is a mistaken belief in some countries that taking birth control pills can protect women and men from getting HIV; young girls are being forced or lured into unsafe sex with HIV+ men, because the men assume the girls are not HIV+ and/or they mistakenly believe that sex with a virgin can cure HIV
- common attitudes about gender differences that associate masculinity with risk-taking, aggression and disregard for possible damaging consequences reinforce men's neglect of sexual safety and promote sexual irresponsibility
- the need for men to 'put sperm' into someone else's body is not a biological necessity for sexual pleasure, but a social expectation for masculinity. The belief that men 'need' to perform penetrative sex, centres the high risk HIV transmission activity at the heart of sexual relations
- expected 'masculine' behaviours interfere with boys/ men's clarifying incomplete knowledge about sex, discourage them from expressing uncertainty and exploring safer sexual behaviours
- both men and women often have expectations of 'masculine' behaviour, that discourage boys/ men from discussing problems and feelings, and exclude them from active participation in caring practices (for the young, the elderly, the ill). As a result men more readily deal with sexual and HIV/AIDS situations using violence, force or with high risk actions, dissociating themselves from both the problem and the solution
- some Western men hold myths that girls in other cultures are 'more mature' sexually and use the 'cultural difference argument' to justify casual sexual relations that they would never consider at home
- homophobia inhibits many men from taking responsibility for their sexual practices, associating unsafe practices with 'other kinds of men', rather than the risk activity of sexual intercourse itself. Men who live as 'heterosexuals', but also have sex with men, are often ill prepared to practice safer sex¹
- certain forms of female genital circumcision or any other harmful practices that can increase risk of bleeding during sexual intercourse (e.g. 'dry sex') may increase the risk

Examples:

Living with HIV/AIDS is gender specific

- HIV+ women and men encounter different forms of stigmatization and discrimination; women are particularly vulnerable to being ostracised because of their already subordinate position and attitudes that judge them 'improper' women; men face loss of their respectable masculine status when HIV infection reveals former private practices
- the majority of drug users infected with HIV are men, and many, marginalized and criminalized by their drug practices, are unable to access or sustain treatment
- women are often less mobile, have less economic possibility of seeking treatment, and often need the approval of husband and family for health visits
- people in vulnerable situations (especially some women, young people and gay/ bisexual men) face greater personal stress, social isolation and discrimination in accessing health care, education, employment, accommodation and enjoyment of other rights²
- some widowed HIV+ women are stigmatised and blamed for their husband's death, losing their social status and living security
- polygamy's marriages where the wives or the husband also have sexual relations outside the marriage, can increase the circulation of HIV in the family and the community

Examples:

Gender specific impacts of HIV/AIDS at family, community, national and international levels

- patriarchal structures leave women and girls more exposed to violence and abuse and require boys and men to exercise power over women, and this promote the spread of HIV/AIDS
- the AIDS epidemic activates and reinforces gender inequality within the family and community
- the AIDS epidemic escalates the unequal sexual division of labour: women's central role as carers dealing with HIV/AIDS inhibits their access to education, health care, income generating activities, and in turn destabilises the family's food provision; the loss by death of the central carers and providers is leaving an indigestible number of orphans adrift from a sense of home, nurturing, responsibility and security
- the more vulnerable are being further stigmatised: HIV+ women are considered promiscuous and often isolated. While women are often seen as guilty agents of infection, men's active role in spreading the virus is often neglected (e.g. in the family, in prostitution)
- an expanding sex industry and sex market, with black economies linked to drugs and crime and facilitated by globalisation, is expanding the number of male consumers of 'sex products'. This more widespread accessibility and normalisation of a sex market primarily targets men and primarily exploit women and young people. It is radically undermining the possibility of attitudes promoting gender equality and fostering the increased spread of HIV in many different echelons of society

Examples:

Individual risks to HIV/AIDS are gender specific

- Poverty is a major cause of infection – poverty and gender inequality intersect
- men frequently earn more than women – even for the same work. The gender wage gap has not decreased and increases women's vulnerability
- lack of economic freedom and independence give women little power to negotiate safe sex or prevent unwanted sexual relations
- women's poor economic position can force them into exchanging sex for goods or services and/ or into prostitution. Trafficking in women and children leads to sex under coercive conditions with disregard for their human rights and health. This sex industry and its traumatic conditions are facilitating the spread of HIV for both the men and women involved
- disempowerment from poverty can accentuate men's vulnerability, desperation and loss of masculine self-esteem, reinforcing disregard for sexual health and provoking reactive abuse of women and young people
- men who buy sex or exchange goods or favours for sex often do not practice safer sex and put either themselves, the person they 'purchase' sex from or their partner at home at high risk of HIV infection
- economic migration increases the spread of HIV/AIDS through the fragmentation of families and relationships

Examples:

Living with HIV/AIDS is gender specific

- Many people in developing countries, and those living in poverty in industrialised countries, do not have access to treatments for opportunistic infections, or dietary and food supplements to strengthen the immune system
- women often have less economic possibility of seeking treatment, and often are dependent on a husband's approval
- if the husband dies first, the widow may lose access to her house, land and other material belongings
- if the wife dies first, the need to reconstitute families or sexual relations can involve the husband in spreading HIV
- men and women with HIV often lose their job or cannot sustain work once AIDS develops, falling off the edge of economic viability
- women's opportunities as sole providers are further limited by the unequal gender wage gap
- HIV+ women often have multiple care-burdens (herself, the family and in the community)



Examples:

Gender specific impacts of HIV/AIDS at family, community, national and international levels

- HIV/AIDS is undermining development gains and poses a threat to social and economic progress of the most affected countries. Poverty and gender inequality intersect
- increased need for care-taking in the home gives women less time for income generating activities and for agricultural food production
- families are deprived of breadwinners, and an increasing number of poor households are headed by women
- sectors of the economy where women's labour (e.g. in healthcare) or men's labour (e.g. in business management) prevail are all being weakened
- household economy is impacted by a man with HIV/AIDS risking infecting his wife and future children
- it is relatively cheap to prevent medically vertical infection from mother to child, but this treatment does not give longer life expectancy to the woman
- money spent on the new HIV/AIDS drugs risks draining the national health budget or increasing international economic dependency or debt, risks undermining funding of HIV prevention education (that can also address other sexual and reproductive health issues and gender equality concerns) while not preventing continued transmission of HIV

Examples:

Individual risks to HIV/AIDS are gender specific

- absence of laws prohibiting or penalizing sexual violence or inadequacy in implementing penalization for rape or sexual abuse, place women at higher risk of infection and inhibit them for obtaining medical care. This legal failure more easily lets men get away with sexual violence
- beliefs and practices that contravene national laws (like marital rape, 'wife inheritance', and exchange of women linked to land ownership) may in reality often reproduce the conditions for spreading HIV
- women working in the informal sector or part-time in the formal sector are often more vulnerable to sexual harassment and often lack legal protection and medical insurance. Their marginalization from full legal and economic rights increased their risk of contracting HIV³
- lack of legal rights for homosexuals makes their lives more vulnerable to HIV-infection and HIV-related discrimination

Examples:

Living with HIV/AIDS is gender specific

- women and men who are poor or illiterate are often not aware of their legal rights when dealing with HIV/AIDS
- lack of legal protection for people with HIV/AIDS affects both men and women
- where women have less legal rights than men (e.g. right of inheritance, land, housing and social security), HIV+ women are often abandoned and can lose their rights to residence and their children, while men's legal privileges give men with HIV more support
- in some places, if the husband dies first, the widow can be deprived of the rights to inherit the home, agricultural land and other belongings
- where women cohabit with men without the legal protection of marriage, the death of their partner or their own illness can place them in a particularly vulnerable situation. Gay couples also face this problem
- when it is not illegal to fire employees associated with HIV/AIDS, male breadwinners can be denied their source of income
- a majority of women work in the informal sector and thus lack legal protection against being fired if associated with HIV/AIDS or accessing social security
- in the formal sector women predominate in work such as part-time employment that falls outside most legal protections and increases their vulnerability while more men work full time with legal protection
- women's legal right to maternity leave is often violated and affects her health and well-being

Examples:

Gender specific impacts of HIV/AIDS at family, community, national and international levels

- the lack or the inadequate implementation of legislation supporting gender inequality or insuring the legal rights of people with HIV/AIDS, have deep impact on families, communities and many social and economic contexts



Examples:

Individual risks to HIV/AIDS are gender specific

- unequal power relations make it difficult for women to negotiate safer sex
- women and girls often experience opposition to or neglect of their right to information and education about reproductive sexual rights and health. This threatens their ability to protect themselves and demand sexual relations on collaborative terms with men
- the vast majority of women who acquire HIV sexually are infected by their male regular partner/ husband⁵
- expectations and pressure on men to set sexual agendas, take control and not express vulnerability often mean they engage in sex with limited information about men's and women's bodies and with only fragmented understanding about sexual health and safety
- sexual and reproductive health education often exists devoid of discussion of gender inequality and neglects how gender inequalities and gender beliefs in each society affect sexual attitudes and behaviours
- the right to reproductive and sexual health, which involves responsibility, caring and communication, is often not part of normative upbringing of boys and girls' learnt expectations of them, nor a central part of sexual education
- boys' concerns and perspectives are often lacking in reproductive and sexual health education (where it actually exists), so they find it hard to identify with its concerns and practice
- prevention method dilemmas: condoms are often prioritised as prevention; but many men never learn how to use them correctly or resist using them; women cannot control correct condom-use nor insist on their use; partners who do not use condoms but use fidelity as their safer sex strategy are at risk when one partner (more often the man) does not adhere to this agreement. This is often a taboo subject within couples of all ages; a lack of female or dual controlled prevention technologies like microbicides⁶
- traditional harmful practices like female circumcision, early marriages and 'wife inheritance', and common practices like sexual abuse and myths like 'sex with a virgin cures AIDS' remove women's reproductive health and rights, cement gender inequality and lock men into practices that assert male power over women

Examples:

Living with HIV/AIDS is gender specific

- carrying a child and giving birth put pressure on an HIV+ pregnant mother's immune system and can hasten the advance of HIV or AIDS in her body
- during pregnancy and child delivery HIV+ women are at risk of complications and need special health care and obstetric aid because of weakened immune system
- HIV+ women are sometimes forced to be sterilized and forced to terminate the pregnancy
- abortion is illegal or unacceptable in many countries or within certain religious beliefs, and 'free choice' is not an option for a pregnant HIV+ women. Illegal abortions put women's health and life at risk
- lack of pre- and post-natal care and insufficient maternity leave put the woman at greater risk of exhaustion and opportunistic infections
- once a man is HIV infected, he can only consider having a child by risking infecting the mother of his future child, and risking his child be born with HIV and die of AIDS
- pressure on men to prove masculinity, or on women to prove their worth by having children, can lead people into spreading HIV

Examples:

Gender specific impacts of HIV/AIDS at family, community, national and international levels

- inequality of social conditions and rights of men and women regarding sexual and reproductive health locks gender inequality into the heart of social norms, expectations and behaviours
- a lack of equal sexual and reproductive rights in a society sabotages collaboration between men and women on a key terrain of social and relational interaction
- gender inequality in sexual and reproductive relations significantly increases the conditions for the spread of HIV and the traumatic consequences of HIV and AIDS
- insufficient maternity leave put the woman at risk of opportunistic infections that may also affect the infant and other family members
- condoms (male and female) are the only means for making sexual intercourse between men and women, and men and men safer from HIV
- unavailability and relative high costs of condoms and inadequate information about their correct use sabotage the HIV prevention strategies and the implementation of reproductive health and rights

Examples:

Individual risks to HIV/AIDS are gender specific

- HIV is found in most dense quantity in blood and sexual fluids (vaginal fluid, men's clear liquid before ejaculation and the semen itself) of an infected person
- heterosexual vaginal intercourse allows semen fluid of infected men to come easily into contact with the women's sexual organs and thus infect her⁷
- in an infected woman HIV is in the ordinary daily fluid keeping her vagina moist – heterosexual intercourse allows these fluids to make contact with the man's penis and so he can get infected
- men having anal sex with men or with women have a high risk of contracting the virus from an infected partner, or infecting him/ her if it is not practiced safely
- menstruation increases the risk of infecting for both men and women during sexual intercourse
- the bodies of teenage girls are not fully developed (immature genital tract) and are therefore more easily infected
- some sexual transmitted diseases (STDs) and genital infections increase the risk of infection in both women and men. STDs and RTIs (reproductive tract infections) are more often asymptomatic in women than in men
- sexual activity involving force or violence hugely increases the risk of infection because of risk of bleeding

Examples:

Living with HIV/AIDS is gender specific

- pregnancy and breastfeeding weaken an HIV+ mother's own immune system
- men and women have greater chances of developing AIDS when reinfected with HIV
- a pregnant woman can pass on HIV to the baby: the baby has a 10% to 30% chance of being infected in situations of affluence, and a 20 to 50% chance in situations of poverty, depending upon access to nutrition, medicine and health care
- HIV is in the breast milk of an infected mother – breast feeding appears to increase the risk of the child acquiring HIV, but the biological and social implications in poorer conditions have not yet been fully understood
- HIV/AIDS make men and women vulnerable both to the same symptoms, and to gender specific different symptoms
- an HIV infected man risks infecting his wife from unprotected sex, thus placing any baby she carries at risk of infection

Examples:

Gender specific impacts of HIV/AIDS at family, community, national and international levels

- the health of the nation is eroded as the physical and mental well-being of the population declines
- life expectancy is declining dramatically in countries with high infection levels
- HIV+ women have higher risk of having babies who will die of AIDS
- symptoms of HIV/AIDS weaken the bodies and energy of providers, nurturers, protectors and carers



Examples:

Individual risks to HIV/AIDS are gender specific

- low social and economic status of women can be both a cause and a consequence of men's violence against women, and is one of the crucial mechanisms by which women become situated or forced into positions subordinate to men
- domestic violence increases women's risk of exposure to HIV. It can coerce them into having sex against their will; and trap them into being unable to negotiate safer sex, refuse sex or leave a dangerous relationship
- rape and sexual abuse, because they can cause bleeding, increase the risk of HIV infection for women/ girls – and some boys/ men (both victims and perpetrator)
- a significant percentage of women who are sexually exposed to the risk of HIV/AIDS encounter this risk due to physical assault by an intimate, male partner⁸
- sexual abuse in childhood may have long-term HIV infection consequences as many victims of abuse take greater sexual risks (because of lower self-esteem, etc.)
- women's poor economic position and poverty can sometimes force or trap women into prostitution for their own survival or survival of those they care for and are rarely in the position to prevent male sexual violence or negotiate for safer sex; the poorer women are the higher risk they face
- trafficking of women and children into the sex industry is a globalized contemporary form of slavery. It deprives women and children of their human rights, and creates abuse situations where HIV transmission is facilitated
- Western and more wealthy men often benefit from the anonymity of travel abroad and being away from home to form casual sexual liaisons with younger women in poorer countries. Given the extent of trafficking in women and young people for sex, the men often become naively complicit in encouraging and normalising forms of sexual exchange that have devastating wider emotional, health and HIV effects on the young women in these countries. Men themselves and their families are at risk
- rumours like 'sex with a virgin cures AIDS' lead to rape and forced marriage of young girls

Examples:

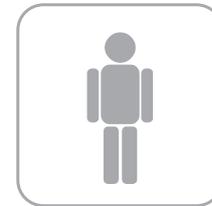
Living with HIV/AIDS is gender specific

- because of gender beliefs about 'proper' or 'deviant' femininity, women living with HIV/AIDS are especially prone to being victimised and vulnerable to violence (abused, abandoned, killed)
- the fear of exposure and violence limits HIV infected women's ability and access to resources and basic activities
- men living with HIV or AIDS also are stigmatised and fear violence from other men. Most 'gay-bashing' is carried out by men, motivated by anxieties and fears that make them 'bond' to uphold social norms of heterosexual masculinity

Examples:

Gender specific impacts of HIV/AIDS at family, community, national and international levels

- stereotypical gender roles often reproduce and encourage discrimination and violence against women
- violence against women deprives them of social, economic, educational and general human rights and fundamental freedoms. It polices and reinforces gender inequality, and fertilises the spread of HIV
- when violence is uncontestedly associated with masculinity, it becomes a lynch-pin in a culture's imaging of male power and female dependency
- commercial and media exploitation of gendered violence underscores relationships of inequality between men and women and provides fertile ground for HIV sexual transmission



Examples:

Individual risks to HIV/AIDS are gender specific

- war and conflict threaten all aspects of human security, and greatly increase vulnerability for contracting HIV/AIDS for all involved
- rape and violence against women are often a strategic weapon, a brutality tactic, in war and conflict, spreading HIV indiscriminately
- women can be abducted as sexual slaves by armed forces on either side of the conflict
- war and conflicts cause migration and refugee-populations. Female refugees and especially young girls without relatives are at greater risk for sexual exploitation, sexual abuse and HIV-infection
- war increases poverty, which can lead women/ girls into prostitution
- peacekeeping missions and the presence of military forces increase prostitution and trafficking and the possibility of infection
- war takes men into situations of high risks activities and facilitates risk taking, aggression and unsafe sexual behaviour



Examples:

Living with HIV/AIDS is gender specific

- health care, sanitation and food security worsen the situation for people living with HIV/AIDS, and particularly women
- higher rates of STDs among refugee populations can increase vulnerability to HIV

Examples:

Gender specific impacts of HIV/AIDS at family, community, national and international levels

- social security and infrastructures collapse (including development and financing of HIV/AIDS monitoring, prevention and treatment programmes) during war and conflict, leading to increased vulnerability for all parties involved, opening the way for HIV to spread through new routes of interaction
- military deployment mobilizes a predominantly male institution that is known to foster sexism, objectifies 'the enemy' and often has inadequate education about sexual safety and HIV prevention
- the presence and movement of military forces swell the population of commercial sex workers, and disabling gender relations develop
- a high HIV prevalence rate among military forces poses threats of HIV infection to the local community
- a high HIV prevalence rate among civilian population poses threats of HIV infection to soldiers engaging in sex with them, causing HIV to be brought back into the soldiers' families, home communities, thus increasing HIV spread in their home country
- wars today are often accompanied by a rapid increase in illegal drug use, fostering criminality/ poverty/ drug links that in turn increase risk of HIV infection
- rape as strategic weapon of war greatly escalates the infection rate

Examples:

Individual risks to HIV/AIDS are gender specific

- teenage girls are infected at a rate of five to six times greater than their male counterparts because: young girls are biologically more prone to infection than mature women; when young girls have older partners they lack options to negotiate for safer sex, they presume that the men have responsibility and knowledge for the activities; female genital mutilation, early marriages, sexual abuse and myths like 'sex with a virgin cures AIDS' make young girls in particular vulnerable to infection
- conditions of poverty and vulnerability place young girls and boys at greater risk of sexual commerce and sexual violence, for example street children, homeless youth, domestic workers (girls), orphans and refugees
- men sometimes seek out younger women or men because they can feel more in control of the sexual and relational situation with them, and see themselves not at risk of sexual infections from younger partners
- young girls are more at risk of sexual abuse and risk sexual violence in schools by fellow students and teachers, and from men they know in daily life
- boys can be anxious about their actual sexual performance or focused on 'getting sex' – thus neglecting sexual safety or health
- most young men and women lack access to good learning processes regarding sexual behaviours and safety: HIV prevention education usually does not engage with the gender issues surrounding sexual behaviours (as in this folder)
- drink and drug use increase risk sexual behaviours. This particularly affects young men
- where youth are involved in risk taking linked to crime, their marginal position makes them more vulnerable to being infected and infecting others. This particularly affects young men

Examples:

Living with HIV/AIDS is gender specific

- young girls' access to education is often not prioritised compared to boys in the family, and HIV escalates this negative pattern
- adolescence, and in particular girls, have limited access to health care, sexual education and treatment
- young men and women have to deal with different complicated reactions from parents, family, friends – and they can face isolation at a vulnerable age
- young men and women with HIV/AIDS have to face symptoms, sickness and their own approaching death – all issues foreign to youth culture. Male culture often traps boys in silence about personal traumas and anxieties



Examples:

Gender specific impacts of HIV/AIDS at family, community, national and international levels

- AIDS brings a dramatic loss of future generations of potential parents, educators and workers. This has a huge economic and demographic impact on society
- society faces increased numbers of young men and women disconnected from stable structures of support and security
- when parents or other family members get ill, girls become caretakers and are the first to be taken out of school
- girl orphans are more at risk to be exploited as house-girls both in terms of work load and in terms of sexual exploitation
- Western media consumerism and popular culture, with wide global circulation now has a central focus on sex, while minimal concern with imaging sexual safety and health. Young people are made vulnerable to infection through risk behaviours from absorbing sexual media images
- the right of young women and men to clear, detailed and graspable information about reproductive health and rights is neglected and often actively resisted (by parents, older generation attitudes, religious beliefs)
- child headed households are vulnerable, girl headed households even more so

Examples:

Individual risks to HIV/AIDS are gender specific

- stigmatisation and discrimination against people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention⁹
- women generally have less access to treatment than men and when given treatment they are often given drugs that have been tried out on men in the Western world
- as the focus of treatment in developing countries now is linked to mother-to-child-transmission, one runs the risk that HIV will be conceptualised as a women's disease
- due to the fact that HIV was first identified in gay men's communities in the West, men had a head start when it came to treatment, and women have been excluded from clinical trials until very recently. Research is still mostly being done under Western conditions



Examples:

Living with HIV/AIDS is gender specific

- most people in developing countries do not have access to treatments for opportunistic infections, or dietary and food supplement to strengthen the immune system
- gender inequality regarding access to medical treatments and health services limit women's access to HIV/AIDS treatment, care and support, including anti-retroviral therapies¹⁰
- women suffer side-effects from AIDS-drugs that health personnel have no experience with (e.g. loss of monthly period)
- HIV+ pregnant women may be given drugs during pregnancy, but taken off medication after delivery, and thus suffer additional complications

Examples:

Gender specific impacts of HIV/AIDS at family, community, national and international levels

- women have less economic possibility of seeking treatment, and often need the approval of her husband and his family
- stigmatisation and discrimination of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention

HOW?

- Conduct more gender specific and gender sensitive research.
- Mainstreaming of gender issues and implementation of gender sensitive training in all affected areas mentioned above.
- Implement the Beijing Platform for Action in order to empower women's social, economic, cultural, political and sexual position.
- Enhance preventive and risk-averse activities, such as sexual education at all levels, free male and female condoms, train teachers and health personnel. Assertiveness and empowerment must be included in sex and HIV/AIDS education for girls.
- Support ways of empowering women, and informing men, of the need and right for women to have control over their own body. This is a prerequisite for all protection work against HIV/AIDS.
- Address men's and boys' attitude to sexual behaviour and reproductive choice in HIV and reproductive health programmes.
- Ensure non-discrimination of workers on the basis of real or perceived HIV-status through implementation of ILO code of practice on HIV/AIDS and the world of work (June 2001), ILO conventions 100 ('equal pay for equal work') and 111 ('non-discrimination at work'). Most countries have ratified these conventions, and are thus obliged to incorporate them into national jurisdiction.
- Provide easier and cheaper access to medication and health services.
- HIV+ women and men should be actively involved in developing, decision-making and implementation of policies and programmes.
- Multidisciplinary approach situating and contextualizing problem with special local context, with emphasis on participatory empowering methods.
- Specific targeting of economic empowerment of weaker economic groups – both women and men.
- Legislation to ensure rights of widows and orphans.

Notes and Web-sites

1 Heterosexual men erroneously associate HIV/AIDS with a 'gay disease'

2 See The HIV/AIDS pandemic and its gender implications, Report of the expert group meeting Windhoek, Namibia, November 2000 (DAW, WHO, UNAIDS)

3 ibid

4 Definition of reproductive health and rights: Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relation to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicitly are the right of women and men to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice and other methods for regulating fertility and protect against sexual transmitted diseases. It also implies the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth. The human right of women include their right to have control over and decide freely and responsibly on matters related to sexuality, including sexual reproductive health, free of coercion, discrimination and violence (Beijing Platform for Action, 1995, §94 and §96)

5 with at least 70% of youth in Norway not using a condom during casual sex, this indicates the vulnerability to HIV and STI infection among sexual active youth even in wealthy countries

6 A 'microbiocide' is any substance that can substantially reduce transmission of sexually transmitted infections (STIs) when applied either in the vagina or rectum. Like today's spermicide, a microbiocide could be produced in many forms, including gels, creams, suppositories, films, or in the form of a sponge or a vaginal ring that slowly release the active ingredient over time. See: <http://www.global-campaign.org>

7 Semen fluid has a higher concentration of the virus than vaginal fluid. For a variety of reasons there can be small tears or cuts in the woman's mucous membrane causing bleeding and greater vulnerability to infection

8 See Women's global network for reproductive rights, <http://www.wgnrr.org>

9 See ILO code of practice on HIV/AIDS and the world of work, Geneva, June 2001.

10 See note 2

WEB-SITES

UNAIDS Joint United Programme on HIV/AIDS <http://www.unaids.org>

UNIFEM United Nations Development Fund for Women <http://www.unifem.undp.org/>

WHO World Health Organisation <http://www.who.int/home-page/>

ICW International Community of Women Living with HIV/AIDS <http://www.icw.org>

Pluss-LMA Norway <http://www.pluss-lma.no>

NORAD Norwegian Agency for Development Assistance <http://www.norad.no>

Red Ribbon Campaign <http://www.redribbon.co.za>

Treatment Action Campaign <http://www.tac.org.za>

International Women Tribune Centre <http://www.iwtc.org>

Training packages:

Stepping Stone. A training package on Hiv/aids, communication and relationship skills, By Alice Welbourn, Strategies for Hope, Action Aid, - <http://www.stratshope.org>

A positive women's survival kit, International Community for Women living with HIV/AIDS, <http://www.icw.org> or info@icw.org

WHY THIS FOLDER?

Women and men are affected differently by the HIV/AIDS epidemic. This awareness raising folder aims to highlight the consequences of gender inequality in terms of risk of infection and living with HIV/AIDS. It is envisaged as a work in process, to be amended and expanded as new suggestions reach us and seem appropriate.

This folder provides examples of the **WHY's**, the **WHAT's** and some of the **HOW's** in relation to HIV/AIDS in a gender perspective. The main focus is the factors influencing the risks of HIV-infection, living with HIV/AIDS, and the impact of HIV/AIDS at family, community, national and international levels.



Published by the Norwegian Working Group on HIV/AIDS and Gender in AIDSNETT

Oslo, Norway, December 1, 2001