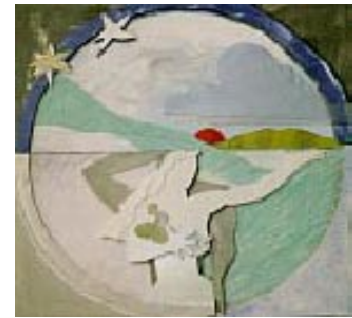


Addressing gender-based vulnerabilities can enhance the effectiveness of HIV/AIDS projects

HIV/AIDS & Gender Equality



GENDER AND DEVELOPMENT BRIEFING NOTES

PREM GENDER AND DEVELOPMENT GROUP, THE WORLD BANK, JULY 2003

Why gender equality issues are important in the fight against HIV/AIDS

HIV/AIDS threatens human welfare, socio-economic advances, productivity and social cohesion. HIV/AIDS does not affect all people equally. The imbalances between female and male risks and vulnerabilities have become evident as the differences in the rates of infection have grown. Although at present more males are infected than females, women's infection rates have spiraled. In Africa, where HIV/AIDS is the leading cause of death, 68 percent of all young persons infected are female.

HIV/AIDS is primarily a sexually-transmitted infection. In many societies, gender norms and gender dynamics influence people's attitudes to sex, sexuality, risk taking and fidelity. Gender inequality, and the role of power in sexual relations, especially women's lack of economic empowerment, are important factors in the spread of HIV/AIDS. The spread of HIV/AIDS is also fueled by key gender-based socio-cultural, legal, and physiological factors.

Economic factors: Economic dependency and insecurity are at the core of the gender dynamics of HIV/AIDS. For both married and unmarried women, their comparatively limited access to and control of economic assets increase the likelihood of their: 1) inability to negotiate safe sexual practices; 2) exchanging sex for money (survival sex); or 3) staying in a relationship that they perceive to be violent or risky. In most societies, women's and girls' responsibilities for family and community caregiving have increased as a result of the HIV/AIDS pandemic, as they are called upon to meet the demands for care that exceed the capacities of health systems. Under normal circumstances, these activities limit women's participation in productive economic activities (such as farming, school attendance, and income generation). With HIV/AIDS, the burden on females in the care economy has increased. Due to poverty, boys also put themselves out into the street to offer sex services. Rising urbanization and migration in the quest for employment, especially employment that separates families, also increase both male and female risk. Some

commercial sex workers resort to unprotected sex because of the higher economic gains that riskier practice yields.

Socio-cultural factors: Some socio-cultural norms prevent both women and men from obtaining critical information about HIV/AIDS. For example, many societies have a culture of silence around sexual matters and an emphasis on virginity for women and girls. In many cultures, notions of masculinity are associated with pride/machismo/cool that emphasize multiple sex partners and a presumption of sexual knowledge. Some cultural practices which have sexual components or connotations, such as female genital cutting (FGC), widow inheritance and ritual cleansing, also increase vulnerability to HIV/AIDS. Other cultural and traditional practices and norms, such as circumcision and fidelity, decrease risk and should be part of prevention efforts. The denial and stigmatization of men who have sex with men in many instances leads males who engage in those activities to demonstrate their masculinity by having heterosexual sex as well, exposing their male and female sexual partners to HIV risk. Some male-dominated professions, which require long absences from home, such as truck driving, mining and migrant work tend to be associated with risky sexual behavior.

Legal factors: Gender-discriminatory legal and regulatory frameworks, especially those in the areas of reproductive health, marriage, coerced sex, rape, sexual abuse, inheritance and succession, access to property rights and land tenure, have repercussions on gender-based vulnerability and risk factors. They may also reduce victims' access to HIV services and treatments. In many countries, women lack legal recourse and experience discrimination in legal rights and protection. Many systems of law favor male ownership of property or assets. Some legal systems do not protect victims against sexual violence between intimate partners. And many legal systems, by outlawing homosexual practices, drive the activity underground, which can increase risky behavior.

Physiological factors: Because of anatomical differences, women are many times more likely than their male sexual partners to contract HIV and other sexually transmitted diseases (STDs). There is also a 20-40 percent risk of mother

to child transmission (MTCT), the main cause of infection for the 3.2 million children living with HIV/AIDS worldwide. Research is currently underway to identify measures to counter women's physiological vulnerability to HIV/AIDS. These measures include female-controlled prevention methods, such as microbicides and the female condom. Testing and treating HIV-positive pregnant women with antiretroviral medication also significantly reduces the rate of MTCT.

Key issues to consider

- What are the differences in gender roles, access to resources, legal protection and decision-making that affect women's and men's abilities to protect themselves against HIV/AIDS?
- Do educational system interventions incorporate a gender-sensitive approach to learning about HIV/AIDS prevention at an early age?
- Do sectoral ministries incorporate relevant gender issues into their HIV/AIDS policies and strategies?
- How do capacity building programs for public and private sectors workers and civil society participants address gender issues?
- Does monitoring and evaluation assess different impacts on males and females, and include gender-sensitive indicators?

Capacity Building in Sierra Leone: Training of Trainers Workshop for Gendering HIV/AIDS

With support from the GENFUND, the Sierra Leone HIV/AIDS Response Project (SHARP), in collaboration with the Ministry of Social Welfare, Gender, and Children's Affairs and the Ministry of Development and Economic Planning, sponsored a national workshop for government staff and women's organizations. The objective was to integrate gender into HIV/AIDS work by:

- Increasing participants' understanding of gender issues in general.
- Raising participants' awareness of how gender issues are connected to HIV/AIDS.
- Equipping participants with tools for integrating gender into HIV/AIDS programs and training.

This workshop was followed by three consultations at the regional level, which enhanced the capacity of a wide range of project participants and beneficiaries as they learned about the gender dimensions of HIV/AIDS.

The World Bank and HIV/AIDS

The World Bank is the largest long-term financier in prevention and mitigation of HIV/AIDS in developing countries. In September 2000, the Bank launched the **Multi-Country HIV/AIDS Program (MAP)** for Africa, which is now in its second phase. The overall development objective of the MAP

is to increase access to HIV/AIDS prevention, care and treatment programs. Many MAP projects have incorporated gender-based factors in defining the vulnerable groups they will target. The overall project document for the second phase includes "guidelines" on gender. In 2001, the Bank approved a \$155m MAP for the Caribbean. The Caribbean MAP is based on a participatory approach to facilitate government relations with patients, community groups, religious organizations, non-governmental organizations, health professionals and the private sector.

The Trust Fund for Gender Mainstreaming (**GENFUND**), supported by the governments of Norway and the Netherlands, is helping to fund innovative gender and HIV/AIDS initiatives.

http://gender/genfund/ongoing_projects.htm

Gender and HIV/AIDS Activities Funded by the Norwegian and Netherlands Trust Fund (GENFUND)

- Targeting vulnerable groups in the MAP for the Africa Region: The case of men who have sex with men.
- The legal and gender dimensions of HIV/AIDS in sub-Saharan Africa.
- Transfer and adaptation of innovative HIV/AIDS training instruments to young women counselors from Kenya to Central African Republic.
- Gender, sexuality, violence and HIV/AIDS: Innovative societal gender norms and sexual behavior change.
- Rapid gender assessment in Great Lakes Refugee communities and HIV/AIDS-related behavior.
- Intensified action to integrate adolescent reproductive health (ARH) and gender in the HIV/AIDS agenda and programs.

GenAIDS is an online resource center designed to increase knowledge about the linkages between gender, HIV/AIDS and poverty. It contains briefing material and other useful resources that Bank staff and others can draw on to assist in their work. GenAIDS also highlights the ongoing efforts of World Bank partners and groups within the Bank to address the HIV/AIDS pandemic as a multisectoral development challenge. <http://www.worldbank.org/gender/genaids/>

As a member of the UN Inter-Agency Task Team on Gender and HIV/AIDS, the World Bank has compiled a fact sheet containing **gender-sensitive indicators for HIV/AIDS programs** that can assist with monitoring and evaluation. Drawn primarily from the Millennium Development Goal #6 and Article 37 of the UN General Assembly Special Session (UNGASS), it lists input, output, outcome and impact indicators that take into account the risk and vulnerability factors outlined above. <http://www.unaids.org/gender/index.html>