

# Gender Equality and the HIV Pandemic

*Dr. Ruth Hope*



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**Gender Equality Series**  
*2007 Technical Series*  
*Paper No. 2/07*

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## Feminization of the HIV Pandemic

HIV is affecting increasing numbers of women and girls; women now comprise 50%<sup>1</sup> of the people currently living with HIV (up from 41% in 1997 and 35% in 1985)<sup>2</sup>.

Increasing infection rates among women globally have focused attention on women's increased vulnerability to HIV. Young women 15-24 years in sub-Saharan Africa are three times<sup>3</sup> more likely to be infected with HIV than young men of the same age. This rises to four times more likely in Zambia<sup>4</sup> and in Zimbabwe an astounding five times more likely<sup>5</sup>. The majority of these infections are sexually transmitted.

## Determinants of Sexual Behavior

Sexual activity is not just an individual attribute. It is a behavior negotiated between the partners within a wider socio cultural and economic context<sup>6</sup>. Risk behaviors may be driven by imbalances in power between sexual partners, as well as sexual partners' individual characteristics. They are impacted by the sociocultural and economic distal determinants of behavior. Age and economic disparities, and concepts of gender that encourage female passivity decrease women's ability to negotiate abstinence or safe sexual practices including use of condoms.

## Sexual Mores

Entrenched social acceptance of polygamy now allows multiple partnerships to be generally permissible for men, but not for women. However, social acceptance of men having multiple sexual partners is common in many cultures around the globe, not just those that have a history of polygamy.

## Sexual and Reproductive Health

Women, particularly adolescent women, are biologically vulnerable to HIV infection passing through the mucosal cells of the vaginal lining. Sexual and reproductive health status further affects vulnerability to HIV. The presence of sexually transmitted infections increases both shedding of HIV and susceptibility to infection with HIV. Poverty, stigma and discrimination, social exclusion and marginalization of the most vulnerable people in society are associated with poor sexual and reproductive health, and vulnerability to infection with HIV. Poor reproductive health and HIV infection further increase poverty, lead to stigma and discrimination, and are frequently a cause of social exclusion and marginalization.

### Transactional Nature of Sex in Some Cultures

Customs around expression of love — within marriage and extending to relations outside marriage — require giving of gifts and money in many cultures in Africa<sup>7</sup>. By accepting the gift, a woman implicitly acknowledges that she will have sex, yet the transactional nature of the relationship increases the power asymmetry in the partnership, further limiting the woman's negotiation ability. Motivation for accepting gifts is complex and includes:

- needing money and material gifts for survival
- desire for material possessions, and
- perception of social status conferred, as well as
- validating a woman's perceptions of her own worth<sup>8</sup>.

In cultures in which men have traditionally paid "lobola" or bride price to their wife's parents, the concept of giving of wealth, in cash or kind, as a woman's worth can still be a pervasive influence on sexual relations. Polygamy, with the wealth to pay bride price for several wives, was an indicator of a man's high status.

## Women's Socio-economic Status

Gender-based social and economic inequalities; sexual violence; and inequity in access to prevention, education and training, and care and treatment, all contribute to the increasing feminization of the HIV epidemic. Women's powerlessness to avoid high risks and the spread of HIV is widely recognized and accepted.

## The Global Response

Although governments and donors may recognize the need for a gendered response to HIV, the implementation of appropriate policies and interventions is inadequate or lacking in many countries. Donors have committed large amounts of funding to fight the spread of HIV — bilaterally, multilaterally and through collaborative donor efforts — yet there is little information on how donors address women's empowerment in practice in relation to HIV. There is urgent need for addressing the policy to practice gap, and investment in bringing to scale the promising legal, economic and social interventions that will accelerate women's socio-economic empowerment.

## Educating Girls & Empowerment

Education helps girls and women achieve greater agency over their lives. Girls educated to secondary and tertiary levels are less likely to be coerced into sex. Secondary education confers power to make choices that prevent HIV infection and girls who are enrolled in secondary school are more likely to defer sexual debut than girls who are not enrolled in secondary education. However, delays in marriage as a result of availability of education and formal employment have resulted in increased percentages of young people having premarital sex in many countries over the past 20 years. Although, girls who complete primary education are more than twice as likely to use condoms; and girls who complete secondary education are between four and seven times more likely to use condoms. And, they are less likely to be infected with HIV. Higher levels of education translate into higher earning power in the job market and economic empowerment.

## Transforming Gender Roles and Relations Between Women and Men

Women's empowerment with transformation of the way women and men relate to each other at the national, local and household level is urgently needed for women to attain

### Promising Gender-Sensitive Interventions

- *Justice and women's rights:* Local lawyers and human rights groups are often activists pressing for justice, legal reforms and protection of women's rights<sup>13</sup>. Women's support centers that offer comprehensive services for victims of rape, domestic violence and sexual assault exist in some countries<sup>14</sup>. Innovative solutions to raising public awareness and understanding of women's rights, reaching women with information on their rights and providing access to legal support include the training and deployment of a cadre of village volunteers, known as "barefoot lawyers"<sup>15</sup>. There are NGO initiatives that address women's property and inheritance rights in the context of the HIV epidemic, and provide services for widows<sup>16</sup>.
- *Economic empowerment and HIV:* The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) was a collaborative intervention research study between University of the Witwatersrand and the Small Enterprise Foundation in South Africa<sup>17</sup>. The methodology used a cluster randomized trial to assess a structural intervention which combined a microfinance program with a gender and HIV training curriculum, "Sisters-for-Life". At the small scale of the study, the combined microfinance and training intervention led to reductions in levels of intimate-partner violence in program participants. Therefore social and economic development interventions have the potential to alter risk environments for HIV and intimate-partner violence in southern Africa.

socio-economic parity with men, and for the HIV epidemic to be contained and reversed. A number of proven methodologies exist that facilitate individuals and communities to work together to address relationships and behaviors that increase women's vulnerability to HIV.

➤ *Stepping Stones* is one methodology for addressing gender, HIV, communication and relationships within communities<sup>9</sup>. It takes communities through a series of facilitated focus group discussions where young women, older women, young men, and older men have a space and private time with their own self-defined age and gender peers to address gender and relationship issues together. The methodology also provides space and skills for reporting back to the wider community on the concerns and solutions identified in the focus group discussions. Drama and role-plays are commonly used to help people communicate about subjects that are not normally spoken about openly — with others in the community or within the family. The training package promotes *gender equity, inter-generational respect* and *solidarity with HIV positive people*, in a human rights framework. It is an important resource for those seeking to transform gender roles, create a more gender-equitable society and reduce the spread of HIV<sup>10</sup>.

➤ *Instituto Promundo* in Brazil developed *Program H*<sup>11</sup>, an integrated gender equality and health promotion initiative for young men. One intervention component is interactive group education sessions for young men led by adult male facilitators. The other is a community-wide “lifestyle” social marketing campaign to promote condom use, using gender-equitable messages that also reinforced those promoted in the group education sessions. Program H has been evaluated and found to reduce participants' support for inequitable gender norms over time. It is known that young men's agreement with inequitable gender norms on the Gender-Equitable Men Scale is significantly associated both physical and sexual violence against a partner. The reductions in participants' support for inequitable gender norms were maintained at the one-year follow-up.

➤ *Men as Partners (MAP)* has been pioneered by EngenderHealth in South Africa from 1996 in collaboration with Planned Parenthood Association of South Africa<sup>12</sup>. MAP, works with men to promote gender equality, end domestic and sexual violence, and reduce the spread and impact of HIV and AIDS. The methodology comprises educational workshops with men or men and women, lasting from an hour to a week, with more people reached with messages through the mass media, and local campaigns. The focus of activity has expanded to include making strategic partnerships with local organizations that form the MAP network and provide a broad movement for change. The MAP network and methodology is now extending to other southern African countries. MAP evaluations have demonstrated that:

- 71 percent of past MAP workshop participants believed that women should have the same rights as men, whereas only 25 percent of men in the control group felt this way.
- 82 percent of the participants thought that it was not normal for men to sometimes beat their wives, whereas only 38 percent of the control group felt that way.

## About MIDEGO

MIDEGO works with partners to build capacity for developing gender sensitive policies and designing programs and services that address HIV from a gender sensitive perspective. MIDEGO facilitates collaborative strategic planning and design processes, working with stakeholders and ensuring a gender analysis of proposals and plans for HIV services and programs. MIDEGO trains program managers and implementers in gender equality and coaches them in applying gender equitable practices in their work.

For further information, contact:

Ruth Hope,

Director, Center for Reproductive Health, HIV/AIDS and Gender Equity,

MIDEGO, Inc

[www.midego.com](http://www.midego.com)

[Ruth@midego.com](mailto:Ruth@midego.com)

Phone:+1-703-931-1480

Fax: +1-703-991-8293

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