

INTEGRATING GENDER INTO HIV/AIDS PROGRAMMES

A REVIEW PAPER



World Health Organization



Integrating Gender into HIV/AIDS Programmes

a review paper



Department of Gender and Women's Health
Family and Community Health
World Health Organization

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Integrating Gender into HIV/AIDS Programmes

1. Executive Summary

In the HIV/AIDS epidemic, gender – defined as the array of societal beliefs, norms, customs and practices that define ‘masculine’ and ‘feminine’ attributes and behaviours – plays an integral role in determining an individual’s vulnerability to infection, his or her ability to access care, support or treatment, and the ability to cope when infected or affected.

Gender norms, for example, often dictate that women and girls should be ignorant and passive about sex, which greatly constrains their ability to negotiate safer sex or access appropriate services. Similarly, gender norms cast women as being primarily responsible for reproductive and productive activities within the home, in sharp contrast to men who are cast as primary economic actors and producers outside the home. Such gender stereotypes account for women having much less access than men to key productive resources such as education, land, income, credit, and employment, which significantly reduces the leverage they have in negotiating protection with their partners and greatly affects their ability to cope with

the impact of infection. For men and boys, gender norms create social pressure to take risks, be self-reliant, and prove their manhood by having sex with multiple partners. Such norms expose men and boys to the risk of infection and create barriers to their use of HIV/AIDS prevention, care, or support services. Youth, especially girls, are particularly vulnerable in the epidemic. Furthermore, research indicates that even gender norms which supposedly protect youth, such as those that expect unmarried girls to remain virgins, can put them at risk by restricting their access to full information about sexuality and reproductive health services.

While our collective stock of knowledge about the gender-related determinants of risk and vulnerability to HIV and the consequences of AIDS has grown substantially over the past decade, putting that knowledge to good practice has proved to be a formidable challenge. A framework that categorizes the different approaches to integrating gender into HIV/AIDS programming can be useful to meet this challenge.

Reviewing existing approaches to address gender in HIV/AIDS programmes suggests that there is a continuum of approaches that have been used ranging from harmful to empowering. Interventions can cause harm by

reinforcing damaging gender and sexual stereotypes that perpetuate the epidemic either directly or indirectly. To be useful, interventions must, at a minimum, do no harm. A step up on the continuum are gender-sensitivinterventions that recognize that men and women's needs often differ and find ways to meet those needs differentially. The third, gender-transformative interventions are a more sophisticated set of approaches that not only recognize and address gender differences but go a step further by creating the conditions whereby women and men can examine the damaging aspects of gender norms and experiment with new behaviours to create more equitable roles and relationships. Finally, the most evolved set of interventions are structural interventions that go beyond health interventions to reduce gender inequalities by empowering women and girls. By increasing their access to economic and social resources, such interventions can fundamentally change the economic and social dynamic of gender roles and relationships, and in

the long term protect women as well as men and families in the HIV/AIDS epidemic.

The challenge of integrating existing knowledge about the impact of gender norms and inequality on HIV/AIDS into interventions, while formidable, can be met. There are several examples of programmes from around the world that have adopted different approaches to integrate gender considerations in their work. It is important to draw upon the lessons learned from these implementation experiences to develop concrete and practical guidelines for national HIV/AIDS programme managers so as to help them integrate gender issues into HIV/AIDS programmes. The need for such guidelines is underscored by a single fact: the effectiveness of HIV/AIDS programmes and policies is greatly enhanced when gender differences are acknowledged, the gender-specific concerns and needs of women and men are addressed, and gender inequalities are reduced.

2. Background & Rationale

The global pandemic of HIV/AIDS has now entered its third decade. Research conducted over the past decade has revealed that gender roles and relations directly and indirectly influence the level of an individual's risk and vulnerability to HIV infection. Gender is also a factor in determining the level and quality of care, treatment, and support that HIV-positive men and women receive, the burden of care taken on largely by women, and the negative economic and social consequences of AIDS. These realities demonstrate the necessity of comprehensively integrating gender considerations into all levels of HIV/AIDS programming in order to enhance our response to the pandemic. Integration will not only benefit women and girls –

of addressing gender, this recognition is far from universal or even widespread. The depth and breadth of our knowledge about gender-related determinants, barriers and impacts of HIV/AIDS has grown significantly over the past decade, but this knowledge continues to outpace our ability to know precisely how we should respond programmatically to these issues in a comprehensive manner.

→ In 1999, the Joint United Nations Programme on HIV/AIDS (UNAIDS) published a technical paper entitled *Taking Stock of Research and Programmes on Gender and HIV/AIDS*. The paper reviewed research on gender-related determinants of risk and vulnerability to HIV infection among men and women and the differential impacts men and women experience as a result of actual illness, accessing treatments, or seeking and receiving care and social support. The review also examined programmatic activities that attempted

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