



*HIV prevention training sessions help men, women and children learn more about HIV.
Photo: Australian Red Cross/Vandy Rattana*

Overview

This briefing paper looks at the importance of gender within Red Cross programs and services and provides some suggestions about how Red Cross and Red Crescent Societies might integrate gender into HIV programs and strategies.

This paper can be used as a tool during gender training, as an information sheet for staff, volunteers or at the governance level, and as part of the education or advocacy activities within a Society.

Gender: an integral part of HIV response

Understanding the role of gender is an important part of any HIV response. At the International Women's Summit in 2007, UNAIDS Executive Director Dr Peter Piot declared 'We will not be able to stop this epidemic if we don't address its drivers – gender inequality and its consequences for women.'

The World Health Organisation (WHO) further states, 'The effectiveness of HIV/AIDS programs and policies is greatly enhanced when gender differences are

acknowledged, when the gender specific concerns and needs of women and men are addressed, and when gender inequalities are reduced.'

Gender roles and relations powerfully influence the course and impact of the HIV epidemic—they shape the extent to which men, women, boys and girls are vulnerable to contracting HIV and the kinds of responses that are feasible in different communities and societies.



These young people from Banda Aceh in Indonesia join in a march to raise HIV awareness. Photo: Australian Red Cross/Ade Sonivil

The impact of HIV on women and children

- UNAIDS estimates that almost 50 per cent of people living with HIV are women, with growing evidence that this number is increasing. In South and Southeast Asia, approximately 40 per cent of young people living with HIV are girls and young women, while in Africa, the number is closer to 75 per cent.
- Heterosexual sex is now the dominant cause of HIV transmission, with marriage the major risk factor for young women globally. Most women who have contracted HIV did not engage in 'high-risk' behaviour, and research shows that up to 80 percent of women in long-term stable relationships living with HIV, contracted the virus from their male partners.
- HIV is contracted more readily from an infected man than from an infected woman.
- Women are often infected at an earlier age than men. The UN reports that in some countries girls are five to six times more likely to be infected than teenage boys.
- One in four women will experience sexual or physical violence at some time in their lives. UN reports reveal growing evidence that a large share of recent HIV infections are the result of gender-based violence.

- In situations of civil war or social unrest, women and girls are often systematically targeted for sexual abuse. This dramatically increases their risk of acquiring HIV and other sexually transmitted infections.

Implications

In most countries women take responsibility for the care and maintenance of the family. As primary carers, women - and in particular older women - are increasingly caring for children and sick relatives. When men are incapacitated or die as a result of AIDS, women must also take on additional work as family providers and producers.

In some countries, there is now a growing tendency for girls to drop out of school to care for siblings and ill parents.

Women living with HIV may experience pressure from their family and society to have children while at the same time there is pressure from health care workers to use contraception. Women are also more likely to delay seeking treatment, and will more often present at an advanced stage of infection.

Women experience more severe forms of discrimination and harassment than men, due to their lower status in many societies. In some cases this can involve discrimination by health workers who treat these women as though they were sex workers or drug addicts.

A closer look at gender and HIV

Considering the position of both women and men is critical to developing successful and sustainable solutions:

Men and HIV	Women and HIV
Men generally determine when and how sex takes place.	Shyness, social stigma and low status make it difficult for women to talk about and negotiate sex, and to access reproductive health services and information.
Many cultures reinforce the idea that sex is a male necessity. Men may therefore experience pressure to engage in unsafe sexual encounters.	Strong taboos against sex before marriage mean some young women practice alternative sexual behaviour, such as anal sex, placing them at greater risk of infection.
Men are often expected to be more knowledgeable about sex. This puts young men in particular at risk because they may not seek information, or admit their lack of knowledge about sex.	There is evidence of a growing trend for young women to have sex with older men for money or gifts. Older men are more likely to have had previous sex partners and therefore are more likely to expose young women to HIV.
It is often socially acceptable for men to engage in 'high risk' behaviour. They are more likely to engage in drug and alcohol abuse and have multiple sexual partners.	Women who have sex before or outside of marriage may not seek reproductive health services for fear of being seen as 'immoral'.
Poverty is a major contributor to men being exposed to HIV, often forcing men to migrate for work without their families. High incidence occupations include the police force and the army.	Poverty, and the need for food, shelter and safety, are major contributors to trafficking and participation in the sex industry, with women disproportionately represented in these groups.
Men may feel uncomfortable or that it is not appropriate to use a condom when they are married.	Married women often consider themselves safe from HIV.
Men may feel humiliated when they buy condoms.	Social taboos often mean that women don't buy, carry or suggest that their partners use condoms. Young women in particular may find it difficult to talk about sex, condoms or sexually transmitted infections in groups or even with their families.
Younger men may not participate in decision-making around programs targeting HIV because they tend not to be community leaders or don't attend public forums.	Women may not participate in decision-making around programs targeting HIV because they tend not to be community leaders and don't attend public forums.
Men often feel that sex is better without a condom.	Educated, affluent, women are more likely to leave relationships where they are 'at risk' than women who are economically vulnerable.
Men may have more access to information about HIV and safe sex practices because they often have higher literacy than women, along with greater access to TV and radio, and in rural areas, more opportunities to travel.	As women tend to be the primary caregivers, they may have more access to reliable information about HIV than men.

Men and HIV	Women and HIV
Men may not seek medical assistance because they tend to be reluctant to pay attention to their health needs.	In some cultures, women living with HIV may not seek medical assistance because of shyness, travel restrictions or lack of support from their families. In many cases, this will happen only when they are seriously ill. Family resources are more likely to be devoted to buying medication and arranging care for ill males than females.
Men who have sex with other men may keep their behaviour secret or deny the sexual risk.	Women living with HIV tend to experience greater discrimination when trying to access care and support. One study in Africa showed that fear of ostracism and domestic violence were important reasons why women refused HIV testing or did not return for their test results.
Men who have more gender-equitable attitudes are more likely to use condoms and less likely to use violence against women.	In many countries men are more likely to be admitted to health facilities than women.

Making gender work

Here are some suggestions for incorporating gender into your HIV program planning:

- Design interventions based on the different needs of men and women in the community - talk with men and women about their beliefs, attitudes and behaviours.
- Examine your own assumptions about how men and women might benefit from your programs. Offer a range of services but don't treat women and men differently when their needs are the same.
- Consult key people in the community, such as midwives, religious leaders, headmen or chiefs and other identified local opinion makers. If not properly consulted, these key community figures may boycott the service believing it to interfere with cultural practices.
- Talk with women and men separately and use women to talk with women, particularly if they are uncomfortable talking about sex and contraception.
- Use existing information and studies about gender differences in your country to inform the programs you develop.
- Budget for activities and staff in order to gather, analyse and track information about gender.



*Community education is an important part of HIV response.
Photo: Australian Red Cross/Kathleen Walsh*



On World AIDS Day, Tuvalu Red Cross volunteers delivered HIV awareness education. Photo: Australian Red Cross



Red Cross volunteers in Xinjiang province in north-west China raise awareness and dispel myths about HIV through drama and community visits. Photo: Australian Red Cross/Vandy Rattana

Activities to inform, educate and communicate

- Develop programs to encourage men and women to redefine gender norms and to encourage healthy sexual practices.
- Targeting male behaviour and attitudes may be more effective in reducing the incidence of HIV, as men are the primary decision-makers around issues of acceptable sexual practices. Highlight the risks of infecting their partners or unborn babies when effective contraception is not used.
- Consider age and occupation when selecting people for HIV preventative training, and in particular unmarried and sexually active young men and women, who might be likely to engage in 'high risk' sexual activities.
- Develop strategies that support women's ability to communicate with their partners about sex, to negotiate sex, or to reduce the risk of infection when consultation is not an option.
- Avoid stereotypes of men as aggressive and women as powerless and passive.
- Provide training at times and places that are appropriate for both men and women, and take into account women's childcare and other family responsibilities.
- Make information available to both men and women. Avoid strategies that favour one group.

Management and training

- Ensure sufficient numbers of trained women are available to work with women and young girls who are shy or uncomfortable.
- Involve all staff in basic gender training to understand how gender impacts on the effectiveness of HIV programs.
- Advocate for a gender sensitive approach in your discussions and contacts with other HIV groups.
- Take a gendered approach in all monitoring, evaluation and reporting activities. Always ask – how are our programs affecting men and women? Is the response different for men and women, and if so why?
- Publicise your successes and what you have learned about gender and HIV.



Women's unique vulnerability to HIV is important to consider when planning HIV response. Photo: Australian Red Cross/Nandy Rattana

Responsibilities

It is the program coordinator and/or the team leader's responsibility to report on and plan gender sensitive strategies and gender responsibilities should be included in the position descriptions of all team members.

Tools

Develop easy-to-use and relevant tools to support staff and volunteers. Adapt and use existing tools from the web and ensure information collection tools and reporting formats are always gender sensitive.

Training

Develop a gender-specific training program, and integrate gender across all programs. Use the Federation CD Rom *Training Pack on Gender Issues* and other suitable tools (Australian Red Cross International Program has these resources).

Sometimes it can be useful to use an experienced gender trainer to help develop a tailored program and/or to modify existing materials.

Recruitment

Recruit men and women as staff and volunteers. Gender sensitive recruitment should be part of an overall strategy - not only to ensure gender balance - but also so that all new staff and volunteers have an understanding of and sensitivity to gender issues.

This may involve holding community forums to explain why both men and women are needed for programs, and recruiting in alternative ways (i.e. hiring people without literacy skills - in some communities this is most often women - when the role doesn't require literacy).

Further reading

Information for this paper has been drawn from:

Training pack on Gender Issues, International Federation of Red Cross and Red Crescent Societies, Geneva, 2002
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<http://www.prb.org/pdf/ManualIntegrateGender.pdf>

World Bank. 2004. Integrating gender issues into HIV/AIDS programs: an operational guide.
<http://siteresources.worldbank.org/INTGENDER/Resources/GenderHIVAIDSGuideNov04.pdf>

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<http://www.unfpa.org/hiv/docs/rp/integrating-gender.pdf>

UNAIDS Interagency Task Team on gender & HIV/AIDS. 2005 Operational guide on gender HIV/AIDS, a rights based approach.

<http://www.genderandaids.org/downloads/events/Operational%20Guide.pdf>

Interagency Gender Working Group. 2004. The “so what” report. A look at whether integrating a gender focus into programs makes a difference to outcomes.
<http://www.prb.org/pdf04/TheSoWhatReport.pdf>

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<http://www.unfpa.org/hiv/women/>

UNIFEM Web Portal Gender and HIV/AIDS
<http://www.genderandaids.org/index.php>

Interagency Gender Working Group.
<http://www.igwg.org/publications.htm>

ELDIS, Gender Dossier.
<http://www.eldis.org/go/topics/resources-guides/hiv-aids/gender>

