

Development Connections

Gender Equality: The enabling environment to halt and reverse the spread of HIV and AIDS

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Background

The HIV/AIDS epidemic threatens development. The Caribbean is particularly affected, as the epidemic in the region is the worst in the Western Hemisphere at an estimated 2.3 per cent adult HIV prevalence. Factors that help explain HIV prevalence in the Caribbean are: i) unequal and stereotypical gender relations between men and women; ii) cultures of sexuality and sexual behavior; and ii) stigma and discriminatory practices that undermine the ability of certain populations to demand safe sexual practices. There can be no doubt that gendered behavior is the key driver of the epidemic in the region.

Gender differences greatly impact:

- vulnerability to infection
- risk taking behaviours and resultant involvement in high risk situations
- the immediate consequences of the epidemic on women and men, boys and girls
- individual and household or family roles and relations for those infected with or affected by HIV.

I. What research shows

Studies point to the alarming vulnerability of Caribbean women and girls to HIV/AIDS and the rate of the epidemic among them:

- in 1985, 20% of AIDS cases were females but by 2003, 42% were females¹ ;
- the incidence of HIV infection amongst women aged 15-24 years is 3 to 6 times that of men.
- In a study examining adolescent health 47.6% of women respondents in the **Caribbean** said their first intercourse was forced or coerced
- Forced sexual debut is an issue affecting approximately 20% of young people²

¹ CAREC & PAHO (2007), The Caribbean HIV/AIDS Epidemic and the Situation in Member Countries of the Caribbean Epidemiology Centre (CAREC), February 2007.

² OECS (2007), Behavioural and Surveillance Survey in Six Countries of the Organisation of Eastern Caribbean States (OECS) 2005-2007.

- Reported HIV infection rates among sex workers vary from 9% to 31%.³

II. Gender and HIV

Gender is “ the socially constructed identities as reflected in behaviours, attitudes and power relations between women and men, and reflected in notions of femininity and masculinity” (Rhoda Reddock 2000)

Constructions of sexuality and sexual behaviour are very strongly linked to society’s understandings of masculinity and femininity and impact vulnerability to HIV in many ways for example:

- Dominant ideas of masculinity (what it is to be a man) demands of men that they be strong, in control of women and sexually aggressive. On the other hand, traditional views of acceptable femininity value sexual innocence and submissiveness which can impede women’s ability to demand or negotiate safe sex practices, such as condom use
- Men’s sense of entitlement to sexual pleasure is a key feature of Caribbean cultures of sexuality. Societal norms and popular culture encourage men into early sexual initiation and multiple intimate partnerships as signs of heterosexual virility. Additionally, condom use may be rejected as limiting sexual pleasure. Having unprotected sex with multiple partners obviously increases vulnerability and risk to HIV.
- Unequal power relations are a feature of relationships between older men and younger women because of age and economic factors. This inequality also undermines the capacity of younger women to assert their rights to safe sex and to reject exploitative sexual relations.
- Sexual and domestic violence continues to constrict the lives of many Caribbean women. The ABC strategies are not a relevant response to women victims of sexual violence. Additionally experience of domestic violence can keep women away from voluntary counseling and testing (VCT), and can stop women from taking the necessary steps to prevent mother-to-child transmission (MTCT). An example of this reality comes from Barbados where it is estimated that 20% of women with HIV reported being sexually assaulted.⁴
- Women’s economic dependency on men increases their vulnerability to HIV infection as economically vulnerable women are less likely to terminate a potentially dangerous relationship
- Strong sanction against same sex sexual intimacy particularly for men leads to stigma and discrimination and can deter access to health services and prevention programmes
- Women carry the disproportionate burden of care for people both infected and affected by HIV and AIDS and do so often with few support systems. Women living positively can confront workplace discrimination, including job loss, leaving them and their families in situations of poverty and insecurity.

While advocacy for abstinence, being faithful and condom use (ABCs) are important dimensions of HIV prevention programmes, their effectiveness requires that individuals are able to make rational informed choices about their sexual practices. Where individuals are equally empowered, this can be an adequate approach. However, where socio-economic inequalities exist, programme strategies which promote behaviour change will be less effective unless the gendered and socio-economic determinants of HIV transmission are considered.

³ Caribbean Regional Strategic Framework 2008-2012

⁴ National HIV/AIDS Commission: National Strategic Plan for HIV Prevention and Control 2008-2013. 2008

III. What's being done to reverse HIV/AIDS among women and girls

Gender-responsive approaches to prevention, treatment and care and stigma and discrimination are increasingly a feature of national and regional plans. The Caribbean Regional Strategic Plan 2008-2012 (CRSF) acknowledges that 'unequal gender relationships and other disparities contribute to the continued spread of HIV and limit access to services' and it calls for the integration of gender equality into national and regional HIV responses.

IV. The Way Forward

One of the strategic objectives of the CRSF is **develop policies, programmes, and legislation that promote human rights, including gender equality, and reduce socio-cultural barriers in order to achieve universal access.**

Meeting that objective requires that gender equality is integrated into national and regional HIV responses. But more than this, responding to HIV requires resources allocation in adequate measure to policy and programmatic actions in areas implicated in issues of HIV/AIDS. A multi-sectoral approach is needed that focuses on child protection, social protection, violence against women; gender equality and human rights education.

V. UNIFEM's Work

UNIFEM, working in consultation with the Inter-Agency Working Group on Gender and HIV, has undertaken a project aimed at deepening the understanding of the gendered causes and consequences of the HIV epidemic in the Caribbean. The project has supported gender training of persons working in the HIV, reproductive health and gender equality areas both from the state and non-governmental sector.

UNIFEM will also be working in a number of countries in support of training programmes for relevant workers in all sectors to ensure gender-sensitive and non-discriminatory HIV services to the public.

In addition, and with UNAIDS, UNIFEM is supporting the Caribbean Coalition of Women and Girls on HIV and AIDS. The CCWA is a broad coalition of women from a diversity of backgrounds pledged to vigorously ensure gender-responsive policy and programming in the Caribbean to reduce but all aspects of female vulnerability to HIV and to ensure universal access to prevention, care and treatment services.

Its mandate is to advocate and take action to reduce the vulnerability of women and girls to HIV by 1) building awareness of the gendered causes and consequences of the epidemic; 2) increasing women's voice

and visibility and 3) strengthening women's influence in supporting gender responsive programming and policy making.

The CCWA has gained the support and input from all the key regional organisations devoted to gender equality and HIV/ AIDS.

VI. Conclusion

National strategies that increase the capacity of women and girls to protect themselves from the risk of HIV infection need to be complemented by increased understanding of male vulnerability and responsibility for changing the status quo. The realization of the full enjoyment of human rights to autonomy, personal safety, sexual and reproductive rights ought to be a core priority in HIV/AIDS policy, programming and resource allocation.