

# **Social Tract**

**Module on**

# **Gendered Responses**

## **LEARNING OUTCOMES FOR ALL TEAM MEMBERS**

After completion of this module the learner should:

- Understand women's vulnerability to HIV because of power relations.
- Understand how women's position in society places the burden of care on them.
- Understand what is meant by the term 'gender'.
- Understand why we also need to work men to empower women.
- Understand men's vulnerability owing to notions of masculinity.

# 1. WHY GENDER AND HIV AND AIDS?

The impact of AIDS is seen in family and community structures and relationships and in sectors as varied as education, employment, health care, social welfare, agriculture, the judiciary and the human rights.

Strategies to prevent the spread of HIV and AIDS have focus on the promotion of condom use, reduction of numbers of sexual partners and treatment of STIs. Many of these responses have failed to address social, economic and power relations between men and women, among men and among women. These relationships together with their, physiological differences, determine to a greater extent women's and men's risk of infection, their ability to protect themselves effectively and their respective share of the burden of the epidemic.

## Some Lessons

Twenty years into the HIV epidemic, an assumption can be made:

1. That generally, there is abundant knowledge about HIV and AIDS infection, transmission and prevention.
2. That there are however economic, social, cultural and personal contradictions of sexuality create a barrier to behaviour modification.

Strategies to reduce men's and women's risk of HIV infection demands gender-based responses that focus on how the different social expectations, roles, status and economic power of men and women affect and are affected by the epidemic. This involves analysis of gender stereotypes and definition of male and female relationships and roles.

## Developing Gender- Based Responses

Gender-sensitive strategies or approaches that promote shared responsibility for prevention and care between men and women must address both short - and long-term needs and goals. The goal of such a response to HIV, AIDS and STIs would be:

- To decrease vulnerability to infection,
- To reduce stigmatization and discrimination and
- Curb the epidemic's socioeconomic impact.

Short-term strategies may focus on people's immediate needs in specific communities, including:

- Obtaining basic information about HIV, AIDS and STIs,
- Gaining access to sexual health education, access to condoms and
- Obtaining back-up support for home-based care.

Long-term strategies are directed at underlying cultural and social structures. They aim to promote mutual respect between men and women and equal access to all types of resources. The goals of long-term strategies include:

- Changing ideas and social norms that keep women in an inferior social position
- Achieving shared decision-making power between men and women at all levels: in relationships, community affairs, political and economic bodies
- Creating structural changes to give women equal access to education, training and income-earning opportunities
- Reallocating work responsibilities so that men and women share them fairly

## Considerations in Developing Gender Sensitive Approaches

To develop gender-based responses, the following factors should be taken into cognizance:

- Creating a supportive and enabling environment
- Facilitating access to information and services
- Changing the way we think and act
- Sensitizing and mobilizing men
- Combating discrimination
- Developing gender-sensitive care and support
- Living positively with HIV and AIDS

## 2. WOMEN'S POSITION AND THE BURDEN OF CARE

As society's traditional caregivers, women carry the main psychosocial and physical burden of AIDS care. Yet they have the least control over and access to the resources they need to cope effectively, very few men share domestic responsibilities and family care with their partners. Often, the onus of care within the family is shifted to the mothers, daughters and granddaughters. Young girls are sometimes forced to leave school to take care of sick relatives, which in turn hinders girls' education. Even though they take care of sick family members, this process is rarely reciprocal when they themselves fall ill. When women are in need of care they will often be sent to relatives, to die quietly, to not bring shame on the husband's family.

Women not only struggle with the burden of care, but they also have financial burdens to cope with when they fall ill as their spouses might either have passed away already or have left them. Reports claim that up to a third or more of household income is spent on health care when a family member is sick from AIDS. As caregivers take time off to take care of the sick, the household income decreases further and most families struggle to cope with the cost of death (this can amount to four times the monthly income and more).

The Kaiser Family Foundation reports in *Hitting Home in 2002* that

- 68% of the caregivers in households that they surveyed were women.
- Of the women 7% were younger than 18 and 23% were older than 60.
- Of all the households surveyed 40% reported that the caregivers needed to take time off from formal or informal employment or school to take care of sick relatives – meaning loss of income or under-schooling of girls.

### Condom use

- Is very much underpinned by issues of power, economic status – for example, women in violent relations would find condom negotiation difficult, similarly those women who are financially dependent on their partners would also fear and avoid discussions particularly around issues related to prevention and protective measures such as condom.

### Gender stereotypes

- Women and girl children can be greatly disadvantaged and also put at risk by some cultural practices, which force them to be submissive in sexual encounters and fulfill male sexual demands

- Male conduct is influenced partly by widely held perceptions as to how males should behave. Women also share these perceptions that men are brave, emotionally strong or at least they must appear to be.
- Social norms that make males/boys vulnerable by depriving them information on sexual health, making it 'natural' that men should be in charge in decision making, expressing their sexual desires and fulfilling their sexual needs. At the same time the social norms encourage promiscuity among males

### **What can be done?**

#### **A Supportive and Enabling Environment**

The social environment must enable people to achieve effective prevention and care. Policy, legal and human rights, economic, social, cultural and educational structures are needed to benefit women to the same extent as men. With such structures in place, both men and women will have a much better chance to change social norms and values that oppress them in their daily lives. Although structural changes take time to achieve, strategies to address them must be developed at the same time as grass-roots initiatives to improve women's daily life situation.

Facilitating Access to Information and Services

#### **Information Dissemination**

Both men and women should be involved in creating appropriate messages and materials that address their specific concerns. HIV, AIDS and STIs information should be included in a variety of health programmes such as mother and child health and family planning. In this way, more people will be reached.

Information channels other than health services should be utilized in order to reach people who do not use health services often, men in particular. Traditional community leaders, men and women's associations, church-based groups, sports and recreational clubs provide entry points for individual and group educational sessions. Other groups or organizations include labour and trade unions.

#### **Changing the Way We Think and Act**

In trying to change the way we think and act, we need to explore how gender is related to prevention by addressing the following questions:

- **Beliefs:** how can people be assisted to re-examine ideas related to HIV, AIDS and STIs and sexuality which hinder prevention, e.g. men need to release semen to stay healthy, women must receive semen to promote an unborn baby's growth?
- **Relationships:** how are relationships defined, e.g. what makes a relationship good? Who usually makes decisions in relationships? What circumstances in relationships increase or decrease risks of HIV/STIs infection?
- **Sexuality:** why, with whom and in what circumstances do women and men engage in sex? What needs and desires do women and men have regarding sex and what do they understand regarding each other's needs? What types of sexual practices and needs are or are not considered normal and why? How do various aspects of sexuality affect risks of HIV/STI infection?
- **Power between women and men:** how should power between women and men be changed? How can women gain greater control over their lives and situations contributing to their risk of HIV/STI infection, e.g.

condom use, types of sexual activity, extra-marital sex?

- **Care and support:** who provides what types of care and support to family members and needy people in the community? Why is care-taking divided between women and men in a particular way? What needs to be done to ensure that women and men both participate actively in providing care and support?

Changes in attitudes need to begin in childhood. Although parents are expected to play the primary role, in societies talking about sexuality and related issues is difficult. Work constrains, parental time, not being able to reach agreement, lack of trust and knowledge and embarrassment are some of the obstacles that block parent-child communication. Media campaigns can help create a supportive environment for communications between parents and their children. NGOs and schools can offer courses and activities for schoolchildren and out-of-school youth that explore gender relations, values, sexuality and related issues. Stressing the effects of positive as well as negative peer pressure is an important component of such programmes. Training of youth peer educators has also shown promising results.

### **Sensitizing and Mobilizing Men**

Men must be sensitized and mobilized to a greater extent for an effective response to HIV AND AIDS and STIs. This based on the understanding that both men and women need to challenge the existing forms of oppression and inequalities based on gender, age, race & ethnicity, sexual orientation and ability/disability, in order to effectively address the crisis. Since men occupy most positions of influence, their participation in advocating gender-sensitive policies and programmes is essential.

It is equally important for both women and men, to challenge negative forms of masculinity.

Notions of masculinity make men vulnerable to HIV and AIDS:

- Men are expected to be knowledgeable and experienced about sex and this prevents them from finding relevant information or admitting their lack of knowledge about sexuality.
- Notions of 'manhood' in society expects men to have a variety of sexual partners, notions like these challenge messages promoting fidelity to one uninfected partner.
- Forms of masculinity that emphasises sexual domination of men over women as a defining characteristic contribute to homophobia and stigmatisation of men who have sex with men. The latter then tends to deny their sexual risk and fears accessing mainstream sexual health services and information as a result of stigma.
- Men are socialised to be self-reliant and not show their emotions. Within these contexts it is seen as 'un-manly' to seek help or assistance in times need.

### **3. WORKING WITH MEN**

There is much to learn from Information and behavioural change programmes specifically targeting men and boys and seek to challenge and address gender roles and create more gender-equitable relations were young people's attitudes and behaviour in relation to sex is mutually respectful e.g. Planned Parenthood Association of South Africa's Men as partners (MAP) Project.

**MAP Goals:**

- Increase men's understanding of gender equality and skills for healthy relationships.
- Improve men's awareness of and support for their partners' reproductive health choices.
- Increase men's awareness of and responsibility for prevention of STIs and HIV and AIDS.
- Improve men's access to sexual and reproductive health information and services.
- Mobilise men to take action to prevent domestic and sexual violence.

**MAP Target group**

The MAP programme works with a wide range of men and women in both formal settings (such as workplaces, trade unions, schools) and informal settings (such as sports events, community facilities). In targeting this diverse range of men and women, MAP staff have worked in collaboration with a variety of actors and across a range of sectors, from the grassroots to leadership levels.

***Accessing men***

Men can be approached through workplace programmes at businesses, factories and settings such as military compounds. Others are targeted by interventions for sex workers' clients, school-based programmes and activities carried out through churches and recreational groups.

The collaboration of village headmen, male religious authorities and businessmen in educational interventions and home- and community-based care is most important. They act as role models for the community and can set the example for acceptance of "new ideas" concerning men's and women's responsibilities in preventing HIV and coping with AIDS.

**4. COMBATTING DISCRIMINATION**

People living with HIV and AIDS (both women and men), their families and those negatively associated with the epidemic (e.g. homosexuals, sex workers, migrants and foreigners) still face the stigmatization and discrimination. Combating this is an important public health strategy.

One of the reasons why stigmatization arises is that HIV and AIDS programmes appear to suggest that some categories of people (e.g. gay men, sex workers and migrants) are more likely to get HIV and AIDS than others. This may be partly true from epidemiological perspective but the National AIDS Programmes need to present the epidemic to the general public in a way which does not reinforce such perceptions. Educational messages can emphasize the need for solidarity with those who are discriminated against. The first step to ensure solidarity is to explain how HIV is and is not transmitted, so as to dispel myths and associated fears. These messages can be communicated through printed materials, newspaper, magazine articles, radio and television programmes, community workshops and education sessions and hotlines. Lobbying for changes in discriminatory laws and the passage or endorsement of protective ones is another important action area.

Further work must be done to change customary and written laws so that women have legal recourse in cases of abuse, loss of maintenance and discrimination over inheritance.

## Developing Gender-sensitive Care and Support

Training programmes for care-providers and counsellors need adaptations so that they respect women's wishes and needs regarding pregnancy, breastfeeding, abortion and sterilization and deal with the potential negative consequences of testing women but not their partners for HIV. Follow up support for women and men living with HIV and AIDS require expansion. Social and legal assistance must be available even when people cannot pay.

Women's lack of money worsens their burden when they care for family members and yet care for themselves, especially if the husband dies first. Women living with HIV and AIDS need ways to generate income despite suffering periodic bouts of illness. Because much of the care and support for people affected by HIV and AIDS falls on women's shoulders, a major task is to find ways of lessening women's extra workload. One way is to provide help with home-care nursing, just like in Thailand where nurses were assisted to share their skills with village women. Village women were taught how to manage infectious diseases including HIV, AIDS and STIs.

## Definition of Concepts

### What is Gender?

This refers to the differences between men and women that are socially constructed, challengeable over time and vary from one society to the next. Gender identities determine how people are perceived and are expected to behave as men and women or girls and boys.

### What is sex?

This refers to differences between men and women that are biological. That is the state of being men and women. These do not change over time and are universal.

## 5. ACKNOWLEDGEMENTS AND REFERENCES

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