

From Recognition to Action: Gender-based Analysis and Mainstreaming in HIV/AIDS

Erika Burger and Barbara Clow, Atlantic Centre of Excellence for Women's Health

Changing trends in the global HIV/AIDS pandemic underscore the vulnerability of women and girls to HIV infection, a vulnerability that is both biological and social. In other words, women and girls are at greater risk of exposure to HIV because their bodies are different than those of males *and* because their actions and attitudes are expected to be different than those of males. Once we acknowledge the role of gender in the pandemic, how do we understand it and how do we respond to it?

A Gendered Lens for Understanding Vulnerability to HIV/AIDS

Biologically, infected males are much more likely to transmit the virus to female sexual partners than vice versa because delicate tissues in the female reproductive tract make an ideal environment for infection from high concentrations of HIV in semen. Socially, women and girls are at greater risk of infection because they are more likely to be dependent on men—economically, culturally, politically—which means they may have limited ability to refuse sex or to negotiate safer sex. With less power and resources at their disposal, women and girls in many parts of the world are also more likely to suffer malnourishment, to live in poor housing, or to experience violence, all of which increase their chances of exposure to HIV and/or of developing AIDS-related illnesses.

Recognizing that gender is helping to drive the global epidemic of HIV/AIDS, we might expect that programs for HIV prevention, care, treatment, and support would incorporate the different needs of women and girls, men and boys. But all too often gender is dismissed as a “women's issue.” If we hope to win the battle against HIV/AIDS, we must acknowledge gender as a key social determinant of health and begin to address the gendered vulnerabilities experienced by women and girls as well as men and boys. Gender-based analysis and gender mainstreaming are techniques that enable us to incorporate our knowledge about gender's role in the pandemic and move from *recognition* to *action*.

Gender-based analysis or GBA is an *analytical tool* based on the conviction that differences of sex and gender matter in the world and that by understanding differences between women and men—as well as among different groups of women and men—we are better prepared to develop effective, appropriate, and sustainable policies and programs. Gender-based analysis involves comparing both the bodies and experiences of males and females—sex and gender—to understand *how and why* the pandemic has had different impacts and implications for women and men, girls and boys.

Gender mainstreaming is the *systematic application* of gender-based analysis throughout the course of research, policy and program development, and formulation and implementation of legislation.¹ Mainstreaming gender encourages us to probe the meaning of concepts and the language we use as well as to make explicit the assumptions and values that are driving research, policy development, and program delivery. It challenges the view that one policy or program can meet all needs, as well as the belief that everyone is affected in the same way by policies and programs.

A Gender-based Framework for Action

A useful tool for evaluating our responses to the pandemic's gender dimensions is a framework developed by the World Health Organization and the International Centre for Research on Women.² The framework categorizes activities along a continuum to help us understand and evaluate our approach to gender mainstreaming.

1. Policies and programs that reinforce gender and sexual stereotypes

At one end of the continuum are policies and programs that might appear gender appropriate and effective, but which actually contribute to the pandemic by *reinforcing gender and sexual stereotypes*. One example might be condom-marketing strategies that rely on an image of a cool, macho, urban male and leave women entirely out of the picture.

2. Gender-sensitive interventions

The next step along the continuum involves *gender-sensitive interventions* that recognize differences between men's and women's needs and seek ways to meet those needs differentially. While these policies and programs attend to male and female differences, they may focus on specific dimensions of prevention, care, treatment, and support while ignoring the social and cultural context that determines gender norms and stereotypes. The female condom and microbicides would fall into this category—they are crucial methods for women to protect themselves against HIV, but often they cannot be used without the knowledge and consent of the male sexual partner.

3. Transformative interventions

The third category of work, *transformative interventions*, goes beyond simply acknowledging and responding to gender differences. These policies and programs urge women and men to examine the damaging aspects of gender roles and to experiment with new attitudes and behaviours that will contribute to more equitable roles and relationships. Peer education programs that challenge gender stereotypes, such as "Men as Partners" in South Africa, are excellent examples of this type of intervention.³ This program, designed and delivered by EngenderHealth, engages local men in an effort to deepen their understanding of the gender dimensions of the HIV pandemic. Many participants have experienced a profound shift in their personal beliefs about gender and some have gone on to train as peer educators, working with other men in their communities.

4. Structural interventions

The final point on the continuum involves *structural*

interventions which assess the broad societal factors that fuel gender inequality and strive to challenge and change the economic and social dynamics of gender roles and relationships. The VAMP program in India, an offshoot of a peer-education program called SANGRAM, is an inspiring example of change through structural intervention.⁴ In 1996, VAMP was established as a registered collective of people in prostitution and sex work (PPS). It has its own board of directors—staffed by women in prostitution—with a clear hierarchy of responsibilities and rates of pay as well as its own buildings and property in the town of Nippani. VAMP's mission is to create a common identity among PPS, thereby gathering strength to assert their rights—the organization has been enormously successful in requiring clients to use condoms. As human rights activist Joanne Csete concludes, "VAMP is a stunning AIDS success story."⁵

Recommendation: Multiple Approaches to Action

A multi-method approach may serve us best as we strive to meet the immediate threat and long-term consequences of the HIV/AIDS pandemic. In the short term, gender-sensitive policies and programs are our best hope against HIV/AIDS because they can be implemented relatively quickly and because we can continually adapt policies and programs to meet women's and men's gender and age-specific needs within their current social and cultural context. In the longer term, however, our work should be both transformative and structural. We must strive to change minds and hearts as well as behaviour; we must address the gender inequalities across communities and around the world if we hope to halt the HIV/AIDS pandemic and prevent other health and human crises in the future.

NOTES

1. Health Canada. *Gender-based Analysis Policy*. Ottawa: Publications Health Canada, 2000.
2. Gupta GR. *Gender, Sexuality and HIV/AIDS: The What, the Why and the How*. Plenary address at the 13th International AIDS Conference, Durban, South Africa, 2000. www.icrw.org/html/news/speeches.htm. World Health Organization. *Integrating Gender into HIV/AIDS Programmes*. Review paper for expert consultation. Geneva: WHO, 2002. www.who.int/hiv/pub/prev_care/gen/en/
3. EngenderHealth. *Working with Men: Men as Partners Programme*. 2005. www.EngenderHealth.org/ia/wwm
4. Sridhar L. *SANGRAM: A War for All Women*. InfoChangeIndia News and Features, May 2004. www.comminit.com/experiences/pds92004/experiences-2059.html
5. Csete J. *HIV/AIDS in India: An Epidemic of Abuse*. Human Rights Watch, 2002. www.hrw.org/english/docs/2002/07/10/india4159.htm