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Presentation Notes-

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Mainstreaming Gender: Why and How

The overall purpose of this satellite session is threefold:

1. To develop an enhanced understanding of the concept of mainstreaming gender in relation to HIV and AIDS
2. To provide insights into some challenges experienced in mainstreaming gender
3. To present practical and theoretical insights on alternative models and approaches to mainstreaming gender in HIV and AIDS work

But, to understand issues relating to the theory and practice of mainstreaming gender, we must first understand some more basic issues-

1. What are global trends for HIV infection for women, girls, men and boys?
2. What do these trends tell us about gender-based vulnerability to HIV and AIDS?
3. Why should approaches to HIV/AIDS prevention, treatment, care and support integrate a gender-based perspective?
4. How is it done?

These are the issues that I would like to briefly explore so that we have a common understanding and appreciation of the main issues that guide this session.

Global trends for HIV infection for women, girls, men and boys

In November, 2004 UNAIDS reported that the number of women living with HIV has risen in each region of the world over the previous two years, with the steepest increases in East Asia (with a 56% increase), followed by Eastern Europe and Central Asia.[1]

Women are increasingly affected, now making up half of the approximately 40 million adults (aged 15-49) living with HIV worldwide. In sub-Saharan Africa, close to 60% of adults living with HIV are women. Also alarming is the statistic that three quarters of all 15-24 year olds living with HIV in Southern Africa are female.

[1] UNAIDS and WHO, AIDS Epidemic Update 2004

This trend is not only being seen in endemic countries, but also in low-incidence countries, such as Canada, where the rate of new HIV infections has been declining among men who have sex with men and among injection drug users, while infections from heterosexual contact have been rising steadily.[2] For example, in Canada, the greatest increase in new infections has been among young women, aged 15 to 29 and heterosexual transmission now accounts for nearly 75% of all new infections in women.

Gender-based vulnerability to HIV and AIDS

These changing trends in the global HIV/AIDS pandemic indicate that women and girls face particular and differential vulnerability. We can look at this vulnerability from the biological perspective in that physiological differences between females and males- or *Sex Differences*- make women more physically susceptible to HIV infection than men. Delicate tissues on the female reproductive tract and high concentrations of HIV in semen mean that male-to-female HIV transmission during sex is about twice as likely to occur as female-to-male transmission.

But social roles for women and men and cultural expectations- *Gender Differences*- are key factors in the differential vulnerabilities to HIV and AIDS experiences by women and girls, men and boys.

It is important to differentiate between the terms sex and gender, because they continue to be misunderstood and inappropriately used.[3] Gender is not a synonym for sex. It refers to the widely shared expectations and norms within a society about appropriate male and female behaviour, characteristics, and roles. It is a social and cultural construct that differentiates women from men and defines the ways in which women and men interact with each other.

Therefore, the concept of *GENDER* allows us to approach all of the complicated aspects of sexual behaviours and sexual relationships which make people vulnerable to HIV infection. It allows us to examine what it means for men and boys when society says they must be sexually confident, aggressive and all-knowing. Similarly, it allows us to look at how women and girls face vulnerability through the passive role of the inexperienced which society places upon them. A gender lens allows us to look at how power imbalances, economic dependency, educational discrepancies and systemic gender inequality all combine to create vulnerability to HIV infection. It also allows us to look at the differential impact of care and support on women and girls, the traditional caregivers in most societies.

[2] Health Canada, HIV and AIDS in Canada, Surveillance Report to December 31, 2003; Health Canada, HIV/AIDS Epi Update, 2003

[3] Geeta Rao Gupta, Gender, Sexuality and HIV/AIDS: The What, the Why and the How, Plenary Address XIIIth International AIDS Conference, Durban, South Africa July 2000.

From Recognition to Action

If gender is such an integral part of understanding the global impact of HIV and AIDS, then it must be integrated into the planning process of all prevention, care, treatment and support programmes and policies for those infected and affected by HIV and AIDS. However, programmes continue to ignore the particular gender-based vulnerabilities faced by women and girls, men and boys, and gender continues to be seen as a woman's issue, with little uptake of the principles of gender beyond those working in the field of women's health. In a human rights approach to HIV and AIDS, the right to health is a global public good. It follows that gender must be recognized as a key social determinant of health and that the broader gendered vulnerabilities experienced by women, girls, men and boys must be addressed.

Finally, it cannot end there. For beyond the understanding of the gendered aspects of the HIV/AIDS pandemic, must come action. This is the reason why we are convening here today: to look at possible, practical approaches to mainstreaming gender in all work relating to HIV and AIDS prevention, treatment, care and support- in both high and low incidence countries.

What is Gender Mainstreaming?

Gender-Based Analysis and Gender mainstreaming are tools that can be used for integrating gender into HIV/AIDS programmes. Moving ahead from the *What* and the *Why*, Geeta Rao Gupta calls these technical approaches *the How*.

Gender-Based Analysis (GBA) is an analytical tool. It uses sex and gender as an organizing principle or a way of conceptualizing information- as a way of looking at the world. It helps bring forth and clarify the differences between women and men, the nature of their social relationships, and their different social realities, life expectations and economic circumstances. It identifies how these conditions affect women's and men's health status and their differential vulnerability to HIV and AIDS.

Gender-Based Analysis provides a framework for analysing and developing policies, programmes and legislation, and for conducting research and data collection- a framework that recognizes that women and men are not all the same.

GBA is a systematic process that takes place throughout the course of a given activity, whether it is the analysis or development of policy, programmes, research or legislation. As it becomes standard practice to integrate a gender-based perspective into our work, from beginning to end, gender-based analysis should become an essential tool in our work on HIV and AIDS.[4]

[4] Health Canada's Gender-based Analysis Policy, 2000

Integrating a gender-based analysis in HIV/AIDS work performs the challenge function that is essential to sound policies and programmes. It challenges the assumption that everyone is affected in the same way by policies, programmes and legislation, or that health issues such as causes, effects and service delivery are unaffected by gender. It probes concepts, arguments and language used, and makes underlying assumptions and values transparent and explicit. Where these are revealed to be biased or discriminatory, a gender-based analysis points the way to more equitable, inclusive, effective options.

How To Integrate Gender into HIV and AIDS Programmes, Policies and Planning

There are many readily available checklists and how-to guides for conducting GBA that are helpful in the actual process of integrating gender into HIV planning. They ask questions such as-

- Have you ensured that women, girls, men and boys are fully represented in the data, as appropriate?
- Have you designed programmes with input from women/girls and men/boys who will use them?
- Does this programme avoid perpetuating stereotypes about women, girls, men and boys?

Another tool that has been developed by the World Health Organization and the International Centre for Research on Women (ICRW) categorizes different approaches to integrating gender into HIV/AIDS policies and programming along a continuum that ranges from harmful to empowering. This framework is useful in tackling the ever evasive *How*, as it allows us to evaluate our successes- and failures- in ensuring that gender is an integral feature of our interventions.[5] For example, the first category of this framework consist of those policies and programmes that can cause harm by reinforcing damaging gender and sexual stereotypes that perpetuate the epidemic either directly or indirectly. This brings to mind the cool, macho urban male image of the sexual player used to market condoms throughout southern Africa. To be useful, interventions must, at a minimum, do no harm.

The next step up on the continuum are gender-sensitive interventions which recognize that men and women's needs often differ and find ways to meet those needs differentially- the female condom and microbicides would fall into this category.

The third category are those gender-transformative interventions, which 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 roles and experiment with new behaviours to create more equitable roles and relationships. The Men as Partners programme would fall into this category.

[5] World Health Organization, Integrating Gender into HIV/AIDS Programmes, Review paper for Expert Consultation, 3-5 June 2002, Geneva

Finally, the most evolved set of interventions are structural interventions that go beyond health interventions to those which reduce gender inequalities by fundamentally changing the economic and social dynamics of gender roles and relationships.

Recognizing that there is no single way to address gender, this framework also advocates a multi-level approach such that policies and programmes must address individuals' vulnerability in a variety of ways. In the short term, gender-sensitive policies and programmes are the best hope and we must continue to address women and men's vulnerability by continually adapting to and meeting women's and men's gender and age-specific needs within their current social and cultural context.

However, this framework also advocates for long-term planning. Gender-sensitive programming will not change the gender-based realities that fuel the epidemic and make women and men vulnerable. Transformative and empowering policies and programmes must be implemented alongside gender-sensitive ones in the hope of ultimately challenging the very foundations of the epidemic.

Conclusion

This presentation was meant to outline the background, theories and rationale for the integration of a gender-based perspective in HIV/AIDS research, policies and programmes. Now that we have achieved some common understanding of the why and how of mainstreaming gender, I will now hand over to my colleagues who will talk about actual experiences in mainstreaming gender and the challenges and successes involved.