Gender & HIV/AIDS
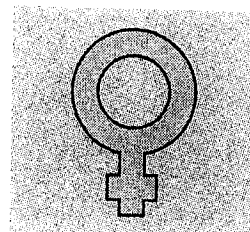
A Report of the International Workshop on the Development of Empowering Educational HIV/AIDS Prevention Strategies and Gender Sensitive Materials
Nairobi, Kenya, 9-13 July, 2001

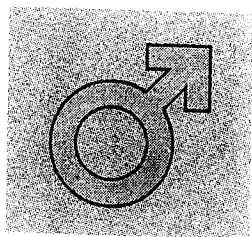# Gender & HIV/AIDS

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Held at the Methodist Guest House, Nairobi Kenya, 9-13 July 2001.

UIE

The Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS), a regional NGO based in Zimbabwe, promotes policy, research, information-sharing, planning and programme development on HIV/AIDS in southern Africa. The organisation's objective is to help establish HIV/AIDS on the development agenda and to strengthen responses for prevention, care and mitigation of the epidemic.

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Acronyms

CD-Rom	Compact disk read only memory
IEC	Information, Education and Communication
KANCO	Kenya AIDS NGOs Consortium
MAP	Medical Assistance Programme
MINEDAF	Ministers of Education of African Member States (UNESCO)
SAfAIDS	Southern Africa AIDS Information Dissemination Service
SAT	Southern Africa AIDS Training Programme
UIE	UNESCO Institute for Education
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF [ESARO]	United Nations Children's Fund Eastern and Southern Africa Regional Office

HIV/AIDS and Empowering Learning. Some Introductory Remarks

Werner Mauch

HIV (the Human Immunodeficiency Virus) is primarily transmitted through sexual intercourse. Transmission could certainly be reduced to a large extent if people just refrained from having sex as long as there is a risk of getting infected, or if they had sexual contact only on the basis of the mutually shared knowledge concerning whether the partner is infected or not. If anybody carries the virus, its transmission can be effectively avoided by means that are rather simple to use and easy to get. And if someone wants to be sure not to run the risk of becoming infected, he or she can take the necessary precautionary measures. So what is the problem?

Firstly, HIV infection occurs within a sphere that can be seen as the most personal and intimate one for human beings: their love and sex life, and their sexuality – a universe of the most extensive feelings and experiences of both togetherness and individuality, of sharing and communication, of vitality and happiness. At the same time this sphere is often characterised by a vast number of traditions, regulations, roles, norms and taboos, all factors that shape considerably the potentials, possibilities and processes of learning that can take place.

Secondly the conditions to bring about change in HIV preventive intentions are not automatically available, either on a personal or societal level. The advice to stop having sex, since it might be dangerous, could be helpful only for those who are entirely aware of the risks, and also in full control over their decisions and guided by rationality. There are many reasons why people do not know whether they are infected, perhaps because they have not thought about it, or perhaps because there is no opportunity for anonymous testing free of charge, or they simply do not want to know about their "sero status" for different reasons. The idea that sexual intercourse takes place only when both partners agree upon it, or that there is at least space for negotiation is simply unrealistic for many people in this world, especially women. To use condoms and apply techniques of safer sex requires at least that they are easily available and applicable to the partners involved.

The good news, however, is that people confronted with HIV/AIDS are willing and able to change themselves as well as their environment, and such change can be brought about through learning.

This is why HIV prevention is a field determined by key concepts such as "knowledge", "learning" and "change" and, consequently, by power relations, spaces and capacities for empowerment. Only if people know about the

existence and characteristic features of HIV/AIDS and how the virus is transmitted, and when they learn about the possibilities and means of avoiding infection, can they meaningfully handle HIV/AIDS in their personal sphere. Only then can further growth of infection rates be stopped or even reversed on a larger scale.

HIV/AIDS prevention work usually aims at enabling women and men to act responsibly towards themselves and others, and concretely to avoid any infection. This requires promotion of more or less complex learning processes about medical, social, political, cultural and economic facts and circumstances, which includes a wide range of understanding of oneself and one's environment. The ideal outcome of such learning is an enhanced capacity to deal with HIV/AIDS in general and to avoid infection by the virus in particular. Such promotion of learning will take into account the specific life contexts of the learners, use their own language and build on their curiosity, experience, responsibility and autonomy.

One dimension that deserves specific attention in this regard concerns the suitable ways and means of communication and the materials that are used in order to bring about the desired results in terms of learning processes and related change of behaviour. The gender dimension is key to HIV prevention work in all world regions. Without addressing gender questions the desired changes regarding awareness, sensitivity and behaviour will remain rudimentary and rootless. The need to apply a gender perspective and to use gender-sensitive approaches and materials in prevention work has been underlined by many experts, decision makers and activists.

The gender dimension is especially relevant for Africa where unprotected heterosexual contacts are the main reason for HIV infections and where women represent the majority of infected persons, whereas men are the major transmitters of the virus. Three major factors – all interconnected – can be identified that place gender issues at the core of the HIV/AIDS pandemic in Africa:

1) risk and vulnerability to HIV/AIDS are substantially different for men and for women
2) the impact of HIV/AIDS differs markedly along gender lines, and
3) tackling the AIDS pandemic is fundamentally about behaviour change, aimed at effecting a "transformation" of gender relations and roles in Africa[1]. It is this transformation that can represent the critical effect of learning, i.e. transformation that involves both individual and societal aspects.

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[1] see "The Gender Dimensions of HIV/AIDS. Putting Gender into the MAP" (draft), Africa Region Gender Team, The World Bank, from:
http://www.reprohealth.org/reprohealthDB/doc/The%20gender%20dimentsions.pdf

Against this background the UNESCO Institute for Education (UIE) started in 2000 a project on "Empowering Educational Strategies and Gender-sensitive Materials". Two regional workshops took place, one in Changmai (Thailand) for Asia, and one in Nairobi (Kenya) for Africa from which this report results. The basic objective was to analyse existing prevention practices in different countries with a focus on the gender perspective and to elaborate, on the basis of this analysis, guidelines for designing gender-sensitive materials accordingly. We expect that the work started through this African workshop will be continued and deepened and that the network will be strengthened in the coming activities of the project.

Acknowledgements

Background

The sub-Saharan region is the region with the highest prevalence of HIV worldwide. In 1998 the *Durban Statement* adopted by the MINEDAF VII Conference of African Ministers of Education stressed the urgent need of joint efforts to combat the devastating effects of HIV/AIDS *"with all means at our disposal"*. The *Dakar Framework for Action* adopted by the World Education Forum in April 2000 underlined that *"programmes to control and reduce the spread of the virus must make maximum use of education's potential to transmit messages on prevention and to change attitudes and behaviours"*. During the World AIDS Conference held in Durban, South Africa in April 2000, the great importance of effective HIV prevention work has been underscored as well as the urgent need for specific gender sensitive approaches. UNESCO's Strategy for HIV/AIDS Preventive Education is based on the principle that *"prevention is not only the most economical response – it is the most patent and potent response, i.e. changing behaviour by providing knowledge, fostering attitudes and conferring skills through culturally sensitive and effective communication"* and is directed towards five core tasks: advocacy at all levels; customising the message; changing risk behaviour; caring for the infected and affected; and coping with the institutional impact of HIV/AIDS.

The relevance of prevention work

The importance and relevance of prevention work is generally uncontested. Prevention work aims at strengthening the knowledge and capacities of people (both infected and uninfected) to avoid the transmission of HIV. However, problems in openly addressing and discussing sexuality and sexual practices as well as existing gender stereotypes often hamper effective changes in sexual behaviour that would be desirable in terms of preventing its spread. To induce learning processes that address respective gender issues that are often deeply rooted in people's traditions and culture is a sensitive task that needs to take into account the underlying aspects of power distribution and power relations. Empowerment in relation to prevention work would mean to enable people, both women and men, to act responsibly to themselves and to others, to foster mutual relations in a spirit of equality (while respecting differences) and, consequently, to overcome obstacles in this way.

International workshop on developing empowering HIV/AIDS prevention materials

This workshop brought together about 25 representatives from governments, NGOs and regional agencies active in HIV/AIDS prevention work who are involved either in the formulation of educational strategies and/or development of IEC materials. Participants represented the seven regional countries of Botswana, Kenya, South Africa, Uganda, Tanzania, Zambia and Zimbabwe. A

resource person from the Netherlands also shared his experiences in prevention work with men who have sex with men.

Building on their experiences and expertise in the prevention field, the workshop participants concentrated on two different but interrelated topics:
1) development of empowering prevention strategies with a focus on gender issues
2) elaboration of guidelines for the production of gender-sensitive materials.

A concrete follow-up plan summarised the activities to be undertaken after the workshop, especially in terms of material production and dissemination.

Workshop Objectives

The workshop had the following key objectives:

- To analyse HIV-relevant gender issues, and to translate this into educational materials
- To analyse existing IEC practices in Africa
- To assess the relevance of empowering strategies for effective prevention work
- To develop guidelines for gender sensitive prevention materials.
- To formulate a post-workshop action plan for improved gender orientation of IEC materials.

Based on the experiences presented in the workshop, participants identified relevant gender issues that affect prevention work and elaborated strategies to tackle them effectively, resulting in principles of empowering prevention strategies. Informed through such principles, proposals for the production of a set of gender-sensitive material were elaborated; and a preliminary action plan laid down concerning the procedures and responsibilities for subsequent production and dissemination of materials.

Opening Address
Professor J.C. Kiptoon, Permanent Secretary, Ministry of Education, Science and Technology, Republic of Kenya

Th e address underlined the importance of the workshop, noting that:

- The sub-Saharan Africa region is by far the most affected by HIV/AIDS, with 25 million out of the 36 million infected by the disease.

- Since the President of the Republic of Kenya declared the disease a national disaster in 1999, the National AIDS Control Council was formed to co-ordinate HIV/AIDS programmes.

- Although many organisations have been formed to fight the pandemic, efforts are being made to establish HIV/AIDS control in all ministries of Government to mainstream the disease as one of their key functions.

- The Kenyan Ministry of Education, Science and Technology has not only already established such a unit, but has also embarked on ways of influencing behaviour change in respect of the large number of young people under its care. This is being done through the introduction of the HIV/AIDS curriculum, in-servicing of teachers, and strengthening of the guidance and counselling services among others.

- These efforts are also in recognition of the fact that the education sector has been affected devastatingly by HIV/AIDS through decline in enrolments, increased dropout rates, decline in completion rates and the loss of teachers, among others.

Observations and comments following the opening address
It was noted by some of the participants that:

- There is a need in the workshop programme to provide opportunities to participants to visit a few grassroots home based HIV/AIDS programmes especially one in the Kibera slums of Nairobi.
- Some greater focus on cultural practices that work counter to HIV/AIDS prevention programmes is required.
- There is need in the prevention programmes to address communication barriers, especially getting down to the level of breaking resilient taboos in the use of the mother tongue in reference to sexual organs and practices.
- It is important in focusing on prevention strategies to discuss some of those that failed as much is also learnt from failure.

Overview of Experiences/Projects on HIV/AIDS Prevention and Gender Issues

The session adopted a groupwork approach for the purposes of providing participants the opportunity to exchange their experiences on HIV/AIDS prevention projects with a specific focus on the gender issues.

From the five groupwork discussions, some of the emerging issues included:

- Most projects/programmes had a shared mission/vision, namely halting the spread of HIV/AIDS.
- Many policies appear clear, but at times not readily implementable as a result of certain gaps. Policies often lack specific goals and benchmarks.
- Some projects/programmes fail to address gender issues as well as cultural factors and power differential between the genders.
- Projects/programmes have not succeeded in some countries because of the failure to openly acknowledge the existence of the HIV/AIDS pandemic.
- A general recognition that given the broad diversity of participants in the workshop, it would be unlikely that we could draw up common and unanimous HIV/AIDS strategies that would be applicable across countries of the region.
- We can all benefit from sharing our experiences and learning from each other.

The Status of HIV/AIDS and Prevention Strategies in Africa
Dr Magdallen N. Juma

The status of HIV/AIDS in Africa

The HIV/AIDS epidemic continues to pose a major threat to Africa:

- In 2000, 2.4 million Africans died of HIV/AIDS related illness. A further 3.8 million adults and children became infected with HIV.
- 80% of global AIDS death occurred in Africa and 72% of new infections.
- The highest rates of HIV infections occur in the countries of Eastern and Southern Africa.
- More than half of the countries in Sub-Saharan Africa (24 out of 43 for which data are available) are experiencing a generalised epidemic.
- With the adult HIV infection rates exceeding 5% at the end of 1999, the countries experiencing a generalised epidemic include countries with large populations, such as Nigeria, Ethiopia, South Africa and the Democratic Republic of Congo.
- HIV/AIDS is unravelling hard won development gains and exerting a crippling effect on future development prospects.
- Repercussions of the epidemic are such that the worst-affected countries are already experiencing major development reversals.
- If the epidemic goes into a more rapid expansion phase in less severely affected countries, the trend will be the same.
- Immediate effects of HIV/AIDS are experienced at the individual and household levels.

The effects of HIV/AIDS have many facets:

- illness
- physical and psychological pain and suffering
- health care and costs
- income loss
- reduced household productivity
- death and funeral costs
- mourning and grief
- increased poverty
- increased vulnerability of women
- growth in the number of orphans, the social dislocation of those who survive, and the ultimate disappearance of households.

- For the first time, it is now being projected that AIDS will lead to negative population growth, with Botswana, South Africa, and Zimbabwe experiencing population decline by 2003.
- Countries, such as Lesotho, Mozambique, Namibia and Swaziland, will be experiencing a zero growth rate leading to a negative decline, whereas in

the absence of AIDS they would have been growing at the rate of two percent or more.
- One outcome of this AIDS mortality will be a reduction of the number of persons to be educated. Recent World Bank projections for four countries document the large reduction in student numbers that AIDS is expected to cause.

Impact of HIV/AIDS on the health sector
- Africa is the world's poorest region with the lowest access to and quality of health care.
- The way hospital beds and services are being increasingly given over to AIDS patients is impacting heavily on the health sector.
- The very high levels of morbidity and mortality among health care staff are reducing capital to provide care and treatment.
- There are prohibitive costs of scaling-up HIV/AIDS health programmes to adequate levels of acceptability.

Impact of HIV/AIDS on the education sector
- Reducing the number of children in schools.
- Increased drop-out rates.
- Reduction in the provision of educational resources.
- High levels of morbidity and mortality among teachers.
- Quality of education is being eroded, e.g. frequent teacher absenteeism, intermittent student attendance, low teacher morale and increased number of orphans.

HIV/AIDS prevention strategies
These mainly fall into two categories: firstly national HIV/AIDS programmes, and secondly non-government organisation and private sector prevention strategies. They vary and include the following:

- Providing accurate information on transmission and prevention of HIV.
- Electronic and print media campaigns.
- Training in and practising psychological skills.
- Development of appropriate IEC materials.
- Direct social marketing of contraceptives and barrier methods.
- Implementation of voluntary counselling and testing services.
- Implementing youth friendly service for young people.
- Peer education programmes.
- Linking families of HIV/AIDS patients to health-based care programmes.
- Promoting community based responses.
- Providing support and out-reach services.
- Streamlining traditional sexual and reproductive health education.
- Family life education in schools.

Common features of effective national responses
- Political will and leadership.
- Societal openness and determination to fight against stigma.
- Multi-sectoral and multi-level action.
- Community based responses.

Some key issues in HIV/AIDS prevention
- Lack of strong commitment.
- Competing priorities.
- Insufficient resources and inadequate capacity to mount the necessary level of response.
- Cultural norms or religious beliefs.
- Lack of gender sensitive prevention strategies.
- The vulnerable position of women in society.
- Lack of gender-sensitive IEC materials.
- Lack of understanding of the context of HIV/AIDS and the vulnerability of the girl child.
- Lack of focus on short-term prevention strategies.
- Inadequate focus on power relations among the genders.

Some Observations on the Overview of HIV/AIDS in Africa

- The overview was an impressive analysis of the HIV/AIDS status and some of prevention work that has so far been carried out. A poor commitment by many African government to the prevention of the HIV/AIDS pandemic is also reflected in their failure to set up think tank mechanisms to oversee/monitor the implementation of policies.

- Cultural factors remain one of the key obstacles to the HIV/AIDS prevention strategies and programmes as culture means different things to different groups and communities. Religion is also a major obstacle in various ways, as certain biblical materials tend to advocate the conformity of women.

- Prevention strategies are also hampered by some definitions and use of terms, for example when the term 'sex worker' is often associated with women when it should apply to both men and women. Prevention programmes/strategies often tend to target women as the vulnerable target group, while men are equally vulnerable.

- The overview also needed to have given a greater focus on some of the community-based prevention and assistance strategies, especially the involvement of people living with HIV/AIDS.

- There is a general tendency to focus on men, especially `sugar daddies' as the transmitters of HIV to the exclusion of the issue of `sugar mummies' in some of the countries. This is linked to the problem of intergenerational sex motivated by the '3Cs' – i.e. cash, clothes, and cars (the get-rich-quick mentality) among the youth. Institutions of 'higher learning' particularly universities are becoming places of rapid spread of HIV/AIDS through inducements made by teachers in the grading of students assignments.

Using a Gender Perspective – gender gaps, discrimination and oppression

Vikki Tallis and Roy Clarke

The presentation avoided delving into the generally unhelpful attempt to define gender issues in terms of role differentiation and instead defined gender issues in terms of gender gaps. It was noted that where an important gender gap is established, there are usually underlying causes in terms of discrimination and oppression. Three key terms were identified, namely; *gender gap, gender discrimination and gender oppression*, which were by no means mutually exclusive.

Gender gap

A gender gap was said to be a measure of gender inequality on any particular socio-economic indicator, and may be defined as a difference in any aspect of the socio-economic status of women and men. Gender gaps at the national level are due to *systemic gender discrimination* – discrimination that is fundamental to the most aspects of the social system.

Gender discrimination

Gender discrimination was defined as the different treatment given to one gender by comparison with the other, and is a consequence of gender gaps caused by different treatment given to girls and women, by comparison with treatment given to boys and men.

Gender oppression

Gender oppression was said to refer to the male monopoly of decision-making by maintaining male privilege and preserving male leisure. Underlying the systemic discrimination against women is the maintenance of patriarchal power: male domination of power within the home and government, for the purpose of maintaining male privilege. It is brought about through patriarchal control, interest and beliefs.

The presentation was followed by a groupwork session in which participants identified a gender issue arising from personal experience in terms of the three components described above:
1. Gender gap
2. Gender Discrimination
3. Power Differential

The issues identified and analysed were as follows:

Sexual harassment at work

1. Gender gap
- males are usually the bosses, more experienced and in charge
- younger, less experienced female employees are dependent on promises of opportunity.

2. Gender discrimination
- intimidation
- manipulation
- misuse of authority by male bosses.

3. Power differential
- males in power
- males can rule over employment status
- male exploitation at the expense of female employees
- satisfaction of male ego paramount.

Boy child preference

1. Gender gap
- without a boy there is nobody to carry on the family name
- without boys there is nobody to care for the family
- there is no one to head the family.

2. Gender discrimination
- girl children are not given recognition, therefore not considered for inheritance
- all benefits including inheritance go to the male children.

3. Power differential
- women have no control over reproduction as decisions made by the in-laws for the wife to continue with child bearing
- women have little "say" in affairs of the household compared to men.

Use of condoms

1. Gender gap
- it is not socially acceptable for a man to possess or buy condoms
- if the man does obtain condoms he has the exclusive right to decide whether to use them or not.

2. Gender discrimination
- women perceived to have no knowledge of the use of condoms.
- if they have the knowledge, they are considered promiscuous.

3. Power differential
- men have the power and authority to decide whether or not to use condoms
- women cannot ask men to use them for fear of accusations of infidelity.

Women's position in marriage

1. Gender gap
- sociocultural and educational gap between men and women
- men negotiate arrangements for marriage.

2. Gender discrimination
- different treatment given to males and females within marriage
- women are seen as the inferior partner.

3. Power differential
- patriarchal control and beliefs, attitudes and values favours men
- payment of bridewealth by men provides them with increased authority.