



### Introduction

This session explores the gender issues and relates them to HIV/AIDS in order to address the gaps and enhance efforts in HIV/AIDS prevention, treatment and care. Participants will be given an opportunity to think through and identify gender issues in HIV/AIDS including:

- ✂ Demonstrating the benefits of using a gender lens
- ✂ Exploring the gender concepts
- ✂ Exploring how gender issues in HIV/AIDS affects:
  - women
  - men
  - girls
  - boys
- ✂ Paying attention to cultural issues, marginalized and vulnerable groups (making visible the invisible)

#### 🔑 Activity objectives

- To critically explore and create awareness of gender issues, including stereotypes, attitudes and behaviours about men and women in society.
- To examine beliefs, values, social norms and practices that influence the vulnerability of women, men, girls and boys to HIV/AIDS
- To explore how HIV/AIDS is experienced differently by women, men, boys and girls
- To discuss how identified gender gaps can be addressed to enhance efforts in HIV/AIDS prevention, treatment and care.

#### 📦 Materials

- Pens
- Writing pads
- Bostik
- Flip chart boards and paper
- Marker
- Overhead projector or power point

#### 🎤 Method

- Use of case study, story, poem or role play on proposed thematic areas (violence against women and children, socio-cultural issues, socio-economic factors, health related aspects)

#### 🕒 Time

120 minutes

#### 📋 Process

- Divide the participants into three groups
- Distribute one activity to each group
- Introduce the activity and distribute the guidelines for each group
- Allow 60 minutes for group work and 60 minutes for feedback/roleplay/presentation
- Facilitate a report back session
- During the group plenary discussion record the key findings on flip chart and post them on the wall, to facilitate overall summary of the session and for constant reference as well as linking to subsequent activities



## Case study

### Read the case study carefully and answer the questions

Twenty-year old Nnini is a newly recruited cleaner at a government institution. After she lost both her mother and father, she decided to leave her home village and go to the city to look for work. She was soon hired on very poor pay. She met a fairly rich man, Henry, who was willing to take care of her – housing, food, clothing, and all other needs. Nnini could not resist the temptation of living in a big, well-furnished house with a boyfriend. He was her first partner. She then moved out of the little room in her uncle's house to stay with him.

One day she began to notice sores on her body. Little did she know that she was infected with HIV. She thought the body sores might be normal. After a few days she realised that more sores were appearing. She

started worrying and thought endlessly about going for a test. However, she was not confident enough to face voluntary testing. She got weaker and weaker until she was advised by her friend to go for the test once and for all. After three months she plucked up courage and went for a test, as she did not have comprehensive information about HIV/AIDS. She was diagnosed HIV positive. Her days were darkened when she learnt about the results. She was not able to afford the drugs on her own. She felt that her future possibilities were bleak, and her life had changed drastically. She no longer enjoyed the company of friends. She spent days and nights thinking of her orphanhood, and especially of her mother. She decided to break the news to Henry, who was furious and accused her of promiscuity. He evicted her from his luxurious house. There was nowhere for her to

go except to her uncle, the only close relative she had. She decided to break the news to him as well, hoping that he would sympathise with her situation, but he was furious. He accused her of irresponsibility, carelessness, and promiscuous behaviour. He told her to rent a house somewhere far from where he lived. He ordered her to stop using his surname, as she had been a disgrace to the family. She was devastated. The man she had thought so highly of had cut her off and even changed his address. She felt miserable and rejected.

After some time Henry got married to one of Nnini's best friends. They had two children, both of them diagnosed HIV positive. The last Nnini heard was that both Henry and his wife had left employment because of ill health and were on antiretroviral drugs.

### ? Questions

- What are some of the pertinent issues surrounding Nnini's experience with HIV/AIDS?
- What are the underlying causes of Nnini's responses and reactions?
- What are some of the pertinent issues surrounding Henry's experience?
- What are the underlying causes of Henry's responses and reactions?
- What are some of the issues that are reflected in the uncle's response and reaction to Nnini's situation?
- What programmes do you know of that could have helped Nnini solve her problem?
- How are all these issues likely to impact on Henry's children?
- What programmes could be used to further strengthen support for Nnini, Henry and his family, especially the children?





## A short story, poem or role play

- Discuss and write a short story, poem or role play that will draw out issues of vulnerability in HIV/AIDS for both women and men.
- Draw upon some of the following thematic issues to guide your input in writing the short story, poem or role play: violence against women; poverty; land, property and inheritance; health related aspects; attitudes of religious and traditional community leaders.
- You should identify the issues that will form the basis of your story, poem or role play, and also identify some initiatives that could address the gender gaps.
- During the report back session ask participants from other groups to list the issues highlighted in the short story, poem or role play. The ensuing discussion will be based on the issues identified by the presenting group, as well as additional ones contributed by other participants.



## Role play He has AIDS / she has AIDS

The following exercise is a role play to highlight the differences and attitudes towards men and women, and the stigma and discrimination experienced by people living with HIV/AIDS.

- There should be around 5-7 people in this role play – form several groups if numbers exceed this.
- Participants should select a scenario and act it out – for example: a doctor breaking the news; the family reaction; community reaction; and workplace issues. **In this role play men should act as women and women should play men.**
- Points of focus for the group discussion could be stigma/and discrimination between men and women and the power dynamics.
- The group should talk about the feelings that emerge from acting out these scenarios
- The group should conclude the exercise by summarising the areas of gender-based discrimination in the lives of people living with HIV/AIDS.

The following grid may be used to summarise group discussions

	HUSBAND	WIFE
Doctor breaking news		
Family/reaction		
Community/reaction		
Workplace issues <ul style="list-style-type: none"> <li>• employer</li> <li>• co-workers</li> </ul>		
Medical treatment		
Other		



## Summary points for the facilitator

There are profound differences in the underlying causes and consequences of HIV/AIDS infections in women and men, reflecting differences in biology, sexual behaviour, social attitudes and pressures, economic power and vulnerability.

### Gender Imbalance

There is worldwide recognition that power differences exist between women and men, girls and boys. These power differences find explanation in the patriarchal system that persists in many societies. As a result of some cultural beliefs, norms and values negatively manifest themselves in the lives and relationships of women and men. Attitudes, stereotypes and prejudices are perpetuated at individual and organisational levels. These result in acts of discrimination. In many of the heavily affected countries young people comprise the fastest growing group of new HIV infections. Young girls outnumber boys in some countries by 5:1.

### Statistics

The Facilitator should obtain up to date statistics from relevant sources such as the UNAIDS web site.

### Male Dominance and Vulnerability

Men are at risk and vulnerable as well to HIV infection. This is exacerbated by social lives,

attitudes and expected behaviours for men to be dominant and assertive in sexual relationships. Male migration and mobility is also common, particularly in developing countries. Men are forced by economic circumstances to leave their homes and find jobs in urban areas to support their families, and often take wives and/or other multiple sexual partners. This situation increases chances of HIV infection and transition. Alcohol, drug and substance use and abuse are also contributory factors to the spread of HIV/AIDS.

Men need to be involved in prevention and education, and should be empowered to adopt healthier sexual behaviour. Efforts to empower men could include:

- working with men in groups to share their experiences and ideas around sex and sexuality, addressing also the issue of HIV/AIDS
- breaking down prejudices about men who have sex with men, and promoting safe sex and healthy lifestyles amongst them
- risk-taking behaviours among men, especially among those who work in dangerous and/or isolated environments (for example reducing delays at

border crossings for truck drivers will decrease the time they are away from their families).

There is need also to provide health information, education counselling and other services related to HIV and the implications of male behaviour for women, families and communities. Information on male responsibilities for the prevention, treatment and care for HIV/AIDS is also crucial.

Gender-based programmes can help men realise that changing the dynamics of male-female relationships so that they are based on collaboration and partnership. This will create a supportive environment in the home and community, also sharing the burden of HIV care.

### Stigma and Discrimination

The ideology of male superiority perpetuates economic deprivation; it is internalised by both women and men and is different across cultures.

Women are routinely tested for HIV/AIDS when they are pregnant as a measure to protect the unborn child. Since the fathers may not have been tested, the women are blamed as the vectors of the epidemic (to partners and children), even though it is most often the husband who passes the HIV



infection to his wife. She may be labelled as promiscuous and is often abused, abandoned or even killed. The man may then seek to marry again, often a younger woman who is believed to be uninfected and therefore safe and who, in turn, will be exposed to HIV.

In cultures where HIV is seen as a sign of sexual promiscuity, HIV-positive women face greater stigmatisation and rejection than men. Those with least access to information or capacity for protection can be excluded from health benefits and treatments and are often blamed for being responsible for HIV infection.

### **Socio-economic and cultural factors**

Women are more vulnerable to infection and more likely to risk unsafe sex. This situation is further aggravated by social and cultural attitudes. Although women and men are now dying of HIV/AIDS, the patterns of infection are significantly different. Due to the inequalities that women and girls suffer as a result of HIV/AIDS, they experience the impact of HIV/AIDS the most severely. Women and girls tend to bear the main burden of caring for sick family members, the elderly and children. They thus often have

less care and support when they themselves are infected. Factors that increase women's vulnerability to HIV/AIDS infection and to the impact of AIDS include:

- lack of decision making in sexual relationships
- lack of control over sex and reproduction
- lack of assertiveness
- growing female poverty
- trafficking and sex work
- lack of information
- stigma and discrimination
- women's care-giving role
- harmful practices (early marriage, wife cleansing, tampering with the vagina)
- lack of resources

### **Strategies to empower women include:**

- Education and information about their bodies and sex
- Access to female controlled prevention methods – including female condoms and microbicides



## Summary points for the facilitator

- Provision of skills training in communication about sex and the use of the condom in order to foster inter-partner communication
  - Improvement of their access to economic resources and ensure that they have property and inheritance rights
  - Ensure that they have access to health services and to HIV and STI prevention technologies that they can control
  - Increase social support for women by offering them opportunities to meet in groups
  - Making resources available for promoting sexual and family responsibilities among boys and men
  - Promotion of women's decision making at household, community and national levels through supporting their leadership and participation.
- food, shelter or other needs, and that much of this sex is unsafe. They are also vulnerable in some countries to being coerced into sexual slavery.
- Lack of Information**  
Because girls are often denied the right to education, and illiteracy rates are high amongst women, they often have limited or no access to information about HIV/AIDS, sexuality and reproductive health. These social and cultural factors contribute when they endorse women's innocence about sexual matters.
- Lack of information about their bodies may also prevent women from identifying and getting treatment for sexually transmitted infections including HIV/AIDS. Very little is known about HIV in women as men have been the vast majority of subjects in studies on which the treatment of HIV and opportunistic infections are based.

Worldwide, there are increasingly more poor women than poor men, a phenomenon commonly referred to as the 'feminisation of poverty'. This has meant that some women and girls increasingly find it necessary to exchange sex for money,