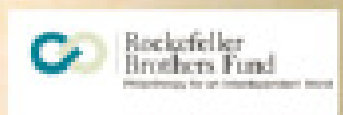


AIDS, Security and Conflict Initiative



HIV/AIDS Reference Set #4:

Gender and HIV/AIDS



AIDS, Security and Conflict Initiative – Reference Set #4

Theme: Gender and HIV/AIDS

Gender

--Heterosexuality as a framework for response? MSM vs. homosexuality

Asthana, Sheena and Oostvogels, Robert. 2001. The social construction of male 'homosexuality' in India: Implications for HIV transmission and prevention. *Social Science and Medicine*, Vol. 52, pp. 707-721.

- In India, the traditional application of homosexuality labels differ from its common usage in Western terms; within Indian culture, homosexuality is not something binary, thus risk groups are not properly targeted for prevention programming. The interactions between males in India does not necessarily encompass the traditional conception of homosexuality, but programming strategies use these rigid labels to determine what funding/programs will take place in the region. This lack of sensitivity to differences greatly limits the effectiveness and possibilities for HIV/AIDS programming; further research is needed to understand MSM relationships in a non-western context.

Go, Vivian F., Srikrishnan, Aylur K., Sivaram, Sudha, Murugavel, Kailapuri, G., Galai, Noya, Johnson, Sethulakshmi C., Sripaipan, Teerada, Solomon, Suniti, and Celentano, David D. 2004. High HIV Prevalence and Risk Behaviors in Men Who Have Sex with Men in Chennai, India. *Journal of Acquired Immune Deficiency Syndromes*, Vol. 35, No. 3, pp. 314-319.

- The conclusion of this highly technical article is that MSM in Chennai slums are at high risk for HIV infection. HIV prevention strategies aimed at changing unsafe drug and sexual practices should target the general population of men, with specific attention to areas with high rates of MSM.

Halkitis, Perry N., Zade, David D., Shrem, Michael, and Marmor, Michael. 2004. Beliefs about HIV non-infection and risky sexual behavior among MSM. *AIDS Education and Prevention*, Vol. 16, No. 5, pp. 448-458.

- As part of a larger study examining immunity to HIV, these authors completed a survey attempting to understand why MSM were engaging in unsafe sexual practices. Their findings indicate that many believed that medical advances were remarkable enough to protect them from the consequences of the disease, or that their own immune system was strong enough to fight it off. Their findings corroborate conventional arguments that illicit drug use and risky sexual behavior are related.

Preston, Deborah Bray, D'Augelli, Anthony R., Cain, Richard E., and Schulze, Frederick W. 2002. Issues in the Development of HIV-Preventive Interventions for Men Who Have Sex with Men (MSM) in Rural Areas.

- Programs designed to target the spread of HIV among MSM in urban areas have been met with relative success, however, their counterparts in rural areas have not seen many positive results. Focused on the United States, the authors discuss the integration of gay males into urban culture, whereas in rural communities, this practice rarely occurs. Examining the psychosocial barriers that often occur in small town rural areas (conservative values, small town 'grapevine,' religious beliefs) lead to difficulties in maintaining confidentiality and fears of rejection, as

well as putting those closely related into a similar position, or the courtesy stigma. Often in rural areas, access and quality of healthcare vary greatly from that available in cities. The paper recommends moving away from traditional public programming in rural areas, as it forces people to acknowledge their participation in the practice, which leads to stigmatism within the community. They recommend connecting with gatekeepers to smaller groups of gay men in order to bring known groups together with someone they trust.

Wade, Abdoulaye Sidibe, Kane, Coumba Toure, Diallo, Pape Amadou Niang, Diop, Abdou Khoudia, Gueye, Khady, Mboup, Souleymane, Ndoye, Ibrahima, and Lagarde, Emmanuel. 2005. HIV infection and sexually transmitted infections among men who have sex with men in Senegal. *AIDS*, Vol. 19, pp. 2133-2140.

- This is the first study to examine HIV and vulnerability to STIs for men who have sex with men in Sub-Saharan Africa. Using a survey in five urban areas in Senegal, the research team interviewed 463 MSM, and found 21.5% to be infected with HIV. Respondents had a variety of unprotected sexual encounters with both male and female partners. Men who have sex with men in Senegal are highly infected with HIV and other STIs. The authors conclude that intervention programs targeting this population are urgently needed, given their particular vulnerability and because infections are likely to disseminate into the general population given the high proportion of bisexual activity in this community.

Zhang, Bei Chuan and Chu, Quan Sheng. 2005. MSM and HIV/AIDS in China. *Cell Research*, Vol. 15, pp. 858-864.

- Within China, there is a population of MSM emerging because of recent social changes in the country. These men also report having sex with women. With higher HIV prevalence among MSM in China, the authors support health institutions that engage with MSM in order to help prevent infection throughout varying populations in society.

--Issues of identity

Wellings, Kaye, Collumbien, Martine, Slaymaker, Emma, Singh, Susheela, Hodges, Zoé, Patel, Dhaval, and Bajos, Nathalie. 2006. Sexual behavior in context: a global perspective. *The Lancet*, Vol. 368, pp. 1706-1728.

- In examining sexual practices across regions, this paper presents findings on the differences in sexual behaviors globally. Main findings of the paper include: worldwide trends in later marriage as led to an increase in the prevalence of premarital sex; most people are married and married people have the most sex; monogamy is dominant pattern globally, however, most non-monogamous relationships occur in industrialized countries. Married women find that a safe sexual negotiation (i.e. condom use) is much harder than for single women. Condom use is on the rise in some places, but in other, mostly developing countries, condom use is still relatively low. Overall, the questions of social determinants are the most important for understanding sexual behavior – gender, poverty, mobility, and individual behavior.

IIA. Sexual violence as a risk factor

- **Epidemiology of risk (STIs, uterine; tearing; age difference; viremic; anal?) – modeling**

Buvé, Anne, Bishikwabo-Nsarhaza, Kizito and Mutangadura, Gladys. 2002. The spread and effect of HIV-1 infection in sub-Saharan Africa. *The Lancet*, Vol. 359, pp. 2011-17.

- Examining the HIV-1 epidemic from where it has spread the most in Africa, the prevalence of HIV infection is due to a great many factors. Heterosexual acts are responsible for the greatest number of infections in sub-Saharan Africa. Young women as compared to young men are at a much higher rate of vulnerability for infection, possibly because of their relationships with older men as well as their biological vulnerability to infection, as well as cervical ectopy.

Sagar, Manish; Lavreys, Ludo; Baeten, Jared M; Richardson, Barbra A; Mandaliya, Kishorchandra; Ndinya-Achola, Jeckoniah O; Kreiss, Joan K; Overbaugh, Julie. Identification of Modifiable Factors that affect the genetic diversity of the transmitted HIV-1 population. *AIDS*, Vol. 18, No. 4, pp. 615-619.

- This highly technical examines the risk factors for African women's infection with HIV, concluding that the presence of genital tract infections and hormonal contraceptive use at the time of transmission were associated with the acquisition of multiple HIV-1 variants.

Türmen, T. 2003. Gender and HIV/AIDS. *International Journal of Gynecology and Obstetrics*, Vol. 82, pp. 411-418.

- This paper examines why women are becoming more vulnerable to HIV infection than men; in sub-Saharan Africa, a majority of those infected are women. From a biological perspective, women are much more susceptible to infection than men, as male to female transmission of HIV is between two and four times more efficient than female to male. STIs make women more susceptible to infection, especially when most STIs are asymptomatic. Young women are vulnerable to HIV infection because immature genital tracts are likely to sustain tearing, creating a higher risk of HIV transmission. Social and cultural vulnerabilities to HIV include having male partners who are older thus more experienced and more likely to have HIV or an STI. Also, violence against women does not allow women a choice of who their partner is, thus greatly increasing vulnerability to HIV.

- **Rape as a weapon of war**

Anema, Aranka, Joffres, Michel R., Mills, Edward, and Spiegel, Paul B. 2008. Widespread rape does not directly appear to increase the overall HIV prevalence in conflict-affected countries: so now what? *Emerging Themes in Epidemiology*, Vol. 5, No. 11.

- This article argues that widespread rape only raises the overall level of HIV prevalence in a country by 0.023%, thus interpreting that rape is not a pivotal causal factor in the spread of HIV during conflict. They conclude by emphasizing the level of care needed for women who have experienced sexual violence to address both the psychosocial implications, but also the physical trauma associated with rape.

Jewkes, Rachel. 2007. Comprehensive response to rape needed in conflict settings. *The Lancet*, Vol. 369, pp. 2140-2141.

- This short piece responds acknowledges the difficulty in finding data, as well as the constraints involved in simply measuring HIV/AIDS in the context of conflict. The conflict's end may be when there are greater difficulties for women to get

back to their place of origin, and thus this may be the time when women are more vulnerable to HIV.

Nduwimana, Françoise. "The Right to Survive: Sexual Violence, Women and HIV/AIDS." *Rights and Democracy: International Centre for Human Rights and Democratic Development*, December 2004. <http://www.dd-rd.ca/site/PDF/publications/women/hivAIDS.pdf>.

- Nduwimana interviewed 18 women in Rwanda to gain an understanding of how HIV/AIDS has developed as a result of rape during the 1994 genocide. The article addresses how justice mechanisms have provided reparations for victims of sexual violence, and brings up the concern that a lack of evidence has impeded the ability to provide full reparations (referred to as triple therapy) for treating HIV/AIDS.
- **Continuum of: consent – coercion – exploitation**

Amaro, Hortensia and Raj, Anita. 2000. On the Margin: Power and women's HIV risk reduction strategies. *Sex Roles*, Vol. 42, Nos. 7/8.

- Examining women's vulnerability to HIV as a result of power in sexual relationships allows risk to be determined based on gender dynamics. Three dynamics of oppression are considered: silencing, violence and threats of violence, and internalized oppression. By understanding where in power relationships women are marginalized allows policy makers to target these specific problems.

Dunkle, Kristin L., Jewkes, Rachel K., Brown, Heather C., Gray, Glenda E., McIntyre, James A., and Harlow, Sioban D. 2004. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*, Vol. 363, pp. 1415-1421.

- There are few studies on women and HIV in relationships characterized by violence. High-risk behaviors are generally associated with women in these relationships, as women have less control over safe sex practices in relationships characterized by force. This study shows that women with violent partners are at an increased risk of HIV infection.

Kilpatrick, Dean G. 2004. What is Violence Against Women? Defining and Measuring the Problem. *Journal of Interpersonal Violence*, Vol. 19, No. 11, pp. 1209-1234.

- Activists have great impact on the defining the reform of criminal codes and definitions surrounding violence against women (VAW), but debate still exists in determining what acts constitute VAW. Differences between the public health definition and the criminal definition include psychological abuse not considered by criminal codes, and a strong emphasis on interpersonal violence as defined by public health approaches. Debate also exists surrounding the broadness of the definition for VAW – should it encompass a large amount of acts, or only a few? Under what time frame should VAW be considered? How should data on VAW be collected? This article poses these questions to begin dialogue on the debates surrounding VAW, as not having any answers leads to greater problems, such as ignoring the problem altogether.

Maman, Suzanne, Mbwapo, Jessie K., Hogan, Nora M., Kilonzo, Gad P., Campbell, Jacquelyn C., Weiss, Ellen, and Sweat, Michael D. "HIV-positive Women Report More

Lifetime Partner Violence: Findings from a Voluntary Counseling and Testing Clinic in Dar es Salaam, Tanzania.” *American Journal of Public Health*. August 2002, Vol. 92, No. 8, p. 1331-1337.

- This article examines the relationship between HIV status and experience of partner violence of women in urban Tanzania. Taking place in a Voluntary HIV Testing Clinic in Dar es Salaam, interview data finds that women with HIV+ status are more likely to experience partner violence. Older women are more likely to report violence, related to the stigma related to HIV (older women are more likely to be infected based simply on age). They emphasize the need for a more representative sample including women in rural areas. Finally, the authors recommend improved legal outlets for women along with counseling services.

- **Exploitation/survival/sex work**

IIB. Humanitarian and post conflict

a. Widows, orphans

b. Security risk assessments (human security)

Kristoffersson, Ulf. “HIV/AIDS as a human security issue: a gender perspective.” Expert Group Meeting on “The HIV/AIDS Pandemic and its Gender Implications” 13-17 November 2000.

- In this address to the conference, Kristoffersson talks about the gendered perspective of HIV/AIDS, stating two main points. First, she says that it’s a basic threat to human security because of the halt to socio-economic development and threat to human survival. Second, she claims that it magnifies the social problems and areas where women are the most vulnerable, namely against sexual violence and in finding legal protection. She calls upon the conference participants to continue to empower women via legal mechanisms, train soldiers, and to strengthen the international commitment in preventing HIV/AIDS.

Sy, Elhadj. “Gender, HIV/AIDS, and Human Security.” UNAIDS.

<http://www.un.org/womenwatch/daw/csw/hivaids/kristoffersson.htm>

<http://www.un.org/womenwatch/daw/csw/Sy2001.htm>.

- This piece provides statistics on how women are affected by HIV/AIDS, mainly outlining how women are at greater risk for infection by the disease than men because of both economic and social constraints. Rates of infection amongst females are increasing, and the considerations of human security are all at risk because of war, nutrition, access to education, and care. Sy recommends cooperation within countries, to ultimately ensure good governance to make these issues more accessible.

Hankins, Catherine A., Friedman, Samuel R., Zafar, Tariq and Strathdee, Steffanie A. 2002. Transmission and prevention of HIV and sexually transmitted infections in war settings: implications for current and future armed conflicts. *AIDS*, Vol. 16, pp. 2245-2252.

- After conflict during a transition period, the implications for spreading HIV/AIDS may be higher because of the instability of the population, and for women, the need to rely on various means of exchange for survival. For example, women in Sierra Leone engaged in 'survival sex' in order to obtain food for themselves and their families. In these situations, men who have sex with men because of their circumstances also engage in sexual acts with women (the author comments on

lack of data on this). Further examining areas for potential HIV spread, the authors explore the case of Afghanistan as a drug hub for opiates, claiming that IDUs are much less available than during peacetime, and that the presence of conflict heightens the use of drugs in areas on a trade route, and thus leads to the potential spread of HIV/AIDS.

Koen, Karin. 2006. Claiming Space: Reconfiguring women's roles in post-conflict situations. ISS Paper 121.

- This paper addresses the changing roles of women during the transition from conflict to peacetime, including the changing roles that come with such a transition. The challenge presented is to change the cultural perspective of an entire society, while addressing the needs women newly encounter as a result of the conflict. Points related to HIV/AIDS include: the trouble women face if they are sexual violence survivors who have been infected with HIV, and are shunned from their families; oftentimes, to prevent others from knowing about their experience, women will engage in risky self induced abortions in order to remove the potential child and save their social status.

Germain, Adrienne and Woods, Zonibel. 2005. Women's sexual and reproductive health and rights: A key to ending HIV/AIDS. *Development*, Vol. 48, No. 4, p. 56-60.

- Approximately 7,000 women per day become infected by HIV, and the number of women infected by HIV is increasing at a more rapid rate than that of males. Three reasons are cited for this increased vulnerability to HIV: persistent discrimination and inequality between men and women, prevention efforts that ignore women, and the absence of protective technology, such as microbicides. The article advocates a sexual and reproductive rights approach to reach the highest risk groups, women, by developing prevention methods that are controlled by women, such as the female condom.
- **Trafficking**

Allred, Keith J. 2006. Peacekeepers and Prostitutes: How deployed forces fuel the demand for trafficked women and new hope for stopping it. *Armed Forces and Society*, Vol. 33, No. 5. pp. 5-23.

 - The *Comprehensive Review* of peacekeeper conduct published in 2005 found that a great number of peacekeepers were involved in sexual misconduct during missions. These allegations included obstruction of justice during investigations, trafficking women, and rape made to appear consensual by giving a girl or woman food for her subsistence in exchange for sex. These claims are now being globally addressed by the UN, the author suggests that it follows the example of militaries dealing effectively with these problems, including NATO and United States. This article suggests a similar approach by those countries looking to regulate and hold peacekeepers accountable.

Beyrer, Chris. "Shan Women and Girls and the Sex Industry in Southeast Asia; Political Causes and Human Rights Implications." *Social Science and Medicine*. 53 (2001) p. 543-550.

 - Beyrer talks about the sex trade of Burmese women along the Thai border. These women are forced into debt, and must work in a brothel to make up the payments for these acts. Women who are HIV+ have few options, as they are considered criminals by their own nation, and a strong stigma against them is formed in their

home villages. The author recommends a political reconciliation in order to address the problems of the Shan women.

Poudel, Pratima and Carryer, Jenny. 2000. Girl-trafficking, HIV/AIDS, and the position of women in Nepal. *Gender and Development*, Vol.8, No. 2. pp. 74-79.

Silverman, Jay et al. (2007). "HIV Prevalence and Predictors of Infection in Sex-Trafficked Nepalese Girls and Women." *JAMA*. 298(5). <http://jama.ama-assn.org/cgi/reprint/298/5/536>.

- Nepalese women who were repatriated after being sex trafficked had an HIV+ prevalence rate of 38%. Those who were trafficked earlier (under age 15) were more likely to have HIV, suggesting the need to intervene in sex trafficking in South Asia.

UNAIDS. (2009). "UNAIDS Guidance Note on HIV and Sex Work."

http://data.unaids.org/pub/BaseDocument/2009/jc1696_unaidsguidancenote_hiv_and_sex_work_en.pdf.

- This report addresses the UNAIDS policies on sex trafficking, outlining the three pillars for the new policy on HIV prevention and education techniques for sex workers, as well as its links with HIV spread. The pillars are universal access to HIV prevention, supportive environments, and reduction of vulnerability to address structural issues.
- **Gender and Fragile States/Governance**

Chen, Lanyan. 2008. Gendering China's strategy against HIV/AIDS: Findings from a research project in Guangdong Province. *Feminist Economics*, Vol. 14, No. 4, pp. 183-211.

- In China, policies to address HIV/AIDS have been moderately successful, but there are many more issues related to the gender discrepancies of the disease. Policies are not harmonious, and thus men and women are not given appropriate information for their situations. The author recommends: an increase in data gathering to understand the needs of males and females; policies should be harmonious, so goals are aligned toward a common goal; and policies need to increase institutional health services and counseling, and promote services by doctors and support women's needs for safe sex.

Salahub, Jennifer. "Canada's Whole-of-Government Approach to Fragile States: The Challenge of Gender Equality." The North-South Institute. June 6, 2006.

- This report outlines the Canadian government approach to addressing gender inequalities in fragile states, with an emphasis on creating a system of definitions, and including gender consistently in these discussions. The report states that Canadian policy on this issue is in its infancy, and that much greater development is needed to bring consistency to its foreign policy. Salahub also suggests that bringing gender into the picture will change the order/ranking system of fragile states.

- **Gender and DDR**

Farr, Vanessa, Schroeder, Emily, and Schnabel, Abrecht. "Gender Awareness in Research on Small Arms and Light Weapons: A Preliminary Report." *Swiss Peace*.

<http://www.iansa.org/women/documents/swisspeace-working-paper2005.pdf>.

- Detailing case studies of DDR and women's roles in many countries, this report works to put female DDR on the agenda. The main mention of HIV/AIDS is in

the Sierra Leone case study; the girls who were used as soldiers were often injected with drugs and other substances by 'doctors,' and needles were reused, resulting in HIV spread amongst the girl soldiers. The report comments that HIV programming was needed for young girls taken as soldiers.

McKay, Susan. (2004). "Reconstructing fragile lives: girls' social reintegration in northern Uganda and Sierra Leone." *Gender and Development*. 12:3, p. 19-30.

- Women are often not included in the DDR process, and are unable to reintegrate into society. This leaves them vulnerable in many ways, and susceptible to HIV/AIDS because of their need for money and services. This paper examines girls in Uganda, and retrospectively, Mozambique. Thorough case studies of the two.

Farr, Vanessa. (2003). "The importance of a gender perspective to successful disarmament, demobilization and reintegration processes." *Women, Men, Peace, and Security Disarmament Forum*. 4: 25-35. <http://www.unidir.org/pdf/articles/pdf-art1995.pdf>.

- Women are often not involved in the DDR process, though they are valuable assets for many reasons. They are stereotyped as peaceful because of their status as mothers, and are often left out of small arms collection. However, female ex-combatants will 'self-demobilize' and miss opportunities of DDR, such as job - training and health care. Because women are often in charge of households, they know where weapons are and can disarm men they financially support, while also caring for those who have been wounded in war. Women should be included in DDR processes to allow for their greater role in peacebuilding and beyond.

- **Caregiving**

Akintola. Olagoke. 2008. Unpaid HIV/AIDS care in Southern Africa: Forms, context, and implications. *Feminist Economics*, Vol. 14, No. 4, pp. 117-147.

- Home-based care is being encouraged by governments as a way to save money on institutionalized care in public hospitals. This is encouraged for two main reasons: first, in order to lessen costs, but also to free up bed space for those with other illnesses. Caregivers range greatly in all aspects: age, family role, and increasingly, gender. One commonality is that most caregivers do not have formal employment. With the unpredictable incidence of HIV/AIDS, men now are breaking stereotypes to care for family members. Those involved in caregiving sacrifice in terms of finances (both what they would have paid for in institutional costs, but also what the institution provides), opportunity costs (what they would be doing if not caregiving), physical and emotional costs. Finally, the author recommends not determining if caregiving is more cost effective without analyzing these costs fully, both in the context of the caregiver and the state.

Conrad, Cecilia and Doss, Cheryl R. 2008. The AIDS epidemic: Challenges for feminist economists. *Feminist Economics*, Vol. 14, No. 4. pp. 1-18.

- Over 50% of those infected with HIV are women, yet the implications for women becoming infected are different than for men. Feminist economics allow for the analysis of individual behaviors in the context of the macro economic environment. The introduction challenges the common findings of those who wrongly predicted economic consequences by neglecting the long term implications of HIV/AIDS, as well as the impact of high mortality rates amongst

women.

Malaza-Debose, Millicent. "Preventing and Coping with HIV/AIDS in Post-Conflict Societies: Gender Based Lessons from Sub-Saharan Africa. Durban, South Africa. March 26-28, 2001.

1. This piece argues that women are disproportionately affected by HIV/AIDS as compared to men. Malaza-Debose outlines the 'gender experiences' of HIV/AIDS, including: capacity for making choices on sexual matters, cultural restrictions based on male leadership, inability to challenge authority on sexual matters, exposure to violence and abuse, vulnerability during risky behaviors, and limited access to healthcare. This piece emphasizes the burden placed on women because of HIV, such as caregiving responsibilities and feeling the need to hide from cultural stigma.

Ogden, Jessica, Esim, Simel, Grown, Caren. 2006. Expanding the care continuum for HIV/AIDS: Bringing carers into focus. *Health Policy and Planning*. Vol. 21, No. 5, pp. 333-342.

- Caregiving is an important aspect of helping those with AIDS, especially in countries where health systems are unable to provide basic care for those in need. The authors discuss the care economy, which places caregiving in the context of paid labor and services. Because women's care is competing with their work at home, in the market, and in the workplace, a lack of measure for caregiving services allows it to become invisible. This article proposes community groups of private, public, NGOs, and other invested groups to come together to create a net for care that recognizes the labor provided in the care economy.

2. **Gender and Global donors**

Ashburn, Kim, Oomman, Nandini, Wendt, David, Rosenzweig. 2009. Moving beyond gender as usual. *Center for Global Development*, Washington DC. (Accessed 18 July 2009.) <http://www.cgdev.org/content/publications/detail/1422358/>

- The three major global AIDS related donors address gender programming in different ways, each with differing flaws. PEPFAR has a global agenda for addressing gender inequalities, but does not apply individual plans to the country level, leaving some 'one-size-fits-all' gaps in field level work. The Global Fund has no mechanism for addressing gender; until recently, it did not even require gender aggregated reporting data. The World Bank's MAP has great opportunities for gender programming, but fails to include extensive M&E, which would allow for full understanding of effects of implementation.
- Recommendations of the report include collaboration of the various funds in order to maximize their comparative advantages and find a niche in funding programs. They encourage women to work with the donors for each to find a niche that does not overlap multiple efforts.