9th International Congress on AIDS and Asia in the Pacific

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"Closing the Gender Gap:

Where Have We Been? Where Are We Going?"

Plenary III: "Inequity, Vulnerability and AIDS"

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9:00 a.m. – 10:30 a.m.

1. Good morning and thank you to the organizers of the 9th ICAAP for inviting me to give this plenary talk. It is a great honor to be here and a privilege to have this opportunity to address my colleagues here, at home, in Asia.

2. Let me first acknowledge my colleagues at the International Center for Research on Women, Ann Warner, Jessica Ogden, Ellen Weiss, Katherine Fritz, Gary Barker and Priya Nanda, who helped me in preparing for this morning's talk.

3. Nearly ten years ago, in 2000, I gave a plenary address at the 13th International Conference on AIDS in Durban, South Africa, entitled, "Gender, Sexuality and HIV/AIDS: The What, the Why and the How." I have been asked to reflect on the decade since Durban and to offer some thoughts on the progress we've made and the challenges we continue to face. I'll start there and conclude by offering key recommendations for ensuring that over the next decade, there is more effective action in the fight against gender inequality and AIDS.

4. In 2000, many people recognized that gender-related vulnerabilities were fueling the raging fire of the AIDS epidemic – that the biological sex of individuals – and the social construction of this biological fact – affects their

access to information, technology, health care as well as their willingness and their capacity to reduce their risk to HIV transmission. But to convince policy makers, donors and programmers to act, we needed to more clearly define the linkages between gender and HIV transmission, and make the case that addressing gender inequality was essential for meeting HIV prevention, care and treatment goals.

5. Those were the challenges that I sought to address when I accepted the invitation to give that plenary address in Durban. Since then, we have come a long way. But, in the words of Robert Frost, we have miles to go before we sleep.

6. Let's start with the progress. There is no doubt that there has been unprecedented attention to gender-based vulnerability to HIV over the last decade. No other field in development has advanced gender analysis and action the way that the AIDS response has and, in fact, I believe that the AIDS response has catalyzed action on gender in other fields – from food security to education to economic empowerment.

7. Within the AIDS response, gender is a central feature of many global-level policy commitments. For example:

    - In 2000, the Millennium Declaration explicitly incorporated gender equality as a fundamental development goal.
    - In 2004, UNAIDS, along with a network of gender advocates, founded the Global Coalition on Women and AIDS.
    - In 2005, the U.N. General Assembly Special Session on AIDS included specific indicators targeting the vulnerability of women and girls and thereafter included reports on those indicators from countries around the world.

- Finally, major donors and national governments have declared their commitments to address gender and make programming more effective for women and girls.

8. And these high-level policies have led to countless research studies and interventions that have attempted to redress gender inequality at the community level. Examples include: microfinance programs to reduce women's economic dependence on male partners, mass media campaigns to end domestic violence, and more programs that attempt to challenge and change gender norms, both male and female, at the community level. A few of these, namely IMAGE and Stepping Stones in South Africa, and Avahan-sponsored projects with sex workers in southern India, have adopted structural approaches to HIV prevention and have evaluated the impact of their interventions using rigorous evaluation methodologies.

9. However, neither rhetoric at the global policy level nor scattered interventions at the community level have been sufficient to fundamentally change the complex social norms and structural factors that contribute to gender-related vulnerability to HIV transmission. Here in Asia, despite laudable progress, there continue to be enormous challenges for HIV prevention that are rooted in gender-related inequality. These include: continued gaps in coverage of prevention of mother-to-child transmission, persistently high prevalence of HIV among sex workers and men who have sex with men, unacceptably high rates of violence against women, and increasing rates of transmission of HIV from husbands to their wives. It is clear that we are still not doing enough to understand and uproot the role that gender plays in HIV transmission.

10. The time has come to insist on more than global commitments, strong rhetoric and piecemeal interventions. What we need is a comprehensive, multi-pronged response to gender-related vulnerabilities to HIV that is part of a coordinated national AIDS response. To succeed, we must learn from some

of the mistakes from the past both in the ways that we have *conceptualized* and analyzed gender and in the ways that we have *addressed* HIV-related gender inequality through programs.

11. There are two key conceptual shortcomings that have limited our progress. First, in our desire to respond quickly to the twin crises of AIDS and gender inequality, we have often oversimplified a complex reality and failed to invest in the context analysis that is so essential to an informed and effective response.

12. Too often, "gender inequality" became short-hand for an extremely complex set of social, cultural, environmental, economic and political factors. Gender intersects with other structural determinants of vulnerability – such as income, class, race, religion and sexuality – to create complex and shifting power dynamics. Because of the complexity of these variables, and the multiple ways in which they influence or counteract one another, we cannot predict the exact manifestations or consequences of gender inequality in a given context.

13. Another common error is using "gender" interchangeably with "women." The reasons for this are obvious – women and girls almost always suffer the worst consequences of gender differences because they have less access to information, resources, and power in public and private life. But without looking at the role of men, and the social norms that inform male attitudes and behaviors, we cannot hope to solve the gender equation. By *saying* "gender" and only *doing* women, we imply that the attitudes and behaviors by men are inevitable and predetermined – and all we can hope to do is change women's ability to cope with their disadvantaged positions in society. This is a dis-service to both women and men.

14. I run an organization called the International Center for Research on Women. Women and girls are the focus of our work, and they always will be. But now

more than ever, we are leading research and working on programs that explore and challenge masculine norms, because these norms have a direct impact on the lives of women and girls. For example, recent data collected by ICRW, Instituto Promundo in Brazil and other partners has shown that men's use of violence against women is higher among men who report stress from unemployment (ICRW and Instituto Promundo, unpublished). Data from India has found that men who migrate for work are more likely to pay for sex and thus are at higher risk for acquiring HIV and transmitting HIV to partners (Verma 2007). These findings highlight how gender norms that place a high premium on men being economic providers can be detrimental to both women and men.

15. A second key shortcoming in our response to gender-related vulnerabilities is our limited understanding of the complexity and variability of human sexuality and its interactions with gender in different settings. Despite the fact that the sexual transmission of HIV remains the primary route for the spread of infection, we have failed to fully understand sexuality and sexual interests as actually experienced by individuals in different social and cultural contexts.

16. Too often, we perpetuate the narrow expectations that "good" women will be sexually naïve, passive and faithful to one partner. In fact, women, like men, are sexual beings and can seek sex for a variety of reasons – for pleasure, for procreation, for intimacy, for economic gain, among many other reasons. While most data from the Asia region stresses women's monogamy and their vulnerability to transmission from non-monogamous husbands, we know that that this is not always the case. For example, young male sex workers participating in a qualitative study in Hyderabad, India reported that most of their clients were women, primarily housewives and college students (Akula 2006). With the rapid economic transitions that are taking place in this region, women's, men's and young people's sexual interests and decisions will also

evolve rapidly, and we must be frank and open about how these changes affect their vulnerability to HIV.

17. Our blinders toward diverse sexualities have also perpetuated a narrow heteronormative view of male and female sexuality that has cast homosexuality as the "other" and sidelined the existence of transgendered, transsexual, and bisexual individuals and communities, thereby overlooking the many ways in which gender and sexuality intersect to create vulnerability in HIV epidemics. Broad categories of "male" and "female" or "hetero" and "homo" fail to account for the complexity, fluidity and multiplicity by which individuals define their gender and sexual identities.

18. For example, findings from a qualitative study in Bangladesh reveal that men who have sex with men frequently surrender to societal pressures to fulfill their prescribed gender roles by becoming husbands and fathers. Despite their sexual experiences with other men, they consider sex with women a form of real sex within a framework of masculine sexual potency, irrespective of their own preference, desire or eroticism (Khan et al. 2005).

19. These shortcomings in our conceptual understanding of gender and sexuality underscore the urgency of conducting more sophisticated, contextually specific analyses of men's and women's roles in their societies. Going forward, we must ensure that we do not implement our gender strategies and programs based only on global trends or over-generalizations of male and female roles and sexual behavior.

20. Just as our desire for clarity in concepts has often led us to oversimplify complex social issues, our appetite for "quick fixes" in addressing gender-related vulnerabilities has often compelled us to adopt single, short-term interventions that ultimately fail to either transform gender norms or to make an impact on HIV incidence.

21. Many of you, like me, have probably been asked by well-meaning policy makers, “Tell me the three or four things that must be done to address gender inequality in my setting and hence reduce HIV infections.” And because we want to dispense some practical advice, rather than just saying, “it’s complicated,” we often recommend discrete programming interventions – such as microfinance programs for women, HIV education for girls, media campaigns to change gender norms, or community-based workshops to change men’s attitudes toward violence against women. In fact, much of the progress we have seen over the last decade has been the much-needed development and implementation of such programs to address these discrete gender-related vulnerabilities. In many ways, we have succeeded because providing these prescriptions made policy makers and donor agencies realize that addressing women’s economic dependency, gender gaps in information and education, violence against women, and damaging social norms could be done as part of an AIDS response. And these kinds of programs were often successful in doing what they were designed to do, but by recommending these piece-meal interventions, we have fostered the impression that applying any of these programs would rectify gender inequality overall. In fact, these projects are usually too narrow in their scope and too limited in their time horizon to effect change in any fundamental way.

22. Take microfinance, for example, one of the most popular prescriptions for women’s economic dependence on men. A recent review of microfinance and HIV prevention programs has shown that many such programs may result in participants’ increased power in household decision-making over finances and fertility, but this often fails to translate into control over safer sex practices – the pivotal point for the prevention of HIV transmission (Dworkin and Blankenship 2009).

23. Even programs that address more than one form of gender inequality have not shown a reduction in HIV incidence. The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) program in South Africa is one of the most rigorously evaluated structural programs of the decade, and one of the few true "structural approaches" that attempted to test the impact of a "combined intervention" on HIV incidence. The program targeted the poorest women in the community with a poverty-focused microfinance, HIV education and social support intervention, and tested whether increasing women's financial independence and access to HIV information and support would reduce both the incidence of violence against women and HIV incidence. Encouragingly, rates of violence did decrease by 55 percent among the target population after one year (Pronyk et al. 2006). But the program failed to show differences in HIV incidence between the intervention and control communities. Therefore, even though many of us celebrated these outcomes, it increased skepticism among others about the veracity of our claims that gender roles and norms were critical determinants of HIV transmission.

24. In summary, the first major lesson learned from the programmatic approaches attempted over the last decade is that we must not expect stand-alone interventions to fundamentally alter harmful gender norms or to result in immediate reductions in HIV incidence. There simply *is* no such thing as a single magic bullet when it comes to transforming gender norms or reducing HIV incidence. Social norms and relationships form a complex and sticky web; tugging at one string is necessary but may not be sufficient to dismantle the fundamental underlying structure of inequality and vulnerability.

25. The IMAGE study taught us a very important second lesson: the research methods for evaluating programs that seek to test the impact of altering social phenomena like gender inequality may need to be different from the ones that establish the efficacy of a drug in reducing viral load. We have learned that we need other research methods, together with randomized control trials like

those used in IMAGE, to tease out the impact of complex social interventions. To date, we have far too little by way of rigorous evaluation data to establish the efficacy of gender related programming – in part, because we have not reached a consensus on the standard of evidence and the methodologies suitable for assessing such programming. Going forward, we must adopt a broader range of evaluation methodologies at the program monitoring and evaluation level to test the interplay of complex social variables.

26. **Ultimately, these lessons from the last decade tell us that the next generation of programming to address gender-related vulnerability to HIV must be integrated into a comprehensive approach to address the AIDS epidemic at the national level.** A stand-alone gender strategy is not enough. Despite all of the rhetoric and the good intentions to integrate gender considerations into national-level programming, we have simply not gotten there yet.

27. A recent review by the International Center for Research on Women and the Center for Global Development found that three influential donors – the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); the Global Fund to Fight AIDS, TB and Malaria; and the World Bank's Africa Multi-Country AIDS Program – have each made high-level commitments to address gender issues and have identified priorities to make their programming more effective for women and girls. That is the good news. The not-so-good news emerged from an analysis of how those donor commitments translated within three African countries – Mozambique, Uganda and Zambia. The analysis showed scattered, discrete project activities in each country that included projects to prevent violence against women, provide HIV information to girls and boys, change attitudes toward masculinity and femininity and increase women's access to credit. What the high-level commitments had failed to do was produce, at the country level, gender-related programming that was integrated into an overall national strategy, backed up with appropriate

funding and with indicators and benchmarks to measure progress. (Ashburn, et al. 2009)

28. While it is laudable that so many national plans and strategies include attention to gender – progress that we should be proud of – the fact that they often fail to translate into comprehensive action that is integrated into the overall national response to AIDS shows us that we have a long way to go.

29. An effective national strategy must contain the following elements.

30. First, **integration.** A comprehensive, multi-pronged program to address gender-related vulnerabilities will be just one building block in an effective response to AIDS. Such a program must be implemented in a strategic, coordinated way with other structural approaches, so that it simultaneously addresses multiple dimensions of gender inequality within a larger social, economic and political context. Gender-related programming must also be part of a full package of HIV prevention, care and treatment services, including sexual and reproductive health services, so that individuals have access to the information and technologies they need to practice safer behavior. And all of this must be adequately resourced and have identified indicators to assess impact.

31. Second, **an enabling legal environment**. Programmatic approaches to address gender-related vulnerabilities will only be successful if they are embedded within an enabling legal and policy environment.

32. We should be uncompromising in our call for a minimum legal standard that protects and promotes women's rights, the rights of sexual minorities and marginalized communities, and the rights of those living with HIV.

33. That legal standard should include decriminalizing HIV status, transmission and exposure. Criminalization of HIV status, transmission and exposure, or laws that in any way undermine the rights of people living with or affected by HIV deepen HIV stigma, interfere with goals of public health, and must be rejected.

34. An enabling legal and policy environment should also allow consenting adults to make independent choices about their sexual behaviors and sexual identities. This should include the decriminalization and reduction of harm associated with sex work. Some countries in Asia have done admirable work in ensuring 100% condom use in brothels, which has required law enforcement officials to work collaboratively with sex workers and brothel owners. However, it is critical that such policies are not used to further stigmatize sex workers and target them for arrest. Similarly, while the trafficking of women and girls is a scourge on this region, rounding up sex workers under anti-trafficking laws is counter-productive and often harmful – driving sex workers into less stable or protected environments, or worse yet – into jail or rehabilitation centers that deny their human rights.

35. An enabling legal environment must also not criminalize same-sex sexual practices or diverse sexual identities. There is simply no place for such laws in a modern world. The Delhi High Court's decision to strike down Section 377 of Indian Penal Code should be a model for the dozen other countries in the region that continue to criminalize same-sex sexual behavior.

36. To protect and promote the rights of women and girls, a minimum legal standard must include property and inheritance rights, protection against violence, freedom of mobility, freedom from discrimination in the workplace, and the right to make independent decisions on marriage, divorce and childbearing. And critically, these laws must be implemented by local authorities and understood by local communities.

37. Without such an enabling environment, all efforts within communities or through national policies to stem the tide of the epidemic will be short-lived and unsustainable.

38. Third, **community participation and ownership.** The design and implementation of the national strategy to address structural inequalities, including gender, must be owned and led by communities. Communities can catalyze and sustain social change.

39. Community members are best placed to inform national strategies about the lived realities of the intersections between gender and sexuality, how current patterns of relationship may be placing individuals at risk, and what to do about it. Asia has been home to some of the most successful community-driven social movements in the world – such as Sonagachi in Calcutta to address the vulnerability of sex workers, the vast self-help group and cooperative movements in India to economically empower women and the poor, and the many other examples of community-led initiatives showcased at this conference from all over the region.

40. The process of implementing national strategies and programs can involve target communities in a way that fosters individual agency and resilience to HIV and builds "AIDS competent communities"– communities that have the social capital to bond together in the face of the epidemic, can draw upon the resilience of other communities that are facing similar challenges, and link with the external resources that can help to remove obstacles and further strengthen their ability to cope (Campbell et al. 2005). Our national strategies must be developed with these goals in mind.

41. And in order for them to truly be sustainable and evolve according to the changing context, we must involve, motivate and build the capacity of young

people. As I reflect on what has gone right and what has gone wrong over the last decade, I am convinced that the specifics of the solutions will not be developed by me, nor by anyone else who has been in the field for decades. These solutions will likely come from young people who are the most affected and who have the most to gain from a better future.

42. Finally, **we must more fully engage and learn from HIV-positive women and men.** Not only must we ensure that programs and strategies will benefit them; we have much to learn from their experiences, and how they struggle to negotiate being positive and maintaining sex lives and social linkages. Their lived experience is not only relevant for improving our treatment and care efforts, but also for strengthening prevention.

43. In conclusion, we should feel very proud of the progress we have made over the last 10 years. Over the next 10 years, we must set our sights higher. Our goal should be to realize a more sophisticated approach to analysis and action – one that addresses gender in the context of other social, cultural, political, economic and demographic factors, and treats women and men as equal partners in a complex world. We must look closely at the complexity of the societies we live and work in, identify the manifestations and causes of social injustice and poor health, and draw on the sources of strength and resilience in our communities.

44. To do that, we must accept that social change requires a long-term perspective. AIDS has taken such a strong hold in our societies not only because of its virology but because it has thrived on the fault lines that already existed in society – the fault lines that have marginalized some and treated others as unequal, creating vulnerabilities that have consequences for all of us. It is going to take concerted and committed action over the long term to change those entrenched social inequalities and drive down HIV transmission.

45. I am confident that we can achieve success if we share a common vision of what our world should look like – a world in which women and men share equally in the access to resources and knowledge, the responsibilities of caring for children, the elderly and the sick, the joy of leisure, the pleasures of sex, and the freedom to determine their own choices. Together, I am confident that we can create such a world.

46. Thank you! TERIMA KASIH!

About the International Center for Research on Women (ICRW)

ICRW's mission is to empower women, advance gender equality and fight poverty in the developing world. To accomplish this, ICRW works with partners to conduct empirical research, build capacity and advocate for evidence-based, practical ways to change policies and programs.

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