Introduction

The term gender describes the roles of women and men that are determined by political, economic, social and cultural factors rather than by biology. In other words, people are born female or male and then learn to act like girls and boys, women and men. People are taught appropriate behaviour and attitudes, roles and activities, expectations and desires. It is this learned behaviour that forms gender identity and determines gender roles.

Gender roles are not necessarily the same all over the world, or even within a country or region. Many social, religious and cultural factors modify and regulate the roles of men and women in communities. But even though gender norms vary according to cultures and communities, women are subject to the dominant influence of men at every level of society. This imbalance of power in gender relations has negative consequences for women in all areas of their lives including sexuality, sexual relations and reproductive health.

Some gender definitions at a glance

- **Gender rights**  Integrates economic, cultural and social issues into a framework of human rights for all.
- **Gender and HIV**  How being female or male influences personal experiences, risks and responses in relation to HIV and AIDS.
- **A gender perspective**  Emphasises how being female or male defines personal opportunities, roles, responsibilities, relationships, attitudes, roles and activities, expectations and desires. It focuses on the distribution of power between women and men.

**Gender perspective**

A gender perspective examines female and male roles, responsibilities, opportunities and resources within the context of the distribution of power between women and men. A gender perspective is a critical tool in health matters related to sex because it aims for both women and men to be able to make informed and free sexual and reproductive decisions and gives them the means to do so. It is not a neutral instrument, nor does it seek to exchange the places of dominance and subordination.
Rather, it promotes equality and comprehensive human development. Women’s empowerment is a key objective of any gender-oriented development process and, moreover, of any development process aimed at achieving equity and sustainability. Gender equality, empowerment and the advancement of women and girls are both gender and human rights goals. Combining gender and rights in the areas of sexuality and reproduction is critical. The gender and rights approach highlights the importance of economic, cultural and social rights to overcome women’s subordination at all stages of their lives. Women and girls require the social, cultural and economic conditions to empower themselves, participate and gain access to and control of resources. The central issue from a gender perspective is the redistribution of power and resources for all. For this to happen, the roles of men and boys must be considered.

**Why are women and girls most vulnerable to HIV and AIDS?**

Women and girls are at particular risk because of skewed power relations and concepts of masculinity that undermine their right and ability to make their own decisions in the family and in society in general. This includes decisions about when to have sex and with whom, and about protecting themselves against sexually transmitted diseases, including HIV and AIDS. Poverty and economic dependence, as well as traditional practices, increase the risks for women and girls.

Females are at greater risk during unprotected intercourse due to the physiology of the female genital tract, specifically because the vagina is the receptive organ during sex and the mucosa of the vagina and cervix is permeable and so allows bodily fluids to pass through. The risks are greatest in young girls and menopausal women. Other factors that put women and girls at greater risk are outlined below.

**Social factors**

Traditional gender norms play a role in the spread of HIV. In most societies men and boys have multiple sex partners, whether they are single, in steady relationships or married. Such practices put females at risk.

In many cultures and communities, myths abound around a cure for AIDS (for example, men with AIDS believe they can be cured by having sex with a young virgin) and some traditional cultural practices, such as early marriages and female circumcision, expose girls to higher risks. In addition, the way girls and boys are brought up is linked in gender-specific ways to their emotional and sexual needs. Girls are taught to be dutiful and submissive, and that to be real women they must be attractive to men; they are susceptible to having early sex to be accepted, protected and for love. Boys feel obliged to seek and conquer by exerting pressure on girls. Females therefore are more likely to have their first sexual experience at the insistence of an older, male partner. Young girls are put at particular risk through having sex with older men, who are more likely to have been exposed to HIV through multiple partners.

Due to their traditional care-giving and nurturing roles, women and girls bear a disproportionate share of caring for HIV- and AIDS-infected family members. Girls are more likely than boys are to be withdrawn from school to assist in the care of the sick
and dying. Men and boys are socialised to expect women and girls to care for them so many do not learn to look after themselves and their children.

Worldwide nearly two thirds of the 120 million children without access to schools are girls. Because of the low value placed on girls and women, families may not be willing to spend scarce resources on their education or for their medical care. Worldwide, this limits their access to the information, skills and power to protect themselves. Women and girls are the main subjects of abusive male behaviours that spread HIV and AIDS, such as sexual violence, rape and incest.

Economic and political factors
All over the world women labour the longest hours for the least economic returns, routinely performing multiple roles, even while pregnant, at the workplace (low-paid productive work), in the home (unpaid productive and reproductive work) and in the community (voluntary work). Women and girls are the majority of the world’s poorest people. Because of economic need or insecurity, many women and girls are dependent on men and provide sexual services in return. In such a situation, they have little power to insist on condom use.

Women are denied equal participation in policymaking and equal access to resources. They face institutionalised discrimination in employment, housing, education and health. And so, their needs are often ignored. This situation increases their dependency and vulnerability and limits their ability to change or influence the conditions they live in.

Women and girls suffer the most harmful consequences of migration, trafficking and displacement in armed conflicts, including rape and other forms of sexual violence. Because of the low status of women and girls, and the widespread violation of their rights, many are trafficked or sold into prostitution, even by their own families. This places them at high risk of contracting HIV and AIDS.

For HIV and AIDS health educators, the challenge is to understand gender differences and discrimination in social relations and to address this vulnerability and direct HIV- and AIDS-related risk in their work. HIV and AIDS prevention requires concerted action from all sectors if the tide is to be turned. Health workers and educators in particular are strategically placed to make a difference, since they have unique access to communities around the world.

From Training on sexual and reproductive health Save the Children UK and the Ministry of Health of Zanzibar