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PROMOTING GENDER EQUALITY THROUGH UNICEF-SUPPORTED PROGRAMMING IN HIV AND AIDS

UNICEF's 2010 Gender Policy mandates that all UNICEF-assisted programming, including in emergencies, contribute to gender equality in clearly defined, measurable ways. This brief provides basic information on to why gender matters to Focus Area 3, HIV and AIDS, of the Medium-Term Strategic Plan, and offers practical tips on how to advance gender equality through programming in this area. For a more detailed treatment of this topic, see of the Operational Guidance on Focus Area 3; for an overview of key concepts related to gender equality, see *Operational Guidance on Promoting Gender Equality: An Equity-Focused Approach to Programming (Operational Guidance)*.

Key issues

More than 25 years into the epidemic, gender inequality and the comparatively low status of women remain two of the principal drivers of HIV – and chief obstacles to scaling up the children and AIDS response – for several reasons, including the following:

Gender roles and norms remain barriers to the scale-up of evidence-informed HIV interventions, and must be better understood. A robust gender analysis must be integrated into programme planning and policy development processes. The current AIDS response does not sufficiently address the social, cultural and economic factors that construct harmful gender norms and practices which put males and females at increased risk of HIV and that burden them with the consequences of the epidemic. A better understanding of gender norms can lead to both improved HIV and gender equity outcomes.

Men and boys remain at the periphery of the gender and HIV response, when they should be more front and center. Many of the ways in which we have defined masculinity, raised boys to be men and allowed men to exercise power over

women directly contribute to the spread of HIV and the failure to seek treatment. In sub-Saharan Africa, young women 15–24 years old are as much as eight times more likely to be HIV positive than their male counterparts.¹ Men and boys must be part of the interventions to address these inequities in HIV infection.

Accountability must be assigned for implementing evidence-informed interventions to address both HIV and gender equality outcomes. Gender remains a priority on paper, but it will take political leadership to assign accountability for gender equality and HIV outcomes. Gender must not be allowed to evaporate, and appropriate budgets must be assigned. People living with HIV are necessary partners in programme and policy development, and provide a means to mobilizing communities – the core implementers – to be owners of the response in partnership with government, academia, private sector and others.

Key opportunities

Critical to achieving outcomes for children and AIDS will be the realization of human rights and gender equality through the generation of gender-

¹ Joint United Nations Programme on HIV/AIDS, *Global report: UNAIDS report on the global AIDS epidemic 2010*, UNAIDS, Geneva, 2010, p.10.

informed evidence to improve access, coverage and impact across the 'Four Ps', which constitute the children and AIDS response:

- **Prevention of mother-to-child transmission of HIV (PMTCT);**
- **Paediatric AIDS care, treatment and support, including for adolescents;**
- **Protecting and supporting children affected by AIDS, including adolescents;**
- **Prevention of HIV infection among adolescents and young people.**

Prevention of mother-to-child transmission of HIV and paediatric AIDS care

A comprehensive programme on PMTCT can save the lives of hundreds of thousands of girls and boys, and men and women. PMTCT services are a critical entry point for early diagnosis of HIV among infants and antiretroviral treatment for HIV-positive mothers and their partners. However, a majority of women, their partners and children do not yet have access to basic PMTCT services, which include HIV testing and counselling, family planning, infant-feeding counselling and support, antiretroviral prophylaxis, and antiretroviral therapy for mothers who need it.

PMTCT is also an opportunity for HIV prevention. Few young women use a contraceptive of any kind during their first sexual experience. Their access to contraception is limited by their own lack of information and skills, and by the fact that most reproductive health services in developing countries are designed to serve the needs of married women. Even so, half of the generalized epidemic countries with population-based survey results reported more than 25 per cent unmet need for family planning among married women.

Children and young people living with HIV are faced with complex life choices, including decisions on sexuality and reproduction that are not supported by sensitive health and social services or sympathetic communities. The different challenges faced by boys and girls need to be better understood to address complex questions during childhood and adolescence regarding HIV-status disclosure, sex and relationships.

Protecting and supporting children affected by AIDS, including adolescents

Support for children and families affected by HIV must take into account the gender dynamics of care, external support, extended family support and other factors influencing the health and development of

children and their families. In financially stressed families with limited access to functioning social welfare and health systems, young girls and elderly women are by and large the primary caregivers for HIV-affected family members. School withdrawal, compounded by discrimination against people living with HIV and their families, heightens the risk of sexual exploitation, gender-based violence and HIV infection among girls. Children in households with a parent living with HIV may experience trauma when caring for ill family members. Burdened by stigma, suffering the loss of school-based peer networks, and sometimes being ill themselves, adolescent caregivers must also cope with increased adult responsibilities.

Child-centred and gender-informed social protection responses can improve coping abilities and catalyse household and community development in areas heavily burdened with AIDS. Men can play a crucial role in alleviating the burden of care and mitigating the impact of HIV on women. A gender-sensitive approach calls for redressing those social and cultural norms that contribute to imbalances in power between males and females, which result in exploitation of girls as household labourers, deny girls their rights to education and protection, and expose girls and boys to violence in their communities, schools and families.

Preventing new infections among adolescents and young people

The prevention of new infections among young people in many societies is challenged by deeply entrenched norms and prohibitive social and religious environments that particularly heighten risk of infection among young women. Forty-five per cent of all new infections in 2007 in people age 15 and older were in young people (15–24 years old). Even marriage, long assumed to be a protective factor, may heighten vulnerability to infection among adolescent girls.

In generalized epidemics, evidence indicates that a 'combination prevention' approach is most effective. Such an approach includes promoting the following: delayed sexual debut, increased knowledge of HIV serostatus, reduced numbers of sexual partners (particularly concurrent partners), reduced age-disparate sex, increased female and male condom use, male circumcision, and increased coverage and utilization of testing and counselling services by those at highest risk of HIV exposure. Employing combination prevention in low and concentrated epidemics entails focusing on the young people who are most vulnerable to HIV infection and often practice several high-risk behaviours concurrently.