

Mainstreaming gender in HIV programs: issues, challenges and way forward

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Abstract. It is increasingly being recognized that gender inequality is a critical factor fuelling the HIV epidemic in India and elsewhere in the world. To undertake a research and programmatic review to understand how gender has been integrated in existing HIV interventions in India and to highlight the challenges associated with gender mainstreaming to propose recommendations to fill the gaps. Review of literature both published and grey along with exploration of selected HIV program both HIV focused (targeted interventions) and non HIV focused programs interventions across the country. While gender mainstreaming as a process finds mention in program plans and priorities, efforts to operationalize gender within HIV prevention programs have not been easy. This is largely due to the structure of programs which are target driven and defined. While efforts to reduce structural vulnerability of women to HIV like violence against women have been introduced in some targeted interventions, they are largely perceived as ‘additional components’ which put emphasis on service delivery. The lack of gender sensitive indicators presents another challenge for most programs. To reduce the vulnerability and risk of women to HIV, current HIV programming in India should expand its focus from only ‘risk reduction’ to include ‘vulnerability reduction’ measures as well so that structural inequities that emanate from gendered relations are addressed within programs. In this effort, men along with women should be seen as allies leading this process. In addition, gender indicators should be developed that are mapped regularly along with service delivery indicators to measure impact of program. A robust monitoring and evaluation mechanism should be considered a critical part of project design and delivery.

Key words: Gender, gender mainstreaming, HIV/AIDS, gender based violence, vulnerability, risk reduction.

1. Introduction

Gender roles and the relationships between women and men and between men and men are fundamental to the nature of the epidemic in India and elsewhere in the world. Literature from different parts of the world has shown that women’s vulnerability is embedded in their socioeconomic and cultural context. Taboo and cultural norms relating to early marriage, lower literacy, lower autonomy over economic resources and reproductive and sexual behavior create environments which make women more vulnerable than men (1-3).

Sexual and physical violence against women and other controlling behaviours of men, as well as practices of transactional sex and men marrying or partnering much younger women, markedly increase the risk to women of becoming infected with HIV. It is extremely important to highlight violence against women and girls as a major underpinning of the spread of HIV/AIDS (4,5). With direct implications for physical transmission of HIV, several forms of sexual-based violence - marital rape, coerced sex and rape - put women at an increased risk of infection (5,6). The threat undoubtedly influences the perpetuation of the HIV/AIDS pandemic by “restricting the freedom of women and girls to enter into and leave relationships, to choose when and how to have sex, to use condoms, and to benefit from prevention and treatment services”(4).

The common practice of child marriage and a high frequency of intergenerational sex usually between girls and older men (7) is directly tied to

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unequal economic and social opportunities for women when compared to those for men (8). Young women are encouraged to marry young as a coping strategy in times of extreme poverty (5). One of the biggest risk factors for contracting HIV for many women is getting married, as they have few opportunities to negotiate when, how and how often to engage in sexual intercourse with their husbands, putting them at a higher risk for contracting the virus. In India, there is increasing evidence to suggest that the epidemic is slowly shifting its focus with married women being the category most at risk. Women, in India, are becoming increasingly susceptible to HIV and a large proportion of new infections are occurring in women who are married and are infected by husbands who (either currently or in the past) frequent sex workers (9).

The understanding of gender and how it fuels the epidemic is incomplete without an understanding of masculinity and the social construct of a 'Man'. Manhood or 'being a man' which is associated with sexual risk-taking behavior and control over women have been shown to be positively associated with more negative attitude towards condoms and less use, more sexually transmitted infections, more partners, including more casual partners, more frequent sex, more abuse of alcohol and more transactional sex (10). The masculinity norm encourages men to put their own and their partners' health at risk and discourages them from seeking healthcare services, including HIV testing and treatment, for fear of appearing weak.

Studies have also corroborated that gender roles and expectations increase the risk of men to HIV/AIDS (5). These inconsistent, unbalanced, socially-constructed demands are largely a result of differences in attitudes toward the definition of men's sexuality and women's sexuality, both inside and outside of marriage (5).

Designing interventions and policies that address vulnerability is complex because the concept of vulnerability takes into account personal and external factors, a temporal dimension and a complex interaction between factors that may differ across cultures and within societies. Efforts at mainstreaming gender within HIV programs have attempted to keep this social reality in mind while designing programs but there is a greater need to intensify such processes and support it with adequate resources and expertise at the design and implementation level.

1.1. Objective

To undertake a research and programmatic review to understand how gender has been

integrated in existing HIV interventions in India and to highlight the challenges associated with gender mainstreaming and propose recommendations to fill programmatic and research gaps.

2. Methods and materials

An intensive review of literature was carried out on electronic data bases. Electronic databases like PubMed, PubLine, Jstor, Science Direct, Ebsco Host, and USAID were searched by developing search strategies and key words. The search outcome included original articles, reviews, surveys and program related documents. Searches were made on issues related to women and HIV/AIDS (access, prevention, stigma & discrimination) and on women's empowerment in the context of HIV/AIDS (decision making, autonomy, mobility, sexual negotiation, condom use). They were then analyzed with those related to variables like gender norms, vulnerability, gender and sexuality, equity, equality and inequality and community mobilization. These reviews helped to develop the background of the study as well as provide leads into programmatic interventions. Additionally, web pages of various Government and Non - Governmental Organizations were reviewed to further strengthen documentation and understand program interventions.

On the basis of the literature review few interventions which were HIV focused (Targeted Interventions) as well as non HIV focused were selected for further exploration. Information was collected from organizational websites, email communication and project documents, project completion reports, and evaluation reports. Field visits were undertaken to the sites / offices followed by intensive discussions with the Program staff and stakeholders to understand the program perspective, strategies, learning and challenges.

3. Results

The research and programmatic review helped to illustrate and reiterate some of the known and unknown challenges associated with gender mainstreaming. At this point it perhaps also becomes necessary to revisit the principles of gender mainstreaming which have been debated and articulated over time.

3.1. Gender Mainstreaming: A Continued Debate

Marked by the 1995 Beijing Platform for Action, governments worldwide endorsed a

commitment to achieve gender equality and the empowerment of women in a broad sense- “gender mainstreaming was identified as the most important mechanism to reach this ambitious goal” (11). Gender mainstreaming is seen as “both a technical and political process (12) requiring changes in the cultures, values and

practices of organizations for the purpose of confronting gender inequality”(5). “Gender mainstreaming offers a vision of the future” where efforts to improve the lives of women in poverty and their families are given the opportunity to succeed (13).

Gender mainstreaming is defined by ECOSOC (Economic and Social Council) as: "...the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic, and societal spheres so that women and men benefit equally and inequality is not perpetuated." (E.1997.L.O. Para.4. Adopted by ECOSOC 17/7/97)

Recent debate surrounding gender mainstreaming sheds light on a conceptual challenge. At the institutional level, “gender mainstreaming has been adopted by development agencies to address the root causes of gender inequality ‘which can be found in the social structures, institutions, values and beliefs which create and perpetuate women’s subordination’(14). Some authors stress that international development agencies’ effort to purport this “modern” approach to achieving a more equitable world in fact “spells not a change of approach to gender but (merely) a more effective way of delivering an established equality policy that is oriented toward women” (15). Despite these critiques of mainstreaming efforts, experts and development practitioners have asserted that “although gender mainstreaming is a complex and lengthy process, it can be done” (13). The importance of integrating gender into HIV/AIDS programming is being widely recognized globally. Recent literature pertinently highlights a need for new approaches to effectively mainstream gender into interventions on the ground ranging from prevention to care and support programs.

Gender mainstreaming in HIV/AIDS interventions is more complicated than in many other areas where stark inequalities along gender lines exist.

This is largely because gender roles and power dynamics related to sexual activity (the principle transmission route around the world) is felt to "tap into very private matters of sexual norms, practices and individual health," subject matter that is preferred to be left alone by many (5). It is believed, then, that "Gender mainstreaming in HIV/AIDS programs requires more than policies and action plans. Individuals need to take a personal and political approach to confronting and addressing gender inequality"⁵ and methods

of mainstreaming must be highly sensitive and hopefully circumvent the sensitivity of sexuality as it relates to everyday power relationships:

In their 2006 report for the World Bank *Gender Mainstreaming: Making it Happen*, Mehra and Gupta offer fundamental ideas that ground efforts to refocus gender mainstreaming on operations, (13) requiring a different approach to the concept than many have previously conceived:

- Gender mainstreaming in operations is possible and very necessary, and under certain circumstances, it can occur fairly rapidly.
- It is important to get results on the ground because such success is motivating, and helps to lower organizational resistance.
- Success based on demonstrable results contribute to learning and serves as a model for replication.
- All the organizational pieces do not have to be in place for gender mainstreaming at the operational level to succeed. It is possible to get results by adopting a pragmatic approach that responds to strategic operational opportunities.
- Once an opportunity for gender mainstreaming in operations has been identified, it is important to have a systematic and sustained approach, to allocate sufficient financial resources, employ gender expertise, and show results.
- An instrumental approach that focuses on operations can yield intrinsic benefits for women.

As Mehra and Gupta note, gender mainstreaming in HIV/AIDS programming, as in all development programming, has two aspects: technical/substantive; and, structural. The technical/substantive aspect of gender mainstreaming refers to the specific approaches

or strategies used to address gender differences and constraints in HIV/AIDS programs and policies. These technical approaches are unlikely to be adopted without attention to the structural aspects of gender mainstreaming; to fully integrate a gender perspective into all programming within an institution requires institutional systems, processes, and structures that routinely, continuously, and comprehensively identify and respond appropriately to the different ways in which gender affects programming (13).

The review of select programmatic interventions in India highlights the numerous challenges associated with mainstreaming gender within programs. The challenges get accentuated due to reasons highlighted by Mehra and Gupta i.e when the twin domains of technical and structural do not coincide in programming and when one takes precedence over the other.

3. 2. Mainstreaming Gender in HIV: Issues and Challenges

Most programs in India are not designed to facilitate structural interventions: Prevention programs in India with its emphasis on targeted intervention focus primarily on maximizing service delivery. Recognizing the limitations of a purely targeted approach to HIV prevention, many of these interventions have made efforts to extend beyond its service delivery focus to include structural issues like addressing violence against women like for instance programs with sex workers. However, the projects and its reporting systems with its emphasis on targets are not adequately equipped to capture these changes. This has resulted in anecdotal evidence about how measures to reduce structural vulnerability with key populations have increased the efficacy of the program but fail to produce 'hard numbers' as evidence. It is thus not surprising to note that for most programs which are essentially oriented towards service delivery, incorporation of strategies for reducing structural vulnerability are 'additional components' that are added to the project as the project matures. Thus, in such cases many projects report that they do not have baseline data to compare with endline in order to demonstrate evidence. Since the focus of such service delivery programs is on targets, the emphasis on process indicators tends to be sidelined. This is a critical challenge with programs and with gender mainstreaming as a process on a whole where introduction of 'additional components' on a mature project limits the gains that one would have otherwise achieved if incorporated from the start.

Most programs stop at gender sensitization: Among policy planners and program implementers while there exists a good conceptual understanding of gender, this understanding and intent has not necessarily translated into programmatic action. In many of the programs an understanding of gender and its corresponding programmatic action has become limited to only module development exercises. Many programs report different modules on gender for its varied project audiences followed by sensitization programs for them. What needs to be recognized is that gender mainstreaming is more than gender sensitization.

Gender specific indicators not always a part of program design: The challenge of translating conceptual understanding of gender into programmatic action is also perhaps reflected in the absence of gender specific indicators in program designs. While on the one hand it can be argued that absence of gender specific indicators reflect inherent challenges of translating theory into practice (for gender), it can also be interpreted as lack of intent and commitment to address gender comprehensively in programs. While it is beyond doubt that indicators help create evidence which is critical to counter the criticism of lack of evidence of benefits of gender mainstreaming, absence of gender specific indicators in project design is a lost opportunity. In addition, it also has fallouts for project implementation. In the absence of a gender indicator, progress against stated gender specific objectives and corresponding activities are not rigorously mapped in projects with the result that more often than not, they tend to get sidelined in project implementation. Though many programs now report gender disaggregated data which is the first step critical to mainstreaming gender, what is to be appreciated further is that it is only the 'first' step towards integration and other corresponding efforts need to be made to use that data to inform program design and increase efficacy and impact.

Service delivery oriented program design tend to put the emphasis back on risk and may not necessarily be accompanied with strategies to reduce vulnerability: One of the distinct fallouts of a program with a pronounced focus on service delivery is its emphasis on risk reduction without a parallel focus on vulnerability reduction. This is a critical challenge that most HIV prevention programs with its targeted approach face in the country. Such programs focus only on reducing individual risk to HIV. While in some cases, the intent to integrate vulnerability reduction measures is becoming apparent, the intent is

constrained by the design of the program with its emphasis on targets. Most service delivery programs have extensive reporting and MIS systems and the corresponding pressures of fulfilling targets which are time consuming activities often do not provide flexibility to program implementers. In addition, it seems that amongst program implementers implementing HIV prevention programs in the country there exists almost an 'ideological gap' between those supporting risk reductions as compared to those supporting vulnerability reduction measures. This schism in thought amongst program designers and implementers can be a serious constraint that can work to offset the benefits that can be derived from combining the two approaches.

Robust evaluation methods a challenge for programs: Programming also highlights the challenges associated with Monitoring and Evaluation. Many programs do not report robust monitoring and evaluation systems to map project progress. Many such projects do not report external evaluation, often limited to baseline and endline data and some qualitative studies thrown in between. This is particularly a challenge for projects managed by small size NGOs. This represents a lost opportunity as the project might have promising beginnings but the lack of a robust monitoring and evaluation system works to offset that advantage.

4. Discussion

4.1. Strengthening the 'Gender Agenda' and Suggesting A Way Forward:

The research and programmatic review while highlighting the challenges associated with gender mainstreaming also presents opportunities that exist to strengthen the 'gender' component of programs.

4.2. Programs should combine gender strategies to address the specific vulnerabilities of target audiences:

Programs which seeks to integrate gender component in their program design or to expend the current gender initiatives within the design should be encouraged to include gender strategies in combination. These strategies are mutually reinforcing, and the costs of adding new gender components may be relatively low. It is important for the program implementers to determine which strategies to combine, and how best to combine them, based on the specific gender constraints experienced by target audiences. Need for undertaking formative research to understand the constraints and possible consequences of factors

like violence along with understanding of local norms and attitudes should be part of program concepts from the beginning and should inform program design. When locally relevant and appropriate, combining gender strategies to address interlinked constraints can increase the ability of individuals to engage in and benefit from HIV programming.

4.3. Donors and program designers should provide implementers adequate flexibility to adapt programming based on new findings about gender and shifting vulnerabilities of target audiences:

Important connections between genders constraints are sometimes identified during program implementation. Many programs featured in the compendium addressed additional gender constraints only after beginning implementation, when realizing multiple gender issues were interlinked and needed to be addressed together in order to ensure the success of their initial objectives. These programs adapted their efforts to include new gender components for more effective programming. Thus, funders should allow for the flexibility necessary to make mid-stream modifications. Ultimately, programs tailored to context- and audience-specific gender constraints are likely to be more effective and efficient, and achieve greater community buy-in because gender components complement and reinforce each other.

4.4. Increasing the involvement of men - especially young men-in gender-based programming and vulnerability reduction should remain a high priority:

Programs must recognize the role men play in women's experiences and constraints, as well as men's own gender-related constraints, and integrate activities to address male norms and behaviors into HIV and gender programming. The compendium includes numerous examples of innovative programming to increase the involvement of men in HIV programming. These "asset-based" approaches to men's involvement (i.e., treating men as part of the solution versus part of the problem) should be considered when integrating gender in HIV programming. Furthermore, while the inclusion of all men is important, some programs have seized the opportunity to effect change among a new generation of young men who are establishing what will be lifelong patterns of behavior with women. Interventions at early stages in their life may have profound impacts on the future course

of the HIV epidemic and offer an important contribution to HIV programming.

4.5. Addressing gender-based violence should be considered a key component in HIV programming:

A number of programs featured in the compendium found that violence contributed to women's and girls' vulnerability to HIV and also was as a barrier to accessing care, support, and treatment. These programs found that integrating violence prevention activities and support to survivors of violence into HIV programming contributed to overcoming these barriers. In addition, programs found that addressing women's legal protection, male norms and behaviors, and economic empowerment activities alone could have negative consequences for women and girls if they did not integrate violence prevention. For example, programs report that women's participation in income generation could lead to increased violence. Programs used a variety of innovative approaches that reached out not just to women and girls, but also engaged other actors, including men and boys, religious leaders, health providers, police and other decision-makers. HIV programs should integrate violence reduction with other gender strategies, adapting interventions according to type of program and engaging all sectors of society.

4.6. Programs should incorporate a strong evaluation component into all programs:

The lack of evaluation information was notable among most programs. Resources - both human and financial - are rarely available for formative research to understand and respond to local gender concerns, as well as for systematic evaluations that address key gender indicators. Not to learn from and to improve programming as a result of strong evaluations is an opportunity lost for the donor, the implementers and, especially, program beneficiaries. It is, therefore, recommended that both donors and programmers advocate for programs to include plans and resources to evaluate key outcomes, including gender-related indicators.

4.7. Community ownership and, involvement, and leadership in program design and implementation should be part of efforts to change gender norms and reduce vulnerability:

Changing sensitive gender norms requires community involvement, feedback and buy-in to be relevant, accepted and sustainable. Community support also helps ensure that target beneficiaries are able to fully participate in and benefit from program activities. Thus, funders should identify

optimal processes for community involvement and incorporate participatory approaches when developing programs that seek to address gender-related issues.

4.8. Need for a comprehensive understanding of gender within institutions:

The institutionalization of gender has long been problematic, although program experience suggests that it can be successfully accomplished over time. A review of evaluation results from a number of international agencies, such as the Canadian International Development Agency (CIDA), the International Labour Organisation (ILO), the United Nations Development Program (UNDP) and the World Bank have yielded valuable lessons on successful models of gender institutionalization. Political commitment to gender, publicly stated by the organization's leadership is the first critical step in gender mainstreaming. Until and unless gender mainstreaming as a policy pronouncement is endorsed at the highest levels within the organization it has limited chances of percolating down to the different tiers of the organization. Second, a participatory approach to developing ownership at different levels within institutions is equally important. Gender must be incorporated across programs, rather than invested as a specific responsibility within a separate unit or individual, in order to ensure that it is mainstreamed and not marginalized. In addition, it is important to set up accountability for gender and the accountability rests on principles of program efficiency rationales, rather than just changing the attitudes of individuals within an institution. Finally, efforts must be made to support all institutional mechanisms by providing staff the expertise and tools to undertake gender analysis as part of their routine work.

It must be emphasized at this point that within institutions it is important to move beyond efforts at collection of sex disaggregated data as the 'only' measure of addressing gender within programs. It is important to realize and re-emphasize the fact that collection of sex disaggregated data is the *first* step of gender analysis and not the *only* method to mainstream gender.

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