

November/December 2008

**HIV&AIDS & GENDER CONSIDERATIONS**

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*In Christ's family there can be no division into Jew and non-Jew, slave and free, male and female. Among us you are all equal. That is, we are all in a common relationship with Jesus Christ.*

*The Message  
Gal 3:26-28*

Whilst World AIDS day on Dec 1 marks progress, twenty-seven years into the epidemic AIDS continues to challenge all of our efforts. We are reminded that leadership and collaboration is essential. Let's continue to encourage each other through intentional networking and sharing what works (or doesn't!) in our context.

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SIM HIV&AIDS related ministries and HOPE for AIDS

**1. BIBLICAL FOUNDATIONS: GENDER CONSIDERATIONS**

The risk of dying in pregnancy or childbirth in sub-Saharan Africa and southern Asia has long been unacceptably high and continues unabated. Globally, women represent a growing share of people living with HIV. Men are expected to be tough, aggressive, sexually dominant, and risk taking - behaviour associated with increased vulnerability to HIV for both sexes. Women young and old are expected to be submissive and uncomplaining; they are often denied access to basic sanitation and clean drinking water, which has a major impact on their health. Daily treks for firewood and water become issues of physical safety. Gender is a cross-cutting issue that plays a critical role in addressing HIV&AIDS.

What about gender issues in the time of Jesus? His society was patriarchal; male and female roles were sharply differentiated, with women's roles centering on the family and home. A woman who could not have children felt deep shame (as in 1 Sam 1:12). Widows were especially vulnerable. Divorce was easy (for the man). A rabbinical custom was to thank God daily, as a man, that you had not been born a woman, slave or foreigner. Religious leaders were not permitted to speak to women in public; religion did not value women's spiritual contributions.

Jesus radically broke with these assumptions and traditions. He demonstrated a sensitivity toward women unique in his time. He extended honour and respect to all women - an attitude that perplexed and angered religious leaders and confused his disciples. Women experienced the power of his miracles. He taught that women were equal to men in the sight of God, that they could receive God's forgiveness and grace, be his followers, and participate fully in the kingdom of God. This was a shocking new way in Jesus' time. How ironic that in an era when women could not be legal witnesses, Jesus chose women as the first witnesses of his resurrection (Luke 24:9-11)!

For Reflection and Discussion:

1. Donald Messer in a conference paper titled *The Global Scenario of HIV&AIDS* (2004 p.7) presented for *Church Leaders & Theological Educators*, Assam India writes, "An AIDS theology focused only on personal sin is inadequate to deal with the complexity of those 'sinned against' - people imprisoned by poverty, discrimination, racism and cultural/societal structures over which they have no control. Patriarchal religious assumptions have made women especially vulnerable." To what extent do you agree or disagree with this statement, and why?

Available at: [www.churchandglobalaids.org/docs/AIDSGLOBALSCENARIOOFHIV1200409.pdf](http://www.churchandglobalaids.org/docs/AIDSGLOBALSCENARIOOFHIV1200409.pdf)

2. What are some of the religious, social, cultural and ethnic barriers that separate people today? What does Galatians 3:26-28 say to your context?

3. While we are seeing some success toward addressing gender related imbalances, much more remains to be done. What positive action is being taken in your setting to reduce the impact of HIV&AIDS on men and boys? On women and girls?
4. To what extent is gender considered in the planning, monitoring and evaluation of programs with which you are most familiar? How might this be strengthened?

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## 2. YOUNG CHILDREN, HIV&AIDS and GENDER

Attitudes towards gender that are inculcated in early childhood can play a significant role in creating adult behaviours that lead to the spread of HIV/AIDS. *Young children, HIV/AIDS and gender: A summary review* (2006) is a working paper exploring how to use the early years to lay the foundations for HIV/AIDS prevention. Available to order or download (1.2MB) from:

[www.bernardvanleer.org/publication\\_store/publication\\_store\\_publications/young\\_children\\_hivaids\\_and\\_gender\\_a\\_summary\\_review/file](http://www.bernardvanleer.org/publication_store/publication_store_publications/young_children_hivaids_and_gender_a_summary_review/file)

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## 3. MASCULINITY IN SUB-SAHARAN AFRICA

*Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict, and Violence* by Gary Barker and Christine Ricardo (2005) is available (1MB) on the Soul Beat Africa website [www.comminit.com/en/node/217882/38](http://www.comminit.com/en/node/217882/38)

This working paper from the World Bank examines the role of gender for young men in Africa, particularly as it relates to HIV&AIDS, conflict, and violence. Gender is frequently used as an analytical framework in programme and policy development related to youth. In most analyses, gender refers specifically and often exclusively to the disadvantages that women and girls face too often, ignoring the role of gender in the lives of men and boys. According to the authors, two of the most pressing social issues in Africa — conflict and post-conflict recovery, and HIV&AIDS — are directly related to how masculinities are socially constructed. They explore the construction of manhood in Africa and argue for the application of a more sophisticated gender analysis that also includes men and boys.

Throughout the report, reference is made to alternative, non-violent versions of manhood, to elements of traditional socialisation in Africa that promote non-violence and more gender-equitable attitudes on the part of young men, and to forms of socialisation and social control that reduce the vulnerabilities of young men and reduce violence. The following protective factors are identified as promoting gender equality, health-seeking or health-protective behaviours, and non-violence:

- having a high degree of self-reflection and a space to rehearse new behaviours
- witnessing the impact of violence on their own families and constructing positive lessons out of these experiences
- tapping into men's sense of responsibility and positive engagement as fathers
- experiencing rites of passage and traditions that have served as positive forms of social control, and which have incorporated new information and ideals
- having family members that model more equitable or non-violent behaviours
- having employment and school enrolment
- organising community mobilisation around the vulnerabilities of young men

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## 4. KEEP the BEST, CHANGE the REST

*"Keep the best, change the rest: Participatory tools for working with communities on gender and sexuality"* (2007) is a toolkit developed in Zambia aimed at enabling individuals and organizations working on HIV&AIDS issues to address gender and sexuality effectively.

This toolkit contains participatory activities that enable groups of men and women of different ages to explore how gender and sexuality affect their lives, and to identify changes which they wish to make to improve their relationships and sexual health. It aims to establish the ongoing involvement of key stakeholders such as chiefs, traditional advisors, teachers, health workers, civil society organisations and religious and other leaders. It is available for download in 3 sections (1.65MB, 1.53Mb and 1.1MB) at:

[www.aidsalliance.org/custom\\_asp/publications/view.asp?publication\\_id=257](http://www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=257)

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## 5. DEVELOPMENT and DISASTERS in a TIME of HIV

The aftermath of disasters creates increased vulnerability to HIV infection along with the untold pain and

suffering. The *Development and Disasters in a time of HIV* toolkit (834kb) gives practical ideas in how to mainstream HIV to program work (external) and organizational issues (internal). Many of the issues raised by HIV mainstreaming are gender-related and so these tools can also facilitate an effective gender-based analysis. Their '4Ps' approach facilitates and makes manageable what can otherwise seem like a complicated and time-consuming analytical process (p16) although it needs adapting to each local context.

1. Potential: Is the potential of intended program participants to engage with the proposed initiative affected because HIV&AIDS are present? Does the current situation adversely affect communities already affected by HIV& AIDS?

2. Protection: What features of the local situation might increase people's vulnerability to sexual violence or coercion, or sex as a survival mechanism? What features might increase vulnerability to blood-borne infection? What features might stigmatise people infected or affected by HIV, or for other reasons?

3. Power: Where does power reside in the current situation? How might the distribution of power increase people's vulnerability to HIV or the harm to those already infected?

4. Priority groups: Does consideration of the first three Ps identify additional priority groups not specified in the original program proposal?

The toolkit with CD, poster and manual is available in English at: <http://www.cafod.org.uk/policy-papers/hiv/panels/resources-to-download/development-and-disasters-in-a-time-of-hiv>

For further information including Spanish, French and Portuguese versions e-mail: [jlennon@cafod.org.uk](mailto:jlennon@cafod.org.uk)

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## 6. S.A.V.E.: A COMPREHENSIVE RESPONSE to STIGMA and SHAME

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Canon Gideon Byamugisha ([gideon\\_byamugisha@yahoo.co.uk](mailto:gideon_byamugisha@yahoo.co.uk)), Anglican priest and founder of the African Network of Religious Leaders Living with or Personally Affected by HIV& AIDS (ANERELA+), contributes the following in response to AIDSLink's feature on stigma, shame and discrimination.

"Stigma, shame, denial, discrimination, inaction and mis-action (SSDDIM) are six related evils that continue to either frustrate or slow down our HIV&AIDS prevention, care, and treatment, and impact mitigation efforts. From within our Ugandan context we have learned that:

1. SSDDIM has different sources:

- Fearing, ridiculing and denigrating people who are HIV positive as sources of HIV contagion, infection and transmission
- Connecting HIV infection with immediate and quick death
- Connecting HIV infection with immoral, loose, irresponsible and foolish sexual behaviour, and drug abuse
- Connecting HIV infection or an AIDS related illness as a sign of having little or no personal faith in God as Saviour of all sins (including sexual sins) and healer through miracles and wonders

2. SSDDIM operates at different levels:

- Individual level either by or to people living with or suspected to be living with HIV
- Family level
- Local community level in our places of worship, residence, education, work, travel or entertainment
- National level in policy formulation, messaging and communication, strategic planning, programming and resource allocation
- Global level

3. Stigma that is usually talked about is the stigma at individual, family and local community level. Little work and focus has been done on the SSDDIM at national and global levels.

We are trying to confront SSDDIM practically through:

- Sharing personal testimonies and experiences
- Influencing the way people talk about HIV prevention (The ABC message alone with its limited, individual approach is a prime source of HIV and AIDS related SSDDIM)
- Training religious leaders and other people of faith in stigma-free messaging, communication, counselling, policy formulation and programming
- Promoting S.A.V.E. as a comprehensive, non-stigmatizing, non-shaming and non-discriminating approach to HIV and AIDS prevention, care, treatment and impact mitigation compared to ABC.

S.A.V.E. stands for:

Safe practices (A+B+C + safe blood + prevention of mother to child transmission + safe circumcision + safe injections + safe microbicides + vaccines development)

Access to treatment (for STDs, opportunistic infections and ARVs) and nutrition

Voluntary, routine and stigma-free counselling and testing

Empowerment of children, youth, women, men, families, communities and nations living with or vulnerable to, HIV&AIDS (spiritually, socially, economically, educationally, technologically & politically)

In September 2008 we began a "S.A.V.E. Uganda from HIV&AIDS" campaign spearheaded by a "Working Group on Faith, SSDDIM & HIV" chaired by the Rt Rev Bishop Wilson Mutebi, with members from organizations, agencies and networks with a focus or interest in anti-SSDDIM. If this group can access the resources to enable it function, the landscape of HIV&AIDS in Uganda could change considerably in the next 3-5years. Meanwhile the struggle continues. If God is for us who can be against us or stand in our way towards victory? Not even HIV& AIDS related SSDDIM! In everything we are more than conquerors and we shall overcome HIV and AIDS."

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## 7. MAKING IT KNOWN – WORLD AIDS DAY 1 Dec 2008



December 1, World AIDS Day, is the day when individuals, organisations and communities from around the world come together to bring attention to the global AIDS epidemic. 2008 marks the 20th anniversary of World AIDS Day. This is an ideal time to raise the profile of HIV&AIDS in your church and community. *Leadership* is the theme promoted with the campaigning slogan, "Stop AIDS. Keep the Promise." For more information see: [www.worldaidscampaign.org](http://www.worldaidscampaign.org)

A question from AIDS Alliance for you: *How do YOU think we can achieve a world in which people do not die from HIV?* AIDS Alliance wants your views on this question to help inform an interactive web exhibition to mark World AIDS Day 2008. This will include also various multi-media elements including photo-galleries and film clips. Diverse responses have already been collected from a wide range of people including UK Prime Minister Gordon Brown and a variety of HIV experts, business entrepreneurs and entertainers. Visit [www.aidsalliance.org/sw35388.asp](http://www.aidsalliance.org/sw35388.asp) and send your message. Please keep it less than 120 words.

How do you see God at work in a world where HIV&AIDS is a reality? Let's hear your response, on the SIM HOPE for AIDS Facebook cause or by replying to [international.aids-consultant@sim.org](mailto:international.aids-consultant@sim.org)

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## 8. TIP of the MONTH – GENDER BOXES

This tool provides a non-threatening way to identify the roles, qualities and behaviours expected of 'typical' women and men, and explores what happens if a woman or man breaks out of their "box" and does not do what is expected of them. It explores where these expectations come from and the pressures that they bring, identifies what happens if people do not follow expectations, and may be used to explore what could be changed and how this could be done. Gender boxes are particularly useful for linking issues related to HIV prevention including vulnerability, power and cultural traditions.

- Divide into women-only and men-only groups. If you have only men or women, ask half of them to work as if they were the other. Each group draws a medium-sized square as a gender box
- Draw a 'typical' woman (for the women's group) or man (for the men's group) inside the box.
- Discuss the qualities, roles and behaviour that society expects of the 'typical' woman or man, and draw or write the key points inside the box. Discuss where these expectations come from
- What happens if the 'typical' woman or man does not fulfil what society expects? Draw or write this outside of the box
- Bring the groups back together to compare their gender boxes and discuss what the gender boxes have shown

Tip for facilitators: Instead of doing their own gender box, ask women and men to do each other's. This will open up discussion about how women and men see each other's situation.

This tool has been adapted from *Tools Together Now, 2006*, p88 by AIDS Alliance and is available for downloading (2.9MB, 250 pages) at: [www.aidsalliance.org/sw36326.asp](http://www.aidsalliance.org/sw36326.asp)

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