



Gender and HIV

Gender is an inextricable part of the HIV/AIDS equation. Young women are disproportionately vulnerable to infection; elderly women and young girls are also disproportionately affected by the burden of care giving in the epidemic's wake. Globally, females make up to 50% of People Living with HIV (PLHIV) while in sub-Saharan Africa, 60% of PLHIV are females. In low and middle-income countries worldwide, HIV is the leading cause of death and diseases in women of reproductive age. Men and boys are affected by gender expectations that may encourage risk-taking behavior, discourage accessing health care services and narrowly define their roles as partners and family members. Rates of HIV testing and treatment tend to be lower among men compared to women. Gender inequality and poor respect for the human rights of women and girls are key factors in the HIV/AIDS epidemic: both from the point of view of effectiveness and from the call of social justice.

Key Statistics on HIV in Nigeria

- As at **2015**, statistics revealed annual AIDS death of **174,253** in **2014** (GARPR 2015)
- About **33 million** people are living with HIV and **2.6 million** new HIV infections occur annually across the globe. (GARPR 2015)
- Of the **3.5 million** people living with HIV, **1.72 million** are females indicating that females are worst hit by the epidemic. (ANC 2014)
- It was observed that in **2012**, prevalence was higher amongst females in three geo-political zones except in the North West where prevalence is **3.5%** for males and **2.9%** for females North East prevalence is **3.8%** for males and **3.7%** for females and South-South prevalence is **6.1%** for males and **5.6%** females respectively. (NARHS 2012)
- In the same year **2012**, the HIV prevalence was consistently higher for females than males in the urban (**F: {U: 3.6. %; R: 2.8%}**) and (**M: {U: 3.6%; R: 3.9%}**).
- Females in the reproductive age bracket have the highest prevalence. Among young people aged **20 - 24**, the infection rate of females (**3.7%**) is more than double that of their male counterparts (**2.9%**). (NARHS 2012)

Violence against Women and Girls: A Key Driver of HIV Epidemic

Studies have demonstrated strong links between gender-based violence (GBV) and HIV infection with violence as a risk factor for HIV as well as a consequence of being HIV positive. About 35.6% of women across the world have experienced either non-partner sexual violence or physical or sexual violence by an intimate partner or both.

Gender-based violence and gender inequality are increasingly cited as important determinants of women's HIV risk. In Nigeria, women and girls abducted by the insurgency groups are forced to marry, convert and endure physical and psychological abuse, forced labor, and rape in captivity. More than 500 Nigerian women and girls have been abducted since 2009. Forced sex increases the risk of HIV transmission among women due to lacerations. Women dreading or experiencing violence, are less likely to negotiate for safe sex, go for HIV testing, share their HIV status and access treatment. Women (45%) who ever experience physical or sexual violence did not seek help from any source or tell anyone about the violence. Current gender roles also compromise men's health by encouraging them to equate risky sexual behaviors and violence with being manly.

Gender Inequality and Women & Girls Vulnerability to HIV in Nigeria

Various studies in Nigeria identified the following as factors that make women and girls more vulnerable to HIV. Most women and girls lack power to control key aspects of their lives including marriage and sexual negotiation in and out of marriage. Most women and girls also lack social and economic power to control the impact of the epidemic in their lives. About 70% of Nigerian women live below the \$1 a day threshold emphasizing the feminization of poverty in Nigeria. Women and girls lack access to

education at all levels, economic empowerment largely tied to property rights (10% of women in Nigeria own land). In Nigeria, 60 – 79% of the rural workforce is women but men are five times more likely to own land. Weak political commitment to domesticate and implement international and regional treaties and national laws that aim to address gender inequalities remain a challenge for empowering women across board in Nigeria.

Societal Factors Predisposing Men, Women, Boys and Girls to HIV

Studies have shown that in Nigeria, masculinity norms impress on men to have more than one sexual partner and it is common for older men to have unprotected sexual relationship with much younger women. These factors contribute to:

- Three times higher infection rate among young women (15 – 24 years) compared to young men of the same age.
- One-third (33%) of married women in Nigeria are in polygamous relationships.
- 16% of girls initiate sexual activity before age 15.
- The percentage of women and men aged 15 – 49 with multiple sexual partners is higher amongst males than females, with more than 30% men ages 20 to 24 reporting multiple sex partners in 2012.

Socialization of men may mean that they will not seek HIV services due to fear of stigma and discrimination, losing their jobs and not being able to play their bread-winning role. Similarly, women are likely to face barriers in accessing HIV prevention, treatment and care services due to their limited decision making power, lack of control over financial resources, restricted mobility and child-care responsibilities. Women and girls are often the primary caregivers in the family, including for those living with and affected by HIV, thereby hindering their economic opportunities. Many women lose their homes, inheritance, possessions, livelihoods and even their children when their partners die. This



forces many women to adopt survival strategies, including sex work that increases their chances of contracting and spreading HIV. Child marriage is still common nationwide, with young girls often forced into marriage and sexual relations, causing health risks, including exposure to HIV. At least 40% of girls are married by age 15. Harmful traditional practices such as female genital mutilation/cutting, early and forced marriage, vaginal douching and women inheritance increase risk of HIV infection among women and girls.

Effects of Education

In Nigeria, HCT uptake is low in rural areas among people of low educational background. Evidence shows that lack of education can prevent women from accessing HIV information and services. Correct knowledge of HIV and prevention in the country among young persons (20 – 24) is low (24.4%), higher in males (27.0%) than females (22.3%). Available evidence indicates that sex education can delay sexual debut (rather than encourage young people to have sex), and can increase condom or contraceptive use by sexually active adolescents in Nigeria.

Government's Current Interventions

Several efforts have been made to tackle gender and HIV/AIDS related issues in Nigeria. These include:

- Scaling up of PMTCT
- Accelerated PMTCT programmes at PHC & community levels, and giving attention to MARPs, women, young people, Vulnerable Children (VC).
- Mainstreaming gender issues, women empowerment and male involvement in all efforts of the national HIV response.
- Mobilization of strategic partnership with FBOs, women focused NGOs, traditional rulers, public and private organization through the office of First lady and wives of Governors and LGA Chairmen.

- Integration of reproductive health and HIV services including comprehensive programmes that address gender inequality in a holistic way and cross-examine the socialization of boys and girls at home and school.
- Involvement of male and female gender focused networks including women and girls with disabilities who have been marginalized.
- Ongoing institutionalization of Gender Management System, which will enable a gender responsive functional system at national and sub-national levels and;
- Gender responsive budgeting in HIV/AIDS programming.

Actions Required

HIV/AIDS and Other Sector Policy Makers should:

- Invest a good proportion of the HIV/AIDS budget in gender based programming to address specific gender and human rights related issues in order to halt the spread of HIV.
- Build capacity of gender desk officers in the administration of gender tools for gender and human rights based programming and gender responsive budgeting.
- Support whole site orientation as capacity building for staff in gender and human rights responsive programming.
- Support comprehensive programmes including an effectual budget that addresses gender inequality in a holistic way.
- Support the development a gender responsive costed state and national plans detailing specific strategies and interventions critical for provision of gender and human rights sensitive interventions.
- Ensure resource allocation/budgetary provision, approval and timely release for specific gender sensitive interventions.
- Monitor and track resources to ensure that gender and human rights specific interventions have budget lines and are executed appropriately.



Definition of Terms

- **HIV:** Human Immune-Deficiency Virus
- **AIDS:** Acquired Immune Deficiency Syndrome
- **Sex:** refers to the biological differences between males and females
- **Gender:** the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. It is the social differences between males and females. Gender varies from society to society and can change over time. It involves the socialization for boys and girls, men and women that determine roles, responsibilities, opportunities, privileges, limitations, and expectations.
- **Gender roles:** are socially defined roles for women and men. These roles change over time and differ between cultures.
- **Gender equity:** Gender Equity is the process of being fair to women and men. It is a fair sharing of resources, opportunities and benefits according to a given framework. Equivalence in life outcomes for women and men, recognising their different needs and interests, and requiring a redistribution of power and resources.
- **Gender inequality:** is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, participation in the economy, leadership and decision making, opportunities, and resources. It implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men.
- **Gender stereotype:** this occurs when men or women are persistently attributed certain characteristics or roles, thereby creating the belief that these are invariably linked to gender.
- **Gender mainstreaming:** is a strategy used for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres such that inequality between men and women is not perpetuated.
- **Gender based violence (GBV):** any form of violence that is directed at individuals on the basis of their gender (Interagency Coalition on AIDS and Development, 2008, Terry & Hoare, 2007). GBV also refers to a range of harmful customs and behaviors against girls and women, including intimate partner violence, assaults against women, child sexual abuse and rape.
- **Gender-responsive budget (GRB):** ensures that government budgets and the policies and programmes that underlie them address the needs and interests of individuals that belong to different social groups. GRB looks at biases that can arise because a person is male or female, but at the same time considers disadvantage suffered as a result of ethnicity, caste, class or poverty status, HIV status, location and age (UNFPA, UNIFEM, 2006).

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