CHAPTER THREE

Key concepts

By Colleen Lowe Morna

"AIDS affects all of us. But it affects women and girls in very specific ways. It brings together factors of poverty and unemployment, women's and men's biological make up, violence, gender inequality and the famous double standard (the man who sleeps around is a real man, the woman who does the same is a "slut"...) This epidemic forces us to examine the most difficult issues – the ones closest to home. We are challenged to refuse to play by the patriarchs' rules in the bedroom and in the boardroom."

(Pregs Govender, former Member of Parliament and Chair of the Committee on the Quality of Life and Status of Women, South Africa)

Objectives

The objectives of this chapter are to:

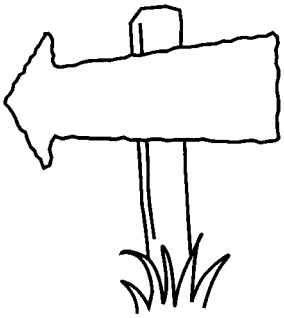
- Convey the difference between sex and gender;
- Examine the key elements of HIV/AIDS; and
- Examine the critical links between gender and HIV/AIDS.

Introduction

Of the approximately 36 million people infected with HIV/AIDS globally, 69 percent live in Sub Saharan Africa, and approximately 55 percent of these are women (compared to the global average of 46 percent women infected by the virus).

There are biological reasons why women, and especially young women, are more vulnerable to the disease. However, these are compounded by a host of other factors relating to the social and economic status of women. Because of the unequal power relations between women and men, women are not able to negotiate safer sex especially where the only known method for reducing the spread of the disease (short of abstinence) is the condom – a device almost exclusively controlled by men.

The power imbalance between men and women is exacerbated by various traditional practices that contribute to the spread of the disease. Among the scariest of these is the myth, highly prevalent in the region, that having sex with a virgin can cure the disease. HIV/AIDS is also being spread through large numbers of sexual offenses. Few, if any, government facilities provide access to post-exposure prophylaxis to rape survivors and survivors of sexual violence, leaving many women with a death sentence hanging over them.



See Chapter Six on Gender violence and HIV/AIDS and
Chapter Seven on Gender, culture, religion and HIV/AIDS.

Contrary to the view in many opinion surveys that women are responsible for spreading the virus through sex work and through promiscuous behaviour, many women unwittingly contract the virus in their own homes through unfaithful husbands and partners. Indeed some studies show that among sex workers who receive education and access to resources, the spread of HIV/AIDS is better controlled than in other relationships and the incidence of HIV/AIDS in these populations is lower than in the general populace.

Despite this, AIDS has been dubbed a “prostitutes’ disease” and a “woman’s disease”. The naming of vertical transmission as mother to child transmission, rather than parent to child transmission has continued to emphasize the role of women as vectors of the infection and contributes to the notion that women bear sole responsibility for children. Practices such as having sex with virgins to “cleanse” older men of the disease, or banning young women from having sex, have gone without critical comment, debate, or provision of information to help dispel the myths that surround them.

As much as HIV/AIDS is a devastating threat to the region, it also presents enormous opportunities for better understanding the gender dynamics that are contributing to the spread of the disease, for frank discussions on sexual and reproductive rights, and for a human rights approach to dealing with the pandemic. This can only be achieved if those who communicate about the disease are well equipped to understand and convey these issues.

Many communicators and media practitioners, male and female, have never been exposed to gender training of any kind. Even if some have, it is important that all participants begin from a common understanding. As in any learning, these concepts are best understood when they are applied to the experience of individuals, and their work.

Exercises from this chapter can be used as a package or in various combinations for introducing gender and its significance to reporting in the more specific chapters that follow.

Exercise one

Six volunteers are requested to give one-minute impromptu speeches on the subjects below. The speakers may either agree or disagree with the statement, but should give reasons why they do so:

- If my partner insisted that we use a condom, I would be suspicious.
- If I found out that my domestic worker had HIV/AIDS, I would dismiss him or her.
- If I heard that someone in my workplace had a family member living with HIV/AIDS, I would avoid them.
- Women should not enjoy sex.
- Once a man is sexually aroused, he needs to have sex, otherwise he will be in a lot of physical pain.
- If I had a choice between the male and female condom, I would use the female condom.

Tips for trainers: Impromptu speeches are a useful way of surfacing stereotypes, assumptions and in this case, the complexities of gender issues as well as their significance to public policy. Indeed, the above questions should be adapted to your particular situation and pick up on any recent, newsworthy events. Impromptu speeches are also fun and a good way of breaking the ice. Use this exercise mainly for this purpose and for surfacing the issues that will then be unravelled gradually through the remainder of the training. It would be useful to write up some of the key issues that arise on a flip chart so that you can refer back to them as you go through the training.

Another format for this exercise that is more active and participatory, but also more time consuming, is to have all participants stand up in an open space. The facilitator reads out the statement. Those who agree go to one side of the room and those against go to another side of the room. Each has to give one reason why they are for, or why they are against. Rather than pose all the statements at one go, this exercise could be repeated at several different junctures throughout the workshop as a kind of reality check; a way of constantly linking the training to the real world, testing how gender analysis skills are developing, as well as relieving boredom and fatigue.

Sex and gender

Understanding the difference between sex, the biological difference between women and men, and gender; the roles assigned to men and women, is a critical starting point in any gender training. These terms are frequently confused. For example, arrival and departure forms in South Africa ask travelers what their gender is. This is, of course, incorrect. The question should be, what is your sex. Open the discussion on the difference between sex and gender through a quick quiz such as the one below.

Exercise two

In pairs or buzz groups, participants should tick whether the following functions are associated with sex or gender.

How would you define the difference between gender and sex?

FUNCTION	SEX	GENDER
Breastfeeding		
Cooking		
Menstruation		
Managing		
Growing a beard		
Boxing		
Voice breaking		
Knitting		

Tips for trainers: The above exercise is intended to test whether participants understand the difference between sex and gender. Breastfeeding, menstruation, growing a beard, and the breaking of the voice are biological processes associated with sex. Cooking, managing, boxing and knitting are activities traditionally associated with men or women that have no biological basis – they are therefore a function of gender, or a social construct. The list is not exhaustive – participants can be invited to add more examples. Another approach is to distribute cards and ask participants to list functions of men and women, and then pin these up on separate walls under the headings sex, or gender.

Definitions

Sex describes the biological difference between men and women; men produce sperm, women become pregnant, bear and breastfeed children.

Gender describes the socially constructed difference between men and women, which can change over time and which vary within a given society and from one society to another. Our gender identity determines how we are perceived and how we are expected to behave as men and women.

Gender relations describe the social relationships between women and men. These are socially constituted and do not derive from biology. Biological differences are permanent, with the rare exceptions of those who undergo sex changes. Gender relations are dynamic. They may also be impacted on by other factors, such as race, class, ethnicity and disability.

Sex and gender roles

Now that you have established the difference between sex and gender, build on this knowledge to help participants understand how this leads to women occupying secondary positions – socially, politically and economically in every country of the world.

Exercise three

In plenary or in small groups, fill out the table in **Handout two** of the biologically and socially determined roles of men and women.

Ask participants to answer the following questions, after they have completed the table:

- Is this not just a natural division of labour?
- What are the economic differences between the roles assigned to men and those assigned to women?
- What is the political difference in the roles assigned to men and women?
- What is the social difference in the roles assigned to women and men?
- What is meant by a stereotype? How do stereotypes lead to discrimination?

Tips for trainers: The reproductive role is the only one that is biologically determined. The roles in the home, community and work place are "grafted" onto these biological roles. Thus, it is assumed that because women give birth to children, they must care for them and for the home and offer voluntary "care" services in the community. Gender stereotypes are carried into the work place, where women predominate in the "care" professions like being secretaries, nurses, domestic workers etc. Men are assumed to provide and protect. They take on "control" work in the community and work place – as politicians, managers and decision-makers; working in industry, business etc.

Through interactive questions and answers, draw out what is amiss with these "socially constructed roles". For example:

1. They lead to stereotyping. No individual exists in a little box. Its possible for men to raise children, and for women to lead nations. It's also possible to be caring and to be ambitious; to be emotional and to be strong.
2. The effect of the roles that women are assigned to is to make them inferior to men in almost every way, in almost every country:
   - Economically, the work that women do in the home is unpaid, and most women's work in the community is voluntary. When women do enter the "formal economy" they earn, on average, almost half what men earn because "care work" is not as valued in our society as work that involves "control".
   - Politically, whether in the home, community or in the nation, women are glaringly absent from decision-making. This makes a mockery of concepts of equal participation, citizenship, democracy, responsive governance etc.

handout two

Sex and gender roles

ROLES AND ASSUMED ROLES	WOMAN	MAN
REPRODUCTIVE WORK = BIOLOGICALLY DETERMINED		
PRODUCTIVE WORK = SOCIALLY DETERMINED		
HOME		
COMMUNITY		
WORK PLACE		
PERSONALITY TRAITS = SOCIALLY DETERMINED		

- Socially, women are often minors their whole lives, answerable first to their fathers, then to their husbands, and later in life even to their sons, and their brothers-in-law.
- Gender violence – the ultimate expression of any difference in power relations is violence. This kind of violence is even more frightening than others because it is often socially condoned. The man is expected to be strong and assertive and in control – to the point of being violent. The woman is expected to suffer in silence. She is frequently blamed and blames herself for any breakdown in relationships.

Definitions

Reproductive work comprises the child bearing/rearing responsibilities and domestic tasks undertaken by women, required to guarantee the maintenance and reproduction of the labour force. It includes not only biological reproduction but also the maintenance of the work force (husband and working children) and the future workforce (infants and school going children).

Productive work comprises work done by both women and men for payment in cash or kind. It includes both marketplace production with an exchange value, and subsistence/home production with an actual use value, but also a potential exchange value. For women in agricultural production this includes work as independent farmers, peasant's wives and wageworkers.

("Gender Planning and Development: Theory Practice and Training." Caroline O.N Moser)

What is HIV/AIDS?

It is important to test participants understanding of HIV/AIDS before establishing the links between the pandemic and gender equality.

Exercise four

A good way to do this is through the true/false quiz in **Handout three.** Follow the quiz with a mini-lecture and the basic facts on HIV/AIDS in **Handout four.**

Tips for trainers: The answers to the quiz are as follows:
1= F; 2= F; 3=F; 4=T; 5=F; 6=T; 7=T; 8=F; 9=F; 10=T; 11=F; 12=T; 13=F; 14=T; 15= T; 16=F; 17=F; 18=F; 19=T; 20=T.

handout three

What do you know about HIV/AIDS?

		T	F
1.	You can get HIV/AIDS drinking from the same glass that a person with HIV/AIDS has just used.		
2.	AIDS can be cured if you are given medicines early enough		
3.	It is safe to have sex without a condom, once you know the person really well.		
4.	Once you have HIV/AIDS, you cannot do anything to rid yourself of the virus.		
5.	People living with HIV/AIDS are always skinny and look very sick.		
6.	You can test negative for HIV/AIDS and still be HIV positive.		
7.	It is easier for a girl to get infected by HIV/AIDS than a boy.		
8.	Mosquitoes carry HIV/AIDS and can pass it on to people.		
9.	If you test HIV positive it means you will soon die.		
10.	A person who has a sexually transmitted disease is at greater risk of getting HIV/AIDS than someone who does not.		
11.	There is no difference between HIV and AIDS.		
12.	Babies can get HIV/AIDS from their mothers through breast-feeding.		
13.	Condoms do not protect against HIV/AIDS.		
14.	AIDS weakens your body so that it cannot fight off other diseases such as tuberculosis and meningitis.		
15.	HIV positive women can give birth to an HIV negative baby.		
16.	Caring for people with HIV/AIDS is risky.		
17.	We can control HIV if we test the whole population of a country and isolate those who are HIV positive.		
18.	The highest rate of new HIV infections is among young men.		
19.	Gender violence increases the possibility of HIV infection because any form of coercive sex increases the chance of skin tearing.		
20.	Some three quarters of HIV transmission takes place through sexual intercourse.		

(Source: "Gender, HIV and Human Rights, a Training Manual", UNIFEM and ACT Now! A Resource Guide for Young Women on HIV/AIDS, UNIFEM)

handout four

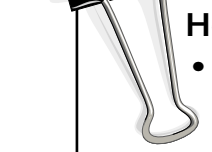
Fact sheet on HIV/AIDS

What is HIV/AIDS?

- AIDS, the Acquired Immune Deficiency Syndrome is a disease caused by the Human Immunodeficiency Virus (HIV).
- A virus is a tiny piece of biological material that attaches itself to the cells of a creature and uses them to make copies of itself. These cells make copies of HIV and then die, releasing those copies to attach to other cells.
- When the body makes anti-bodies to fight HIV/AIDS, this is called "sero-conversion"
- When enough of these cells are dead, the immune system is weakened and can no longer fight off the disease as well as it could before. At this point, many diseases that would not normally be a problem become very dangerous.

How is it transmitted? How can this be prevented?

MODE OF TRANSMISSION	PREVENTION STRATEGIES
Sexual: Having unprotected sexual intercourse with an infected person. Some 75 percent of HIV infections are caused by sexual intercourse. Three quarters of these are caused by heterosexual intercourse. HIV enters the body through tiny cuts and scrapes. Sexually transmitted infections (STI's) – especially those that cause open sores or lesions – increase the possibilities of transmission.	**Biological** • Control STI's. • Vaccines and micro bides. **Behavioural** • Formal education. • Mass media. • Social marketing.
Injections: Sharing syringes or other drug-injecting equipment with an infected person.	• Provision of sterile drug equipment. • Outreach and peer education. • Access to health care, testing and treatment.
Blood transfusion: Receiving a blood transfusion that contains HIV-infected blood.	• Screening of blood donors. • Screening of blood supply.
Parent to Child Transmission: Being exposed to HIV while still a baby in the uterus of a mother with HIV, during birth or through breastfeeding.	• Prevention of HIV infection in parents. • Use of antiretroviral drugs by the mother before giving birth. • Provision of health alternatives to breastfeeding.



How is HIV/AIDS not transmitted?

- HIV/AIDS cannot be transmitted by everyday contact for example shaking hands, kissing, coughing, sneezing, and using common swimming pools and public toilet seats.

How is HIV/AIDS diagnosed?

- HIV antibodies can be detected through the HIV antibody test about three to six months after infection.
- The period during which the antibodies are not yet detected is called the window period. Transmission of infection can take place during this period.

How does HIV become AIDS?

The progression from HIV to AIDS takes place in three phases:

- *Acute infection:* a person who has just been infected may demonstrate flu-like symptoms. This normally goes away in 1-3 weeks.
- *Asymptomatic infection:* During this phase, that can last up between eight to 10 years, the person does not appear ill, even though HIV is destroying the cells in the immune system faster than the body can replace them.
- *Clinical AIDS:* the immune system becomes very weak, the infected person catches diseases and eventually dies.

What kind of treatment is available?

There are five main types of treatment:

- *Post exposure prophylaxis (PEP):* If someone has recently been exposed to HIV, anti-retrovirals can be taken to reduce the risk of sero-conversion. These drugs must be taken within three days. There are mounting campaigns around the region for governments to make these drugs readily accessible to survivors of rape.
- *Anti-retrovirals to reduce parent to child transmission:* Drugs such as AZT and nevirapine can be used to reduce the risk of babies being infected by mothers with HIV/AIDS.
- *Combination therapy:* Certain medicines can be used together to help fight other infections that move in when the body is weak. They can slow down the change from HIV to AIDS, but they are not a cure for HIV/AIDS
- *Treatment and prevention on opportunistic infections (OIS)* – diseases that people living with HIV/AIDS get because their immune system is weakened are called “opportunistic infections”, e.g. TB. These are treated with drugs called “prophylactics” that are cheaper than drugs used to fight HIV/AIDS.
- *Palliative care:* At the stage of AIDS, the only care that can be offered is to make the patient as comfortable as possible and manage the pain. This is known as “palliative care”.

(Sources: “Gender and AIDS Almanac”, UNAIDS; “Gender, HIV and Human Rights: A Training Manual’; “HIV/AIDS, Current Law and Policy” ALP).

Gender and HIV/AIDS – making the link

Because of the unequal power relations between women and men in our society, women are frequently unable to ensure that they practice safer sex. Our social structures often put women in a position where they cannot say no to having unsafe sexual relations. Problematic areas include the whole range of negotiating sexual relations, from rape and gender violence to marital sex and committed loving relationships.

Exercise five

Start with a role – play of a woman trying to buy condoms in a small cafè. Now role-play what happens when women ask for safer sex in each of these situations:

- Sex within sanctioned structures such as marriage;
- Women who earn a living from sex work;
- Women (particularly young women) who are expected to establish social status through relationships with men; and
- Rape.

Tips for trainers: Short of abstinence, the condom is the only means of preventing the transmission of HIV/AIDS, and it is the one contraceptive that men by and large have control over. Participants should consider the following issues:

- Young women are often defenseless against demands for sex;
- A request to use a condom within the marriage setup is often seen as an admission of infidelity or a lack of trust;
- Clients of sex workers often demand unsafe sex and are willing to pay extra for sex without a condom.

Ask participants how many are familiar with the female condom, and whether or not this is available in your country. What are the advantages and disadvantages of this device?

Why is HIV/AIDS a gender issue?

Exercise six

Ask each participant to write on separate cards four events that show that HIV/AIDS is a gender issue. The facilitator should collect the cards, and arrange them into a "map" on the wall, arranging the cards to fit roughly in the following categories:

- The difference in power relations between women and men;
- Coerced sex; and its impact on HIV/AIDS – including rape, marital rape etc;
- Negotiating safer sex;
- Access to information and education;
- Higher levels of poverty among women;
- Stigma and discrimination around gender (male and female);
- Transmission from mother to child;
- The higher burden of care shouldered by women;
- Harmful traditional or cultural practices that compound the spread of HIV/AIDS; and
- Special vulnerabilities of women imposed by war and conflict.

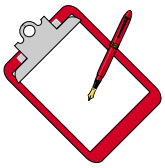
When the participants' cards have been placed on the "area map", ask participants if any of the categories above have not been raised in their cards. Should these issues be added to the map? Can members of the class find links between the different categories identified on the map and events of the epidemic in their country?

Tips for trainers: This exercise is a good barometer of participants' understanding of the issues around gender and HIV/AIDS. Do participants, as a SA public opinion poll recently showed, associate HIV/AIDS with sex workers and promiscuity, or do they see beyond these stereotypes? Follow this exercise with a mini-lecture on the links between gender and HIV/AIDS, and by giving out the following handout.

Exercise seven

Ask participants to read the article in **Handout five** from a GL training workshop in Lesotho on the links between gender and HIV AIDS. What are some of the key points that emerge from this article? Are participants aware of similar articles or coverage in their country? Is this an important angle for the media to be examining?

Tips for trainers: This article, and especially the graphic showing that "housewives" are the largest category of reported AIDS cases in Lesotho, followed by miners and former miners should spark an interesting discussion. Use it to draw out the links between gender and HIV/AIDS, using information provided in **Handout six**. The story should also be used to spark other story ideas.



Story ideas from this chapter

- Exploring the gender dimensions of HIV/AIDS statistics, as the Lesotho participants did.

Key learning points

- Gender refers to the socially constructed roles of women and men.
- Differing power relations between men and women encourage the spread of the HIV pandemic, and become instrumental in its effects on our communities.
- Gender equality is key to stemming this alarming tide.

Gender inequalities at the heart of HIV/ AIDS

By Teboho Senthebane-Shale

Women constitute 54.9 percent of those infected with the HIV virus, according to statistics from the Lesotho Ministry of Health and Social Welfare. And, according to these same statistics, out of 29 percent of the total, "housewifes" are the largest occupational category of those afflicted by the virus, followed by miners at 18 percent.

These statistics are a reminder that women are more vulnerable to HIV AIDS than men, and that it is often women going about their business in their homes that are the hapless victims of the pandemic. Why is this so? There are both biological reasons and gender related reasons for this.

Biologically, women are more vulnerable to HIV infection than men. During sex between a woman and a man, a woman is the receptive sex partner. Semen, which may be infected, stays for some time after sex and has more opportunity to enter the blood stream.

This is compounded by the gender-related or "constructed" roles of men and women in our society. Basotho believe that men are heads of the households and decision-makers. In sexual relations, men are expected to be the initiators and women the receivers of sex.

"Manhood" is often equated with qualities such as virility, strength and dominance. "Proof" of "manhood" often requires a man to have multiple sexual partners and condoms are often seen as undermining manhood.

In addition there is a pervasive belief that men's natural sex drive is far stronger than women's, so men need more than one sexual partner. Where women do request the use of a condom, they are labeled as bad and are accused of sleeping around.

While HIV is the cause of AIDS, poverty creates a social and economic environment conducive to the spread of the virus. There are strong gender dimensions to poverty.

HIV/AIDS
HIV/AIDS is everyone's responsibility. The Law, you and me can make a difference.

For example, in communities where there is little or no work, particularly in the rural areas, men are often forced to leave their wives, family and communities to seek employment. A migrant worker who is away from his wife for long periods may engage in casual sex, with sex workers or multiple partners, which puts him at risk of HIV infection.

Poverty forces women to enter into unequal relationships with men, on whom they are dependant for their economic survival. This dependence makes negotiations for safer sex very difficult.

As Nthati Moorosi, Mass Communications lecturer at the Institute of Extramural Studies (IEMS) puts it, "what kind of power do women have in the bedroom when they have no power in decision making institutes?" Women comprise 11 members of parliament in Lesotho, compared to 120 male members of parliament.

Poverty may also force a girl or woman to exchange sex for money or goods. A recent report of the Southern African Development Community (SADC) on the prevention of violence against women in March 1998 showed that 16% of sexually experienced girls between 12 and 17 had sex for money, drinks, food or other gifts.

One in five boys had given a girlfriend pocket money or bought her drinks or food in return for sex.

When women are infected with HIV, this rapidly deteriorates into full-blown AIDS because they cannot afford to eat a healthy diet and take drugs needed to control the virus.

Pregnant women can also transfer the virus to their babies because they cannot afford anti-retroviral drugs to prevent transmission of the virus.

Gender- based violence now literally carries the death threat, when women are coerced into sex by perpetrators carrying the HIV/AIDS virus. Due to ignorance and lack and of access to facilities for testing, it may take a long time before women who have been raped know their status and it may be too late.

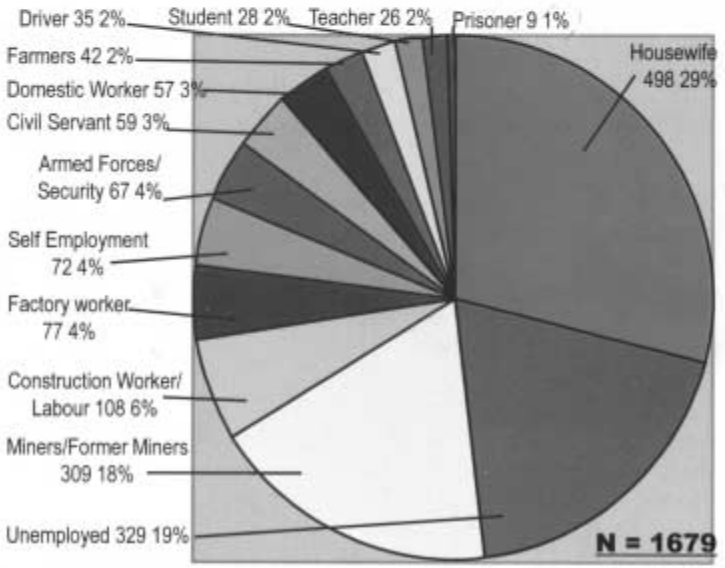
As seen from the statistics of "housewifes" constituting the largest category of those living with HIV AIDS, marital rape is exacerbating the magnitude of the pandemic. The Sexual Offences Bill will hopefully empower a woman to go straight to the police station, bypassing known customary structures to lay a rape charge against her husband.

Cultural practices such as early marriages and initiation ceremonies oppress women and teach girls to be submissive to their future husbands. The practice of older men having sex with virgins to "purify" themselves of the virus make women even more vulnerable to HIV AIDS.

Gender inequalities also surface in care and treatment as women bear the major additional burden of caring for those living with HIV/AIDS. Women also form the majority of nurses, which also exposes them to infection. In hospitals where basic necessities, such as gloves cannot be afforded, they have very little protection. Some women also face violence when they reveal their HIV/AIDS status to their partners.

HIV AIDS is both a threat and a challenge. If we could use this pandemic to raise awareness on the importance of gender equality, there would be a silver lining to the dark cloud that we are confronted with.

OCCUPATION OF REPORTED AIDS CASES 2000



DISEASE CONTROL: STD/AIDS UNIT; Ministry of Health; LESOTHO.

handout six

The links between sex, gender and HIV/AIDS

It is a biological fact that women, and especially younger women, are more vulnerable to HIV/AIDS than men. These biological factors are exacerbated by the gender roles and expectations that society places on women and men – and the economic, social and political factors that create an "enabling environment" for the pandemic.

Biological facts

- Women are far more likely to become infected through heterosexual intercourse than they are through any other means of transmission.
- The vagina and anus have larger areas of exposed, sensitive skin.
- The virus has an easier time surviving in the vagina and anus than it does on the surface of the penis.
- There is a higher presence of the virus in a man's semen than in the fluids of the vagina or anus.
- More cuts and scrapes occur during vaginal or anal intercourse. Cuts and scrapes are especially likely during violent or coerced sex or when a woman is very young, since her cervix is not fully developed.

Gender roles

- Women are often not able to negotiate safer sex with their partners, especially in marriage.
- Traditional practices such as "dry sex" and Female Genital Mutilation (FGM), aimed in the one instance at maximising men's sexual pleasure and in the other minimising women's sexual pleasure, add to women's vulnerability.
- Women bear the brunt of caring for the sick as one of the many forms of unwaged work that they perform.

Gender expectations

- In many countries, women are under great pressure to demonstrate their fertility and become mothers. Women who seek to become pregnant may have no real options to protect themselves against HIV/AIDS.
- Poor men may be unable to provide for their families, an important gender role that they feel obliged to fill. This may lead to alcoholism, violence, or seeking to exert sexual control over those whom they perceive to be weaker.

Gender dimensions of the enabling environment

Economic

- Poor women often lack knowledge, the power or indeed the time to be worried about safer sex.
- Poverty often leads to men migrating to cities to work where they have multiple sex with sex workers and multiple partners.

Political

- Women are poorly represented in decision-making structures at all levels. Their voices are not heard where policies regarding HIV/AIDS are being made.
- War and social upheaval can result in the disintegration of the family, the loss of local social systems and mass migration, creating an enabling environment for the transmission of HIV. Rape and atrocities often accompany the violence of war.

Legal

Many laws contribute wittingly or unwittingly to the "enabling" environment. These include:

- Prevention and suppression of commercial sex work.
- Homosexuality, categorised under sodomy, that is punishable by law.
- Laws that reduce women's access to property and economic security.
- Policies regulating sex education in schools.

Men should be a primary focus

The promotion of behaviour change is an important element in preventing the spread of the epidemic as well as minimising impact. The tacit and explicit acceptance in many societies that men should have multiple sexual partners contributes to the spread of HIV/AIDS to women.

(Sources: "Gender and AIDS Almanac"; UNAIDS; "Gender, HIV and Human Rights: A Training Manual", UNIFEM; "The HIV/AIDS Epidemic: An Inherent Gender Issue", Commonwealth Secretariat).