



HIV Prevention Gender Toolkit Training

Welcome to Day One!



Introduction

We want to get to know you a little bit better

1. Name

2. Agency/Bureau/Organization



3. Role/Responsibility

4. How long have you worked in public health?

Gender Self-reflection Activity

Interview your partner and select one question:

1. Name two ways you were treated differently in school because you were a girl/boy.
2. Have you ever been discouraged away from or encouraged towards taking a job/career because of being a man/woman?
3. How are your experiences with gender different from your grandparents or an elderly family member or friend?

Training Agenda – Day 1

- Welcome and Introductions
- HIV/AIDS among Women and Girls in the United States
- Risk, Vulnerability, and Social Determinants of Health
- Domains of Gender
- **LUNCH**
- Gender Integration in HIV Programming
- Wrap-up and Adjourn

Training Agenda – Day 2

- Review and Preview
- Introduction to Integrating Gender in the Program Cycle
- Integrating Gender in Needs Assessments
- Integrating Gender in Program Goals and Objectives
- **LUNCH**
- Integrating Gender in Program Design
- Integrating Gender in Program Implementation
- Review, Wrap-Up, and Adjourn

Training Agenda – Day 3

- Review and Preview
- Integrating Gender into Program Monitoring & Evaluation
- Key Components of Monitoring & Evaluation Plans, Part 1
- Developing Gender-Sensitive Indicators for Monitoring & Evaluation
- **LUNCH**
- Key Components of Monitoring & Evaluation, Part 2
- Applying Gender Analysis and Evaluation Back Home
- Wrap-up and Evaluation



HIV Prevention Gender Toolkit:

Introduction



Why We Are Here

The Office on Women's Health (OWH) of the Department of Health & Human Services is committed to reducing the impact of HIV/AIDS among women and girls in the United States.

OWH recognizes **gender as a key driver** of the epidemic among women and girls and the importance of **gender-responsive approaches** to HIV prevention.

The HIV Gender Toolkit

Background & Use in Training

- *The HIV Gender Toolkit* is designed to equip program planners and providers with:
 - A conceptual framework to understand the gendered dynamics of HIV vulnerability and risk for women/adolescent girls in the U.S.
 - Tools to integrate a gender perspective into the design, implementation, monitoring, and evaluation of HIV programs and support services for women/adolescent girls

A Walk Through the Toolkit

- *The HIV Gender Toolkit* is composed of 6 sections:
 - Sections 1 – 4 provide background on gender as a social determinant of health and the impact of gender on HIV risk and vulnerability
 - Sections 5 – 6 provide information on gender integration and gender analysis

During the training you can follow along in your Toolkit. Section #'s in the right hand corner of each slide refer to text and figures in the Toolkit.

Training Objectives

By the end of the training, participants will be able to:

- Describe how gender contributes to HIV/AIDS vulnerability
- Describe how gender intersects with other social determinants of health
- Explain the process for conducting a gender analysis
- Explain how to use the results of a gender analysis in the program cycle
- Describe how to integrate gender into the implementation of HIV programming



HIV Prevention Gender Toolkit:

HIV/AIDS among
Women and Girls
in the United
States



HIV/AIDS among Women & Girls

Globally

In the United States



- **Heterosexual transmission** is the most common mode of exposure among women and girls worldwide.



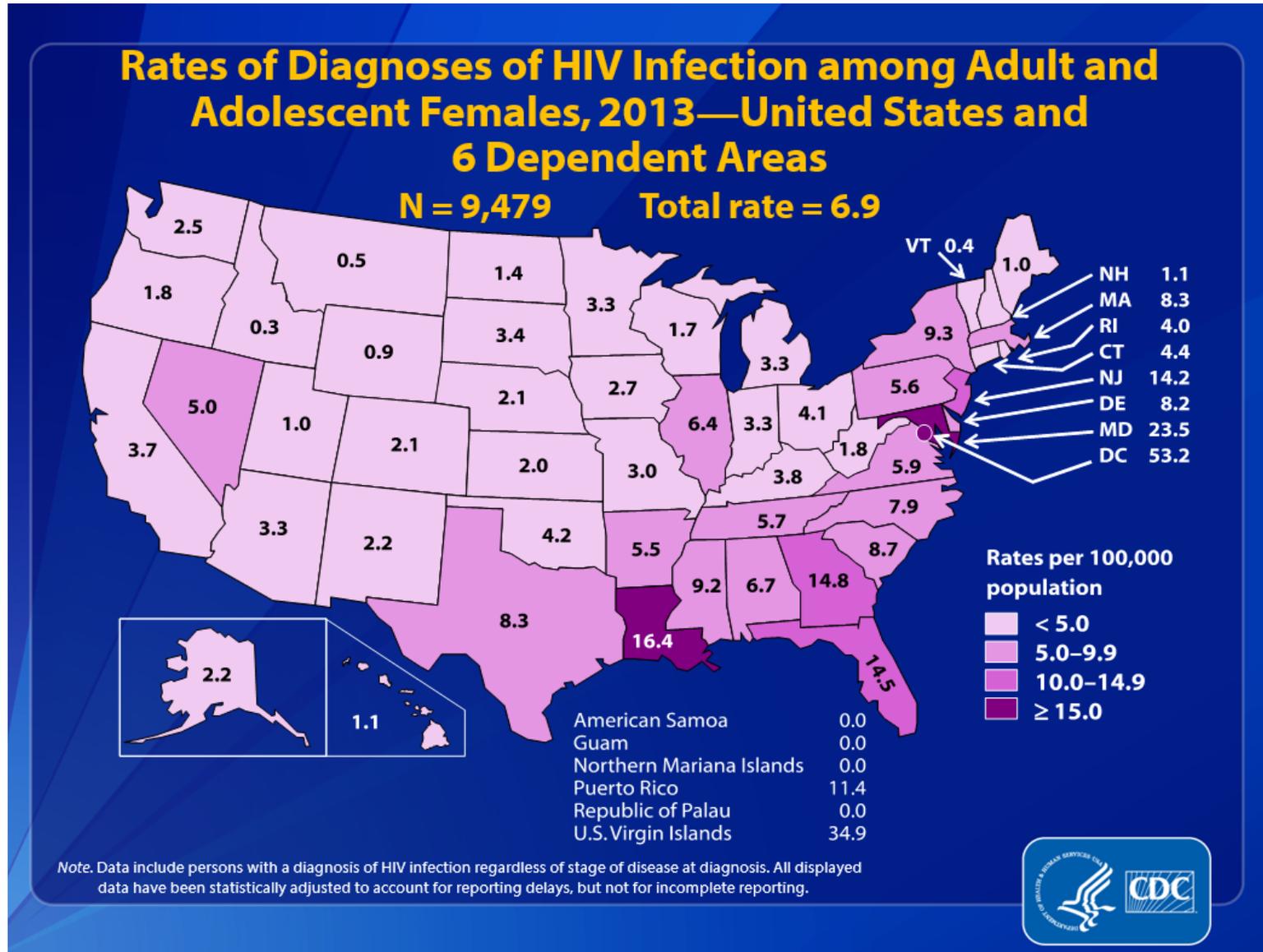
- **Heterosexual transmission** accounts for 86% of new HIV diagnoses among women and girls in the US.

UNAIDS (Joint United Nations Programme on HIV/AIDS). (2014). *The Gap Report*. Retrieved from http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

Hodder, S. L., Justman, J., Haley, D. F., Adimora, A. A., Fogel, C. I., Golin, C. E., ... O'Leary, A. El-Sadr, W. M. (2010). Challenges of a hidden epidemic: HIV prevention among women in the United States. *Journal of Acquired Immune Deficiency Syndrome*, 55 (Supplement 2), S69-S73.

Centers for Disease Control and Prevention (CDC). (2013, February). HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2011. Vol. 23; Retrieved from http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance_Report_vol_23.html

HIV Trends in the US

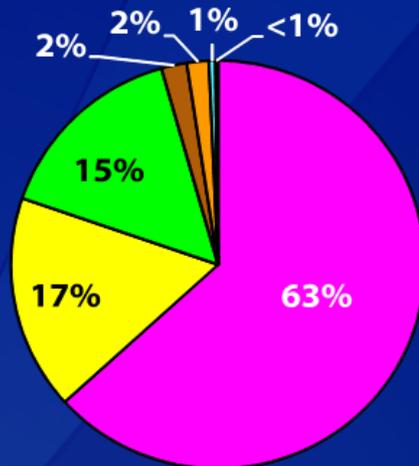


HIV Trends in the US

Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity 2013—United States

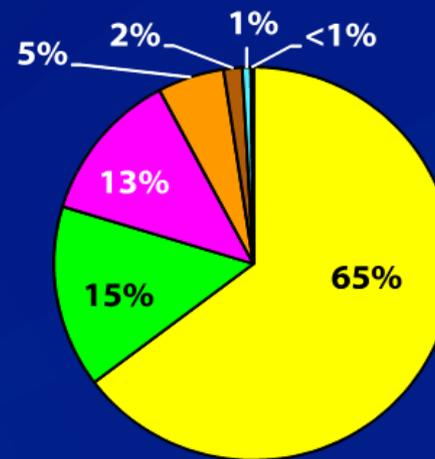
Diagnoses of HIV Infection

N=9,278



Female Population

N = 134,687,181



- American Indian/Alaska Native
- Asian
- Black/African American
- Multiple races
- Hispanic/Latino^a
- Native Hawaiian/other Pacific Islander
- White

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.
^a Hispanics/Latinos can be of any race.



HIV Trends in Your State

A local context

Heterosexual Transmission

Biological & Physiological Risk Factors

- Vaginal mucosa has **greater surface** area than penis
- **Microabrasions** occurring in vaginal wall during vaginal sex provide entry point
- Semen may stay in vagina for up to 3 days, leading to **longer exposure time**
- Vaginal mucosa **has a greater number of the immune cells vulnerable to HIV** than the penis

Heterosexual Transmission

Socio-cultural & Economic

- Lower **social status**
- **Unequal power** in sexual relationships and decision-making
- Higher rates of **poverty**
- Lower **education** attainment
- Higher prevalence of **violence** against women

Wrap-Up

- As of 2013, women and girls account more than half of the people living with HIV worldwide.
- Biological, physiological, socio-cultural, and economic factors contribute to the HIV trends across the global, domestically and in your locally.



HIV Prevention **Gender Toolkit:**

Social Determinants of HIV/AIDS



Objectives

1. Define and understand the distinctions between the concepts of risk, vulnerability, health inequity, and social determinants of health
2. Apply the Social Determinants of Health framework to analyze women's and men's vulnerability to HIV infection
3. Describe how gender intersects with other social determinants of health

Creating Common Language

- Health **DISPARITIES** \neq Health **INEQUITIES**
- **Health Inequities** are **systemic and avoidable differences** in health outcomes across population groups (WHO).

World Health Organization (WHO). Social Determinants of Health. [online]. 2011.

http://www.who.int/social_determinants/en/

HIV Vulnerability

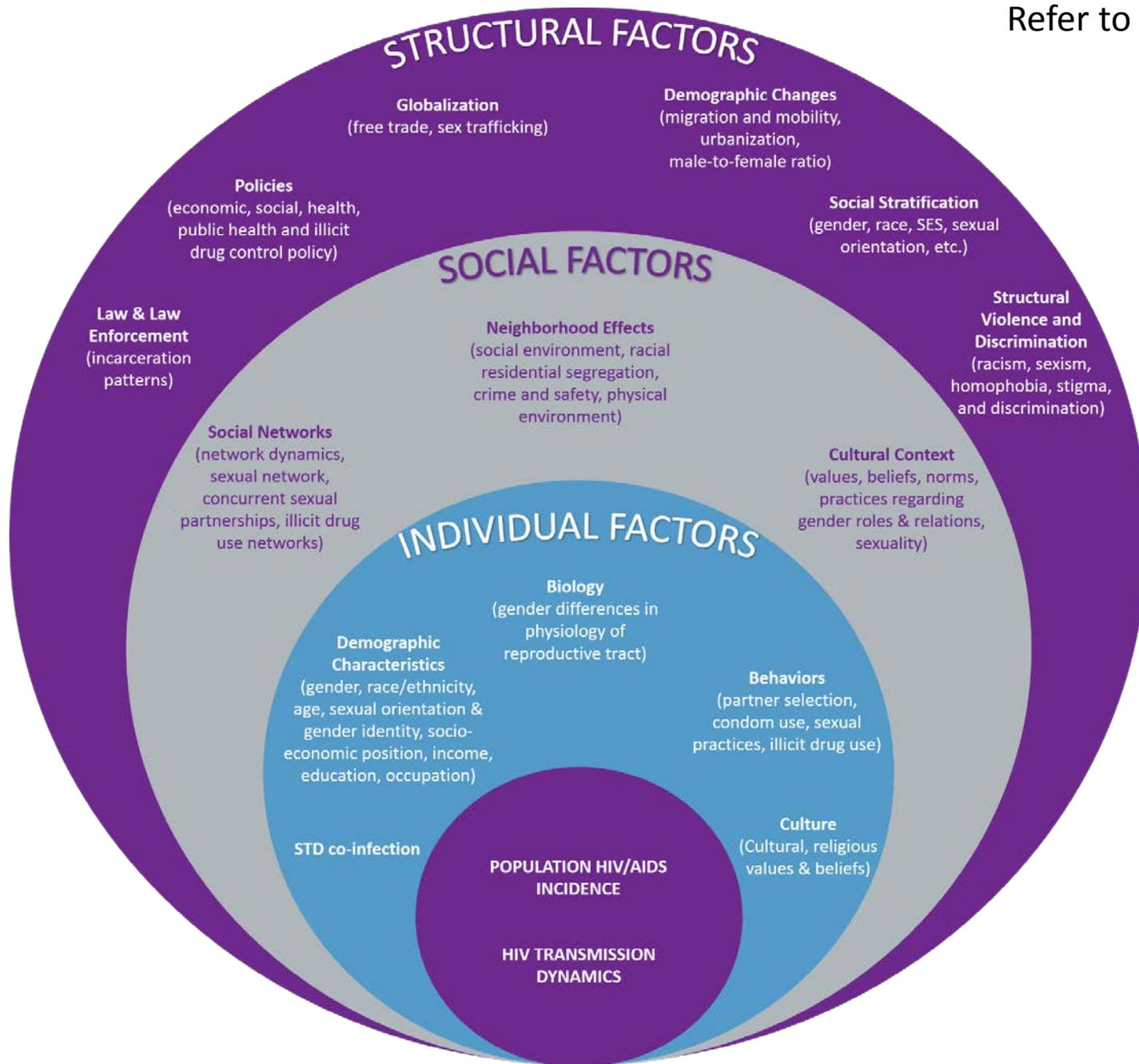
Likelihood that an individual may acquire HIV infection; largely based on behaviors

HIV Risk

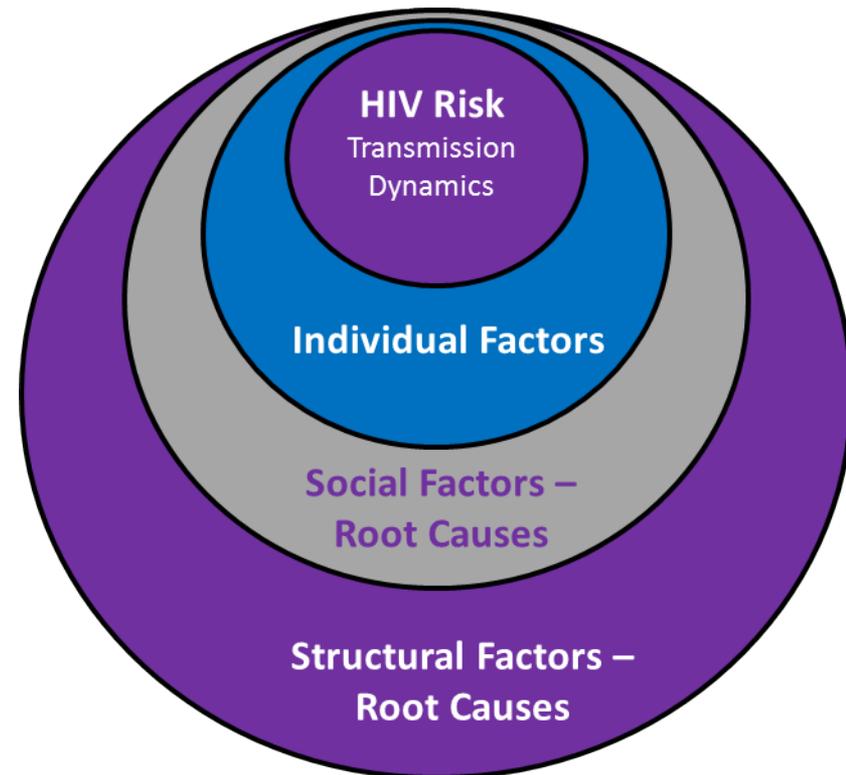
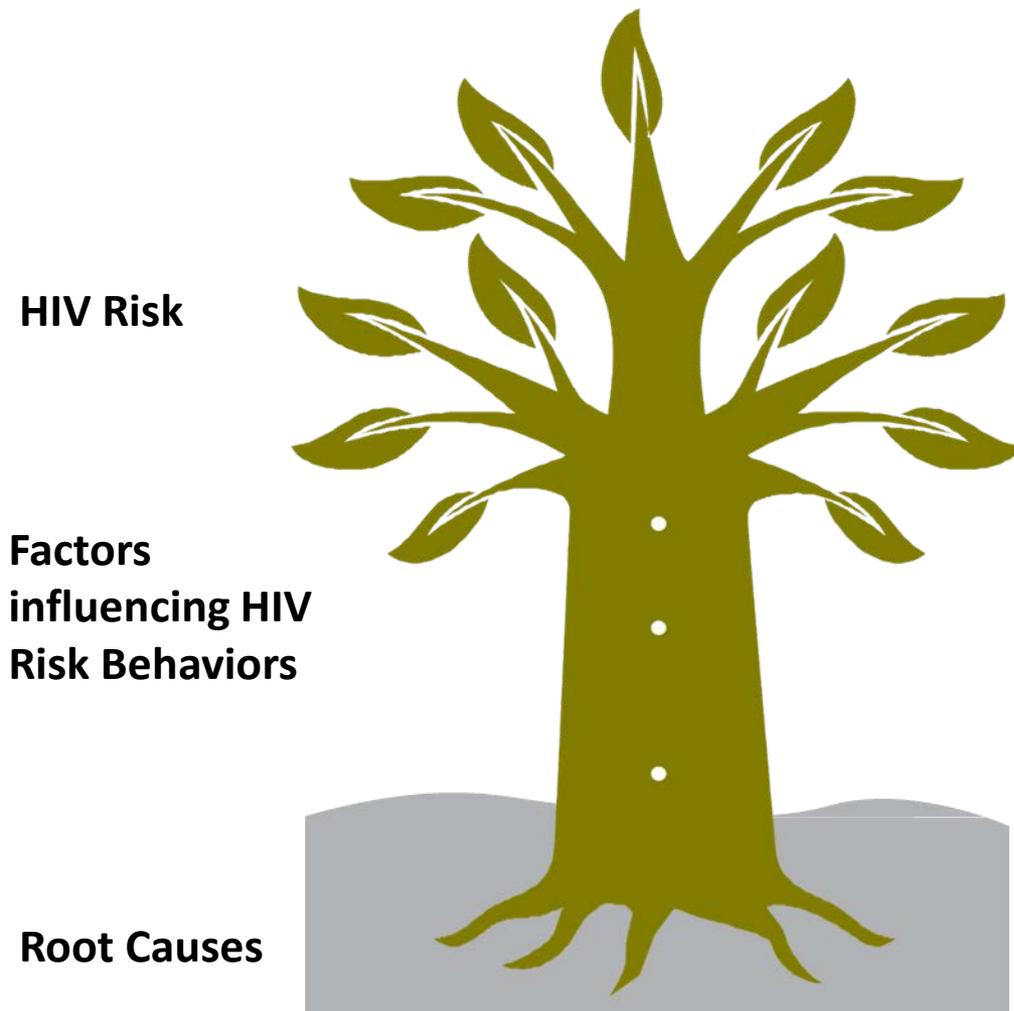
Likelihood that an individual may acquire HIV infection; largely based on behaviors

HIV Vulnerability

External factors (**outside of the control of the individual**) that affect the ability to avoid risk of HIV infection



Activity: Roots of HIV Vulnerability



Social Determinants of Health and HIV/AIDS

Research strongly suggests that social determinants of health influence:

- A person's **vulnerability to HIV** infection
- Speed with which HIV infection **progresses to AIDS**
- A person's ability to **manage** and live with **HIV**

Wrap-Up

- Gender is a cross cutting social determinant of health which interacts with other determinants such as race/ethnicity and SES to produce differential HIV/AIDS outcomes for women/adolescent girls and men/adolescent boys.
- Multi-level interventions are important to address the social and structural factors influencing HIV risk and vulnerability

Break
15 minutes



HIV Prevention **Gender Toolkit:**

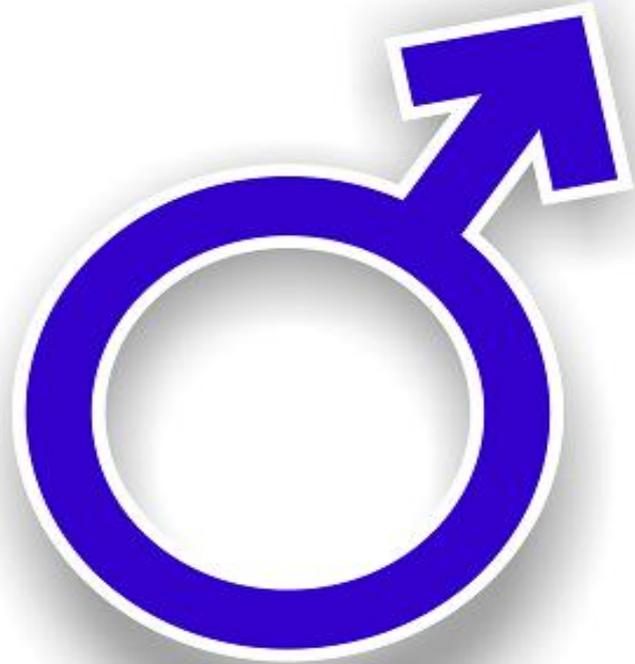
Domains of Gender



Objectives

1. Explain the characteristics of gender
2. Explain how gender concepts shape the status of women and men
3. Describe how sex and gender interact to increase women's and adolescent girls' vulnerability to HIV infection

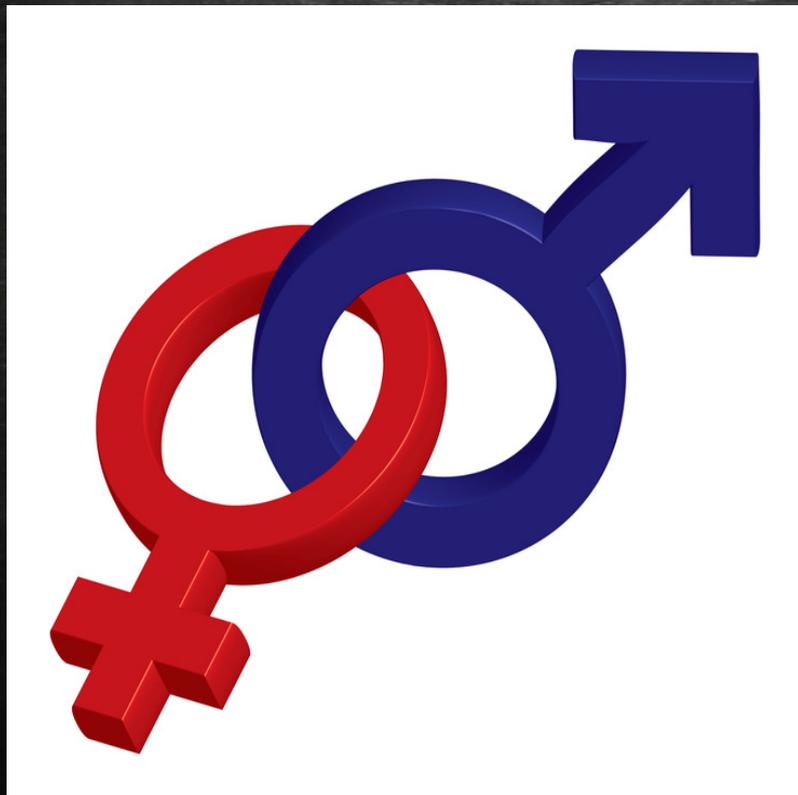
Activity: Characteristics of “Women” and “Men”



Sex

- The biological and physiological characteristics that define human beings as **female** or **male**
- Defined as female or male based on differences in sex chromosomes, gonads (ovaries or testes), hormonal levels & reproductive anatomy, or secondary sex characteristics (e.g., voice pitch, body hair, physique)

Gender

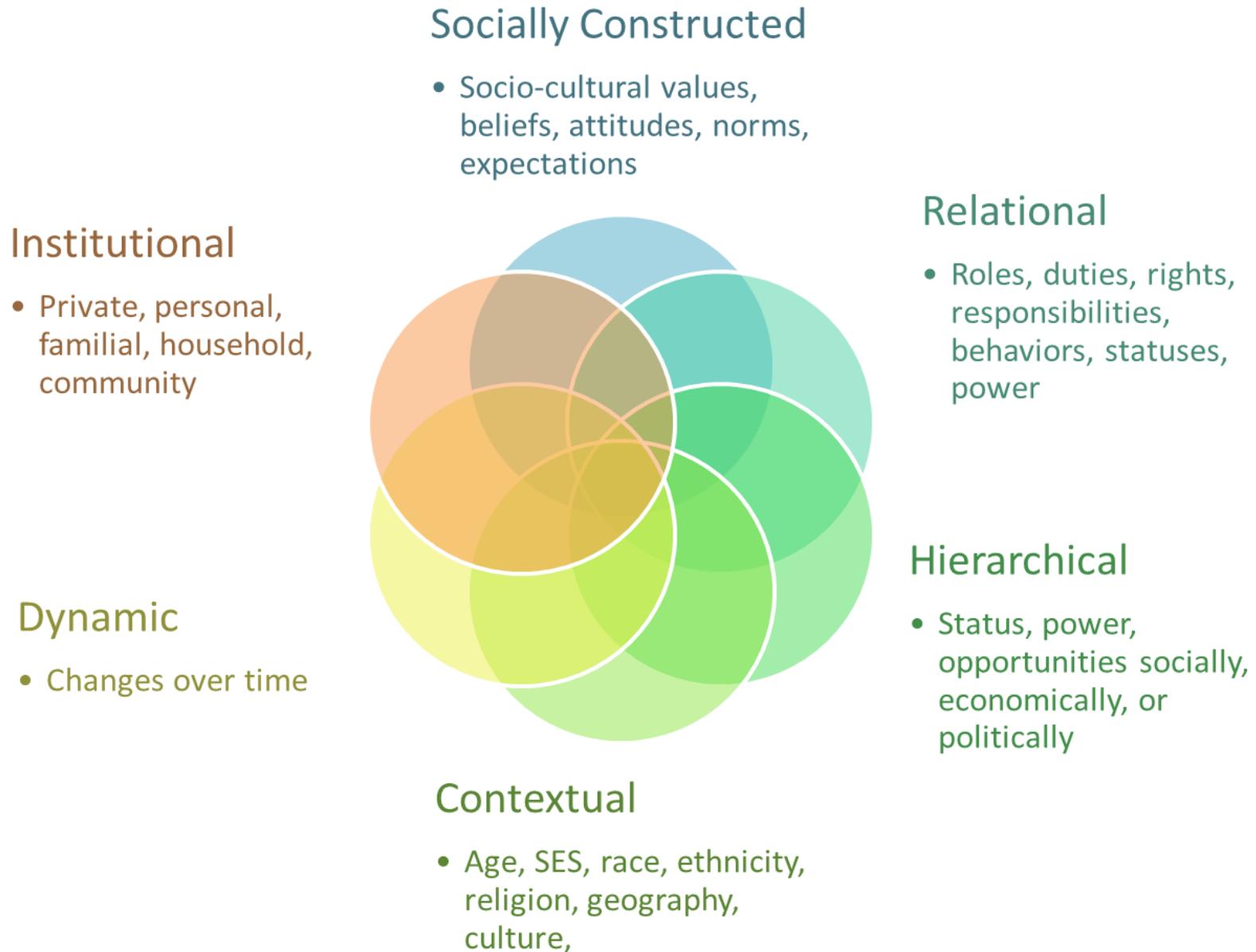


- Ideas of “**normal**” **expectations** of particular genders are **different** based on socio-economic status, race, and ethnicity.
- Therefore, the way different groups **experience** gender is different

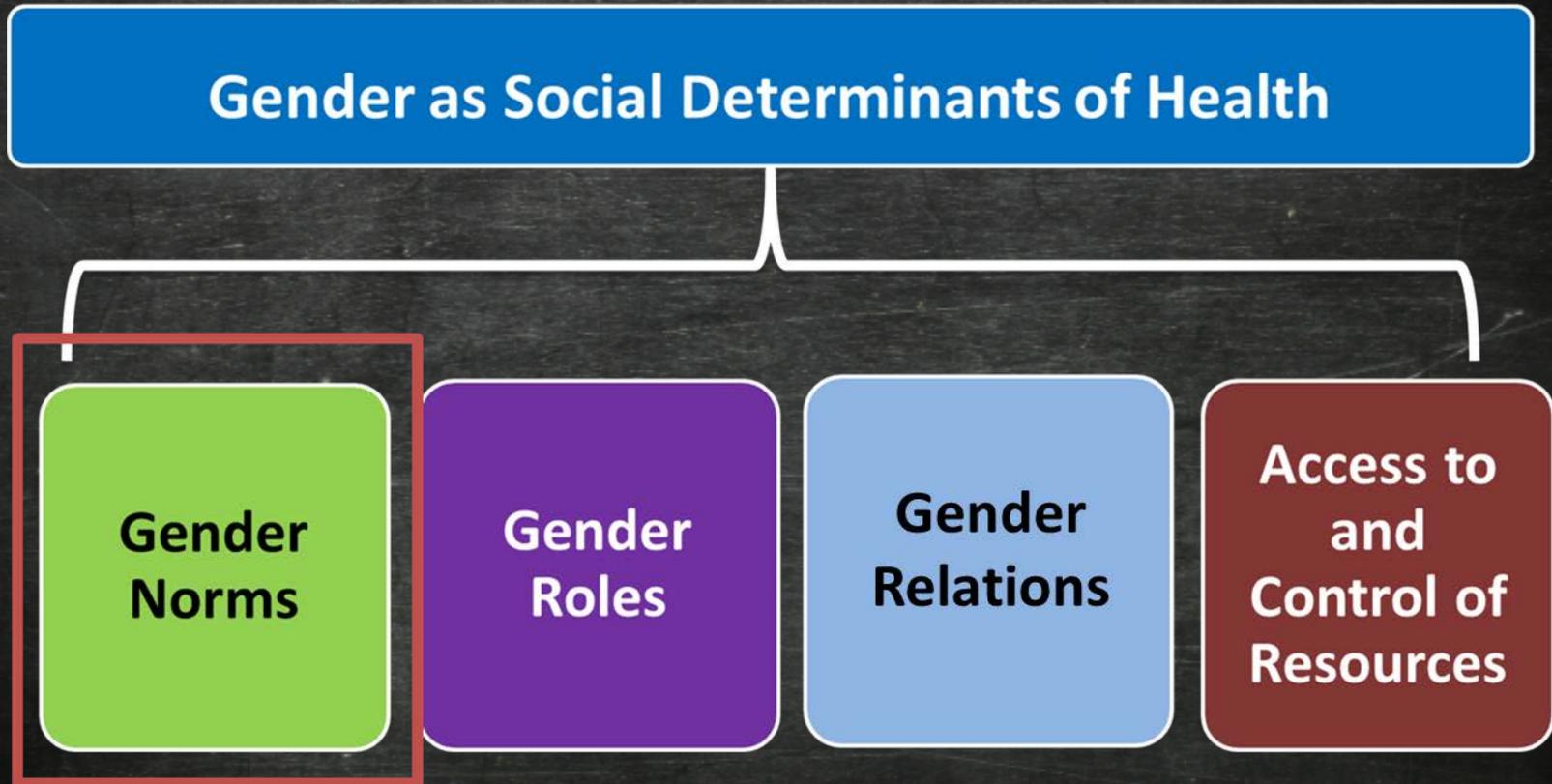
Broader Ideas of Gender

- Transgender
 - May be both **biological and social/cultural**
 - May be in **various stages**
 - Temporary or permanent
- Multiple Genders
 - May represent a **blending** of gender identities, and gender roles
 - **Two spirit** in some Native American communities

Components of Gender



Domains of Gender



Gender Norms

Set of social expectations of roles and behaviors that are considered to be appropriate for women/girls and men/boys.

Shaped by dominant ideologies of masculinity and femininity

Dominant Ideologies of Femininity

Women are:

- Expected to be subordinate
- Naïve and passive in sexual relations
- Denied the right to sexual pleasure
- Subject to double standards
 - Virgins, chaste
 - “Bad” women expected to satisfy the sexual desires of men

Dominant Ideologies of Masculinity

Men are:

- Expected to be providers
- Strong
- Sexually active
- Allowed to have multiple partners even after marriage
- Ridicule real or assumed homosexuality

Gender Norms can...

- Perpetuate gender stereotypes as natural and unavoidable
- Create and enforce inequities in relationships and can mean that women/girls and men/boys are valued differently

Gender Norms effect on HIV risk and vulnerability

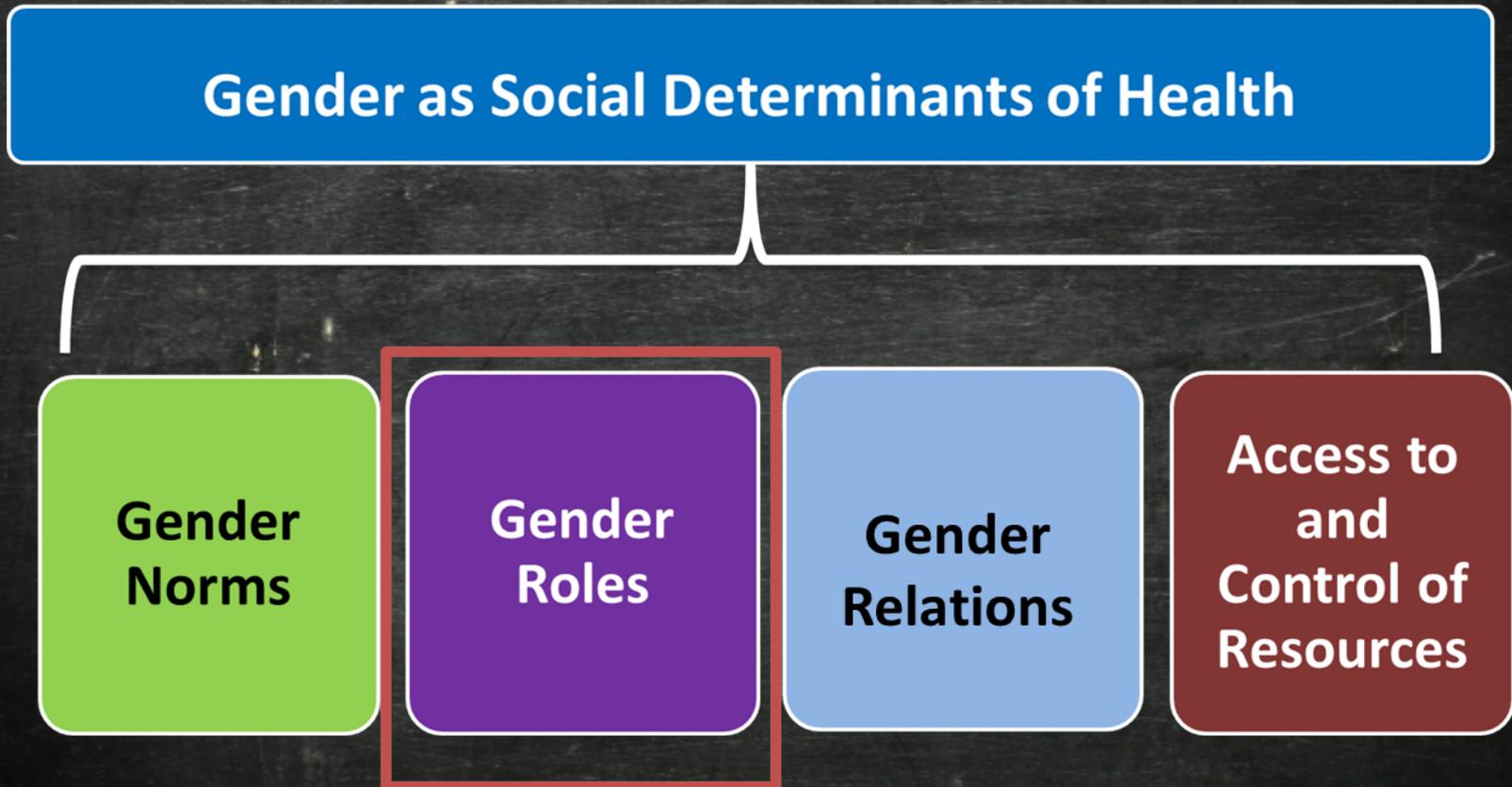
Women

- Sexual passivity and naivety limit the ability to:
 - Seek sexual health and HIV information
 - Be proactive about reducing their risk
- Virginity and chastity before marriage may lead women/girls to engage in high-risk behaviors, such as anal sex
- Emphasis on motherhood

Men

- Pressure to be more experienced about sex limits the ability to:
 - Seek sexual health and HIV information
 - Be proactive about reducing their risk
- Encourages multiple female partners
- Creates a perceived need to prove manhood

Domains of Gender



Gender Roles

Learned behaviors in a given society/community or other social group that define which activities, tasks, and responsibilities are perceived as male or female

- Manifests in most societies as:
 - Productive roles
 - Reproductive roles

Gender-Based Division of Labor

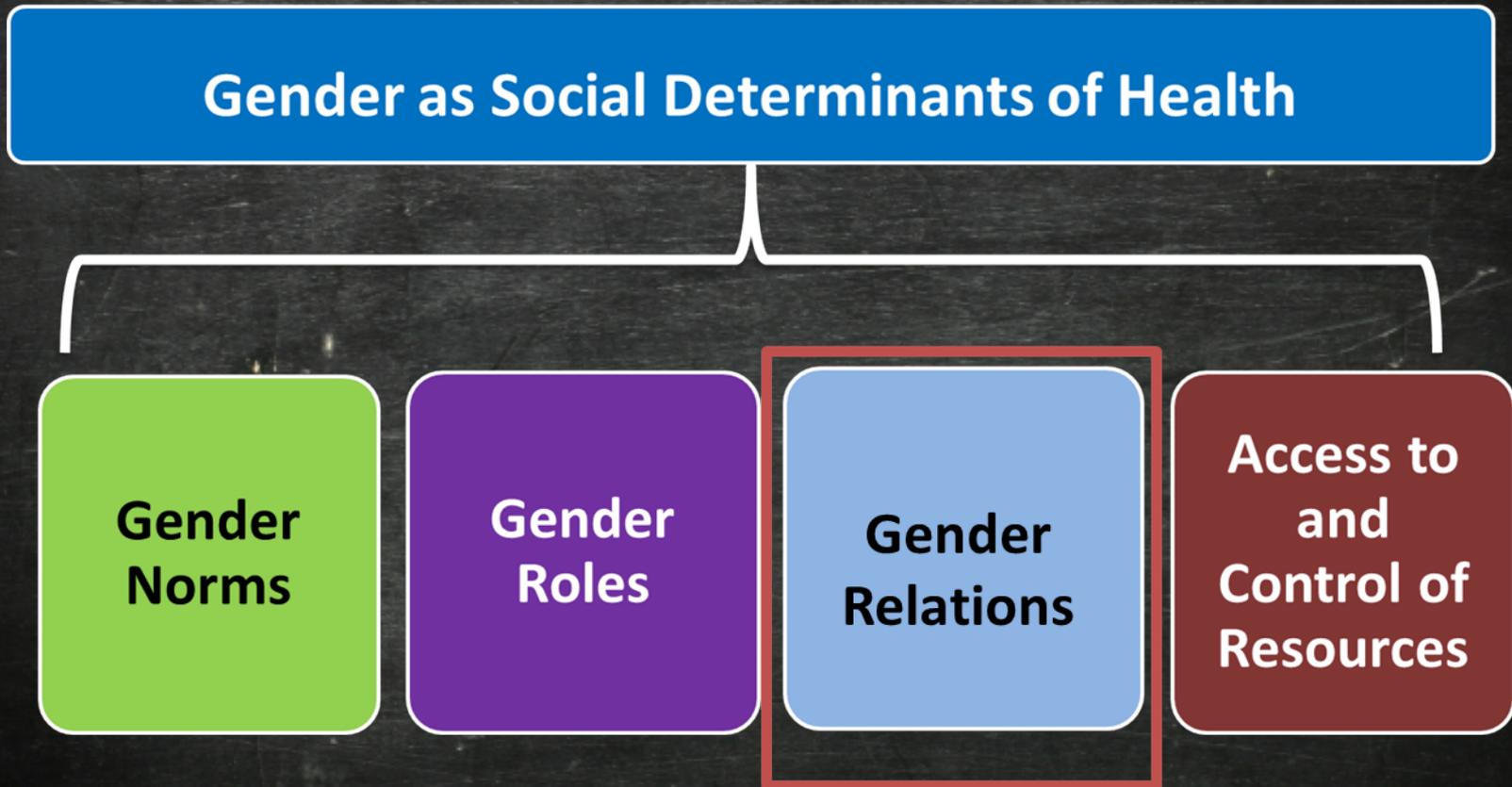
Productive, reproductive, and community work

- **Productive Roles**
 - Can be carried out by men or women to produce goods and services in return for payment
- **Reproductive roles**
 - Activities that need to be carried out to ensure the reproduction of society's labor force
 - Includes child-bearing, child-rearing, provision of care for family members, domestic tasks.
 - **Predominately done by women and girls**
- **Community work** has 2 components:
 - Community Managing
 - Extension of reproductive roles
 - Generally voluntary unpaid work during "free time"
 - Community Politics
 - Usually paid work, either directly or through status or power

Gender Roles and HIV

- Burden of care giving and domestic roles for women may mean:
 - Less educational opportunity
 - Less economic opportunity
 - Less able to seek and utilize health care or HIV prevention, testing, or treatment services

Domains of Gender



Gender Relations

- Hierarchical, personal, and social relations of **power** between men and women that increase a woman's vulnerability
- Reflect how power is distributed between men and women

Power and Decision Making

- Extent to which women/girls and men/boys are in a position to act in their own best interest to protect themselves from HIV infection
 - Families, sexual relationships, friendships, community, and workplaces

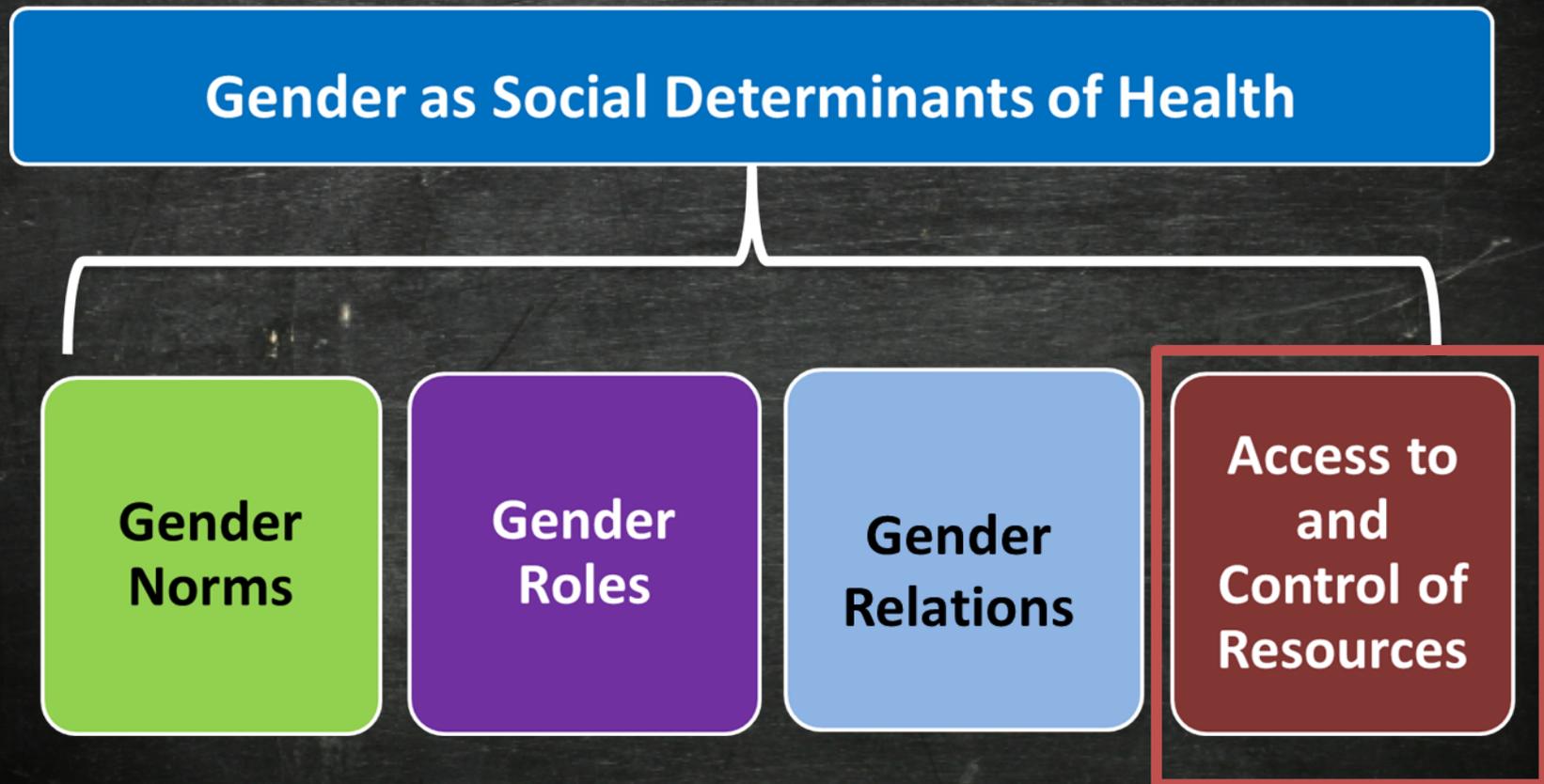
Reflects the distribution of power that is shaped by social, cultural, political and economic institutions

Unequal Power & HIV Vulnerability

The Case of Condom Use

- Widespread use and availability of Male Condom (male-controlled) over Female Condom (female-controlled)
- Gender norms for women influence ability to negotiate condom use
- Gender-based violence/violence against women to exercise control and decision-making
- Economic dependence and limited bargaining power

Domains of Gender



Access to and Control over Resources

1. Knowledge of resources
2. Opportunities to use a resource
3. Power to decide how to use a resource

Access to and Control Over Resources

The ability to **USE** a resource does not necessarily mean the ability to **DECIDE** to use that same resource and vice versa

- Example: Condom Use

Wrap-Up

Gender Norms

- **Women as subordinate:** limited opportunities to be proactive about reducing HIV risk
- **Men as virile:** reaffirm masculinity with multiple partners

Gender Roles

- Women most often have all three types of gender roles: Limiting time to seek and utilize health information and services

Gender Relations

- Unequal power in gender relations in heterosexual relationships
- Cause **inequality in sexual relationships** and may result in men's sexual desires taking precedence

Access to and Control of Resources

- Women and girls may have access to female condoms, but they must rely on the cooperation of their male partners to use this resource

Lunch



HIV Prevention **Gender Toolkit:**

Gender Integration in HIV Programming



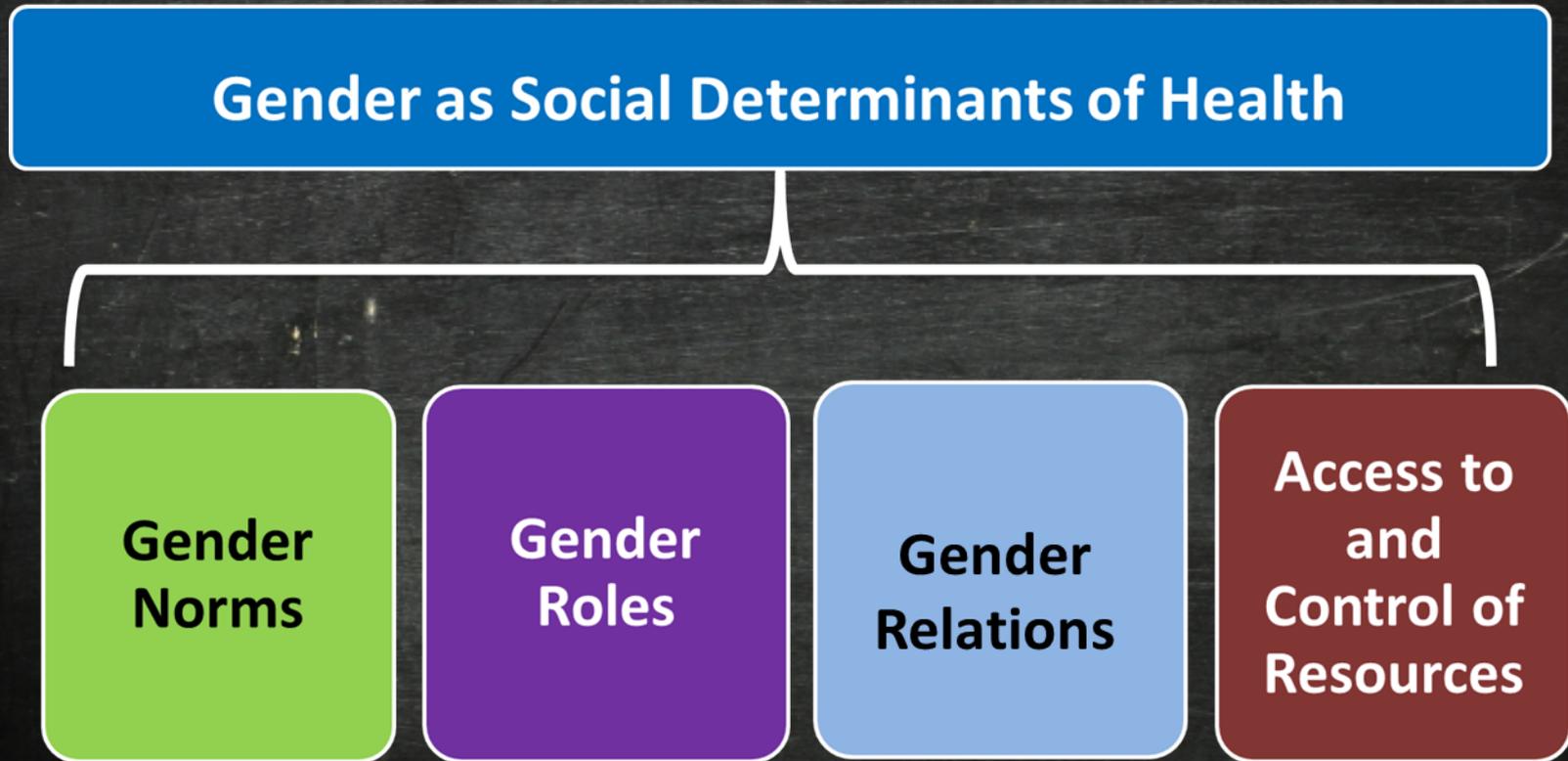
Objectives

1. Define gender-responsive programs and gender-integration
2. Describe the purpose of gender analysis
3. Describe the steps in gender analysis
4. Describe gender-based opportunities and constraints

Gender-Responsive Programs...

take into account the needs of women/girls and men/boys related to **biological sex** and **gender** differences. These programs consider **gender norms, roles, gender relations, and inequalities** and **take actions** to address them

Gender-Responsive Programs...



How do we develop more gender-responsive HIV organizations, staff, programs and services?

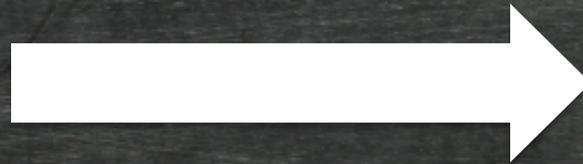
Gender Integration

Strategy and process that addresses differences and inequalities between women/girls and men/boys during program planning, design, implementation, monitoring, and evaluation

Multiple Levels: Organization, Staff, Program, and Services

**Organization,
Program, and
Services**

***Gender
Integration***



**Gender
Analysis**

**Gender-
Responsive**
**Organization,
Program, and
Services**

Gender Integration requires Gender Analysis

Gender must be considered and integrated into ALL stages of a program- planning, designing, implementing, monitoring, and evaluating

Gender analysis informs how to integrate gender components and create gender-responsive programs

What is Gender Analysis?

- Systematic analytical process used to identify, understand, and describe:
 - Differences between women/girls and men/boys
 - Relevance of gender in a particular context
- **Foundation** for meaningful gender integration
- **Ongoing process** that informs program development and integration

Gender Analysis

Identify Gender Differences

```
graph TD; A[Identify Gender Differences] --> B[Analyze Underlying Gender Relations & Inequalities]; B --> C[Assess the Consequences for Programming];
```

Analyze Underlying Gender Relations & Inequalities

Assess the Consequences for Programming

Gender Analysis

**WHAT: Identify gender differences
in HIV/AIDS**

```
graph TD; A[WHAT: Identify gender differences in HIV/AIDS] --> B[WHY: Analyze underlying Gender relations and inequalities]; B --> C[SO WHAT: Assess the consequences for HIV Programming and Gender equality];
```

**WHY: Analyze underlying Gender
relations and inequalities**

**SO WHAT: Assess the
consequences for HIV
Programming and Gender equality**

Step 1. Identifying Gender Differences

Collect Disaggregated Data

- Data disaggregated by sex, race, and ethnicity clearly identifies disparities in patterns of HIV infections, AIDS and access to services
 - Primarily includes quantitative data
 - Epidemiological and behavioral data

Example of Disaggregated Data

Data	Disaggregated Data by Race
<p>In 2010, 46,913 estimated diagnoses of HIV infection were reported among adults and adolescents in the U.S.</p>	<p>Of the 46,913 diagnoses of HIV infection reported among adults and adolescents in the U.S. in 2010:</p> <ul style="list-style-type: none"> -225 were among Native Americans -812 among Asian Americans -21,712 among African Americans -9620 among Hispanic Americans -64 among Native Hawaiians/Pacific Islanders -13,844 among Caucasians
	<p>Disaggregated Data by Sex</p> <p>Females accounted for 9,868 and males for 37,045 of the estimated 46,913 diagnoses of HIV in 2010</p>

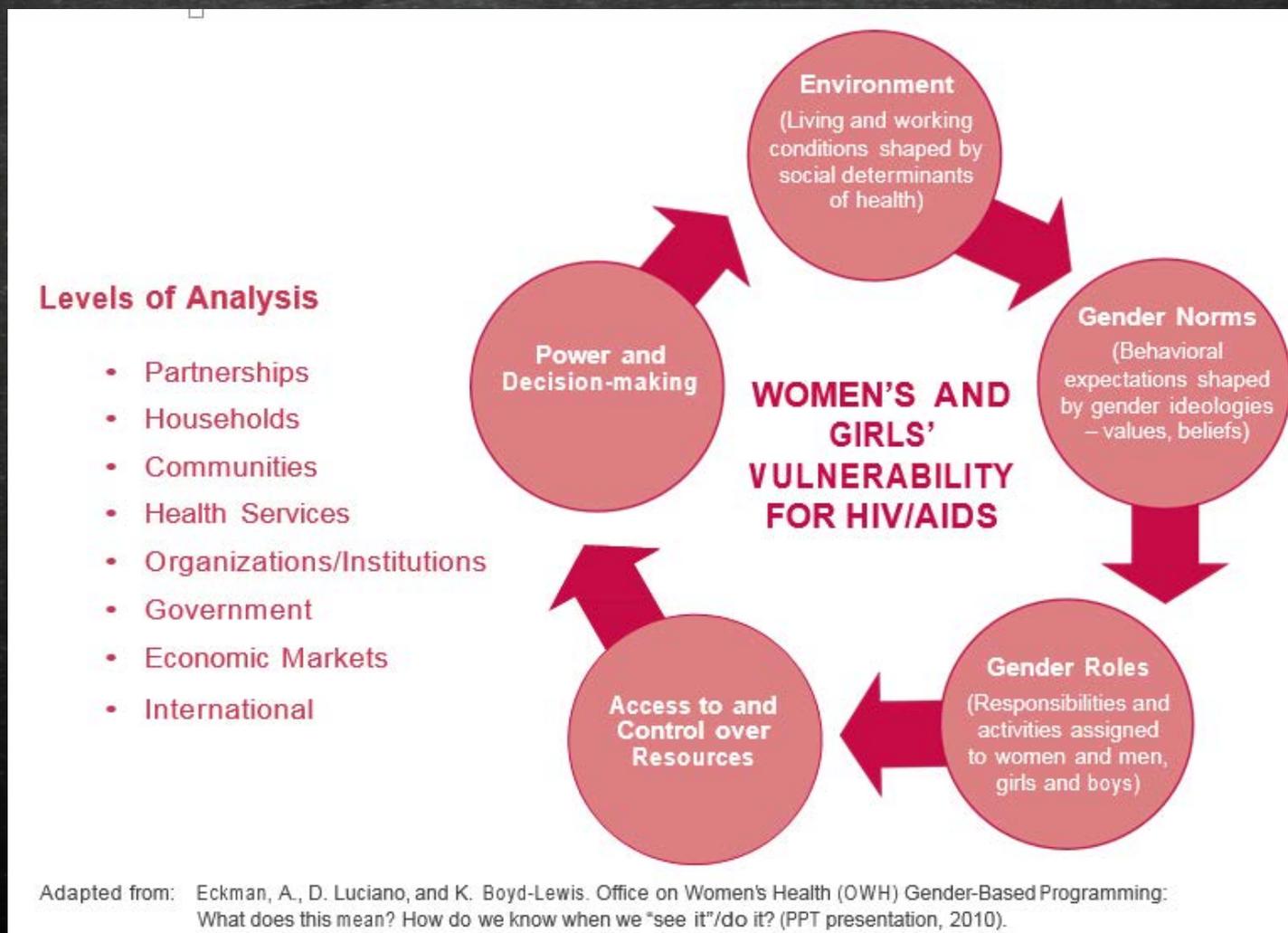
Step 2. Analyze Underlying Gender Relations and Inequalities

- This step uncovers the gender norms, gender relations, and socioeconomic **factors** that drive gender differences in the patterns of HIV in the **local context**
- These factors during the gender analysis process are also known as:
 1. Gender-based opportunities
 2. Gender-based constraints

GbCs and GbOs

- Gender-based Constraints (CbCs)
 - Factors that **limit or restrict** behaviors, participation, rights, exercise of power, decision making authority, use of time, and access to and control over resources based on a person's gender identity.
- Gender-based Opportunities (GbOs)
 - Factors that **facilitate** behaviors, participation, rights, exercise of power and decision-making, time use and access to and control over resources, based on gender identity

GbCs and GbOs should also be developed with the context of gender domains



GbC & GbO Statements

1. Who is being affected (the who)
2. What result is being limited or maximized (the condition)
3. What causes the limitation/opportunity (the factor)

Examples of GbCs

MSM who do not self-identify as “gay” are constrained in their ability to participate in HIV prevention programming because funded programming is designed for openly gay identified men.

Example of GbO

Women are more likely to have access to health care resources because their role as child bearers and care providers permits them to be covered by Medicaid more easily than men

Activity: Identifying GbCs and GbOs



Step 3. Assess the Consequences for Programming

- This step answers “so what”
- Connects the GbCs and GbOs to HIV prevention program goals and objectives
- How will the GbCs and GbOs affect women, girls, men and boys?
- How will the GbCs and GbOs affect the achievement of HIV prevention program goals?

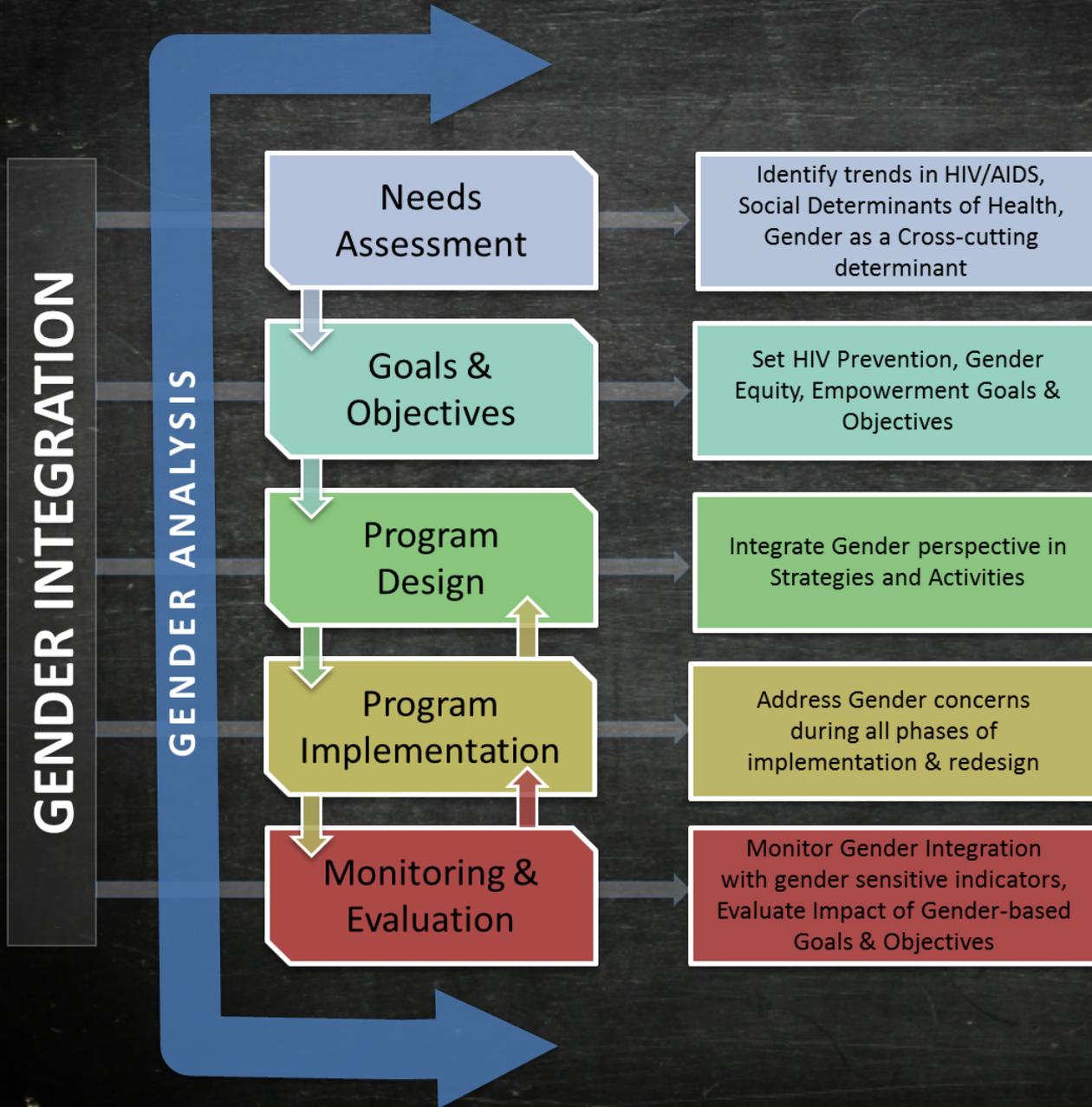
Examine GbCs and GbOs

Existing Programs	Developing Programs
Do GbCs act as a constraint to accomplishing the planned goals and objectives?	Are GbOs capitalized upon when planning project objectives and activities?
How do existing goals and objectives affect GbCs and GbOs?	Do project activities undermine or reinforce GbOs?
Do existing planned goals and objectives even take into account GbCs and GbOs?	Do project activities undermine or reinforce GbCs?

Prioritize the GbCs and GbOs to identify the most crucial issues to address

Wrap Up

What?	States the differences between women and men
Why?	Explains why the differences exist
So What?	Highlight the effect on women and men and HIV prevention goals and objectives



Integrating Gender in HIV Prevention Program Cycle

Thank you for an outstanding
Day 1!

See you back in the morning at
9:00am!

Have a great night!