



Germany's contribution to a gender-sensitive, gender-transformative global response to HIV

A policy brief by the BMZ's Theme Group on HIV



Imprint

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1. Young women encouraging each other at a generation dialogue on HIV and sexual morality in Guinea
2. Shepherd and girl on a bridge in Peshawar, Pakistan
3. Members of the Cameroonian network of organisations of people living with HIV
4. A young and an older man discussing HIV and sexual morality in the past and in the present in Guinea

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Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BMZ	Federal Ministry for Economic Cooperation and Development/ Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung
DED	German Development Service/Deutscher Entwicklungsdienst
EU	European Union
GCWA	Global Coalition on Women and AIDS
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation/Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH
HIV	Human Immunodeficiency Virus
InWEnt	Capacity Building International/Internationale Weiterbildung und Entwicklung
KfW	KfW Development Bank/KfW Entwicklungsbank
MDGs	Millennium Development Goals
MSM	Men Who Have Sex with Men
OECD	Organization for Economic Cooperation and Development
OVC	Orphaned and Vulnerable children
PMTCT	Prevention of Mother to Child Transmission
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing

Summary

For the past ten years, women and girls have accounted for 60 per cent of all people living with HIV in sub-Saharan Africa and 50 % globally. However, in some countries, where concentrated epidemics are about to turn into generalized epidemics, they continue to account for increasing percentages year after year. Young women (15–24) are especially vulnerable and, in sub-Saharan Africa, their rate of HIV prevalence is three times that of young men. This is in part due to physiological factors but the main reasons are cultural, social and economic.

When it comes to the impact of the epidemic on households and families, women and girls are also disproportionately affected. They are usually the main caregivers but disempowered by cultural traditions, social attitudes and laws and, therefore, financially dependent and often impoverished and disinherited by the illness and death of their relatives.

The international community has come to recognize that an effective response to HIV is both gender-sensitive and gender-transformative. It addresses the particular needs of women and girls, men and boys, and sexual minorities and it challenges ideas about what it means to be “masculine” and “feminine”. It adjusts the balance of power so that everyone, no matter what their sex or sexual orientation, has equal rights including equal rights to information, supplies and services that help them protect their own sexual and reproductive health and do no harm to others.

Under its dual presidency of the EU Council and the G8 in 2007, Germany came out strongly in favour of a gender-sensitive, gender-transformative global response to HIV and committed itself to providing international leadership towards achieving that response. At the 2007 G8 Summit in Heiligendamm, Germany, the G8 reaffirmed their commitments to promote and support a gender-sensitive, gender-transformative response. Subsequently, when the Global Fund called for proposals for its eighth round of funding, it asked applicants

to give careful consideration to the needs of women and girls and sexual minorities for HIV-related interventions that work for them.

This policy brief lays out the German position for Germany's international partners and provides a policy framework for decision-makers in German Development Cooperation. The first part discusses the rationale for a gender-sensitive, gender-transformative global response to HIV, describes the relevant international initiatives and resolutions and outlines the political commitment of the German Government. The second part discusses the priority areas of action that constitute Germany's policy framework.

Priority areas of action* in Germany's policy framework for promoting and supporting a gender-sensitive, gender-transformation global response to HIV:

- Strengthening the rights and promoting the self-determination of women and girls
- Promoting participation of women in the planning and design of national responses to HIV
- Linking the promotion of sexual and reproductive health and rights with responses to HIV
- Promoting access by women and girls to information and education
- Promoting the economic empowerment of women
- Including and targeting men and boys

*Implied in all the priority areas of action is that German Development Cooperation gives careful attention to the gender dimension in the structures and processes of the Global Fund and other financial mechanisms.



A gender-sensitive global response to HIV

Rationale

Not long after it emerged in 1981, the HIV epidemic became recognized as a global health crisis of unprecedented proportions. In 2007, an estimated 2 million people died of HIV-related illness while 2.7 million became newly infected and, by 2008, there were an estimated 33 million people living with HIV.¹ In the countries hardest hit by the epidemic, it continues to have devastating impacts on all socio-economic sectors and is one of the principle constraints on development. Curbing the spread of HIV and alleviating its impacts are high priorities for German Development Cooperation.

Since 1997, around 50 % of all adults living with HIV globally have been women but in some regions (Eastern Europe, Caribbean, Central Asia), where concentrated epidemics are about to turn into generalized epidemics, women have continued to account for increasing percentages of all infections. The epidemic's gender ratio worldwide, however, is due in large part to the fact that sub-Saharan Africa accounts for two-thirds of all people living with HIV and that 60 % of these people are women.

Of particular concern is that young women (15 to 24) are especially vulnerable to HIV infection. In sub-Saharan Africa, their rate of HIV prevalence is more than three times that of young men. In some countries outside of sub-Saharan Africa (e.g. Haiti, Cambodia, Dominican Republic), young women account for more than half of all new infections among young adults each year.

There are physiological factors that make women and girls more vulnerable to infection but the main factors are cultural, social and economic. Some of the countries hardest hit by the epidemic are characterized by extreme inequality of the sexes, with gender-specific discrimination embedded in cultural traditions, social attitudes and long-standing laws that deny them access to information, education, economic opportunities and independence in all areas of public and private decision-making. Yet there is no evidence of a direct link between women's poverty and their vulnerability to HIV infection.² More recent data from several countries in Eastern and Southern Africa suggest that the more

affluent women, just like the more affluent men, are at greater risk for HIV infection as they are more mobile, more likely to live in urban areas and more able to afford a lifestyle that includes having more sexual partners.³ Also, in many of the countries hardest hit by the epidemic in Southern Africa, many women and men engage in extramarital sexual relationships⁴ that carry a high risk of HIV infection: Multiple, concurrent sexual relationships⁵ and age-disparate sexual relationships between young women and much older men⁶, often motivated at least in part by desires for material gain and enhanced social status, are widespread practices.

When it comes to impacts of the HIV epidemic, culturally embedded definitions of what it means to be masculine and feminine usually put the burden of caregiving on women and girls. They are the first to be asked to leave their schools or jobs and to give their time and financial resources over to the care of anyone with HIV-related illness in their families. And they often have little choice, both because their male relatives are empowered to make decisions for them and because their male relatives are not prepared, by preference or training, to take on the burden of caregiving themselves. In the hardest hit countries in sub-Saharan Africa, it is grandmothers and women's groups who look after the growing numbers of orphaned and vulnerable children (OVC).

On the positive side, women have learned to play central roles in the response to HIV in their own households and communities, not only in caregiving but in prevention as they seek to provide children and youth with the information and skills to protect their sexual and reproductive health. Highly vulnerable to being infected or affected by HIV, women are also invaluable resources in strengthening the response to HIV.

¹UNAIDS (2008). 2008 Report on the global AIDS epidemic. Geneva, Joint United Nations Programme on HIV/AIDS.

²Piot P et al (2007). Squaring the circle: AIDS, poverty, and human development. *PLoS Med* 4(10): e314. DOI: 10.1371/journal.pmed.0040314.

³Hanson H et al (2008). HIV control in low-income countries in sub-Saharan Africa: are the right things done. A CoAction review article. *Global Health Action* 2008. DOI: 1-.3402/gha.v.1i0.1837.

⁴Dewalque D (2007). Serodiscordant couples in five African countries. *Population and Development Review* 33(3): 501-523 (September 2007).

⁵Halperin D et Epstein M (2006). Why is HIV Prevalence so Severe in Southern Africa: The Role of Multiple Concurrent Partnership and Lack of Male Circumcision - Implications for AIDS Prevention.

⁶Leclerc-Madlala S (2008). Intergenerational/Age-disparate sex: Issues Brief. UNAIDS Technical Meeting on Young women's vulnerability in hyper-endemic countries in Southern Africa.

In recent years, more comprehensive and reliable serological and behavioural surveillance has led to a better understanding of the dimensions and dynamics of the HIV epidemic and has provided convincing evidence that stopping the spread of HIV and mitigating its impacts will require a gender-sensitive and gender-transformative response. That is, it will require changing the attitudes and behaviour of men and boys, women and girls and sexual minorities and it will require giving all of them equal rights and responsibilities and the knowledge, skills and services they need to take care of their own sexual and reproductive health and do no harm to the health of others. It will require using women as resources but also encouraging men to assume a greater burden of responsibility, not least responsibility for their own behaviour and its impact on others.

International resolutions and initiatives

In 2000, when global leaders committed the 189 Member States of the United Nations to the eight Millennium Development Goals (MDGs) they recognized that the MDGs were so linked that progress towards each one would depend on progress towards the others. In 2001, the global leaders expanded on the links between MDG 3 (gender equality and the empowerment of women) and MDG 6 (combat HIV, malaria and other diseases) when they adopted the Declaration of Commitment on HIV/AIDS, which stresses that gender equality and empowerment of women are fundamental elements of an effective global response to the HIV epidemic.

In 2004, UNAIDS launched the Global Coalition on Women and AIDS (GCWA) and in 2006 the GCWA issued its Agenda for Action.⁷ It challenges national and international decision-makers, when designing and financing responses to HIV, to better address the vulnerability of women and girls and also to make better use of women's capacity to bring about positive social change in their families and communities.

Member States of the EU and G8 (i.e., most of the major donor countries) answered one of the key challenges in the GCWA's Agenda for Action when, at meetings in 2007, they resolved to make their financing of HIV-interventions in developing countries contingent on those interventions being more gender-sensitive and gender-transformative. In 2008, when the Global Fund called for proposals for its eighth round of funding, for the first time it urged applicants to address the needs of women and girls and sexual minorities for HIV-related interventions that work for them.

The political commitment of the German government

Curbing the spread of HIV and mitigating its impacts constitute one of the priority areas in the Programme of Action 2015, which outlines the German Government's commitments to action aimed at reducing global poverty.⁸ Taking basic human rights as its point of departure, the German Government supports a comprehensive response to HIV that addresses the health and socio-economic dimensions, including the gender dimensions, of the HIV epidemic. This approach is reaffirmed in the German Government's Policy Action Plan on Human Rights 2008–2010.⁹

Under Germany's dual presidency of the EU and the G8 in 2007, the German Government and its Federal Ministry for Economic Cooperation and Development (BMZ) strongly advocated a gender-sensitive, gender-transformative global response to HIV. Specifically:

- The German Government placed the response to HIV, tuberculosis and malaria and strengthening health systems on the agenda of the G8 Summit in Heiligendamm as part of the focus on Africa. This made it possible for important decisions on overcoming gender-based discrimination in the health sector to be taken at this level for the first time.

⁷Global Coalition on Women and AIDS (2006). Keeping the promise: An Agenda for Action on Women and AIDS. Geneva, The Global Coalition on Women and AIDS, a UNAIDS Initiative.

⁸BMZ (2003). Poverty Reduction – a Global Responsibility: Program of Action 2015 (2nd edition). Bonn, Federal Ministry for Economic Cooperation and Development (BMZ).

⁹BMZ (2008). Development Policy Action Plan on Human Rights 2008–2010. Bonn and Berlin, Federal Ministry for Economic Cooperation and Development (BMZ).

- During Germany's EU Council Presidency, the German Government presented the Council with a presidency paper on new challenges in the response to the HIV epidemic. On the basis of this paper, the EU Council committed to gearing measures more closely to women's and girls' needs.
- In association with other international partners in 2007, the German Government proposed mainstreaming gender into the structures and processes of the Global Fund. One of the mainstreaming strategies proposed by Germany and well received by other international partners was to make gender sensitivity one of the criteria for assessing proposals. This meant encouraging applicants to include elements that address gender inequality and the special needs of women, girls and sexual minorities.

The Strategy of the Federal Government to Fight HIV/AIDS¹⁰ serves to guide the Government's contribution to both the domestic and the global response to HIV. Three Federal Ministries collaborate to review and update the Action Plan to implement the Strategy of which the third edition covers the period 2007–2010.¹¹ The Action Plan identifies the promotion of gender equality as a fundamental element of a successful response to HIV. It calls for non-discrimination against all vulnerable groups and for action to address the specific needs of each group, including women and girls and sexual minorities. It calls for gender mainstreaming aimed at:

- Strengthening women's rights
- Creating access to education and information for women
- Promoting sexual self-determination
- Creating economic security
- Targeting men

German Development Cooperation supports a range of gender-sensitive, gender-transformative approaches to HIV in its Financial, Technical and Human Resources Cooperation with partner countries. KfW Development Bank has issued a policy paper on gender and AIDS¹² laying out gender-sensitive measures supported by German Financial Cooperation, while the German HIV Peer Review Group (with internal reviewers from all German Development Cooperation organizations and external reviewers) has published a series of papers in the German HIV Practice Collection.¹³ These papers provide insights into the kinds of gender-sensitive, gender-transformative methods developed by German-backed programmes and projects with HIV components.

The rest of this policy brief discusses actions supported by Germany under the priority areas of action in Germany's policy framework for promoting and supporting a gender-sensitive, gender-transformative response to HIV.

¹⁰Federal Ministry of Health and Social Security et al (2005). Strategy of the Federal Government to Fight HIV/AIDS. Bonn and Berlin, Federal Ministry of Health and Social Security (BMGS) and Federal Ministry for Economic Cooperation and Development (BMZ).

¹¹Federal Ministry of Health et al (2007). Action Plan to Implement the Strategy of the Federal Government to Fight HIV/AIDS (3rd edition).

Bonn and Berlin, Federal Ministry of Health (BMG), Federal Ministry for Economic Cooperation and Development (BMZ) and Federal Ministry of Education and Research (BMBF).

¹²KfW (2007a). Gender and HIV/AIDS. Frankfurt, KfW Entwicklungsbank.

¹³For the German HIV Practice Collection go to <http://hiv-prg.org/>

Contributions of German Development Cooperation to gender-sensitive, gender-transformative responses to HIV

Strengthening the rights and promoting self-determination of women and girls

German Development Cooperation takes a human rights-based approach, meaning its work is always guided by the human rights standards set forth in international conventions and it endeavours to apply these in such a way that key principles such as non-discrimination, participation and empowerment are interlinked and mutually reinforcing. In many of its partner countries, German Development Cooperation is actively engaged in strengthening human rights and promoting the self-determination of women and girls who, owing to stigmatisation and discrimination and consequent social and economic exclusion, are particularly vulnerable to HIV infection and its impact on affected households.

In a number of its partner countries in sub-Saharan Africa, German Development Cooperation is providing support to organisations that bring together people living with HIV, encouraging national and international networking among them and helping to equip them with the skills they need to take part in the various policy forums that shape their countries' national HIV programmes.¹⁴ Women living with HIV usually account for a majority of the members of these organisations and they benefit from mutual encouragement and support as they learn how to demand that their rights be taken into account and respected and how to bring consideration of their rights into local and national debates.

An internationally recognised approach to strengthening the rights of young women and promoting their self-determination was developed within the framework of Cameroon-German cooperation.¹⁵ It recruits young single mothers, who are especially stigmatised and vulnerable, and trains them as "aunties" (that name because, traditionally, aunties were responsible for teaching girls about sex) who act as peer educators, passing on their knowledge about sexual and reproductive health and



Members of the Aunties' Association in Mamfe

HIV prevention to other young people in their communities. It also helps them establish community-based associations, for mutual support and local advocacy, and has helped them establish a national network for sharing resources and experiences and engaging in national advocacy.

Another priority for German Development Cooperation is preventing violence against women and girls, including sexual violence in day-to-day life or during emergency and displacement situations. It supports multi-sectoral approaches in homes and communities, incorporating prevention into urban and rural development programmes and involving local government and health services. In post-conflict situations (e.g., in Congo and Liberia) or in urban hot-spots (e.g., South African townships), it supports the restoration of violated women and girls to physical, emotional and economic health by ensuring they receive appropriate treatment and empowering them with knowledge and skills to protect themselves from further violence and from infection by HIV.

¹⁴German HIV Peer Review Group (2006a). Involving People Living with HIV: Support to PLWH Organisations in Cameroon. German HIV Practice Collection. Eschborn, German HIV Peer Review Group.

¹⁵German HIV Peer Review Group (2007a). 'Aunties' for sexual and reproductive health: How unwed young mothers become advocates, teachers and counsellors in Cameroon. German HIV Practice Collection.

World AIDS Day 2004
in Gaborone

Promoting participation of women in the planning and design of national responses to HIV

Just as gender-specific discrimination contributes to women's vulnerability to HIV, so it contributes to their exclusion from planning and decision-making bodies that give shape and force to the HIV response. In addition to advocating within the donor community to make gender-sensitivity one of the criteria for assessing proposals to the Global Fund, the German Government is preparing a programme aimed at increasing the participation of women in the design and implementation of gender-sensitive national responses to HIV and at facilitating access to all sources of national and international funding. Women's rights groups and networks of women living with HIV will be among the beneficiaries of this programme. Projects that target boys and men and include them in their efforts to bring about gender equality will also be supported.

Many local groups in the hardest hit countries are already making important contributions towards making the HIV response more gender-sensitive and gender-transformative, but they do not have sufficient access to global financing mechanisms such as the Global Fund and their voices are not being heard to a sufficient extent in national forums. Training can help such groups be heard at the local, national and international levels and can help them plan projects and write convincing, evidence-informed proposals that increase their chances of securing the financing they need.

German Development Cooperation also advises central planning and decision-making bodies, such as national AIDS councils and Country Coordinating Mechanisms for the Global Fund, on gender mainstreaming measures that will increase women's participation.



Linking the promotion of sexual and reproductive health and rights with responses to HIV

“Sexual and reproductive health” and “HIV” are often treated as separate thematic areas, each with its own programmes and projects. However, since HIV is most commonly transmitted through sexual activity, it qualifies as a sexually transmitted infection and can be seen as a sexual and reproductive health issue that touches on the same human rights issues. Universal access to HIV-related services goes hand-in-hand with universal access to sexual and reproductive health services and both involve providing everyone, no matter their sex or sexual orientation, with services that address their particular needs in environments where neither laws nor stigma and discrimination stop them from taking up the offer of those services. Germany's commitment to linking the HIV response to sexual and reproductive health and rights (SRHR) is outlined in a separate policy brief issued by BMZ's Theme Group on HIV.¹⁶

The German government has agreed to make the health sector a priority area of its developing cooperation with 14 of its partner countries. In many of these the cooperation programmes have SRHR and HIV components where links can be made. Family planning and antenatal care services, for example, are ideal opportunities to reach women of reproductive age with HIV prevention, testing and treatment for themselves and their babies.

¹⁶BMZ, DED, InWEnt, KfW and German Foundation for World Population-DSW (2008). Promoting Linkages and Synergies for Sexual and Reproductive Health and Rights and HIV/AIDS: Key Issues and Opportunities. Policy Brief. Eschborn, German Development Cooperation (GTZ).

In many countries of southern Africa, from 20 to 30 per cent of all pregnant women are infected with HIV; about 10 percent of newly born infants become infected during birth or breastfeeding; of those, from 60 to 70 per cent die before they reach the age of five. Administration of antiretrovirals during or shortly after birth, combined with counselling, support and treatment of the HIV-infected mothers and their partners reduces the risk of mother-to-child transmission by 60 per cent and raises the quality of life for the affected women and their families. However, many countries lack the technical support necessary to establish, expand and consolidate PMTCT services and they are available to only around 11 per cent of the women who need them. Since 2001, German Development Cooperation has been playing a pioneering role in providing specialist support for the establishment, expansion and consolidation of PMTCT services in Kenya, Tanzania and Uganda and for the research providing evidence to guide and support those services.¹⁷ It has also supported the set-up of voucher systems, enabling access to these services by economically disadvantaged women who choose to take advantage of the systems.¹⁸



Women in the waiting area of Migori district hospital, Kenya



German Development Cooperation also promotes and supports the social marketing of condoms and other contraceptives and behaviour change communications.¹⁹ These social marketing programmes promote sexual and reproductive health, including the prevention of HIV, and help change attitudes and behaviour through gender-differentiated education and information aimed at males and females of various ages and most especially of young people and community leaders. Objectives include to increase the acceptance and use of contraceptives in order to reduce the incidence of unwanted pregnancy and prevent transmission of HIV and other sexually transmitted infections and also to empower women with knowledge, skills and recognition of their rights and to encourage men to recognize women's rights and take more responsibility for their own behaviour.

¹⁷ German HIV Peer Review Group (2007b). Prevention of Mother-to-Child Transmission of HIV in Kenya, Tanzania and Uganda. German HIV Practice Collection. Eschborn, German HIV Peer Review Group.

¹⁸ KfW (2007d). Voucher schemes as a financing option in the health sector – the experience of German Financial Cooperation. A Working Paper. Frankfurt, KfW Entwicklungsbank.

¹⁹ KfW (2004). "Promotion of Reproductive Health and the Fight against HIV/AIDS." Promotion of developing countries May 2004. Frankfurt, KfW Entwicklungsbank; KfW (2001): Social Marketing in der Finanzellen Zusammenarbeit, Diskussionspapier Nr. 29. (Social Marketing in Financial Cooperation, Discussion Paper No. 29). Frankfurt, KfW Entwicklungsbank.



A girls' school on an excursion in Lahore, Pakistan

Promoting women's and girls' access to information and education

To protect them against infection or to live positively with HIV, everyone needs information and advice tailored to their particular risks, situation and needs and answering their particular questions. In many of its partner countries, German Development Cooperation assists both governmental and non-governmental health service providers to develop packages of information and counselling suited to males and females of different ages and from different backgrounds, taking cultural traditions and social attitudes into account and addressing gender-based stigma and discrimination. This requires linking family planning and antenatal care to HIV counselling and testing and adding specific information and counselling for women with HIV and their partners.

Education is often called a "social vaccination" against HIV. Alongside health services, schools also play major roles in ensuring that HIV responses are gender-sensitive and gender-transformative. By mainstreaming HIV into life skills education, schools can provide children, adolescents and young adults with information, attitudes and skills that will serve them for the rest of their lives and equip them to deal responsibly with their own sexuality and sexual and reproductive health and to respect the rights of others and do them no harm.

In a number of its partner countries in sub-Saharan Africa, German Development Cooperation supports, basic education programmes that bring school children, teachers, parents and surrounding communities, including out-of-school youth, into HIV prevention programmes and that also target socially disadvantaged and, therefore, highly vulnerable girls.²⁰ These programmes use active dialogue methods that allow pupils to communicate on equal terms with their teachers and then with their parents and communities, opening up honest discussion all around. They are based on the belief that the HIV can only be stopped from spreading if people are encouraged, while they are still young, to question existing gender roles and patterns of behaviour; if young people are encouraged to take part in designing responses to HIV; and if girls as well as boys are given unrestricted access to information about their sexual and reproductive health and rights.

Economic empowerment of women

In most of the countries hardest hit by HIV, rates of poverty, unemployment and illiteracy are high, and women are worst affected. In such countries, decision-making autonomy for women depends not only on better education but on a wider range of economic opportunities. Often, the best opportunities involve individual women or groups of women establishing or expanding micro-enterprises but there the lack of access to credit poses an obstacle.

In a number of its hardest hit partner countries, German Development Cooperation supports micro-finance schemes. Women typically involve high proportions of the clients and have solid records of repayment and these schemes have proven to be highly effective ways of contributing to their economic empowerment.²¹ Impacts of the schemes include: local economies are primed; women gain more economic security; and women invest their income in, among other things, better food, health care and education for their children. The schemes contribute to gradual improvements in the images women have of themselves and men have of women and can be seen as important elements of a gender-sensitive, gender-transformative response to HIV that makes women better equipped to take care of of their sexual and reproductive health and inclines men to treat women with more respect.

²⁰German HIV Peer Review Group (2006a). HIV prevention in basic education: The heart of a community-based AIDS response in Francophone Africa. German HIV Practice Collection. Eschborn, German HIV Peer Review Group.

²¹KfW (2007b). "Microfinance in Africa." Financing Development: New Prospects for Africa. Frankfurt, KfW Bankengruppe.

Men in Benin attending an information session on HIV as part of a social marketing programme



Including and targeting men and boys

A gender-sensitive response to HIV covers not only women and girls and sexual minorities, but also men and boys who do not belong to sexual minorities. Behaviour patterns that more often occur among males – e.g., alcohol consumption, high turnover of sexual partners, reluctance to seek medical attention for health complaints – raise men's risks of contracting and transmitting sexually transmitted infections including HIV. Women's ability to protect themselves and their children from HIV is largely contingent on the attitudes and behaviour of their male partners, since it is more often men who decide who their sexual contacts will be and who decide whether or not to use condoms. Usually physically stronger than women, men can also decide whether or not to use physical force or the threat of force to initiate or control a sexual encounter or to treat their partners roughly during the encounter.

Whether or not women and girls avail themselves of health services – voluntary counselling and testing (VCT), prevention of mother-to-child transmission (PMTCT) or antiretroviral therapy – also often depends on the attitudes and behaviour of men, since they often require the consent of their husbands, fathers, uncles or male cousins.

For all of those reasons, German Development Cooperation supports HIV-related interventions aimed at both males and females as well as ones aimed only at males or only at females. Often the ones aimed at men are components of ones aimed more broadly at women and children (e.g., in antenatal or PMTCT programmes) where it is important to provide information, education and possibly VCT and treatment

to the women's male partners and children's fathers and also important to encourage males to accept responsibility for the health of their partners and children.

While socially determined ideals of masculinity confer power and influence on men and boys, they also restrict their behaviour so that, for example, they dare not do or say anything that might make them appear weak or effeminate. Blaming or simply appealing to them are unlikely to change their attitudes or behaviour but there are a variety of gender-transformative methods that can have that effect – e.g., providing role models that show how men can go against stereotype and earn respect and admiration by doing so. In a number of its partner countries, German Development Cooperation has supported local initiatives that use the generation dialogue method to get males and females of different generations to communicate with each other frankly and to question culturally rooted gender norms that may be harmful to some people.²² In the normal course of events, norms change over time but generation dialogue can accelerate such change and put a stop to particularly destructive attitudes and practices.

²²GTZ (2005). Generation Dialogue about FGM and HIV/AIDS: Method, experiences in the field and impact assessment. Eschborn, German Technical Cooperation (GTZ).

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