

“I sat back and looked at my life, thinking of all the abuse and violence I was experiencing, without saying anything about it and without my family saying anything about it. I thought, “I can’t make my own decisions and I’m living in fear in my own country”. I listened to other women and heard their stories. The Indian and Thai women really impressed me. They had all this energy and when they talked, they went on and on, and I thought. “I want to be like them and go out there and talk strongly. I can be like them. I’m not going to give up.”

Maura, woman living with HIV from Papua New Guinea

Excerpt from Maura’s story in “DIAMONDS Stories of Women from the Asia Pacific Network of People Living with HIV” (in Press) UNIFEM East Asia Regional Office.

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Abbreviations

ABC	"Abstinence, Be Faithful, use Condom"
ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IDU	Injected Drug Use
MSM	Men who have Sex with Men
NAC	National AIDS Council
PEP	Post Exposure Prophylaxis
PICTS	Pacific Islands Countries and Territories
PITC	Provider-Initiated Testing and Counselling in Health Facilities
PNG	Papua New Guinea
RRRT	Pacific Regional Rights Resource Team
SPC	Secretariat of the Pacific Community
STD/s	Sexually Transmitted Disease/s
STI/s	Sexually Transmitted Infection/s
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia & the Pacific
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Fund for Women
WHO	World Health Organization

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Preface

Despite a persistent lack of clarity in the epidemiological picture of HIV transmission in the Pacific Islands region, there are at least three worrisome trends that can be easily observed. The first is that the virus' progression continues unabated and this progression is outpacing the current response. The second is that women tend to be infected at a younger age than men, and the third is that more women than ever before are being infected in the Pacific Islands.

In the third decade of HIV responses, HIV programmes still need to better incorporate the realities and contexts of gender relations and constructions as well as social structures which are fundamental to understanding and therefore halting HIV transmission. This is particularly true for the Pacific Islands where HIV responses have been and remain insufficiently based on empirical evidence that takes context and overarching social structures and realities into account.

As recently learned from Asian epidemics, the prevailing focus on identified 'at risk groups'—not only gives a false sense of security to those who do not identify with these groups, it may also contribute to the ongoing gaps in response that consistently fail to identify and respond to important contextual information, specifically that in many Pacific Islands, transmission could be more frequent where most people do not expect it, for example in marriage. Evidence from Papua New Guinea already supports this conclusion.

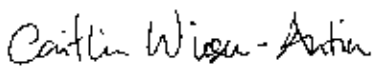
Because in the Pacific, HIV is overwhelmingly transmitted sexually, it is critical to understand not only how and why HIV spreads in societies, but also how and why individuals and groups have different abilities to protect themselves from the virus and its consequences than others. It is therefore, indispensable to understand how gendered values, norms and expectations and socio-economic contexts shape or influence sexual behaviours, gender relations and the presence or absence, as well as range of choices available that affect vulnerability to HIV transmission.

How current and future HIV responses address the social determinants of HIV risk are likely to make the difference between success and failure. Continuing misunderstandings and assumptions or avoidance or unwillingness to tackle these determinants because they are often very sensitive, sometimes inscribed in law and always enshrined in culture and practice, will ultimately result in additional HIV infections and the accompanying costs to the individual, community and national economy.


As efforts by countries, donors and development partners are being stepped up in the region, the main objective of this collaborative work undertaken by UNDP, UNIFEM and the Secretariat of the Pacific Community (SPC) was to gather, review and analyze the evidence of the gendered nature and impacts of HIV, as well as the links between gender relations and social constructs in the Pacific Islands region; and produce a set of substantiated policy recommendations to contribute to the work of the Commission on AIDS in the Pacific.

Much of the research data referred to in the document focus on Papua New Guinea and elsewhere in Melanesia. This is because there are fewer studies from Polynesia and Micronesia, to balance the extensive research on gender and sexual behaviour focused on Melanesian countries. However, the study benefited from the collaboration of a range of experts and draws on a range of sources that provide both direct and indirect comparative insights into the issues within and between Pacific Island countries.

We anticipate that this work will complement other reviews being undertaken in the region, that will ultimately contribute by helping policy makers, government institutions, the private sector, NGOs, development partners and communities develop more efficient and targeted HIV interventions for the Pacific that fully take gender issues and relations into account.



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Executive Summary

This study presents evidence linking the spread of Human Immunodeficiency Virus (HIV) with gender inequality in law and in custom in Pacific Island countries and territories. The subject of HIV and Gender is sensitive and cannot be discussed without the use of explicit language and without plainly stating the facts. It suggests recommendations based on the findings in five areas (listed below), proposing policy responses and programme approaches which can and should be fundamental to fighting the spread of HIV in Pacific Island countries and territories. Among the key issues identified through this work:

Gender still does not get adequate attention in HIV programming despite the fact that it has long been recognised as being fundamental to understanding and addressing HIV and AIDS.¹ The spread of HIV is closely associated with the different and unequal circumstances of women and men and the power imbalances between them which result in different forms of gender-based discrimination against women. The Pacific Platform for Action for the Advancement of Women identified HIV as an area of concern to Pacific women in 1994.² It was pointed out thirteen years ago (in 1996), in a UN report,³ that stopping the spread of HIV in the Pacific demands attention to the different social and cultural determinants of HIV infection among men and women. However, even in the new (2009-2014) Pacific Regional Strategy on HIV and other Sexually Transmitted Infections (STIs), gender is still referred to as one of many issues to be addressed to halt and reverse the spread of HIV, rather than as a central, cross cutting consideration. Similarly, few countries have developed gender responsive national HIV strategic plans and policies. One notable exception is Papua New Guinea which provides an example of best practice in formulating a national gender policy for HIV and AIDS, albeit major challenges remain in its implementation.

In all Pacific Island countries, risky sexual behaviour is a major factor in the spread of HIV and other Sexually Transmitted Infections (STIs), especially the sexual behaviour of men who have more social power and sexual license than women. Although the socialization of boys is a cultural variable across Pacific cultures, ideas about masculinity/ies have many common features that relate to vulnerability to HIV and other STIs. Social constructions of masculinity that denigrate women and girls and emphasise physical and sexual prowess, combined with the erosion of some traditional forms of social control and rapid and disruptive social change place men at great vulnerability and risk of HIV. This then places their sexual partners (female and male) at greater risk. More consideration must therefore be given to addressing the very real risks of HIV infection, particularly for women, within marriage.

Even in countries where HIV has a low rate of prevalence, STIs have been shown to be highly prevalent among women and men (across the Pacific). STIs increase the risk of sexual transmission of HIV, as well increasing risks of infertility and cervical cancer in women, and liver disease in both sexes. In countries where health services are inadequate, the risk of HIV infection is increased, as is the likelihood of public ignorance, fear and misunderstanding.

Gender-based violence is a serious problem in all Pacific Island countries and territories. Gender-based violence includes beating of wives and girlfriends, sexual coercion, rape (including rape of wives and girlfriends), violence to sexual minorities, and sexual abuse of girls and boys. There is growing recognition that the different forms of gendered violence are connected with increased risk of HIV infection. The prospect (or reality) of violence from partners, or the threat of violence by a partner makes it even more difficult for many women to refuse sex or negotiate safe sex. Sexual abuse, coercion and lack of control over sexuality can constitute the violation of a range of (women's) human rights. Sexual abuse in childhood can have both short-and long-term psychological effects that seem to contribute to riskier sexual behaviour later in life, which then lead to increased risk of HIV infection.

Sex workers and those who engage in transactional sex are mostly women and many are young. Throughout the Pacific women have less independence than men, less opportunity than men do to meet their needs and aspirations, to earn their own money, to control their sexuality or to own or control property. Women who have their own money and assets

¹ Julie Hamblin and Elizabeth Reid, 1991. Women, the HIV Epidemic and Human Rights: A Tragic Imperative. UNDP Issues Paper No. 8, presented at the International Workshop at the International Court of Justice, The Hague on "AIDS: A Question of Rights and Humanity."

² Secretariat of the Pacific Community, 1994. Pacific Platform for Action on the Advancement of Women and, 2004. Revised Pacific Platform for Action on the Advancement of Women <http://www.spc.int/women/ppa.html>

³ United Nations Fiji. 1996. Time to Act: The Pacific response to HIV and AIDS.

are less dependent on men, are generally less vulnerable to gender-based violence, are less likely to choose sex work or to resort to sexual transactions and are more empowered to negotiate safe sex.

Although there is a wide range of cultural and economic factors driving the spread of HIV and other Sexually Transmitted Infections across the region in different ways and at different rates, gender and human rights issues are associated with their progression everywhere. These issues include cultural defences (in law and in practice) of gender-based violence and gender inequality.

Many current HIV messages and approaches are less effective because they are not sufficiently gender responsive, they are not grounded in human rights, and if they are culturally inappropriate, they may be misunderstood. Some inadvertently increase the stigmatisation of women, and may even generate violence against them, and reinforce negative images of masculinity. For example, the widely advocated “ABC” (Abstinence, Be faithful, Condom use) approach is not sufficiently gender sensitive for application by most Pacific societies and cultures because it assumes equal decision making power around sex between men and women and because it essentially focuses on the individual rather than addressing the socio-economic context in which gender relations and sexual behaviours are shaped.

Summary of suggested recommendations:

- Mainstream gender equality into national and regional policies, strategies and programmes for HIV prevention and care and make them culturally relevant and human rights based
- Address the prevention of violence against women, children and sexual minorities as an integral part of preventing the spread of HIV
- As an integral part of programmes to prevent the spread of HIV, promote measures to encourage positive models of masculinity among men and boys and increase awareness of and promote the exercise of rights of women and girls
- Improve the legal framework for gender equality and human rights as an integral part of preventing the spread of HIV
- Empower women and girls economically as an integral aspect of HIV prevention programmes

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