



# How Gender-Sensitive Are Your HIV and Family Planning Services?

Use IPPF/WHR's HIV/Gender Continuum to find out.



# How to Use the HIV/Gender Continuum

A wide range of research and action has been undertaken in the areas of improving family planning programs, preventing HIV/AIDS, and promoting awareness of the links between gender roles and health outcomes. The IPPF/WHR's involvement in all three activities has led us to consider some of the linkages among sexual and reproductive health service delivery, HIV prevention, and gender issues.

Women often have less power than men over the timing and type of sexual relations they have. The male condom, a method which requires at least passive cooperation by the man if not active participation by him, is the only protection available against HIV. (Female condoms are still unknown, unavailable, or too expensive in many countries; and microbicides are still in development.) For a variety of reasons, many men are not comfortable using condoms. This, combined with the fact that men are more likely than women to have sexual partners outside their primary relationship, puts women in a risky position with respect to their sexual and reproductive health and ability to protect themselves from HIV infection.

In some instances, power imbalances in relationships prevent women from being able to say no to unprotected sex. For some women, saying no to sex can lead to violence. Gender-based violence and sexual coercion are now recognized as pervasive problems, putting women at risk of many negative outcomes, including injuries and STIs including HIV. All of these factors combine to create difficulties for women who want to protect themselves from HIV, even if they themselves are monogamous in their sexual relations.

Sexual and reproductive health programming and service delivery that incorporates a gender perspective can respond to the issues raised above. The "Continuum" of gender sensitivity has been developed to increase understanding of the types of issues that can be incorporated into programs, in order to assess and then improve their degree of gender sensitivity. As SRH organizations begin to speak with family planning clients about HIV prevention they can evaluate specific issues, including the following:

- Do your programs address vulnerability to HIV by examining the social forces – as well as the biological factors – that predispose women to risk for HIV?
- Do your programs assess and respond to women's need for negotiation and decision-making skills as they relate to condom use?
- Do providers and counselors make explicit the connections between HIV and gender-based violence?
- Do providers and counselors link women, programs and services with other groups that work in related areas of women's rights?

## A tool for self-assessment:

### How gender sensitive are your HIV prevention programs and services?

**The Continuum is a tool to investigate how responsive an organization's services and programs are to gender issues related to HIV prevention within an overall rights-based approach to sexual and reproductive health. To do a rapid assessment of your own programs, meet with appropriate staff and determine where your programs fall on the continuum. Which components of your programs and services are not gender sensitive? Somewhat gender-sensitive? Ideal? Programs that fall to the left of the Continuum are ripe for a substantial overhaul that might require external facilitation. Programs that fall in the middle are moving in the gender-sensitive direction and would benefit from an internal commitment to continue growth in this direction. Programs that fall to the right are model programs and may be able to produce best practices document or otherwise share their experiences in this area.**

# Calculate Your HIV and Family Planning Gender Sensitivity

Score your services from 0 to 5 for each of these areas.

0

1

## NON-GENDER-SENSITIVE PROGRAM

Only identifies and targets risk behavior of female clients themselves. For example, assumptions are made about the needs and sexual practices of the client herself without considering the role of her partner.

Advocates and teaches condom use.

Explains transmission of the HIV virus.

Works exclusively on changing risky behaviors with so-called “high-risk” populations, e.g., commercial sex workers (CSWs), and intravenous drug users.

Uses fear as a motivation tool. For example, uses medicalized jargon to promote behavior change.

Exploits traditional gender roles to convince partner to use a condom. For example, counselor encourages client to use passive femininity and tricks to win compliance by partner.

Assumes that asymptomatic women in long-term relationships do not need STI services; STI-symptomatic women are referred to an STI Clinic.

Counsels HIV-positive women not to get pregnant.

Uses a medical model to treat emotional and physical STI/HIV issues.

Works exclusively with target populations in isolation from other women’s groups.

Encourages condom use and partner notification without recognizing potential negative outcomes, such as the woman being abused as a result of condom proposition or HIV status disclosure.

2

3

## SOMEWHAT GENDER-SENSITIVE PROGRAM

Identifies risk behavior of client as well as her perception of partner behavior. For example, assesses individual needs and sexual practices based on facts, not assumptions.

Teaches condom negotiation skills, recognizing that women often do not have the power to insist on its use.

Explains transmission of the HIV virus, perhaps including a reference to the fact that male partner's behavior can put her at risk.

Targets sexually active women in general as an "at risk" population, not just women who are seen as part of a "high-risk group."

Identifies personal health needs to motivate client.

Teaches and motivates women to use a variety of positive survival strategies to negotiate safer sex.

Provides confidential STI services to symptomatic women in a nondesignated STI setting, for example, in a family planning clinic.

Informs women about the dangers of perinatal transmission and stresses the importance of condom use to avoid pregnancy and HIV transmission to partners.

Individual or group counseling used to address specific STI/HIV issues.

Works with other women's health organizations to better the condition of women by addressing injustices women suffer due to traditional gender bias.

Helps women think through different scenarios relating to condom negotiation and HIV status disclosure and ensures that the woman is the one to make the final decision.

4

5

## IDEAL GENDER-SENSITIVE PROGRAM

SCORE

Identifies a broad range of individual and social determinants of vulnerability to HIV. For example, helps client to determine current need through an objective assessment of all needs and practices.

Builds decision-making and negotiation skills on sexual relations, including condom use and personal needs.

Explains transmission of the HIV virus and discusses with client her specific sexual practices, preferences and sexual orientation to determine her own individual risk.

Recognizes the contextual issues that render women vulnerable and targets those issues, and especially the most vulnerable women, for intervention; works to help create conditions to reduce vulnerability.

Uses a rights-based approach (the right to be healthy and free of disease, unwanted pregnancy, coercion or violence) as motivation.

Helps women recognize and overcome gender-based abuse and power imbalances that affect their ability to make decisions and take actions to protect themselves from HIV and other harmful consequences.

Explores risk of STIs and other RTIs (reproductive tract infections) with **all** clients with confidentiality; provides appropriate treatment.

Helps women to make fully informed, independent choices about their reproductive and sexual lives regardless of HIV status.

Provides opportunities for women to dialogue individually and in groups about the factors which contribute to STI/HIV transmission, such as poverty, violence, and dependency.

Works in collaboration with other women's groups to better women's lives, by challenging social constructs that create gender injustices.

Explores gender-based violence (GBV) with **all** women who come to the clinic for HIV counseling and testing, and offers specific services to those women identified as being victims of GBV. Assesses women's risks not only in terms of STI/HIV, but also mental and physical well-being and other reproductive health outcomes, such as unplanned pregnancies.

### TOTAL SCORE

## YOUR GENDER SENSITIVITY SCORE

Divide your total score by 11



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### Acknowledgments:

Three family planning associations — Brazil, Honduras and Jamaica — participated in a 5-year program to integrate HIV prevention into their clinics from 1992 to 1996. See *“Introducing Sexuality Within Family Planning: The Experience of Three HIV/STD Prevention Projects From Latin America and the Caribbean”* by Julie Becker and Elizabeth Leitman, Introduction by Mahmoud F. Fathalla, Quality/Calidad/Qualité, 1997. This program served as the basis for thoughtful analysis by Adriane Martin-Hilber and Adriana Ortiz-Ortega, who developed the continuum with assistance from Julie Becker. Judith F. Helzner has provided input and guidance on gender issues, originally as Director of Program Coordination and then as Director of Sexual and Reproductive Health at IPPF/WHR. Lara Tabac, Senior Program Officer, HIV/STI at IPPF/WHR, adapted the Continuum to a user-friendly format.

Produced with support from the Ford Foundation and the John D. and Catherine T. MacArthur Foundation.

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