



SEXUAL STEREOTYPES AND THE KNOWLEDGE GAP

CHAPTER 1

Women and girls are not yet receiving the information they need to protect themselves from infection. Education and training on HIV/AIDS prevention is still too often not made available, or is not made available in ways that are accessible and can be put to practical use. Discriminatory and stereotyped gender roles and norms about sexuality are deeply implicated in this failure.

“From a social and cultural perspective, if a woman is not married, people believe that she should not have sexual intercourse. If an unmarried young woman goes to a clinic ... it suggests that she is having sex. This is something girls generally do not want people to know, and they do not want people to see them going to a clinic.”

*Source: – Christine Nare,
President of CEFÉVA, Senegal*

In many societies there are cultural dictates for women to play a passive role in sexual interactions, and strong social pressures for women and girls to remain ignorant about sexual matters. Consequently, there is a frequent reluctance to provide education about issues relating to sexuality to girls and women, and they may be hesitant to pursue the information themselves. Social norms requiring that women be virgins when they marry mean that girls may be especially afraid to ask for information about sexual matters, as the impression could be created that they are sexually active. In some cultures, girls’ ignorance about protecting their sexual health has led them to engage in high risk behaviour – for example, by opting for unprotected anal sex as a means of avoiding pregnancy.

Boys and men may also have their access to information limited in practice, because of gendered expectations that they are already knowledgeable or will learn from their peers, and because norms of masculine strength and self-reliance encourage the denial of risk.

A primary means of getting information out to young people about HIV/AIDS is through school, but the existing gender gap in education in many countries means that girls will have less access to this knowledge. Further, as more and more children are removed from school to provide support in AIDS-affected families, even fewer girls will be able to learn about the disease.

RESPONDING WITH CEDAW

The Women's Convention addresses the need to ensure that women and girls receive the education and information about sexual health they so urgently require through, in particular, its articles on education, health and the elimination of discriminatory cultural practices and stereotypes.

Among the steps State parties may need to take in order to meet their obligations under the Convention are ensuring: that prevention education programmes are specifically designed to reach women and girls; that these programmes take into account the barriers posed to accessing information by stereotyped gender roles for both men and women; that cultural norms about gendered sexuality are targeted in schooling and in public awareness-raising campaigns; that information is provided in youth-friendly forms; and that greater efforts are made to increase girls' participation in formal education and to improve women's literacy.

The Casa de Passagem in Recife, Brazil, conducted operational research to investigate how best to offer peer education on sexuality and HIV prevention to school-going and out of school girls aged 15-20. Following exploratory survey research, they conducted focus groups, in-depth interviews and participant observation with the adolescent girls, mothers of such girls and the girls' boy-friends. A group of 21 girls were trained as Adolescent Multipliers of Information (AMIs). They were involved in developing a peer education curriculum, which focused on topics such as communication and sexuality, virginity, self-esteem, autonomy, fidelity, sexuality and HIV/STI prevention. The AMIs also organized the peer education sessions in their own communities on weekends in localities that had been identified and arranged by the girls in the communities. They shared the information not only with other girls in the neighbourhood and at school but also with their family members, especially mothers.

Source: UNAIDS 2001, Gender and AIDS Almanac, fact sheet



WHAT THE CONVENTION SAYS

- In article 10, the Convention provides that States parties must take all appropriate measures to **eliminate discrimination against women in education**, and also specifically in relation to their **access to the educational information that will help ensure the health and well-being of families**, including advice on family planning.
- In its General Recommendation on the Convention's article on health, the CEDAW Committee has recommended that States ensure the **removal of all barriers to women's access to health education and information in the area of sexual and reproductive health**, and allocate resources for programmes directed at adolescents for the prevention and treatment of sexually transmitted diseases, including HIV/AIDS. The General Recommendation on HIV/AIDS also directs States parties to increase their efforts to disseminate information to **increase public awareness of the risk of HIV infection and AIDS, especially in women and children**.
- Article 5 requires States parties to take all appropriate measures to **modify the social and cultural patterns of conduct of men and women**, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on **stereotyped roles** for men and women.
- Article 10 directs in particular that these measures must be taken in the context of education. States parties must take all appropriate measures to **eliminate any stereotyped concept of the roles of men and women at all levels and in all forms of education**, in particular by revising textbooks and school programmes and through the adaptation of teaching methods.