

New Directions in HIV/AIDS Prevention: **A Report on the Women and AIDS Research Program Final Conference**

A New Way to Define the Problem and Seek Solutions

More than 10 million of the estimated 30.6 million adults infected with HIV worldwide are women, and the percentage of women infected continues to increase rapidly. Ninety percent of women with HIV/AIDS have been infected through heterosexual intercourse. Moreover, young women aged 15 to 24 are now the fastest-growing segment of the population contracting HIV/AIDS. In many countries, 70 percent of new HIV infections, as well as 70 percent of women who die of AIDS, are women aged 15 to 25.

Despite considerable global knowledge, the increasing incidence of HIV/AIDS in women has been the least controlled component of the AIDS pandemic. In part, this is the result of AIDS prevention programs that do not reach the majority of women and do not take into account the broader socioeconomic and cultural context of their lives.

To respond to this problem, the International Center for Research on Women (ICRW) launched the Women and AIDS Research Program. Ninety-four percent of women with AIDS live in developing countries. Sub-Saharan Africa is the hardest hit region, but Southeast Asia has the most rapid growth rate. According to the United Nations Development Programme, the

and AIDS Research Program, funded by the United States Agency for International Development (USAID) from 1990 through 1997. In June 1997, ICRW convened a conference in Washington, DC, to disseminate findings from the Women and AIDS Research Program.

Departing from previous HIV/AIDS research that focused on commercial sex workers, the Women and AIDS Research Program targeted ordinary women, who comprise the overwhelming majority of AIDS-infected women worldwide. The research demonstrated the crucial yet unexplored roles of power, communication, and knowledge in AIDS prevention for women. It also suggested that behavioral changes and health interventions that do not address these three mutually reinforcing factors have little chance of success.

Women and HIV/AIDS: Socioeconomic Implications

rising number of women with HIV/AIDS has reversed earlier development gains. By the year 2010, for example, the prevalence of AIDS will cut the average life expectancy in

Botswana and Burkina Faso from 61 years to 31 and 35 years, respectively.

Increasingly, infants are in jeopardy of being born HIV-positive. As a result of HIV/AIDS, child mortality rates have increased in at least fourteen countries in Africa. More than 9 million children have lost their mothers to AIDS. In addition to the consequences to her own health and well-being, a woman's HIV/AIDS infection has a direct impact on the health and well-being of her family, as she becomes unable to provide for them. Moreover, the death of a mother is correlated with high death rates among her children.

HIV/AIDS has intensified poverty. In most rural communities worldwide, women constitute up to 80 percent of the agricultural labor force. The loss of this labor, as well as the loss of male labor in areas of high HIV prevalence, has serious economic consequences. Moreover, health-care expenses place an extreme burden on the family of an AIDS patient, often necessitating the sale of livestock, land, and other productive assets, or borrowing.

The Women and AIDS Research Program focused on economically productive women or soon-to-be productive girls. By examining the processes that place ordinary women and girls at risk, the studies highlighted the mechanics of sexual and gender inequity; the inequity facilitates the transmission of HIV/AIDS in this

The Findings

Communication

Communication and self-esteem may

highly productive segment of the population.

The Women and AIDS Research Program

USAID's Offices of Population, Health and Nutrition, and Women in Development funded the Women and AIDS Research Program. In Phase I (1990-1994), research grants supported seventeen studies in thirteen countries in Africa, Asia, the Pacific, and Latin America and the Caribbean.

Consistently, the findings across all the studies—irrespective of the women's ages, geographic region, or location in a rural or urban area—showed that lack of power, communication, and knowledge increased the risk of HIV/AIDS and other sexually transmitted diseases.

The final evaluation of the program showed that its organization and methodology were highly effective. Unlike previous HIV/AIDS studies, the research was primarily qualitative and was conducted by social scientists and NGO activists from the developing world. Successful projects from Phase I were selected for Phase II (1994-1996), in which the research teams designed, implemented, and evaluated HIV risk-reduction interventions. Thus, they put their research to work. In addition, time and resources were allocated to rapidly analyze and disseminate the research findings.

seem secondary to the day-to-day realities of obtaining food, basic health care, and shelter, yet the Women and AIDS Research Program confirmed that

a lack of communication about sex and reproductive health has deadly consequences. Cultural restraints against communication between partners and, more broadly, within the community about sex and sexually transmitted diseases (STDs) result in women being exposed to high-risk behaviors. In Chiang Mai, Thailand, for example, female factory workers were reluctant to discuss safe sex with their partners; they feared losing their reputation or jeopardizing their relationship. Yet, the research revealed that their partners visited commercial sex workers, thereby increasing the risk of HIV infection.

In Sri Lanka, the story was similar. Twenty percent of the young men surveyed had participated in at least one high-risk behavior. Few of them bought or used condoms. Yet, Sri Lankan young women did not question the sexual behavior of their partners. Mistakenly, they did not perceive themselves at risk for HIV infection, and they did not practice safe sex.

Power

What prevents women from asking questions or insisting on safe sex? The Women and AIDS Research Program demonstrated the circular link between a woman's vulnerability to HIV infection, her legal rights, and her access to education and economic resources. Lack of socioeconomic bargaining power was and is a key element in increasing women's risk of HIV/AIDS.

Women with low levels of education and meager economic resources often must depend on men for economic sustenance. When the legal and social

systems do not support women's rights, women's inequality in relation to men increases. Women have little or no bargaining power at all levels, including in sexual relationships. Moreover, when legal and social systems do not safeguard women against violence, sexual coercion increases. In these situations, women are rarely protected from HIV infection.

The result of this power imbalance: In sexual relationships with their boyfriends, lovers, and husbands, women lack the power to ask, much less insist, that their partners practice safe sex. Even women who understand the risk of HIV infection and have the knowledge necessary to minimize the risk are powerless. They cannot establish the right to negotiate safe sex with their partners.

In South Africa, for example, the women surveyed feared a violent reaction from their partners if they asked them to use condoms. In a group of thirty women and men, none used condoms. In Brazil, young women said they obeyed their boyfriends out of fear of losing them, not a trivial issue in a society where early marriage is the norm and women have few economic opportunities beyond marriage. Thus, the women felt they did not have the right to question their boyfriends about their other sexual contacts, or to negotiate safe sex.

Knowledge

Despite years of HIV/AIDS education efforts, the Women and AIDS Research Program showed that women and men do not have the necessary, basic biological knowledge to protect themselves against HIV infection.

From Sri Lanka to Senegal, sexually-active women and men have limited knowledge about the risk of HIV-infection and safe sex practices. In Sri Lanka, for example, less than 60 percent of those surveyed understood the role of condoms in preventing HIV infection. Among the Senegalese women and men studied, there was little awareness of the links between sexual relations and HIV/AIDS. In particular, young women, who have less freedom to move outside their families, were notably limited in their access to information and advice. Yet, young women between the ages of 15 and 24 were at the highest risk of HIV/AIDS.

Effective Interventions

Working with Peer Educators

Peer education has been an effective tool for AIDS prevention and other social problems. The Women and AIDS Research Program actively involved young women and men from the community in designing messages and materials for their peers. In Brazil, adolescent girls selected as peer educators helped develop *The Story of Maria*, a series of vignettes that looked at communication and sexuality, virginity, self-esteem, autonomy, fidelity, sexuality, and HIV/STD prevention. These materials were central to the success of the discussion groups; they were highly contextual and were widely discussed inside the groups and outside with family and friends. In Thailand, eighteen young women and men worked with the Women and AIDS Research Program to develop role plays and educational materials, as well as to establish and lead discussion groups.

An additional benefit accrued to the peer educators. In both countries, their status rose within their families and communities as they became known as well-informed leaders. Further, their increased knowledge and self-confidence propelled them to question traditional gender roles, seek out income-enhancing training, and become more serious about their studies or jobs.

Maintaining Participation

In programs that rely on a series of discussion sessions or other meetings that must fit into already time-constrained lives, continued participation is often a problem. The Women and AIDS Research Program had noteworthy success in sustaining the participation of discussion group members. Most of the groups reported consistently high attendance. In Thailand, where factory workers labor twelve to fourteen hours, seven days a week, attendance at the peer-educator training was close to 100 percent. Despite the significant time demands of the training and discussion sessions, only one of twenty-one Brazilian peer educators left the program, and nearly 80 percent of the girls participated in all the discussion sessions.

What made them keep returning to the groups, week after week? The discussion groups were structured to give participants substantive knowledge in a culturally appropriate environment. In particular, the discussion groups provided young women with a safe and socially acceptable place to discuss sensitive issues, such as safe sex, that cultural norms would otherwise prevent them from discussing, even with other women.

Training Adults

In Zimbabwe and Senegal, interventions focused on augmenting the knowledge and communications skills of adults. In Zimbabwe, teachers were trained in participatory techniques such as small group work followed by reports, role plays, and class debates—to facilitate classroom discussions on HIV/AIDS. During and following the training workshops, teachers received student materials, discussion guides and up-to-date information on HIV/AIDS. More than 33 percent of the teachers, in turn, trained at least one of their colleagues in the new techniques.

Some of the more explicit topics were seen as better discussed in single-sex settings. Yet, both teachers and students supported mixed-sex classrooms as a place to discuss HIV/AIDS in a way that would facilitate subsequent communication and build mutual respect. In the older grades, girls were initially reticent and not as vocal as the boys. Their level of participation and active involvement in The Women and AIDS Research Program findings indicate that involving women and men has the potential to empower and educate women, as well as men. The acceptance and participation of men, however, varied significantly. In Sri Lanka, men who participated in the discussion groups considered it acceptable for women to inquire about their sexual history; they would not have accepted such questioning before participation in the discussion series. Still, fewer men than women consistently attended the scheduled sessions.

the mixed-settings, however, significantly exceeded the pattern in other projects, where older girls generally remained silent.

In Senegal, the Women and AIDS Research Program focused on traditional women's associations: the Dimba, a multiethnic women's society that conducts activities to support women's fertility and well-being, and the Laobé, an itinerant ethnic group that makes and sells sex-related products and provides women with information on sexuality. Both groups were well-positioned to influence sexual practices and to promote sexual negotiation and condom use to women within and beyond their group. Professionals from the formal health-care system worked with Dimba society leaders and Laobé women, who then imparted medically correct information on STDs, including HIV and AIDS, through traditional ceremonies and small-group discussions.

Involving Men

In addition, the research suggests that when only men are involved in AIDS prevention, women are disempowered. A small sample of in-depth interviews with Thai couples revealed that, when only the male participated in a discussion group, the female was even more likely to defer to him; this result held true even if he ignored or misinterpreted the knowledge received from the group. The research findings, thus, demonstrate that women should be involved as peer educators and discussion group participants, rather than relying on more traditional male-only interventions.

Next Steps

In 1997, the Women and AIDS Research Program ended. The findings on the role of power, communication and knowledge in AIDS prevention will have a lasting impact, as will the program's organization and methodology. The Women and AIDS Research Program has sent a clear signal: The precipitous progress of HIV transmission in women is linked to their socioeconomic bargaining power within their households and communities. Women need this power, as well as knowledge and self-confidence, to be able to communicate with their partners on sensitive topics and to question aspects of their relationships that place their lives, and those of their children, in jeopardy.

Final reports, as well as information on the Women and AIDS Research Program, can be obtained from the International Center for Research on Women, 1717

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