



# Gender, Sex and the Power to Survive: The Impact and Implications of Empowering Women at Risk of HIV and AIDS



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## WHY INVESTIGATE WOMEN'S EMPOWERMENT AND HIV AND AIDS?

With each passing day, the HIV and AIDS epidemic increasingly takes on a woman's face – the face of a wife, mother, daughter, lover, neighbor or a caregiver. Gender and power inequalities driven by social, biological, economic and cultural factors not only put women in many regions at greater risk, they intensify when women or girls become infected or affected by HIV and AIDS.

CARE recognizes the need for grounded analysis into ways in which our own HIV prevention programs and advocacy activities affect women's vulnerability to HIV. CARE has set out on a global journey to explore the relationship between women's empowerment and HIV vulnerability through a multi-country, comparative research study in Africa, Asia and Latin America. The study seeks to test what a global body of knowledge suggests:

- An effective HIV and AIDS response must foster the social, economic and cultural changes needed to empower women and girls to have greater control over their lives and bodies.
- Most HIV interventions targeting women and girls fail to understand what motivates their choices, and overlook the broader factors that shape women's vulnerability – which is why the disconnect between international aid and needs on the ground persists.

## OUR RESEARCH (JUNE 2007 – DECEMBER 2008)

**Our Partners:** CARE created a global team of women from communities in which we work and experts in public health, gender and women's rights, and policy and advocacy. Our global research partner, the International Center for Research on Women (ICRW) provided guidance on research methodology and analysis.

**Our Sponsors:** This inquiry is made possible through the support of a two-year grant from the Ford Foundation. Building on a four-year impact inquiry on women's empowerment, CARE invested a near equal amount of our own resources to advance this work.

### Our Research Sites:

**Bangladesh:** Compared to many countries, Bangladesh is yet to face the threat of a generalized HIV and AIDS epidemic. However, there is a thriving sex industry within Bangladesh, and a real potential for HIV and AIDS to spread through bridge populations, specifically male clients of sex workers. The enduring legacy of CARE's HIV interventions with sex workers, begun in 1995, is the formation of self-help groups for both brothel-based and street-based sex workers. *This research explores the dynamics of power, empowerment and violence in the context of sex work.*

**Burundi:** Conflict has left in its aftermath a society in which sexual violence against women has become a daily reality that impacts the lives of women and men. CARE's programming in Burundi addresses gender-based violence and social fragmentation through economic empowerment and community sensitization. *This research explores how the reconstruction of support systems shape women's ability to negotiate sexual decision-making.*

**Cambodia:** In a country where democratic institutions are still nascent, with high mobility, gender inequity and stigma around HIV and AIDS, HIV prevention and women's empowerment programs are critical. CARE's program aimed to reduce HIV risk and develop leadership skills among sex workers through peer education activities, referral systems and alternative livelihoods skills training. *This research explores how sex workers define empowerment and whether/how vulnerabilities to HIV changed with participation in the project.*

**India:** CARE's SAKSHAM project draws on internationally accepted best practices for using women's empowerment as a tool to fight HIV and AIDS in marginalized populations such as sex workers. Despite successes, documentation is still needed to demonstrate the specific dynamics within sex worker communities. *The research enables us to ask: What are the gendered power dynamics at play in sex workers' lives that put them at risk for HIV? Do sexual behaviors and practices shift with different types of clients and partners?*

**Lesotho:** The high prevalence of HIV in Lesotho is exacerbated by widespread poverty. In response to immediate economic needs, women leave their communities and migrate in search of steady incomes from factories in urban areas. At times, women turn to risky sexual practices in search of material and emotional support. *This research looks at the ways in which peer education has changed HIV risk for female garment factory workers.*

**Peru:** In Peru, most transmission occurs through heterosexual contact. Although men account for the majority of cases, the gap between men and women is narrowing. As a principal recipient of the Global Fund to Fight AIDS, TB and Malaria, CARE coordinates the national implementation of HIV prevention efforts for sex workers. *This research looks broadly at various programs which aim to empower sex workers and reduce HIV risk.*

## THE PROCESS AND LESSONS LEARNED (TO DATE)

**Building on CARE's existing women's empowerment framework:** CARE's research and experience show that program impact on women's empowerment relies on three inter-connecting aspects of social change: **Agency**, the ability of women to make decisions, exercise choice, effect change and achieve their aspirations; **Structure**, the broad social norms and structures that condition women's choices and chances; and **Relationships**, the nature of the social relations through which women negotiate their needs and rights.

**Creating the overall research framework:** At CARE's global research design meeting, staff and research partners developed common domains and indicators to facilitate global comparisons in our final analysis. Context-specific data was also collected to enrich overall research analysis.

*Common domains:* All of the interventions studied relied on core program strategies of group formation and/or peer education, hypothesizing that these strategies would foster solidarity and collective agency to support women's empowerment, which would – in turn – increase women's ability to protect themselves from HIV-related risks. Common domains include: self-efficacy; knowledge about HIV; sexual behavior related to condom use and sexual partners; knowledge, availability and utilization of STI services; knowledge, availability and utilization of HIV and AIDS services; decision-making in sexual relationships; decision-making in the household; gender-based violence; stigma and discrimination; and gender norms.

*Sampling:* Purposive sampling included over 1,600 women who participated in CARE's programs in Bangladesh, Burundi, Cambodia, India, Lesotho and Peru.

*Methodology:* Semi-structured interviews provided quantitative data on empowerment and HIV risk. Individual and group qualitative methods helped define key additional areas of inquiry, and challenged and deepened the analysis of quantitative data. Using multiple methods and sources can unveil a nuanced, locally-owned, contextual understanding of complex relationships like empowerment and women's risk to HIV.

*Analysis:* Partners met in June to begin global synthesis of the findings from each country. When analysis is completed, findings will be used to improve CARE's and other's HIV and AIDS programs and identify key advocacy issues at the global and national levels.

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