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?

CARE recognizes the need for grounded analysis into ways in which our 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 vulnerability to HIV through a multi-country, comparative research study in Africa, Asia and Latin America. The study tested what a global body of knowledge suggests:

- An effective HIV and AIDS response must foster social, economic and cultural changes 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. These shortcomings perpetuate the disconnect between international aid and needs on the ground.

OUR RESEARCH (JUNE 2007 – DECEMBER 2008)

CARE, along with its global research partner the International Center for Research on Women (ICRW), developed a global research framework in a collaborative process with communities, experts in public health, gender and women's rights, policy and advocacy. Teams at the country level led the research and analysis using interviews, focus groups and semi-structured questionnaires with over 1,800 women. The study looked at CARE's program interventions that utilized solidarity groups and peer education, hypothesizing that these strategies would foster collective agency to support women's empowerment, which would – in turn – increase women's ability to protect themselves from HIV-related risks. We explored women's definitions of empowerment, and associations between measures of empowerment (e.g. agency, decision making) and HIV risk (e.g. condom use, HIV knowledge).

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, women's 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 reconstructing support systems shapes 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 draws on internationally accepted best practices for using women's empowerment as a tool to fight HIV and AIDS with 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: How do sex workers define empowerment? Do sexual behaviors and practices shift with different types of clients and partners? Does association with solidarity groups affect sexual behaviors and practices?*

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 to urban areas in search of steady incomes at factories. 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: Although men account for the majority of HIV cases, the gap between men and women is narrowing. As a principal recipient of the Global Fund to Fight AIDS, TB and Malaria, CARE supports 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.*

ANALYSIS & LESSONS LEARNED

With more than 1,800 research participants across six countries, the women CARE studied defy easy categorization. Though development projects often prescribe women to certain roles – as sex workers, as housewives, etc. – women do not view themselves so simply.

Women's notions of empowerment reflect a tension between claiming and defending their rights as citizens, and fitting in within mainstream society, traditional gender norms and family roles. Women express a desire for intimate, respectful and supportive relationships, and this desire drives many of their decisions.

Beneficial changes associated with being part of a solidarity group include greater access to health and HIV and AIDS services (VCT, treatment of STIs and opportunistic infections). Women who participate in solidarity groups report higher levels of self-esteem and self-efficacy, greater knowledge of rights and a greater sense of social acceptance. Yet, while women felt supported within groups, this did not necessarily transfer into other domains of their private lives; a number of women continue to hide their HIV status or professions from their partners and family.

Small project effects were seen on frequency of condom use. Women who are part of solidarity groups report slightly higher rates of condom use than their peers who are not part of solidarity groups, but the percentages overall are still low. Rates of condom use among sex workers with clients are high, but much lower with their intimate partners (boyfriends and husbands). Across studies, women cited their desire for intimate and loving relationships as a key factor against condom use with partners.

Implications: For more comprehensive and deeper impact in HIV prevention, solidarity groups can provide a base from which women can begin to make safe choices and safeguard their dignity. Yet programs that approach working with women in categories – sex worker, garment industry worker, etc. – risk overlooking their multifaceted identities as mothers, workers and intimate partners. Technical strategies need to recognize the web of values, incentives, structures and power relations that influence how a woman negotiates sexual decision making. In addition to solidarity groups, interventions must also engage male partners in order for couples to make sexual decisions that are safe and build trust and love. Solidarity groups can, indeed, be transformational if they are designed to help women break beyond their limited circles of support to build alliances across identity groups, engage men and join with coalitions fighting to end systemic discrimination against women.

Lessons learned will be used to improve CARE's and others' HIV and AIDS programs, and identify key advocacy issues at the global and national levels.

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