

# **INNOVATIVE APPROACHES TO HIV PREVENTION – WHAT WORKS WITH WOMEN? ECONOMICS AND POWER RELATIONS SCENARIO**

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## **Women and HIV**

It has been estimated that about 55% of all adults living with HIV/AIDS are women. Not only have women been reported as having heightened physiological susceptibility to HIV infection, they also have an increased social vulnerability. Women have unequal access to education and economic resources. They wield less power than men in social and sexual relations.

Women often have less say in decisions about when and how sexual relationship takes place, including whether or not a condom will be used. Women are more likely than men to experience rape and sexual coercion and are sometimes forced to sell or exchange sex for their economic survival. In addition to their own increased risk of HIV infection, women also carry the lion's share of the social burden of the epidemic. Women with HIV infection also often experience more social blame and stigma than men in the same position. The disturbing factor is that the women who have HIV infections are in their productive age and their regular partners mostly infect them. Many women in developing countries like India are the poor victims who live with HIV/AIDS because of their husbands. Indian women have very less role in the sexual relationship and she is always submissive to her male partner.

## **Approaches to HIV Prevention for Women**

Today many targeted Interventions designed for HIV prevention among women had given significant results in bringing awareness to the women and proved the reduction of HIV transmission especially during pre-natal and post-natal circumstances.

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At the same time many existing HIV prevention programmes fail to take adequate account of the social vulnerability of women or the unequal power relations which make it difficult for women to influence decision-making in their sexual relationship.

The Key elements of many programmes of today are Partner reduction, condom usage, STD treatment [Health seeking behaviour] and counseling – are not only necessary appropriate for women, except Commercial sex workers most of the women do not have multiple sexual partners, and cannot always influence the decision to use condoms to their regular partners, and may be asymptomatic for STIs .

The need of the hour is widespread agreement that the promotion of more equal gender roles in preventing infection. The inequalities between men and women, including the unequal distribution of economic resources and differentials in access to education and health provision should be neutralized. Women's empowerment, however, cannot be achieved by women alone but requires the support of men for its successful realization.

### **When Working with Women in HIV Prevention it is Important to:**

- Use a multifaceted approach that addresses economic and other needs which may take priority over HIV/AIDS in the daily lives of women living in poverty in developing countries
- Focus on improving communication between sexual partners, which acknowledge the difficulties women encounter in talking and **negotiating** with men about sex.
- Acknowledge the importance of a **gendered approach** to HIV prevention work, which includes discussions of **power relations between men and women**.
- Acknowledge the support that women can provide to each other through open discussions and the development of Networks.

- Address the need for improved health services for women in **low cost** and women **friendly approach**.
- Promote greater awareness of sexual and reproductive rights
- Health education at school, college and community level to Girl students
- Improve access to basic education and **timely sex and HIV -related education to all girl and young women**.
- Increase access to women –friendly health and economical services.
- Compulsory **counseling services** in education and workplace institutions
- **Effective peer education approach**
- **Safer sex skills training and sexual communication skills training**.

### **When Working with Female Sex Workers in HIV Prevention it is Important To :**

- Acknowledge the wider concerns and priorities of sex workers, which include **social, legal and economic issues** as well as concern for their families and children
- Address the prejudice and stigmatization that sex workers face;
- **Empowerment of sex workers**
- Provide improved and **more accessible health services**, most especially for the diagnosis and treatment of STDs;
- Seek the cooperation and **support of gatekeepers in the sex industry**, including brothel owners and bar owners as well as employers of potential clients of sex workers.
- Legitimize the role of sex workers as Health educators, providing them with the respect of their peers
- **Self-help groups among sex workers, financial incentives for peer programme**.
- More negotiation skills Training in condom usage
- **Effective peer education approach**
- **Safer sex skills training and sexual communication skills training**.

## Conclusion

Women are more vulnerable to STI's including HIV infection not only due to their biological reasons, but also due to sociological and economical reasons. Today we are in need of innovative approaches in planning and designing HIV Intervention programmes to women and especially to adolescent girls and young women. World wide examples show that all the i ntervention programmes designed for women needs the *cognitive theory* [a theory based on the individual, taking into account environmental and behavioral factors, which places a strong emphasis on self-efficacy ] The need of the hour is promoting more equal gender roles in preventing infection. The inequalities between men and women, including the unequal distribution of economic resources and differentials in access to education and health provision should be neutralized. Women's empowerment is the most needed priority of the day, however it cannot be achieved by women alone but requires the support of men for its successful realization. The intervention programmes needs holistic approach, which combines of more Sociological and psychosocial, approach more than of medico strategies. Women empowerment is the urgent need of the hour with more support from all the social institutions.

## References

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