

Children's Hospital, 2300 Tupper St, C-538, Montreal, Quebec, H3H 1P3 Canada.

The Role of Gender Relations in HIV Prevention Research for Women

Recently, the compatibility of acquired immunodeficiency syndrome (AIDS) prevention efforts and cultural sensitivity has been challenged.¹ We believe that the analysis of the relationship between AIDS prevention efforts and cultural norms, particularly as they pertain to gender relations, needs to go further.

The majority of human immunodeficiency virus (HIV) risk-reduction interventions for women target prenatal women, target women in the sex industry, or are gender neutral.² Gender-neutral interventions, or interventions that do not differ between the sexes,^{3,4} implicitly assume static "sex roles" while obscuring potentially modifiable social processes that influence women's risk of HIV infection. This approach to risk reduction fails to recognize the importance of social sexual relationships between women and men and how these relationships may adversely affect a woman's ability to adopt and maintain HIV-preventive behaviors. Relational factors, such as having the self-efficacy to communicate condom use, having a long-term relationship, and having a history of sexual abuse, have been repeatedly cited as major determinants of women's high-risk sexual behavior.^{5,6} Effective HIV prevention efforts will need

to change gender-based relational norms to support women's role in practicing safer sex.

The convention in epidemiological studies is to ascribe "gender" on the basis of biological sex and to use the term "sex differences" rather than "gender differences."⁷ However, differences between women and men are not essentially biological or behavioral but are the result of prevailing socially defined societal norms that dictate appropriate sexual conduct for women.⁸ Precisely because AIDS is a condition that links sex, gender, and disease, a social structural framework such as the theory of gender and power that addresses norms governing social sexual relations may serve as a useful heuristic for designing HIV interventions for women.⁹ There is a need for a cultural transition that will catapult research on women and HIV prevention to apply gender-specific theories and construct prevention strategies that address the larger social structure of gender relations.¹⁰

The success of the gay community in reducing HIV-associated risk taking in San Francisco is largely the result of the evolving sociocultural norms that support HIV-preventive practices. Similarly, focusing prevention efforts on redefining gender-based relational norms for women is not only consistent with successful public health practice for HIV prevention, it is essential. □

*Gina M. Wingood, ScD, MPH
Ralph J. DiClemente, PhD*

The authors are with the Department of Health Behavior, School of Public Health, University of Alabama, Birmingham.

Requests for reprints should be sent to Gina M. Wingood, ScD, MPH, Department of Health Behavior, University of Alabama, School of Public Health, 1825 University Blvd, Room 121, Birmingham, AL 35294-2010.

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