Development Connections

DVCN Critiques
Vol. 1, No. 1
Junio, 2007

Challenges for establishing links between empowerment and HIV

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Over the last decade, HIV/AIDS has changed from what was once thought to be an exclusively male disease to one with a more even distribution between the sexes, with rises from 30% of all patients being female in 1990 to 50% today and 60% in Sub-Saharan Africa.[1, 2] Gender Based Violence (GBV), has been increasingly named a pathway to the uneven spread of HIV among women.[3,4,5] However, GBV itself seems to be a result of a lack of empowerment many women experience within relationships.[6,7] Empowerment refers to the process of gaining more power over one's life in the widest scope thinkable as well as to the outcome of that process compared to the starting position. [8] Defined as such, empowerment in itself is not a measurable entity, which makes it necessary to define proxies. These proxies may refer to different levels and different sorts of empowerment within one person.

1. Methodological issues

One of the biggest challenges for establishing the link between HIV-infection and empowerment is bridging the language gap between professionals in the fields of medicine and sociology. What needs to be clear from the start is that a lack of empowerment itself cannot be a direct cause for HIV; the cause of transmission is in almost all cases unprotected sex, whether wanted or unwanted. A lack of empowerment does however create an environment where protection against HIV may be compromised, thus creating favourable circumstances for the virus to spread.

There isn't much controversy about the definition of infection with HIV; it consists of a certain viral load in blood, saliva or other body fluids. The obstacle to rapid progression in establishing the link between HIV and empowerment is the lack of clear, measurable and reproducible definitions for the latter. Since sexual intercourse is the main route of transmission of HIV, proxies for empowerment should focus on empowerment surrounding sexual activities. The sexual relationship power scale is one existing scale for this.[9] More research would be needed to find out the role of other variations of empowerment and how they influence sexual empowerment.

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Ideally HIV status in a couple would be measured on two successive moments in time to capture potential change, which would make a link to the measured level of empowerment stronger. Most likely women will usually be the ones less empowered within these couples. However, the sex of the less empowered person is not relevant for the outcome of the research question. Empowerment level is sex-neutral but in many countries the outcome is subject to gender-role defined differences disadvantaging women; however, a lack of empowerment is always a lack of empowerment relative to someone else, in this case being the partner, whether male or female. Stressing a more neutral approach would encourage men to participate in this type of research.

2. Practical issues

Additionally, there are serious ethical concerns in testing people for HIV twice when not able to provide the appropriate medical care and support after test results are known, or for example providing safety and counselling when one person in a couple would test positive the second time after a negative first test result. On a more practical level, in countries where HIV prevalence is relatively low links will be harder to establish whatever refined research method is used. A possible solution for this problem would be including more STD's in the research, since the route of transmission for most STD's is identical to that of HIV. Furthermore, finding sufficient subjects willing to cooperate in such a research program will be challenging and costly.

3. The use of Demographic and Health Surveys and other sources.

Demographic and Health Surveys (DHS) are nationwide population-based household surveys of people between 15 – 49 years old. Data collection is standardized in all countries and allows for monitoring of trends over years, which makes them an excellent source of information on the general health of a population. Originally the DHS were designed as source of information about family planning, maternal and child health and related subjects. Over the years country-specific modules have been added, for example about violence against women and an HIV test. Some surveys now allow for the cross-linking of HIV test results with the general questionnaire. Even though these data are useful for policy-making and readily available, there are a few setbacks to take in mind when using them for establishing links between HIV and empowerment.

First there are methodological concerns about the use DHS for these purposes; Multi-stage cluster sampling makes studies with data drawn from DHS databases complicated to analyze. Confidence intervals for obtained results need to be corrected for design effects. Even then, generalizing conclusions should be drawn with appropriate caution. Because the DHS produce purely quantitative data they cannot explain reasons behind certain attitudes or beliefs. Moreover, in some cases reported attitudes do not always reflect actual behaviour but rather socially desirable responses. This phenomenon differs between countries, thus in different countries the same questionnaire may yield a reflection of people's behaviour of varying accuracy.[10, 11]

In many studies the link between HIV and intimate partner violence, more specifically sexual violence is explored. Indeed violence indicates an impairment of ownership over one's life. As such, it may be used as a proxy for empowerment within a relationship. However, the prevalence of intimate partner violence tends to be underestimated; asking questions directly face-to-face can trigger significantly lower response rates. [12,13] A good illustration of this tendency is the 2005 WHO multi-country study on domestic violence, in which an up to double, triple or even quadruple rise in response was shown when women were asked about a highly sensitive subject anonymously versus when asked a face-to-face question.[12] The DHS remains primarily an illustration of the general health of a population. Therefore it might not be the right instrument to obtain an adequate impression on the relation between HIV and empowerment, since ethical and safety issues surrounding interviews on these topics require different interview settings. The DHS violence against women instrument is notorious for underreporting violence, which may have to do with these interview settings.[14]

Despite all the above objections, DHS data are useful. Because they are readily available, results and indications for further research might give the right direction to more detailed research, and furthermore, they can give a quicker indication of the need for action in certain countries. However, interpretation of these data should be done with a thorough understanding of the countries. Furthermore, there may be other factors influencing empowerment, which are left underexposed in the DHS questionnaire.

Conclusion

HIV, as well as the effects of differences in empowerment, causes public health epidemics with grave effects on the world population, and many steps will need to be taken to counter the trends in both subjects. In summary, three steps are necessary speed up this progress:

a. *Evidence: how to define empowerment?* Since there is still a lot of misunderstanding about the nature of the link between HIV and empowerment, more clarification is not only useful but also necessary. There is a vast body of evidence on the links between HIV and intimate partner violence that could be interpreted better with working definitions of empowerment. Thus, for useful further research, definitions of empowerment would be necessary. The sole start of a research program may get health workers in both areas in touch where they were previously working separately. This process might improve services by increasing understanding among policy makers and health care workers in various fields, nevermind the success of the study.
b. *Evaluation of interventions: what works?* Many intervention programs and policies have been implemented through the years, however there is little evidence in the existing literature of their effect on the prevalence of HIV and the prevalence of empowerment issues. The outcome of various intervention programs and the efficiency of combined programs on both issues need to be researched. Without evidence, designing future policies and programs is problematic.
c. *Translation of findings to daily practice: what is practical?* Many times advice based on studies is judged too vague by health care workers and thus will be swept aside as unworkable. Hallmark in bringing change is supplying health workers and policy makers with clear, workable, evidence-based interventions. In other words, when defining outcomes for the study, how practical would they be in daily practice.

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