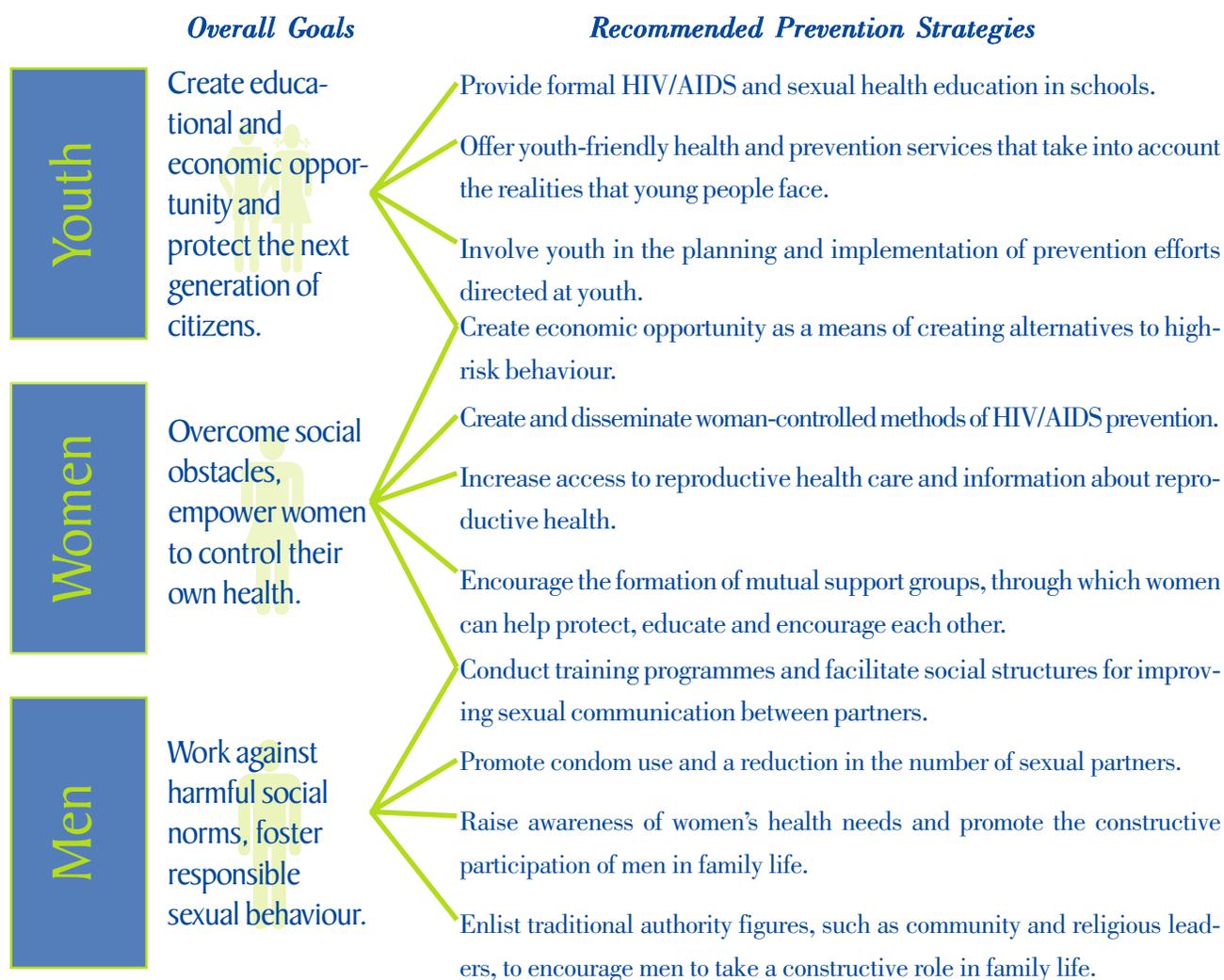


## HIV Prevention Methods and Gender

### International Prevention Efforts

Strategies and methods used in the international effort to slow or stop the spread of HIV/AIDS have changed over the history of the pandemic. Newer programmes have achieved success by choosing strategies that combine scientific theory with an awareness of the real-life conditions that women, men and children confront in their everyday lives. The diagram below outlines some of the goals and strategies that have been developed to prevent the spread of HIV/AIDS through sexual intercourse—the most common means of transmission. Many of the strategies and goals listed for one group apply to the others as well, and other strategies besides the ones listed here can play an important role in preventing the spread of HIV/AIDS.

Source: UNAIDS. *Innovative Approaches to HIV Prevention: Selected case studies*. Geneva: UNAIDS, 2000.

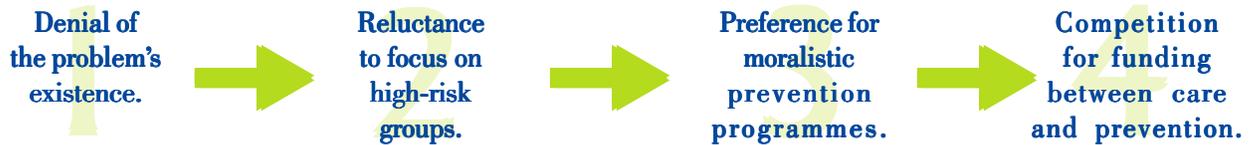


In addition to these strategies, national governments should place a high priority on screening the blood supply to prevent infection through blood transfusions and providing adequate care and counselling regarding mother-to-child transmission.

# HIV Prevention Methods and Gender

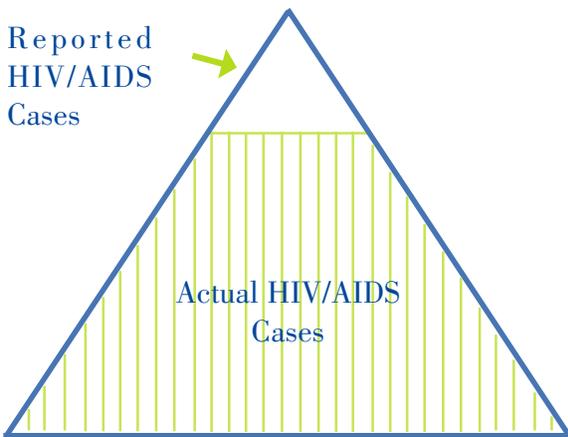
## *The first step towards effective prevention is acknowledging the problem*

According to a report published by the World Bank, governments normally go through the following four stages<sup>1</sup> before they achieve broad support for effective prevention:



Source: The World Bank. *Confronting AIDS: Public Priorities in a Global Epidemic*. New York: Oxford University Press, 1999.

## *The problem is often worse than it seems*



➤ Because most people infected with HIV/AIDS seem healthy for years before they get sick and die, there can be a long delay between the initial spread of HIV and the time when large numbers of people actually start dying from AIDS.

➤ There are more HIV/AIDS cases than are reported. In order to get a more accurate picture of the problem, governments should use surveillance programmes that promote voluntary counselling and testing.

Source: UNAIDS. *Summary Booklet of Best Practices, Issue 2*. Geneva: UNAIDS, 2000.

(Note: the proportions in the diagram above represent a general circumstance, not specific statistics on HIV/AIDS case reporting)

## *The need for prevention is greatest among traditionally disempowered groups*



Women in many cultures have little control over the timing and context of intercourse, putting them at risk for HIV infection from their husbands and partners.



Injection drug use is illegal in many countries, making it difficult for users to seek information on HIV/AIDS or obtain prevention supplies (such as sterile syringes).



Men who have sex with men face discrimination and marginalisation in both developing and industrialised nations, and have little access to care and prevention services.



Lack of information and social pressures add to the vulnerability of youth. Girls are especially vulnerable to coerced sex, and may be forced to exchange sexual favours for money, food or shelter.

<sup>1</sup> These four obstacles to prevention do not always occur one after the other, but because they represent a continuum of responses ranging in severity from denial to budgeting difficulties, they are presented here as numbered stages.