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Individual risk of HIV/AIDS is influenced by cognitive, attitudinal and behavioural factors - what people know and how they understand it, what people feel about situations and about others, and what people do. Societal vulnerability to HIV/AIDS stems from socio-cultural, economic and political factors that limit individuals' options to reduce their risk.

In most societies, gender determines how and what men and women are expected to know about sexual matters and sexual behaviour. As a result, girls and women are often poorly informed about reproduction and sex, while men are often expected to know much more.

Gender norms that interfere with women's and men's knowledge about sexual risk and HIV/STD prevention are linked to attitudes and behaviours that contribute to individual risk of HIV. For example, the high value place on virginity in some cultures may encourage older men to pursue younger women, or it may encourage unmarried women to indulge in high-risk behaviours such as anal sex. High-risk behaviours may also be more likely in situations where women are socialized to please men and defer to male authority. In addition, non-consensual sex and violence against women are growing gender-related concerns that have consequences for HIV prevention.

Most efforts to understand individual risk of HIV from a gender perspective have focused on women. Fewer data are available on how gender roles and societal pressure put men at risk. Men generally have higher reported rates of partner change than women do, and the condoning of this often begins during adolescence. The use of drugs and alcohol has been identified as contributing substantially to men's vulnerability to HIV, as has injecting drug use.

The migration of men to find employment, for instance, adds to their vulnerability. It may disrupt marital and family ties and lead to risky sexual behaviour. In addition, as more women enter manufacturing sectors of the economy without the protective features of their families and home communities, young women are becoming sexually active at an earlier age and are often unaware of the risk of HIV and sexually transmitted diseases. Migration fostered by economic conditions has also contributed to an increase in the number of female-headed households, while economic necessity is often linked to migration for the sex trade in south-east Asia.

Many women in monogamous relationships who are vulnerable to HIV through their partner perceive the negative economic consequences of leaving the high-risk relationship to be far more serious than the health risks of staying. Low-income girls may face an added risk of HIV because of vulnerability to the enticements of older men.

Women are likely to be disproportionately affected by HIV/AIDS when a male head of household falls ill. The burden of caring for children orphaned as a result of the pandemic is borne chiefly by women. Loss of income from a male income-earner may compel women and children to seek other sources of income, putting them at risk of sexual exploitation.

Gender and HIV/AIDS: Taking stock of research and programmes

Gender-related discrimination is often supported by laws and policies that prevent women from owning land, property and other productive resources. This promotes women's economic vulnerability to HIV infection, limiting their ability to seek and receive care and support.

Prevention programmes have tended to aim at reducing individual risk in three ways: sexual abstinence or reduction in the number of sexual partners; non-penetrative sex or the use of male condoms; and the diagnosis and treatment of sexually transmitted diseases. However, two specific programmatic and policy recommendations to reduce individual risk have emerged from the research on gender and HIV/AIDS — firstly to improve access to information, education and skills regarding HIV/AIDS, sexuality and reproduction, and secondly to provide appropriate services and technologies to reduce women's individual risk and to improve women's access to them.

Nor should it be seen as an insurmountable barrier to reducing individual risk of HIV. However, many risk reduction efforts have been tested only on a small scale. As they are expanded, it is essential to complement them with efforts to reduce societal vulnerability too.

Only a limited number of programmes have so far addressed gender and societal vulnerability but the number is growing. There have been targeted interventions, for instance, aimed at reducing the vulnerability of female sex workers by providing them with other income generating skills and opportunities. Some programmes have aimed to improve women's social and economic status, while others have aimed to develop education and services so that women can share knowledge, responsibility and decision-making about reproductive health and even help design health policies and projects. Yet other programmes have aimed to improve women's access to economic resources, though not necessarily with the primary purpose of reducing the spread of HIV or alleviating the impact of AIDS. Many programmes around the world provide various kinds of care and support. Some of the most successful have adopted a gender-sensitive approach, recognizing the burdens women bear as a result of economic and social influences.

We know more about what needs to be done than we know about how to do it. Hence the next generation of HIV/AIDS researchers and programmers face a number of challenges. One such challenge is to improve our understanding of how gender influences men's knowledge, attitudes and sexual behaviour. This is needed in order to design prevention programmes that more effectively address gender-related factors that influence personal and societal vulnerability to HIV. Another challenge is to advocate for and provide more resources for gender-sensitive care and support. A third challenge is to develop indicators that will enable interventions to measure reduction in gender inequalities relating to vulnerability to HIV/AIDS.

A broader understanding of gender is also needed within institutions. There must be a public commitment to gender, a participatory approach to developing mechanisms for addressing gender, and the incorporation of gender across programmes. Front-line workers also need to be provided the tools to undertake gender analysis.