Conclusion: The Way Ahead

In the first decade of the epidemic, the global response regarded HIV and AIDS primarily as a *health* problem. As discussed in chapter 2, based on a range of behavioural theoretical models, intervention was carried out with the aim of producing behavioural change by providing target population groups with adequate knowledge and information about risk of HIV infection. During 1990s, descriptive data from large-scale surveys conducted in diverse social and cultural settings called attention to the 'social context' which shapes sexual practice of individuals and consequently determines their susceptibility to HIV. Both research and programmes realised that attitudes, behavioural patterns, laws which cause and reinforce the social determinants of HIV need to be challenged. In other words, broader social changes were necessary in order to bring the epidemic under control. Thus, towards the end of 1990s, there was a reconceptualisation of AIDS as a *development* problem and this led to a shift of paradigm in HIV-related research and intervention. As mentioned in the earlier chapters, the focus of HIV-related programmes shifted from sexual behaviour in and of itself to the contexts within which sexual practices occur and the complex relations between meaning and power in the constitution of sexual practices.

The agenda in the new millennium was to interrogate the social and cultural structures which contribute to the prevailing patterns of prejudice, oppression and social marginalisation and which in turn make people vulnerable to HIV. In 2001, the UNGASS Declaration acknowledged the harmful effects of gender inequality, stigma and discrimination and human rights abuses and identified them as formidable factors in fueling the

spread of HIV and AIDS. The Declaration stressed the need to challenge gender stereotypes and attitudes and gender inequalities in relation to HIV and AIDS. Meanwhile, influenced by UN conferences such as the International Conference on Population and Development (1994) and the Beijing Platform for Action (1995), the concept of empowerment of women and girls gained stronghold in AIDS discourse and in the vocabulary of the AIDS activists. Empowerment came to be seen as the only effective answer to exploitation and injustice which was driving this epidemic. The Declaration too (as stated in the introduction and in chapter 2) called on states to develop strategies which will promote: a) women's full enjoyment of human rights, b) shared responsibility between men and women to ensure safe sex and c) empower women to have control over matters related to their sexuality and enhance their ability to protect themselves from HIV. Gradually, as the literature review has shown, empowerment through an emphasis on gender equality, participation, rights-based approach became the buzzword among donors, international and national NGOs working on HIV and AIDS.

The concept of empowerment, as described in chapter 2, was embraced by NACO in its third phase of the AIDS control programme. In NACP III, NACO emphasised on the decentralisation of its HIV prevention programme, encouraged greater participation of all the stakeholders, including PLWHA in decision making processes pertaining to HIV-related activities. The aim was to empower vulnerable groups such as women, girls, youth so that they can access services, express their voice and ultimately claim their rights. Influenced by the global AIDS discourse, NACP III included gender equality and human rights as the two planks on which empowerment of vulnerable groups, especially of women will be

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achieved. However, the problems arose at the level of translating notions into action.

a) NACO's HIV policy provides no guidelines for addressing concepts such as 'gender', 'human rights' and 'empowerment'. Lack of definition and programmatic guidelines for concretising concepts creates several problems both at the level of conceptualisation, planning and of campaigns as well as while developing assessment tools for the campaigns. If NACO intends to develop effective, representative and sustainable campaigns within a gender and a rights-based framework, the policy documents should take note of four key dimensions: a) define the concept as clearly as possible; b) unpack the core components of the phenomenon; c) locate the sites where the phenomenon occurs and finally, d) analyse the key characteristics of the phenomenon in practice.

For example, for NACO safer sex is equivalent to condom use. But for a gender-sensitive campaign the notion of safer sex is broader than mere use of a technology. We know mere use of condom does not guarantee 'safety' for the woman because in violent circumstances, condoms may tear. Unless the sexual encounter is truly consensual and violence free, which ensures the woman's ability to negotiate terms as well as her right to withdraw consent at any time during the encounter the conditions of 'safe sex' cannot be fulfilled. In other words, a campaign will become gender-sensitive only when it talks about safer sex in terms of violence free, consensual sex. This conceptual clarity is not reflected in the mass media campaigns designed by NACO.

This lack of conceptual clarity often creates confusion among the target audience of communication too. For instance, the term 'partner' has a different connotation for sex workers. For them 'partner' implies the

customer with whom they share an intimate relationship and who is differentiated from their regular clients with whom they have a professional relationship. Further, this differentiation between 'partner' and 'client' is often based on not using of condom with the former. Thus, every time the government campaigns advice sex workers to use condoms with their partners, it creates confusion among them. While NACO implies clients by the term partner, sex workers interpret it differently and this has serious implications for their health. Lack of conceptual clarity also impedes discussions on the dynamics of power which is central to the concepts of gender and sexuality.

b) In the introductory chapter I have already explained that empowerment involves an increase in own self-reliance, being able to assert independent right to make choices and to control resources which will assist in challenging and eliminating discrimination. Naila Kabeer offers a useful definition of the concept which effectively captures the various components of empowerment: The expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them.[490] According to Kabeer, this ability to exercise choice is determined by resources (pre-conditions) and agency (process) which constitute what Amartya Sen refers to as capabilities. Women's

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[490] Anju Malhotra, Sidney Ruth Schuler et al., "Measuring Women's Empowerment as a Variable in International Development," Background Paper Prepared for the World Bank Workshop on *Poverty and Gender: New Perspectives* (Washington D.C.: World Bank, 2002): 6, http://www4.worldbank.org/afr/ssatp/Resources/HTML/Gender-RG/Source%20%20documents/Technical%20Reports/Gender%20Research/TEG EN5%20Measuring%20Women's%20Empowerment%20ICRW%202002.pdf (November 30, 2011).

empowerment, therefore, involves accessing resources and challenging the prevalent power structure which governs not only their ability to define their self-interest and choice but also to claim those choices.

As stated earlier, a major concern of NACO in the third phase of the national AIDS programme was to empower women. Accordingly, the national AIDS body designed a series of AIDS mass media campaigns. These campaigns, as the analysis in chapter 3 illustrate, sought to empower women essentially by informing them about the modes of transmission of HIV, sensitising them about ways to prevent the disease and making them aware about the range of services available for them post contraction of the HIV infection. Women's right to information thus, emerged as a focal point in many of NACO's campaigns in this phase. In addition, the advertisements on anti-discrimination emphasise on the necessity of creating an enabling environment which would allow HIV positive women to exercise their rights to access the various HIV-related services and lead dignified lives.

In the campaign entitled 'Because in Us Lies Strength' NACO even allowed the woman's voice to emerge which otherwise remains marginalised and silenced in a patriarchal set up (see chapter 3). Ensuring visibility of women, increasing their access to HIV-related information and services are indeed valuable and have yielded positive outcomes but they serve merely as 'enabling factors' or conditions under which empowerment is likely to occur. Empowerment is a process whereas NACO narrowly conceives it in terms of certain activities or end results.

Further, feminists have argued women's ability to exercise her rights to bodily integrity or to reproductive and sexual health depends on their household and familial relations and their ability to participate in decision making processes. That is to say, women's ability to avail of

these rights depends on freedoms and capabilities which may be out of reach for many of them. Thus, to translate rights into reality important to prepare the environment which will allow women to assert their independent rights to make choices, to control resources and have a voice in the decision making processes. And all these can happen only when there is a re-examination of the social structures and institutions which determine the position of women in society.

NACO's campaigns, however do not aim for any structural change. Following the directives of the donors, the principal objective is to ensure universal access to HIV –related services. Hence, in all the campaigns the insistence is on ensuring women access to information and services and this where the campaigns falter. Although at the policy level there is emphasis on gender mainstreaming (as discussed in chapter 2) which is an affirmative action strategy to ensure women are better integrated in HIV intervention but at the level of implementation AIDS campaigns refrain from addressing women's lack of power in sexual relationships, violence faced by them or their inability to participate in the decision-making processes all of which significantly impact their lives.

There are no audio-visual or print materials which discuss violence against women and its linkages with HIV or the diversities in women's agency in negotiating sexual encounters which can contribute to unsafe sexual behaviour and make women susceptible to HIV. Even when NACO discusses partner communication in the context of safer sex (see chapter 3), there is no critique of the gendered power relations which prioritises male sexual pleasure and desire. If the campaigns intend to empower women they need to engage with these power differentials and define how these relationships can be transformed. Mere inclusion of women's voice

and assertion of their rights without a corresponding critique of the power structure remains an inadequate strategy.

In recent years as the analysis of campaigns suggest, the content of advertisements on condom promotion have undergone a radical change. It presents alternative notions of masculinity by invoking the rhetoric of love, trust, care and sexual responsibility. The image of the 'new man' as sensible, caring and responsible is praiseworthy. However, the campaigns do not engage in a critique of the dominant constructions of masculinity (like Breakthrough's campaign entitled 'What kind of a man are you?'). Thus, once again, the notion of power inherent in the dominant constructions of masculinity, especially the association of men with violence remains unaddressed. In this context, another important point to note is that the condom campaigns are primarily addressed to men. In this entire narrative on safe sex there is no reference to women's rights over her own body and sexuality whereby their demand for safe sex need not be conditional to/ dependent upon the man's demands or expectations for greater pleasure.

Governed by the diktats of the donors and pressure to produce quantifiable results, the tendency of NACO is to focus on improving only those aspects of empowerment which are measurable. It is reluctant to engage with inequalities of power and control in sexual relationships and this leads to a narrow conceptualisation of empowerment, one which is premised on accessing information and services (for PPTCT, testing, counseling, treatment and care).

c) To make the notion of empowerment operational NACP III incorporates a rights-based approach in its policy. A rights-based approach (as

explained earlier) emphasises on participation, non-discrimination and on the need to develop the agency of the vulnerable groups.

Accordingly, NACP III emphasises networking, participation and greater representation of PLWHA both at the programmatic levels and in the planning, designing and implementation of AIDS communication. AIDS mass communication campaigns too, as the review in chapter 3 shows, tried to be inclusive both in their representation and content. In this phase, the campaigns focused on treatment, care and support for PLWHAs. The PPTCT advertisements no longer address women only. Rather there is a conscious effort to include and address the partner of the pregnant woman in campaigns on PPTCT following the new PPTCT guidelines (stated earlier) which makes it mandatory to include partners of HIV-positive women so that they are ensured care and support post their delivery. But it is important to realise that inclusion does not connote mere representation. A campaign is inclusive only when it addresses people's lived experiences, their problems in realisation of rights, the barriers in accessing services such as stigma and discrimination, violence and so on. Discussions on these issues are lacking in the HIV and AIDS campaigns.

The plight of women living with HIV also receives little attention in these communication materials. Studies conducted by grassroot level organisations, network of women living with HIV have documented a range of human rights violations which form an integral part of lives of many HIV positive women. Unless these human rights violations are addressed it is not possible for HIV positive women to come forward to access health care facilities and other services that might make tackling the disease easier for them. CFAR's campaign on anti-discrimination (as discussed in chapter 3) discusses some the human rights violations faced by HIV positive women, allows HIV positive women to narrate their

experiences of isolation, humiliation and injustice and focuses on the effects of violations and violence on their lives. Though NACO reiterate the necessity of ensuring the dignity of PLWHA in its policy document but as yet has developed no campaigns to address the kinds of violence and abuse faced by PLWHA, especially women and the ways in which this can be redressed.

Another crucial strategy adopted by NACO in order to expand the outreach of the campaigns, give a voice to the members of the community and eliminate stigma is to include religious leaders in its various programmes. NACP III promotes this step as a democratic move which will result in a bottom-up approach in communication. But as I have argued in chapter 4, religious leaders may enhance access to HIV-related services and facilitate in reducing stigma associated with HIV but this new engagement of NACO can prove to be prejudicial for gender and human rights. It is important to realise that NACO's decision to involve religious groups in HIV prevention in reality is influenced by the international funding agency. Hence, communication far from being participatory, inclusive and articulating the concerns and claims of the community, remains top-down: from the state via religious authorities to the communities. And this is the case not only in India but also in USA and Egypt (which are presented as case studies in chapter 4). The analysis of the activities of the religious groups in the context of HIV in India provides clear evidence that participation of the community is encouraged only to boost up the number of individuals accessing testing, counselling and other services while the larger issues of sexual practices, gender norms, women's autonomy and choices integral to the spread of the disease are ignored. Even when religious leaders claim to reach out to the marginalised groups, in their interfaith workshops, conferences,

congregations there is little representation of these groups (sex workers, IDUs or MSM).

The analyses in chapter 3 and 4 reveal that although NACO promises to network with various stakeholders and address gender and sexual diversities while planning and designing AIDS communication programmes, the communication materials do not articulate the fear, isolation, concerns or the claims of the various groups. It is ironical that despite NACO collaborating with a number of sex workers' organisations while designing campaigns on them makes no attempt to incorporate their concerns and claims. NACO continues to discuss the sex worker in the context of safer sex where the prime concern is the health of the client. Issues of coercion, exploitation which are integral to the lives of the sex workers are completely glossed over in NACO's materials for sex workers. There is also no reference to the ordeal faced by sex workers once they become HIV positive.

Future directions

In the light of the above observations some of the ways in which AIDS communication can be made empowering, gender sensitive and rights-based are discussed below.

a) It is well established in the literature on HIV and AIDS communication that participation and dialogue with the stakeholders are crucial for effective HIV and AIDS campaign. AIDS communication in India will also benefit from increased use of dialogue-based approaches. And this

can only be possible when NACO recognises communcation both a right and means of claiming rights. That is to say, a rights-based approach should be adopted at every stage of planning, designing and implementation of AIDS prevention campaigns. Communication planners need to involve diverse perspectives, be more aware of the *context* and most critically must include people living with HIV and AIDS. Participation of the stakeholders, for instance women, will help campaign planners to understand the paternalistic institutions which govern their lives, sexual and gender norms which make women vulnerable to HIV, lived realities of women living with HIV and their specific needs (such as provision of emotional, material, financial support and help with care giving). Inclusion and involvement of stakeholders will also make communication materials representative, inclusive and give way to more culturally sensitive HIV education programmes. Drawing from its past experiences, NACO in the fourth phase of its programme (which is still at a planning stage) proposes to strengthen participation of communities in communication.

b) There is also an urgent need to establish greater linkage between research and communication. Research conducted by social scientists, grassroot level organisations, Network of People Living with HIV and AIDS and other stakeholders are invaluable as they provide a comprehensive understanding of the gendered contours of the epidemic as well as of the diverse sexualities prevalent in the society. Moreover, these micro studies will help communication planners acquire indepth knowledge of the intersecting inequalities which exist on different levels (individual, institutional, ideological).

c) There is need to work on the language of campaigns. It has become apparent that a campaign will be gender sensitive only when it includes discussions on woman's rights to her body and sexuality. Feminist literature has made the linkages between gender, body and sexuality quite clear. So, for developing an effective gender sensitive campaign, it is required that the policy on AIDS communication engages with the relevant literature and reformulates its communication framework. For instance, NACO can refer to the communication materials developed by the sex workers' collective such as Durbar (discussed earlier) because the sex workers movement has brought the gendered aspects of sexuality to the forefront. These communication materials also serve as a bottom-up model of communication. They advocate for sex workers' rights like other workers, to occupational health, protection from violence and exploitation and equal treatment infront of law and by other health and social welfare services.[491] Another salient feature of these educational materials is they extend the locus of responsibility for prevention exclusively from sex workers to include all those who participate in the sex trade including clients, regular partners, brokers, brothel owners and police who in fact have much greater control over condom use than do sex workers.

The necessity to work on the language of campaigns becomes particularly relevant in the light of NACP III's attempt to bring in religious leaders into the sphere of communication. Given the reluctance of religious leaders to engage with contentious issues such as gender, sexuality, violence against women, women 's rights to their body and so

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[491] Flora Cornish, "Targeting HIV or Targeting Social Change? The Role of Indian Sex Workers' Collectives in Challenging Gender Relations," in *Gender and HIV/AIDS: Critical Perspectives from the Developing World*, ed., Jelke Boeston and Nana K. Poku (Burlington, USA and Surrey, England: Asghate Publishing Co., 2009), 128-130.

on in their messages on HIV and AIDS it is imperative for NACO to design communication materials for religious leaders which would address these issues.

d) Another area of focus should be how to address interconnections between issues in AIDS communication. Literature on HIV and AIDS and experiences from the field indicate there is need to address the interrelationship between gender and human rights and not treat them as standalone issues, which has largely been the norm. Hence, in future communication should take note of current research and devise strategies which will enable gender and rights talk to go hand in hand.

Also there is need to reframe the dialogue between global models/policies of HIV communication and ground realities. My fieldwork in India (as described earlier) makes it evident that while best practices from the world over are essential as they provide ideas and guidelines for making AIDS communication effective and inclusive but it should not be uncritically adapted to the Indian context (for example, inclusion of religious leaders in communication programmes). In order to make HIV and AIDS communication representative and sustainable it must always be context specific and bottom-up.