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Social Construction of Gender and Sexuality in Online HIV/AIDS Information

Jing Chong
Pennsylvania State University, USA

Lynette Kvasny
Pennsylvania State University, USA

INTRODUCTION

HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome) represent a growing and significant health threat to women worldwide. According to the United Nations (UNAIDS/WHO, 2004), women now make up nearly half of all people living with HIV worldwide. In the United States, although males still accounted for 73% of all AIDS cases diagnosed in 2003, there is a marked increase in HIV and AIDS diagnoses among females. The estimated number of AIDS cases increased 15% among females and 1% among males from 1999 through 2003 (Centers for Disease Control and Prevention, 2003). Looking closer at HIV and AIDS infections among women in the United States, Anderson and Smith (2004) report that HIV infection was the leading cause of death in 2001 for African-American women aged 25 to 34 years, and was among the four leading causes of death for African-American women aged 20 to 24 and 35 to 44 years, as well as Hispanic women aged 35 to 44 years. The rate of AIDS diagnoses for African-American women (50.2 out of 100,000 women) was approximately 25 times the rate for white women (2 out of 100,000) and 4 times the rate for Hispanic women (12.4 out of 100,000; Centers for Disease Control and Prevention). African-American and Hispanic women together represented about 25% of all U.S. women (U.S. Census Bureau), yet they account for 83% of AIDS diagnoses reported in 2003 (Centers for Disease Control and Prevention).

Women's vulnerability to HIV and AIDS may be attributed to gender inequalities in socioeconomic status, stereotypes of AIDS as a gay-male disease, and cultural ideology around sexual practices such as abstinence, monogamy, and condom use. Because of cultural mores and socioeconomic disadvantages, women may consequently have less access to prevention and care resources. Information is perhaps the most important HIV and AIDS resource for women, and the Internet provides a useful platform for disseminating information to a large cross-section of women. With the flourishing use of e-health resources and the growing number of public-access Internet sites, more and more people are using the Internet to obtain health-care information. Over two thirds of Americans (67%) are now online (Internet World Statistics, 2005). On a typical day, about 6 million Americans go online for medical advice. This exceeds the number of Americans who actually visit health professionals (Fox & Rainie, 2002). Studies also show that women are more likely to seek health information online than are men (Fox & Fallows, 2003; Fox & Rainie, 2000; Hern, Weitkamp, Hillard, Trigg, & Guard, 1998). HIV and AIDS patients are among the health-care consumers with chronic medical conditions who increasingly take the Internet as a major source of information (Kalichman, Weinhardt, Benotsch, & Cherry, 2002).

As more Americans go online for health information, the actual efficacy of the information consumption becomes salient. Recent digital divide studies call for shifting from demographic statistics around technological access to socially informed research on effective use of technology (Gurstein, 2003; Hacker & Mason, 2003; Kvasny & Truex, 2001; Payton, 2003; Warschauer, 2002). Although the Internet provides a health information dissemination platform that is continuous, free, and largely anonymous, we should not assume that broader access and use will be translated into positive benefits. We must begin to critically examine the extent to which e-

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health content meets the needs of an increasingly diverse population of Internet users.

To combat the AIDS pandemic, it is necessary to deliver information that is timely, credible, and multisectoral. It has to reach not just clinicians and scientists, but also behavioral specialists, policy makers, donors, activists, and industry leaders. It must also be accessible to affected individuals and communities (Garbus, Peiper, & Chatani, 2002). Accessibility for affected individuals and communities would necessitate targeted, culturally salient, and unbiased information. This is a huge challenge. For instance, health providers' insensitivity and biases toward women have been documented in the critical investigation of TV programs (Myrick, 1999; Raheim, 1996) and printed materials (Charlesworth, 2003). There is a lack of empirical evidence to demonstrate the extent to which and the conditions by which these biases are reproduced on the Internet. In what follows, we provide a conceptual framework for uncovering implicit gender biases in HIV and AIDS information. This framework is informed by the role of power in shaping the social construction of gender and sexuality. We conclude by describing how the framework can be applied in the analysis of online HIV and AIDS information resources.

BACKGROUND

Gupta (2000) has explored the determining role of power in gender and sexuality. Gender, according to Gupta, concerns expectations and norms of appropriate male and female behaviors, characteristics, and roles shared within a society. It is a social and cultural construct that differentiates women from men and defines the ways they interact with each other. Distinct from gender yet intimately linked to it, sexuality is the social construction of a biological drive, including whom to have sex with, in what ways, why, under what circumstances, and with what outcomes. Sexuality is influenced by rules, both explicit and implicit, imposed by the social definition of gender, age, economic status, ethnicity, and so forth (Dixon Mueller, 1993; Zeidenstein & Moore, 1996).

What is fundamental to both sexuality and gender is power. The unequal power balance in gender relations that favors men translates into an unequal power balance in heterosexual interactions. Male pleasure supersedes female pleasure, and men have greater control than women over when, where, and how sex takes place (Gavey, McPhillips, & Doherty, 2001). Therefore, gender and sexuality must be understood as constructed by a complex interplay of social, cultural, and economic forces that determine the distribution of power. As far as HIV and AIDS, the imbalanced power between women and men in gender relations curtails women's sexual autonomy and expands male sexual freedom, thereby increasing both genders' risk and vulnerability to the epidemic (Heise & Elias, 1995; Weiss & Gupta, 1998).

Based on this feminist approach to theorizing gender and sexuality, Gupta (2000) categorized HIV and AIDS programs in terms of the degree to which historical power dynamics in gender and sexuality were maintained. The categories summarized in Table 1 are depicted in Figure 1 ranging from the most damaging to the most beneficial ones.

In the theory of social construction, HIV and AIDS are represented as a set of social, economic, and political discourses that are transmitted by media (Cullen, 1998). In symbolic interactionism's theory of gender, mediated messages in advertising, TV, movies, and books tell quite directly how gender is enacted (Ritzer, 1996). As the latest platform for computer-mediated communication, the Internet may also adhere to these gendered representations. We theorize that online HIV and AIDS information follows a similar pattern of power reconstruction, and that these categories could be applied to empirically determine how and why online HIV and AIDS information reproduces these power relations.

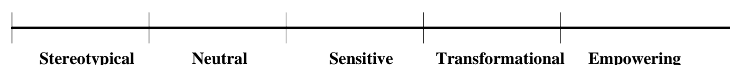
FUTURE TRENDS

This theoretical framework could be employed in empirical studies that deconstruct online materials to demonstrate how HIV and AIDS gain their social meanings at the intersection of discourses about gender and sexuality. Prior studies in this area have focused on the cultural analyses of AIDS (Cheng, 2005; Sontag, 1990; Treichler, 1999; Walby, 1996) rather than structural determinants of risk such as political policy, globalization, industrialization, and the economy. Cultural analysis is based upon the

Table 1. Categories of HIV and AIDS programs based on gender and sexuality

Category	Description
Stereotypical	The damaging stereotypes of men are reinforced with terms like “predator, violent, irresponsible,” and the role of women is given as “powerless victims” or “repositories of infection.”
Neutral	The target is the general population instead of either gender or sex. Despite there being no harm done and the data being better than nothing, the different needs of women and men are ignored. Very often the basis is research that only has been tested on men or works better for men.
Sensitive	The different needs and constraints of individuals based on their gender and sexuality are recognized and responded to. One example is in the provision of female condoms. Thus, women’s access to protection, treatment, or care can be improved, but little is done to change the old paradigm of imbalanced gender power.
Transformation al	The aim is to transform gender relations to make them equitable. The major focus is on the redefinition of gender roles at the personal, relationship, community, and societal levels.
Empowering	The central idea is to “seek to empower women or free women and men from the impact of destructive gender and sexual norms.” Women are encouraged to take necessary actions at personal as well as community levels to participate in decision making. One misunderstanding that needs to be corrected is that empowering women is not equal to disempowering men. The fact is more power to women would eventually lead to more power to both since empowering women improves households, communities, and entire nations.

Figure 1. Continuum of the social construction of gender and sexuality



belief that this disease operates as an epidemic of signification based on largely predetermined sexual and gendered conventions. The female has now become socially constructed as a body under siege in AIDS discourse. This gendered body is not, however, a stable signifier. Previously, the body was constructed as white, gay, and male. Now the global discourses on HIV and AIDS have constructed the body as third world, heterosexual, and female. Thus, we see a feminization of HIV and AIDS.

Analysis of the social construction of AIDS using this framework could occur at different levels of analysis and with various populations. We conclude with a few examples.

- Garbus et al. (2002) provide a categorization of HIV and AIDS Web sites that could be used for a cross-category or within-category analysis of the representation of gender and sexuality.
- Cultural ideologies around condom use for AIDS prevention and reproductive health could be studied.
- Given the wide disparities in HIV and AIDS infections among women in the United States, research is needed to examine the discursive practices surrounding HIV and AIDS, socio-economic status, geographic region, and ethnicity or race.
- The absence of lesbians in the HIV-AIDS and women discourse can be analyzed.
- The social construction of the female body in the HIV and AIDS discourse can be studied.
- Discursive practices surrounding HIV and AIDS, gender, and development in developing countries are a potential research subject.
- The tension in the social construction of women as both vulnerable receivers and immoral transmitters of this deadly disease can be deconstructed.

CONCLUSION

HIV and AIDS are a complex and pressing issue. It is not just an issue of health, but has also been

framed as an issue of personal responsibility, economics, development, and gender equity. It impacts every nation and individual across the globe. In this article, we argue that the increasing epidemic of HIV and AIDS among women is also an issue of information. We propose a framework for unpacking discursive practices that construct women as the new face of HIV and AIDS. We also provide examples of problem domains in which the feminist analysis informed by this framework can be conducted.

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KEY TERMS

Digital Divide: Unequal access to and use of computers and the Internet resulting from such socioeconomic gaps as income, education, race, and age.

E-Health: The applications of the Internet and global networking technologies to medicine and public health.

Empowerment Theory: The study of how perceptions of power affect behaviors and how individuals can increase their power through social interaction.

Feminist Theory: Women-centered theory that treats women as the central subjects, seeks to see the world from the points of women in the social world, and seeks to produce a better world for women.

Gender: Expectations and norms of appropriate male and female behaviors, characteristics, roles, and ways of interaction that are shared within a society.

Sexuality: Social construction of a biological drive, including whom to have sex with, in what ways, why, under what circumstances, and with what outcomes.

Social Construction of Information: Information is examined not as objective missives, but rather as data inextricably intertwined with the social settings in which they are encountered.