



Empowering Girls and Women: Reducing HIV Risk through Education

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Article Info:

Article History:

Received 11 Nov 2024

Reviewed 18 Dec 2024

Accepted 12 Jan 2025

Published 15 March 2025

Cite this article as:

Obeagu EI, Empowering Girls and Women: Reducing HIV Risk through Education, Asian Journal of Dental and Health Sciences. 2025; 5(1):45-49

DOI: <http://dx.doi.org/10.22270/ajdhs.v5i1.119>

Abstract

Education is very important to women and girls who are at the greatest risk of contracting the HIV virus. However, more emphasis is needed to look at the information on how education improves the transmission of HIV among girls and women and also reduces the inequalities of gender roles which are able to increase infection rates. There is growing evidence that a significant proportion of girls are able to postpone first intercourse, protect themselves against HIV and AIDS through safer sex practices and advocate condom use in combination with regular HIV testing through an effective sexuality education curriculum. Additionally, as women who have greater control over their sexual and reproductive health are less likely to engage in activities that expose them to HIV, education promotes gender equality, which is crucial in lowering HIV risk. Education provides a complete response to the epidemic by tackling the underlying factors that contribute to HIV susceptibility, including as poverty, gender-based violence, and early marriage. Girls and women who receive education are more capable of fending against forceful and exploitative circumstances that may expose them to HIV.

Keywords: HIV prevention, gender equality, women's education, adolescent health, empowerment

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Introduction

HIV infection rates differ by gender and age making it a major global health issue. Women and girls face the biggest impact in sub-Saharan Africa where they account for over half of new HIV cases. This unequal risk stems from biological, social, cultural, and economic factors. Women and girls have a higher chance to get HIV due to gender-based violence early marriages poor access to sexual and reproductive health services, and gender inequality. To combat these challenges, education serves as a powerful tool to lower HIV risk and help women and girls protect themselves from HIV transmission.¹⁻² Education plays a key role in the fight against HIV by giving girls and women crucial info on HIV spread sexual health, and prevention methods. When people receive full sexual and reproductive health education, they can make smart choices about their bodies, relationships, and sexual actions. It empowers teenage girls to put off starting sex, talk about safe sex practices, and make informed decisions about regular HIV testing, condom use, and birth control. Further, more educated girls are less likely to postpone marriage and the bearing of children - two behaviors associated with an increased risk of transmission of HIV.³⁻⁴ Finally, by teaching, education obtains at least one empowering effect of gender equality, necessary to face the root causes that underpin the increase of HIV risk. Women and girls with greater control of sexual and

reproductive rights are less vulnerable to be victims of violence against girls, forced marriage and sexual violence, as leading risk factors of HIV). Education can enable women to challenge, if not actually stop, harmful traditional practices and help dismantle, if not destroy, entrenched gender roles. By enabling women to see themselves as members of the same society as men, it actually provides them the power to stand up, negotiate healthy relationships, and get involved in HIV prevention or care programs.⁵⁻⁶

In addition, education can help improve economic independence. All this is also related to women's risk avoidance of HIV. Having economic independence, women can have control over their health, sexual partners, and income. In most regions, women have a tendency to rely on the partners for support, and thereby limit the protection against the HIV. Through skill-building and acquiring employment, education can decrease economic dependency and thereby offer tools for more stable relationship choices.⁷⁻⁸ Relationship between HIV knowledge and prevention shows, that if girls and women are educated, they are more likely to go to HIV services i.e. voluntary counselling and testing, antiretroviral therapy, and for parent's treatment. It is also supported by research. Education can also promote peer discussions in which girls and women share information and resources, and thus amplify the range of HIV prevention messages. Thus education plays a role

in wider social change and helps to alleviate the stigma and discrimination surrounding HIV testing and therapy.⁹⁻¹⁰

The Role of Education in HIV Prevention

Education is an important factor in HIV prevention, because it provides individuals with both knowledge, and ability to protect both themselves as well as their population from the HIV. For girls and women, education is especially important in addressing the multiple vulnerabilities they face in relation to HIV. Thanks to education, individuals may learn about HIV transmission, risk factors and the benefits of regular testing and treatment. This, in turn, allows them to iteratively consider values in a healthy sexual way and make intelligent choices about their sexual health and well-being.¹¹⁻¹² In one of the key ways that the formation contributes to the prevention of HIV is to increase awareness of safe sexual practices, such as the use of condoms and sexual negotiations. Complete sexual and reproductive health education, which includes HIV information, can help people understand how HIV is transmitted and what strategies are effective in preventing its distribution. Education also provides information on the importance of the search for medical services, including HIV tests and treatment, which is crucial for the early detection and prevention of transmission. Also, for female adolescents, education can lead to postponing early sexual experience and to the prevention of high-risk sexual acts that can expose individuals to HIV infection and high HIV-related stigma and discrimination that in turn prevents individuals from accessing necessary health care.¹³⁻¹⁴ Education is an extremely effective weapon to prevent HIV-related stigma and discrimination and has the potential to disable the consequences of the two. Individuals with HIV living in traditional societies suffer from social stigma, which often prevents individuals from accessing care or revealing their condition. Through embedding education into HIV prevention efforts, the community will be able to equip the actual experience of living with HIV and equip the level of stigma amplifying the experiences of doctors and those who assist them. When girls and women learn and treat HIV, they are more likely to participate in active actions in relation to healthy health and practical conflicts, such as forced and early marriage, and in HIV. Increase vulnerabilities.¹⁵⁻¹⁶

Additionally, education promotes gender equality to the extent needed for HIV prevention. Girls and women that are educated better prepared to resist the gender barriers and inequities that, in general, increase their risk for HIV. Specifically, educated girls are better at postponing marriage and childbirth, which helps them to escape the risks of early sexual experience. Moreover, learning contributes to women's social and economic empowerment, decreasing their vulnerability to situations of dependence upon their partners—who are more likely to transmit HIV through sexual practices of risk nature. Educated females are better represented to negotiate a safer sexual practice and to have HIV treated when it felt necessary, thereby limiting the spread of HIV¹⁷⁻¹⁸ when resolution is low. Education of girls and

women in these areas can play an important role in reducing vulnerability to HIV, by considering direct and indirect risk factors. E.g., girls completing school are less likely to marry early or to be involved in transactional sex, both of which are factors that increase their risk of HIV infection). Programs of education for young people, especially in high-HIV-prevalence communities, have great significance in disseminating correct knowledge about HIV transmission; HIV prevention and HIV treatment, which are crucial in reducing the incidence of epidemic.¹⁹⁻²⁰ The effects of education on HIV prevention go beyond the individual health outcomes, to the benefits affecting society at large. If girls and women learn about HIV prevention, they are more likely to pass on that information to their families and communities. This gives so much data to prevent HIV transmission and it has a roiling effect. To women with higher levels of education, contributing to economic growth and poverty alleviation is also a reality due to their higher labour force participation rate and community contribution, which further enable them to interrupt the vulnerability pathway of HIV infection.²¹

Gender Inequality and HIV Risk

Gender inequality significantly contributes to the heightened vulnerability of women and girls to HIV infection, with social, cultural, economic, and political factors all playing a role. In many places around the world, especially in sub-Saharan Africa, however, women experience a host of barriers, which restrict the extent to which they can prevent HIV infection largely as a result of deeply embedded gender norms and practices that leave women at risk. Gender disparity takes many forms, ranging from limited access to education and medical care to inherently unequal power relations in sexual relationships. Because of these disparities, women and girls are at a higher risk of acquiring HIV infection, and gender inequality is one of the essential objectives of HIV prevention.²² The most direct way gender inequality contributes to HIV risk is through power disequilibrium in relationship(s). As in many cultures women have a lesser control over sexual decision making and get less opportunity to negotiate condom use or to refuse unwanted sexual intercourse. These power inequalities frequently lead to women being more susceptible to being forced or coerced into sexual activity, with the consequence of increased susceptibility of HIV infection. For example, in numerous communities, early marriage and transactional sex are the norm which leads women and girls to be in a more or less powerless situation where they cannot discuss safe sexual practices. Inability to exercise sexual freedom and social pressure to adhere to patriarchal social norms is also another risk factor that increases HIV infection risk in these women.²³ Economic disparities is also an important risk factor that intensifies the women's HIV infection risk. In many areas, women have a restricted access to economic activities, due to which they are financially dependent on male partners. This economic dependence can make it difficult for women to negotiate safer sex practices or leave unhealthy relationships, including those with HIV-positive partners. Additionally, financial insecurity may

result in sexual work, specifically the exchange of sexual activity for money, food and/or other items, which has the effect of boosting HIV exposure rates for women. Again, the absence of access to education, employment, and healthcare services worsens women's precarious position with regard to HIV.²⁴

Cultural and social expectations are also important factors in sustaining gender inequality and HIV risk. There is stigma against women judged to be sexually active outside the bonds of marriage in most cultures, silencing and stigmatizing women attempting to get HIV testing and care. This stigma prevents women from seeking HIV-related care, including [sic] prevention and treatments. In addition, women are frequently conditioned to place the greatest emphasis on the health of their family over their own health and this may constrain their ability to seek treatment as it becomes necessary. These cultural beliefs and social norms limit women's ability to have access to the information and resources, to effectively protect themselves from HIV.²⁵ Gender inequality also links to other forms of discriminations, such as age, ethnicity and socio-economic status that increase women's and girls' risks. Young women (aged at least 15-24) are bearing the brunt of HIV infection in rates of newly infected donors that are several folds higher in females than in males. The social and economic forces that affect young women, such as as early marriage and childbirth, frequently result in them having little autonomy in the sense of being able to make informed choices about their sexual health. This vulnerability is also aggravated by a dearth of knowledge and awareness, restricting their understanding of HIV prevention and protective measures.²⁶

Apart from these social and cultural factors, biological vulnerability of women to HIV infection further explains the gender gap in regard to HIV risk. Women are more likely to be inflectionally vulnerable to HIV as a result of sexual anatomical differences (e.g., larger genital tract mucous membrane epithelial surface area that can facilitate entry of the virus with unprotected sex). This biological risk is exacerbated when women are sexually active through multiple partners, male victimization, or rape as these events can expose women and girls to the risk of trauma as well as to consumption of HIV-infected body fluids.²⁷ It is, therefore, important to expand HIV prevention for men and/or women in order to respond to the problem of intersectionality between gender inequality and HIV risk by strengthening programs that equip women and girls for better control over their sexual and reproductive health. Strategies that empower women with knowledge, skills, and ability to negotiate safer sexual practices, tested regularly for HIV, and obtain medical care will be crucial for lowering HIV risk. These measures also need to take account of breaking down negative gender norms and to ensure gender equality in all spheres of life such as in the context of education, economic independence and access to healthcare.²⁸ In addition, policies for counteracting gender inequality should be included in national HIV prevention and/or treatment programs. Legal reforms which safeguard women's rights, prevent

gender-based violence, and ensure equal access to education and economic activities are also crucial initial steps to overcome the deep-rooted sources of gender oppression and HIV risk. Such initiatives need to be backed by local and international communities working together, encompassing collaboration amongst governments, nongovernmental organisations, health professionals and private companies. Means of achieving lasting reductions in the burden of HIV, especially among women and girls, can only be attained through holistic, gender-informed strategies.²⁹

Challenges in Access to Education

Access to learning, specifically for girls and women is an ongoing barrier in parts of the world. Educational inequality is a significant bottleneck preventing the closing of health gender gaps, including HIV/AIDS prevention. A number of social, economic and cultural conditions increase the scarcity of access to education for girls and women and increase their risk factor for HIV, and other health risks. Overcoming these challenges is critical to realize more equitable societies and lower HIV transmission at the population level, especially among young women and adolescent girls.³⁰ Lack of access to education for girls is, arguably, driven to a large extent by poverty. In many low-income countries, families tend to give a higher education to boys as a financial necessity. Girls are often excluded from school to work in household chores or they can be "married" off to a young age. In certain situations, girls can also be economically disadvantaged and forced into early childbearing, which in turn can set back their opportunities of education. Lack of access to education restricts their capacity to learn important information on the HIV prevention, sexual health and the necessity for routine screening. Without adequate education, girls and women are less prepared to take an informed decision on their sexual health and more likely to contract HIV.³¹

Cultural and societal norms also contribute to educational disparities. In most societies there are strongly held cultural gender expectations that limit the roles and prospects of women and girls. For instance, in certain cultures it's socially normalised that girls may get married at an early age or are expected to run a household instead of going to school. These gendered stereotypes constrict girls' learning and diminish their capacity to advance safer sexual behaviours or to access HIV prevention services. Gender-based violence, including child and forced marriage, continues to play a sizable part in preventing girls from going to school, and increasing their risk of infection with HIV and other sex related health risks.³² Road and geographic barriers also provide significant barriers to accessing school, including in rural or remote areas. In many developing countries, schools are situated at a geographically remote distance from girls' residence, and transportation costs or safety risk may keep girl from school. Further, inadequate schools with respect to provision of safe clean water, sanitation, and gender separate toilet facilities, frequently prevent girls from attending school or make them discontinue school.

Schools without well-qualified teachers or with limited facilities may not be able to achieve quality education and thereby constrain the opportunity for the girls to acquire knowledge to enable them to defend themselves against HIV.³³

Additionally, health-related difficulties are to other sequelae of the victimization and can affect girls' and women's access to education. Adolescent girls, especially, experience specific health problems, such as menstrual health and sexual health, which can disrupt their schooling. In certain areas girls might stay away from school during menstruation as a consequence of stigma or the limited availability of hygiene supplies, and subsequently prolonged periods of absence that, in the end, result in leaving school. HIV-infected girls may experience discrimination and stigma, each of which could exacerbate their marginalization from educational opportunities. Furthermore, the absence of a comprehensive sexual and reproductive health education programme in schools contributes to this problem by failing to equip girls with life-saving knowledge about HIV prevention and self-care.³⁰ Political disarray, conflict and displacement also compromise access to education. In areas of conflict or civil unrest, the education system is typically among the first to break down, with girls and women particularly exposed to exploitation, violence and HIV. For example, refugee girls are likely to encounter, amongst others, a number of barriers to education such as lack of resources, displacement and insecurity. In these environments, girls are particularly vulnerable to early marriage, sexual violence, and trafficking which all carry a risk of HIV infection,³¹ of which the consequences of these challenges are further worsened by the absence of holistic policymaking aimed at promoting gender equality in the educational sphere. Although international agencies and governments have been able to provide a platform by advocating gender-inclusive education for others, many countries do not have any policies governing explicitly the barriers that are preventing girls and women from accessing education. Beyond providing girls with a right to education, policy measures should also encompass provisions for safe schools, access to health facilities and programs that counter negative attitudes towards gender roles.³³

Efforts to ensure that girls and women have access to education will need to go hand in hand with involvement of the local community and awareness campaigns that work to change attitudes, rather than destigmatize, and ensure that education is considered for all children, irrespective of their gender. Public awareness campaigns are one way of changing societal perspectives and encouraging families to commit to girls' education, thereby indirectly leading to better health outcomes (e.g., decreased HIV risk).³² There is a need for action involving a multi-pronged strategy involving government, local communities, non-governmental organizations and international partners. The goal of equitable educational opportunity for girls and women is neither just an issue of human rights, although it is certainly such, but also a core part of the overall strategy for human rights initiative to decrease

HIV transmission rates as well as provide women the empowerment they need to control their own health.³³

Conclusion

Education has an influence on lowering HIV risk for girls and women. It gives children tools to make smart choices and tackle gender unfairness by teaching them about sex health, HIV prevention, and their rights. But many things stop girls and women from going to school in poor areas. These include money problems cultural beliefs social issues, and lack of schools. To cut HIV risk and create a fairer healthier world for women and girls, we need to fix these problems. To solve this, we must change laws, get communities involved, and build more schools so girls and women can learn just like boys and men. Schools also need to teach about sex and health to help young people avoid HIV and other sex diseases. To give girls more chances at lower cost, we must stop gender violence and unfair treatment.

Conflict of Interest: Author declares no potential conflict of interest with respect to the contents, authorship, and/or publication of this article.

Source of Support: Nil

Funding: The authors declared that this study has received no financial support.

Informed Consent Statement: Not applicable.

Data Availability Statement: The data supporting in this paper are available in the cited references.

Ethics approval: Not applicable.

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