

## Chapter 5.23

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

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### 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, 2000), 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-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, Peiperl, & 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

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