fhi360 THE SCIENCE OF IMPROVING LIVES

Planning for PrEP with Women in Mind:

Why targeting the "Most-at-Risk" is likely to miss Most Women at Risk

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"Although most new HIV infections in high prevalence areas are in women, prevention agendas remain dominated by promotion of male condom use, HIV testing, treatment for sexually transmitted infections (STIs), and more recently male circumcision and antiretroviral treatment. By not focusing on gender issues, these interventions provide little help for vulnerable women."

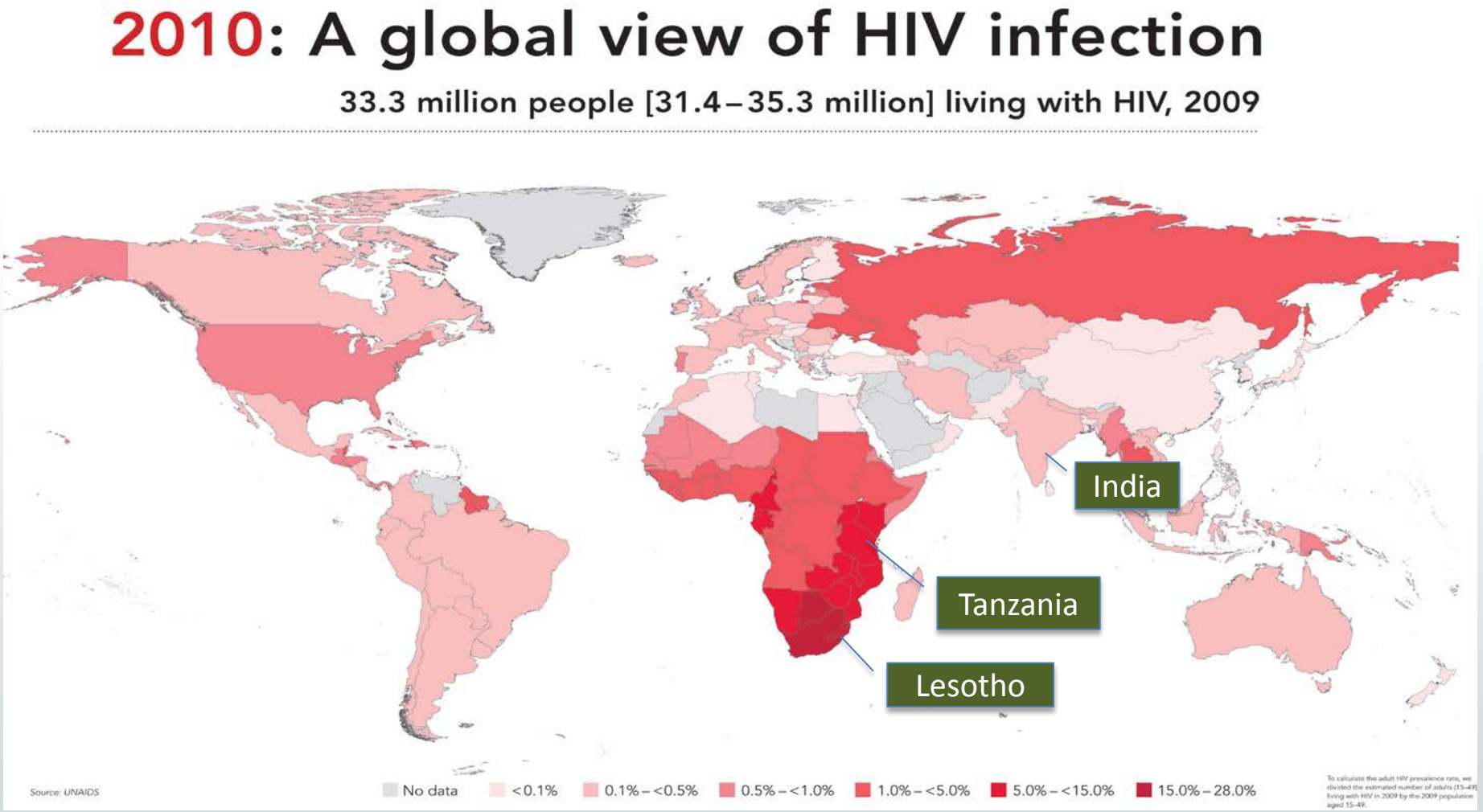
Jewkes, Lancet 2010

Session Outline

Aim is to highlight how geography, culture, health infrastructure and behavior create vulnerability through case studies:

1. Married man in Lesotho, whose wife works in South Africa
2. Adolescent woman in Dar es Salaam, Tanzania
3. Discordant couple in Pune, India
4. Female sex worker in Chennai, India

Trends in HIV Prevalence



… and Vulnerability

	Lesotho DHS 2004	Tanzania DHS 2010	India NHFS 2006
HIV prevalence			
All	26	6	0.3
Women 15-19	8	1	0.1
Women 20-24	24	6	0.2
% Women married	52	48	75
% Education			
< Primary	32	34	49
Primary or more	68	66	51
Median age at first sex	19	17	20
% 2+ partners in last 12 mon.	11	3.5	0.1
% Ever experienced physical /sexual violence	--	45	35
% aged 15-24 tested for HIV in last 12 mon.	5	24	3

Case studies

Case Study 1: Thato, married man from Lesotho with multiple partners

39, unemployed & recently married to a 24-year old woman who works in South Africa and currently involved with 2 other regular partners.

Thato first had sex at 15, with an "*older girl*" of 22. It happened while playing a hiding game. "*We had no relationship whatsoever, we were not dating*." He's had sex with about 30 different women since then.

He's attracted to his wife because "*in her I found that she has respect for me, and who has bright future plans, she loves herself, that is how I knew that she was right for me*."

About faithfulness, he says "*Eh, honestly, because she is far away from me – but I trust her, but I don't know if she is faithful*."

He does not trust his 20 year old girlfriend, but calls his 18 year old partner his "*little green pumpkin*". "*She doesn't know that I have a wife, so she is hoping to end up living with me... I am making her empty promises that no, just finish school, everything will be alright*."

Photo by Lisa Albert

HIV Prevention & Treatment Misperceptions

Thato knows a little about HIV and AIDS.

> If "*you are given pills while your body is still strong and fit, you could be cured*."

He was tested for HIV in 2006 and again in 2008 but did not want to talk about his results. He took his wife and encourages others to get tested as well,

> "*because this disease is very dangerous, because if you go to get tested while your body is weak, you would not get the cure quickly… , but if you go there while your body is still fit and your immune system is still strong, you get cured*."

Case Study 2: Angel, a young woman from Tanzania

17, single out-of-school mother of a two-year old girl, 4 lifetime partners

Angel lives with her grandparents – her mother and father separated long ago. About that first sexual encounter, she denies being forced. She says: "*The idea was his; I was just like a recipient of the message*." Her child's father was 21 at the time, but she doesn't see him much anymore. She left him because of "*his habits*".

At 25, her current partner is eight years her senior. He has a steady job working at the harbor. He helps her out when he can.

"Mostly its money for food and other minor needs for my child. It's not like saying it can be enough for all my needs…. He can give me 50,000Tshs and I don't see him for two weeks … or 20,000 and he comes the next week ."

Angel likes her new boyfriend's "*generosity*", he is "*calm, a cool person, first of all he has respect.*" She doesn't like his "*wandering around here and there.*" She hasn't told him this because *"He can't be told anything nowadays, mhh I can say you get beaten."*

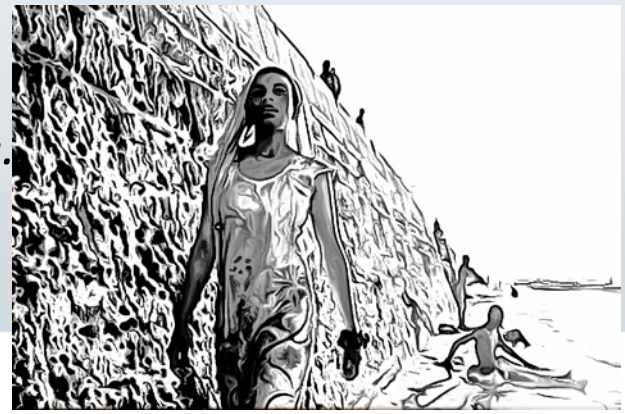


Photo by Lisa Albert

Condom Contradictions

Like most of her peers in this study, Angel doesn't use condoms because she "*trusts*" her partner. In her words – "*Respecting each other is something, I mean, we should not despise each other…. Even if I do my things, I do it far so that I don't know. And even when he does his things that I won't know, I mean we have respect.*"

When asked how concerned she was about things like STIs, pregnancy and HIV:

"It is dangerous to be a human being - not only me, by any person because if I suffer any diseases today and I have no money to treat it…. It's better that I get HIV/AIDS. I can take the dose [ARVs.] It's free. But I can get other diseases and if I have no money to treat it, I will rot. We can avoid diseases if you are determined and have a stand. But if you - say you move out with everyone, then you won't even know where you got it…. But it can be avoided and that is why protections are there. There are male and female condoms - if he doesn't want to use (male condoms) there are female ones in place."

Case Study 3: Saraswati, in an HIV-discordant marriage in Pune, India

Photo by Eva Canoutas

28, married 8 years to a man 7 years older. They have 2 daughters – the 7 year old has lived with her mother since she was weaned. She takes care of the 5-year old. Her husband is HIV+.

Thinking back on their marriage, Saraswati believes things changed when she was first pregnant. *"He used to squeeze out his anger on anything. Meaning he used to squeeze it out on the meal or on me or on anything."* She has never made decisions on her own: *"Whether it's for shopping, sex, or going out, if he says yes then we will. Otherwise not."*

She learned about his diagnosis 9 months earlier: *"I never knew about his affair. He was a miser. He never gave me a single paisa. I always thought he was giving money to his sister who was in need. But when she died, we found out she had taken a loan of about 200,000 rupees."*

"Then he had symptoms like TB – cough, fever, cold. I thought about jaundice since he had stomachaches and vomiting, but I never thought of this (HIV). "

Gender Inequality and Risk

"I used to say we should go and check your blood…. I used to run from one hospital to the next. At last, he told me the truth… that there is something wrong in his blood. I asked him for his reports and showed them to a private doctor. He told me he has AIDS. There was nothing to say. He himself had checked and was aware of the report for a year."

When asked what discordant couples should do, she explains:

"The main thing is they should not have sex, and if they do, at least use condoms. But it is not a guaranteed method. Some people use them, but we never have, because it can get tear anytime or anything can happen."

"We have not had sex in a year because of this (AIDS), and I do not have any desire also. What I feel is in a man-woman relationship, sex is not everything. Sex is definitely an enhancement, but it should be given different forms. He should give her attention, take care of her feelings. Now I no longer have any feelings. I have lost all my sexual desires. We just have sex when he wants to have it."

Case 4: Latha, a FSW in Chennai, India

30 year old, 8th standard education, married with children, former participant of microbicide gel clinical trial and a street-based sex worker

Latha estimates she has from 5-10 clients on a given day. Her use of condoms and gel varies by context.

"Suppose several customers are waiting side by side – in this situation I cannot change the gel. Moreover they will come in drunk … and have sex violently, so they won't be in a position to use condoms. So I may come across a situation when neither the gel nor condoms can be used. If I have sex in the same place like in the house, there won't be any problem … but we will get just 50 rupees, and when I go out (for sex) I may get more than 200 or 300 rupees. So if we get more money, this type of problem has to be faced."

About her options, she says: "*Condoms are only used by males ... I can use gel for all customers, whether they accept it or not. It makes our work easier. …When we use condoms alone, we will have pain and may even be unable to walk. With gel, we had no pain. It should be both gels and condoms and not gels alone."* However, she won't use either condoms or gel with her husband.

Themes

- Multiple and concurrent sexual partnerships
  - Sex for power, pleasure and/or material gain
- Lack of condom use
  - Considerations of faithfulness
  - Low acceptability due to misinformation or stigma
- Gender inequalities
  - Low education and employment
  - Acceptance of intimate partner violence
- Misperceptions about prevention and treatment

and Implications

- Despite risky sexual practices, women's (and men's) risk perceptions may remain low
- PrEP messages should be compatible with local concepts of "faithfulness" and "trust"
- Different geographic and cultural contexts will require different strategies
  - Among sex workers or other groups with identifiable risk, combination prevention messages may be needed that include continued condom use
  - In contexts with high stigma and low risk perception, thoughtful consideration of appropriate channels and linkages are needed

References for Case Studies

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