

Advocacy Brief: Gender Considerations for Microbicide Introduction

Key findings from a gender analysis to identify the barriers women may face to accessing and using vaginal microbicides

Microbicides are substances being tested in clinical trials that could be used in the vagina and/or rectum to reduce the risk of HIV transmission during sex. The most advanced candidate—and the only candidate to show effectiveness to date—is a topical gel formulation of the antiretroviral drug, tenofovir. This brief focuses on vaginal gel to protect women from HIV. For more information on microbicides, visit www.avac.org/microbicides.

HIV prevention for women is a key issue that must be prioritized by civil society, funders and governments alike. Microbicides were conceived to fill the gap for a much-needed female-controlled HIV prevention method. However, biomedical technology will not, by itself, alter the underlying gender inequalities that make women vulnerable to HIV. If microbicides are found to be effective enough to be rolled out, women will likely face barriers to access and adherence. These barriers must be identified and taken into account before rollout. Most critically, any rollout must prioritize a rights-based, positive approach to microbicide promotion that normalizes the product and makes it available to women who need it most.

With funding from USAID, FHI 360 conducted a gender analysis in Kenya and partnered with Sonke Gender Justice to conduct a gender analysis in South Africa to inform future introduction of microbicides. The overall analysis comprised a global literature review of gender issues documented in microbicide studies, a review of national HIV and gender policies in Kenya and South Africa, and interviews with key stakeholders in both countries.

KEY FINDINGS

Make microbicides available to all women, not just to “most-at-risk” populations. For example, marketing focused primarily on preventing HIV transmission among women who engage in transactional sex could stigmatize the product, making it less likely that young women and married women—two groups identified as highly likely to benefit from microbicides—would use them.

Offer microbicides for free or low cost and make them easily accessible. Moreover, they should be available at a wide variety of health facilities—especially those that women and youth already frequent—to reduce obstacles to uptake. HIV testing will be required for those who want to use microbicides, so microbicides will likely be offered only in clinics at first. Eventually making them available outside of clinics would likely increase women's access.

Support women in their decision about whether to discuss microbicide use with their partners. Many women, especially those in steady relationships, will want to tell their partners about microbicides and get their agreement or support to use the product. Others, including women in casual or violent relationships, may elect not to tell their partners. All women have the right to decide when or whether to discuss microbicides with their partners.

Create safe spaces in which women can discuss sex and sexual health, including microbicide use. In these spaces women can develop strategies for discussing microbicides with their partners or for using them without their partner's knowledge. Women's groups can be valuable venues for learning from one another, and health care providers can counsel women on deciding whether and how to communicate with male partners. Given the prevalence of intimate partner violence (IPV), all providers should be trained to screen clients for IPV and make appropriate referrals.

Engage male partners to help promote women's microbicide access and regular use. Educating men about microbicides can alleviate their concerns and help to normalize the product. Encouraging men to communicate with their partners about HIV protection and sexuality, and sex more broadly, can contribute to better relationship dynamics and encourage more gender-equitable attitudes and behaviors. However, while encouraging men to take a





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more active role in HIV prevention for women—including supporting their use of microbicides—take care to ensure that male involvement facilitates, rather than inhibits, the rights and well-being of women.

Tailor microbicide marketing for specific contexts and groups. Local message development is vital to determining the most appropriate content. For example, in South Africa, stakeholders recommended explicitly discussing that the lubricating effects of the microbicide gel can improve some couples' sexual experience. This approach minimizes emphasis on issues of trust within relationships, so that microbicides are not associated with infidelity as condoms often are. In other settings, such as Kenya, marketing that included sexual pleasure was viewed as a potential distraction from the HIV prevention aspect of the product. Additionally, messages should target women in different life stages and situations.

Remember that microbicides can contribute to, but not replace, efforts to transform gender norms. If a microbicide rollout includes strategies to address gender barriers, it has the potential to increase couples' communication, improve relationships, increase women's knowledge about sexuality, and enhance women's power to prevent HIV. However, to truly transform gender norms and improve women's status in their communities, a more comprehensive approach is required.

FIVE WAYS TO USE THESE FINDINGS

Although microbicides are not currently available, steps can be taken now to prepare for their introduction. Additionally, many of the findings and recommendations are applicable to other existing HIV prevention efforts. Actions that advocates can take today include:

1. Educate decision-makers on the importance of prioritizing HIV prevention for women, and of the promise of microbicides for women. Discuss existing barriers that could hinder microbicide rollout. Commitments to subsidize and make women-initiated HIV prevention methods widely available benefit existing methods (such as female condoms) while preparing for universal microbicide access.
2. Strengthen and expand programs that promote positive male engagement and couples' communication, especially around issues of sex and sexuality. Gender-equitable relationships and improved communication about sex help women and men prevent HIV and pave the way for discussions on microbicide use. Couples' HIV counseling and testing is one opportunity to promote this type of healthy communication.
3. Advocate for a stronger IPV referral system and increased training and sustained support for health care providers in order to improve services for women experiencing IPV. For IPV screening to become a routine part of future microbicide programs, the groundwork needs to be laid now.
4. Help strengthen or create platforms at the community level for women to voice their needs. Women are in the best position to express their needs and desires, and microbicides rollout should be responsive to real-world scenarios. Additionally, community-driven advocacy can help encourage government commitment to making microbicides widely available.
5. Learn more about the gender analysis for microbicide introduction. The literature review, country profiles, results from South Africa and Kenya, and gender analysis tools will all be available in early 2014. Contact Michele Lanham (mlanham@fhi360.org) or Tian Johnson (tian@africanalliance.org.za) for more information.