

# Findings from a Gender Analysis for Microbicide Introduction in South Africa

## WHAT ARE MICROBICIDES?

Broadly speaking, a microbicide is any agent that is destructive to microbes or bacterial organisms. In terms of HIV prevention, microbicides are substances being tested in clinical trials that could, if proven effective, be used in the vagina and/or rectum to reduce the risk of HIV transmission during sex. The most advanced candidate is a vaginal gel formulation of an antiretroviral drug called tenofovir. Tenofovir gel was developed in South Africa, and the largest clinical trials of the product have been conducted there. A vaginal ring containing the antiretroviral drug dapivirine is also in advanced stages of testing. For more information on microbicides, visit [www.avac.org/microbicides](http://www.avac.org/microbicides).

HIV/AIDS disproportionately affects women and girls. Their increased vulnerability to HIV is driven in part by manifestations of gender inequality, including gender-based violence; norms that make negotiation and communication about sex difficult; assumptions that place the burden of care, including HIV prevention, on women; and women's and girls' lack of access to financial and other resources.

Microbicides were conceived as a woman-initiated HIV prevention tool (see text at left for more information). If clinical trials find they are effective enough to be rolled out, microbicides will offer women an important and fundamentally different HIV prevention option—one that can be used without their partner's knowledge, if they desire. However, even if a microbicide product becomes available, women will likely face many gender-related obstacles to microbicide access and adherence. To identify and prepare to address these obstacles, as well as any opportunities to promote women's agency, Sonke Gender Justice and FHI 360 conducted a gender analysis for microbicide introduction in South Africa.

The gender analysis, which took place in 2013, included a desktop review of microbicides research and HIV and gender-related policies and demographic information; interviews with stakeholders—including policymakers, funders, NGO representatives and health care providers; and an interpretation meeting with stakeholders. This brief shares the findings and discusses their implications.

## SOUTH AFRICAN CONTEXT

Findings from the desktop review illustrate that South African women—and particularly young women—urgently need new HIV prevention options.

- In South Africa, women consistently acquire HIV in higher proportions than men, but the gender gap is even more substantial among the younger age groups. The prevalence of HIV among women ages 20–24 is approximately three times higher than among men of the same age.<sup>i</sup> HIV prevalence among women peaks in the 25- to 29-year-old age group where one in three (33 percent) were found to have HIV in 2008.<sup>ii</sup>
- Violence against women remains a major issue in South Africa. A 2009 study conducted in the Eastern Cape and KwaZulu Natal found that 27 percent of men reported raping at least one woman or girl.<sup>iii</sup> Studies have shown that young women in particular accept that sexual coercion is part of relationships.<sup>iv, v</sup> According to UNAIDS, women who have experienced violence are up to three times more likely to be infected with HIV than those who have not.
- Age-disparate or intergenerational relationships, associated with an elevated HIV risk, are common in South Africa; in a 2005 study, 28 percent of young women reported having partners who are five or more years older.<sup>vi</sup>

Additionally, the review found that the government's focus on HIV prevention and its gender policy framework—which emphasizes gender-sensitive and rights-based responses to drivers of the HIV epidemic—create a favourable environment for introducing microbicides in a way that addresses gender-related barriers to access and use. However, the analysis also found that some policies conflict and cause confusion about HIV testing and service provision, particularly for youth. For example, the Children's Act allows for HIV testing and contraceptive provision without parental consent after age 12, while other policies state that a young person cannot legally engage in sexual intercourse until age 16.





**Sonke Gender Justice**  
HIV/AIDS, Gender Equality, Human Rights

Sonke Gender Justice is a South African-based nongovernmental organisation that works in South Africa and across the region to strengthen government, civil society and citizen capacity to prevent domestic and sexual violence, reduce the spread and impact of HIV and AIDS, enhance sexual and reproductive health and promote gender equality and human rights for men and women of all ages.

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## FINDINGS

The review of published research with women who used microbicides in clinical trials identified key gender issues to consider. Interviews with a wide variety of stakeholders revealed the opinions and experiences of those who work closely with women who have used microbicides in clinical trials or women who may use them in the future. The review and interviews resulted in the following key findings:

1. Microbicides should be **made available to all women**, and not just high-risk populations. However, women in steady partnerships and youth are key populations to reach.
2. Marketing should **“normalize” microbicides** to create an enabling environment for women to use the product.
3. Microbicides should be **integrated into existing health services** and programs.
4. Microbicides should be made available **free-of-charge** in public health facilities, but additional costing and branding options should also be made available to cater to the diversity of women.
5. Microbicide promotion should be **sex-positive** and highlight pleasure.
6. Messages on microbicides should **reach couples**, in addition to women.
7. Women have the **right to choose** whether they inform their partner of their microbicide use, and health providers need to support them in making the decision that is appropriate for them.
8. **Providers need to be equipped** to identify, support, and refer women experiencing partner violence.
9. **Men should be positively engaged** to help increase microbicide acceptability and adherence and promote couples' communication and relationship quality.
10. Microbicides have the potential to empower women, but **underlying gender norms** and power imbalances need to be challenged for real changes in gender equality to occur.
11. Microbicides are strongly linked to issues of sex, sexuality and women's health. Working within spaces created for women (such as stokvels and other women's groups) to introduce microbicides may **create opportunities for women to have broader conversations** on all of these topics.

*“[For marketing microbicides] I can picture a couple out to dinner and the woman shows the man the applicator in her bag, goes to the toilet and when she comes back he will know that she is ready. It could become a kind of foreplay in a positive, fun, sexy way.”*

— South African stakeholder

Finally, at the interpretation meeting, stakeholders emphasized the need for both government and funders to devote more resources to HIV prevention for women. Continuing to encourage the **prioritisation of HIV prevention for women** and engaging the women who will directly benefit from microbicides as key stakeholders could have a substantial impact on the future availability and accessibility of microbicides.

*“Women are not a priority in South Africa today, and until that changes, microbicides will not be a priority.”*

— South African stakeholder

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