

HIV PREVENTION FOR WOMEN IN KENYA

AN ADVOCACY GUIDE FOR GENDER-SENSITIVE MICROBICIDE INTRODUCTION

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1 Document Overview

This document is a guide for advocating for attention to gender issues in future microbicide introduction. The guide is based on the findings from a gender analysis conducted by FHI 360 in Kenya in 2012–2013. The purpose of this analysis was to examine how gender norms and inequalities may affect women's access to and use of a microbicide product.

The gender analysis began with a review of gender-related findings from microbicide studies conducted in Kenya and other countries, including interviews and focus groups with thousands of women who used microbicides in clinical trials and their male partners.

Then, we conducted 67 interviews in Nairobi, Nyanza, and Coast Provinces with policymakers, NGO staff, healthcare providers, and funding agency staff to identify gender-related barriers and opportunities to microbicide introduction and to generate recommendations for addressing these issues. Local stakeholders validated the findings and suggested that the findings be used to advocate for a gender-sensitive microbicide introduction program while informing current women-focused HIV prevention efforts.

This guide is comprised of three components intended for different, but overlapping, audiences:

- 1. A summary of issues identified in the gender analysis in Kenya that will affect women's access to and use of microbicides** designed to inform policy makers and HIV prevention decision makers. The summary describes the need to increase women's HIV prevention options by introducing microbicides, if they are proven effective, and discusses some of the gender issues a microbicide introduction would need to address.



1 Document Overview

- 2. Guidance for policymakers and program designers** that describes a gender-transformative microbicide introduction program. The guidance recommends program strategies that should be considered to maximize women's access to and use of microbicides and realize the full potential of microbicides to improve relationships between women and men and advance gender equality.
- 3. Three case studies** that NGOs or other advocates in the community can use to provoke discussion. The cases studies and discussion guides help community members think concretely about how they can create a supportive environment for women if microbicides are introduced.

Though the three components are aimed at different audiences, they each contain information that may be useful for all three groups – policy makers, program designers, and community advocates. We intend for components to be complementary and flexible, so they can be used separately or in combination as needed.



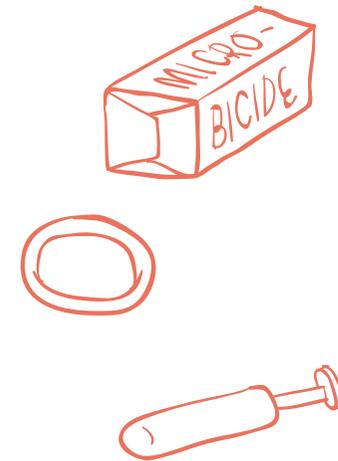
2 Gender Analysis for Microbicide Introduction

BACKGROUND

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. Microbicides are not on the market yet; they are still being tested in clinical trials to see if they are effective. The microbicide products that are in the most advanced stages of testing—and that we discuss in this guide—are:

- Developed as a **gel** that is inserted into the vagina before and after sex or a ring worn in the vagina all the time
- **Only for women** – tested only for protection against HIV during vaginal sex
- **ARV-based** – they contain antiretroviral drugs like the ones used for HIV treatment, but these ARVs are being tested for HIV prevention
- **For HIV-negative women only** – Because they contain ARVs
- **Partially protective** – if they are effective, they will reduce a woman's HIV risk but will not protect her completely. Microbicides are likely to be less effective than male and female condoms
- Something a woman **can tell her partner about or decide not to tell him**
- **Safe** and with few side-effects.



2 Gender Analysis for Microbicide Introduction

Gender and HIV

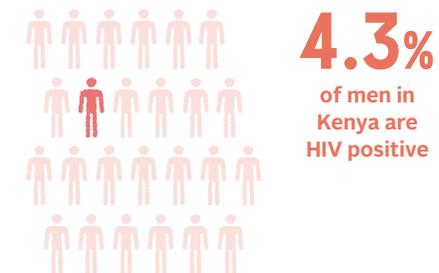
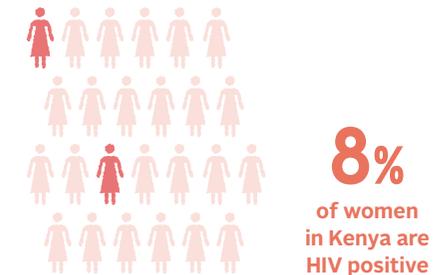
In Kenya, microbicides may be an important HIV prevention tool for women. 8.0 percent of women in Kenya are HIV-positive, compared to 4.3 percent of men. This difference is even bigger for young women and men: 3.0 percent of women ages 15 to 19 are living with HIV compared to less than one percent of men of the same age. Younger women have a particularly urgent need for effective HIV prevention methods.

Microbicides are a promising new technology for women's HIV prevention, but the technology will not be successful if women are not able to access and use it. While microbicides are woman-initiated, this does not mean women will be able to use them without challenges. If microbicides are found to be effective enough to be rolled out, gender norms and inequalities will create barriers to microbicide use for many women.

Gender norms—society's expectations of women and men—will have a major impact on how successful a microbicide introduction program is. People think differently about women's and men's sexuality: a man is seen as masculine if he has many sex partners, but a woman is expected to be monogamous and even naive about sex.

Gender inequality—whereby women's status in society is lower than men's—is a major cause of women's vulnerability to HIV. Because women have less power in relationships, it can be difficult for them to protect themselves from HIV.

Before microbicides are available, it is important to identify a rollout strategy that addresses the gender norms and inequalities that are most likely to affect women's access to and successful use of microbicides. This brief describes some of the gender issues policymakers, funders, and program implementers should consider for future microbicide introduction in Kenya.



2 Gender Analysis for Microbicide Introduction

FINDINGS

The views stated here are from interviews with 67 stakeholders in Kenya and from microbicides research conducted in Kenya and other countries.

Who are microbicides for?

Microbicides should be a product for all women—including married women, young women, and sex workers—in situations when they are unable to insist on consistent condom use. Microbicides would fill an important gap, because condom use remains low. Data tell us that married women may have more difficulty negotiating condom use than unmarried women and that condom use is higher when someone is paying for sex compared to sex in the general population. Many women in Kenya are at risk of HIV and need additional options for protecting themselves from HIV.

We know from research conducted in Kenya and other countries that women and couples who have used microbicides liked using them. Even women and couples who had doubts about microbicides liked them after using them.

Women's and men's acceptance of microbicides increases when:

- They believe the product is helping them stay healthy and HIV-free,
- Women are able to communicate with their partners about using it,
- The community—including men and community leaders—is well-informed about the product,
- They experience more sexual pleasure when they use the product. Many women and men reported that microbicide gel increased their sexual pleasure or had no effect; few said that it decreased their sexual pleasure.



2 Gender Analysis for Microbicide Introduction

How will women obtain the product and learn how to use it?



FINANCIAL CHALLENGES

Many women have less access to financial resources than men, and do not always have the final say in how household resources, including their own wages, are spent. This means that **microbicides need to be affordable for women.**

A microbicide program will need to subsidize the product so that women can afford it, possibly even making it free. However, it is possible that some people may doubt whether the product works if it is too inexpensive.



TRANSPORTATION

Transportation is another barrier for women who may live some distance from a health facility, or who may need permission from husbands or other family members to go to a clinic. Because microbicides will most likely contain ARVs, they may be offered only in clinics initially so that women can get HIV tests and proper counseling about the product and how to use it. To maximize women's access, microbicides should be introduced in different kinds of clinics, and especially clinics women already visit, such as family planning or maternal and child health clinics. Youth-friendly health centers may be a good way to help young women access the product. Eventually making microbicides available through community distribution or mobile clinics may make microbicides even more accessible to women.

Should women tell their partners they are using a microbicide?

Women like microbicides because they have the **option of telling their partners about it or not.** Many women want to communicate with their partners about HIV prevention and using microbicides. Women and men want to feel trusted in their relationships. Sometimes a woman worries that if she proposes microbicide use, her partner will think she is questioning his fidelity or even suspect that she herself is unfaithful.

Most microbicide trials found that women ended up telling their partners they were using microbicides, sometimes after the man discovered it himself. However, some women will still want to use microbicides, or at least start using them, without telling their partners. This may be especially true if the woman is in an abusive relationship, in a casual relationship, or is having sex for money or gifts. A microbicide program will need to support a woman's right to choose whether or not to discuss microbicide use with her partner.



2 Gender Analysis for Microbicide Introduction

How can we help women adhere to the microbicide regimen?

A **microbicide can protect a woman from HIV only if she uses it as prescribed**. Women may have trouble adhering to a gel regimen, especially if they have limited control over when they have sex or if they do not have privacy to insert the gel. Adherence may be easier for women with a microbicide ring, which can be left in the vagina for 28 days.

Microbicide trials found that gel adherence is better when women tell their partners they are using the microbicide, when the community knows about the product and approves of it, and when one or both members of a couple experience better sex when using the gel.

Conclusion and Recommendations

Microbicides are products with many potential benefits for women and couples. They may decrease a woman's HIV risk. They may even empower her to learn more about sexuality and HIV prevention and to make her own decision to protect herself from HIV. Microbicides could also improve relationships between women and men if they start talking more openly about sexuality and HIV prevention. A microbicide program should strive for all these benefits in order to realize the full potential that microbicides offer.



MICROBICIDE PROGRAMS SHOULD:

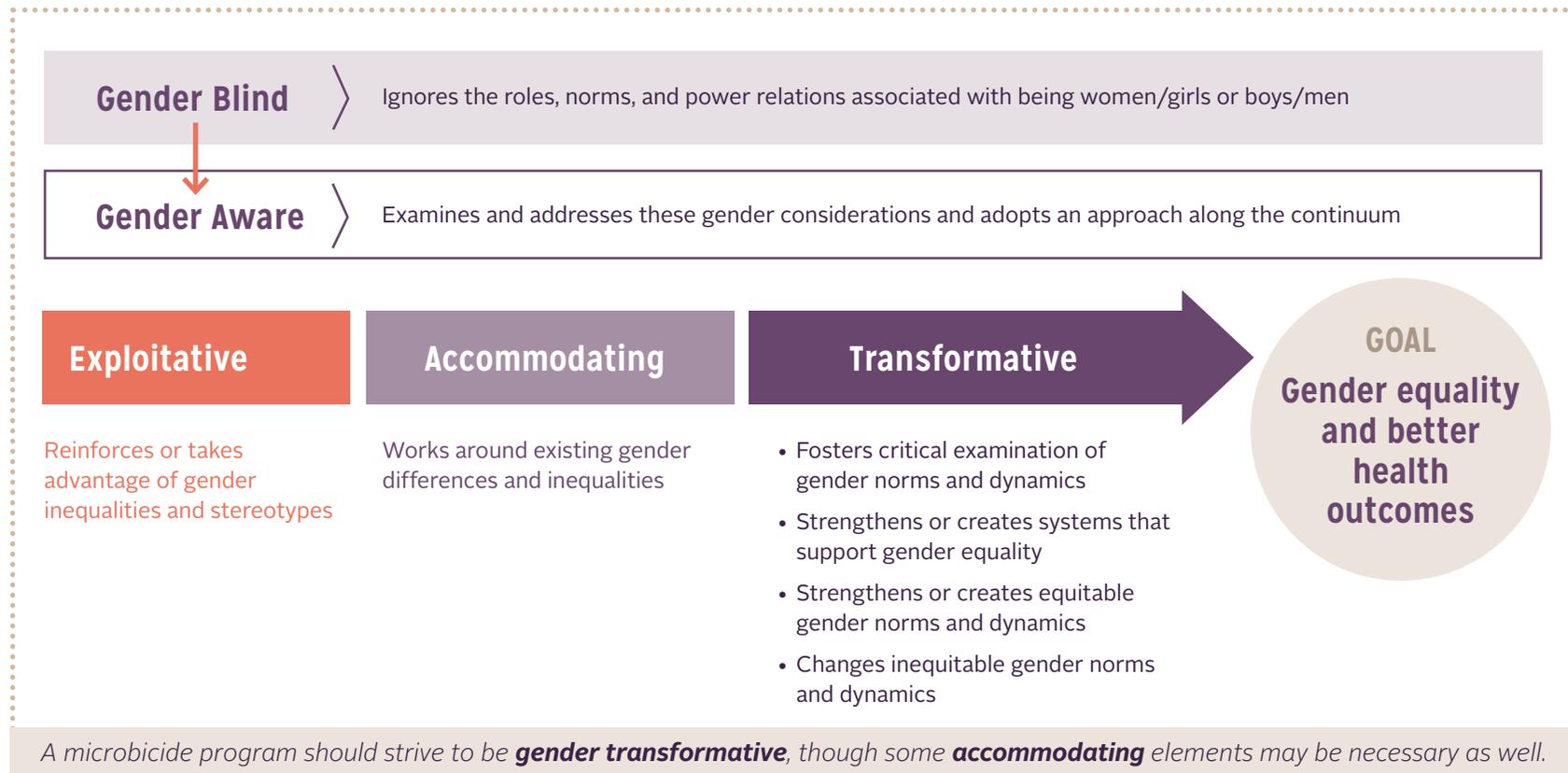
- Promote microbicides to all women
- Offer microbicides in clinics that women and youth already access, and consider distribution outside of clinics
- Promote community understanding and acceptance
- Positively engage men
- Support women's decision whether to tell her partner about microbicides
- Address underlying relationship dynamics
- Promote women's empowerment



3 Program Approaches

GENDER-SENSITIVE MICROBICIDES PROGRAM

The graphic below provides a way to think about different approaches to gender-integrated health programs. A health program should always strive to be “gender aware” and either “accommodating” or “transformative.” Conversely, programs should never deliberately be exploitative of harmful gender norms. The next page provides some examples of elements that a gender-accommodating or -transformative microbicide program might include.



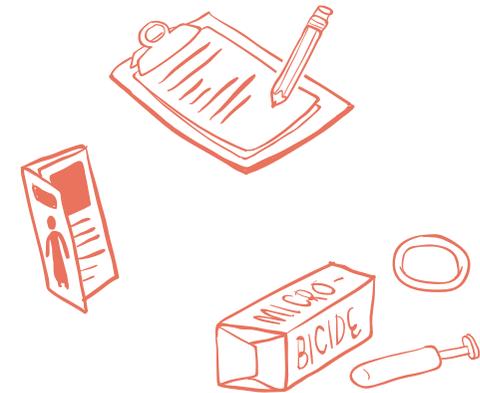
3 Program Approaches

A gender-accommodating microbicide program might:

- Market microbicides as something all women and couples might benefit from
- Counsel women about their specific, realistic HIV risk, as well as different HIV prevention options, including microbicides
- Educate the entire community, including men, religious leaders, and traditional leaders about microbicides
- Subsidize the cost of microbicides so that women can afford them
- Offer microbicides in clinics women already attend, such as family planning and maternal/child health clinics
- Promote young women's access to microbicides by making them available in youth-friendly clinics
- Screen women for violence, provide referrals

A gender-transformative microbicide program might:

- Promote couples' counseling and testing to encourage women and men to discuss sexuality and HIV risk
- Integrate microbicides into comprehensive sexual education for youth
- Promote engagement of men to foster their support for women's decisions to use microbicides and to adhere to the product regimen
- Train healthcare providers to be aware of gender inequality and to interact with patients in ways that promote women's autonomy and dignity and more equitable relationships
- Train healthcare providers to help women decide whether and how to tell their partners about microbicides
- Include messages in counseling and community education about how microbicides affect men's and women's sexual pleasure
- Coordinate with other HIV prevention programs to strengthen gender integration across the HIV prevention field
- Link up with other women's empowerment programs (e.g., microcredit or girls' education)
- Work with programs that challenge traditional gender norms with men and boys to promote men's positive involvement in women's health
- Review policies to ensure youth have access to HIV counseling and testing without parental consent
- Promote gender-transformative policymaking, including increased support for women's health



4 Case Studies

The following are stories describing potential experiences with microbicides from the point of view of a married woman, an adolescent woman, and a man. They are intended to be used with community audiences to provoke discussion about some of the gender issues a microbicide program may need to deal with and even to identify solutions that may be acceptable from the perspectives of community members. Each story has an accompanying set of suggested discussion questions and talking points for the facilitator to raise during the discussion. Regardless of the venue in which the stories are used, the facilitator should give a brief introduction on what microbicides are, emphasizing that we don't know yet if they work or if they will be approved for use, even though microbicides are available in the stores. We also do not know how much they will cost or how they will be distributed. These are some of the questions we want to think about while we wait for research results, so that if microbicides are approved we will be ready to introduce them in the most effective way possible.



4 Case Studies

Grace's Story



Grace is 27 years old and lives in Kiambu. She is married to Peter and recently gave birth to their third child. Grace is outgoing and funny and has many women friends. Grace also sings in her church choir every Sunday and volunteers at a local orphanage. She is very well-respected by her minister and village elders.

Though Grace attended primary school and knows how to read, she had to drop out of school at age 15 to help the family when her mother became disabled. She married Peter three years later. She works on a coffee plantation and earns Ksh 1000 per week, which she gives to her husband. They decide together how to spend it. After food, school fees, etc., there is Ksh 500 left.

Grace had some minor complications when the baby was born and needed to go to the health facility for a follow-up visit. She asked Peter to help save for the medical fees, and he agreed. Grace went to the health facility 5 km away in a neighboring village. After her exam and after she asked questions about her health and the baby's health, the nurse asked her whether Grace might be at risk of HIV.

At first, she was offended. "Of course not!" she said. "I honor my marriage vows, what kind of woman do you think I am?" The nurse explained that sometimes in our community, men might feel more manly or powerful if they move about at night with women other than their wives. They might even visit a sex worker. And what could a wife do but sit by and let him? Sometimes, she explained, married women are high risk of HIV just because of how their husbands act. Grace knew of friends who were certain their husbands were moving with other women and began to wonder if Peter might be, too. She accepted a flyer that explained there was a new product called microbicides that a woman could use to reduce her chances of getting HIV. She read that the gel does not provide as much protection against HIV as condoms do, but it may help women in situations where they are not able to use condoms. The flyer said that it is a gel a woman inserts in her vagina before and after sex, and she can decide whether to tell her partner about the product or use it without him knowing. She decided to talk to Peter about it.



4 Case Studies

Grace's Story continued



Grace was worried that she might be overreacting to what the nurse said sometimes happened. Peter loved her and wanted to have sex with her frequently. One Sunday after church, the children were playing outside, so Grace decided to show Peter the flyer. "Have you heard there is a new medicine that can keep a woman from getting HIV?" Peter had heard of microbicides once during a baraza, but wondered why Grace was bringing it up. "Are you a prostitute? Why would you mention such things to me? Are you saying I am not a good Christian man?" Grace pretended that she had just been curious, since the nurse had given her the flyer. She talked him down so that he was not angry anymore.

However, she could see Peter getting more and more defensive and angry. She wondered if she was more at risk of HIV than she had thought. She knew she couldn't ask him to use a condom, so the next time she went to the clinic, she asked the nurse whether they had the microbicides available.

The nurse said that she could receive counseling for microbicides and obtain the product there at the clinic. First, the clinic nurse asked Grace if she agreed to be tested her for HIV. Grace agreed to the test and was so relieved to discover she was HIV negative. Then the nurse told her all about the gel, demonstrating how to insert it. She told Grace that she should insert one applicator of gel up to 12 hours before having sex and one applicator of gel as soon as possible within 12 hours after sex, adding that she should not insert more than two doses in 24 hours. The nurse asked Grace whether she planned to tell her husband that she was using it. Grace said that he had been so angry before, that she had better not tell him.

The nurse suggested Grace try to predict which times she was most likely to have sex and to think of good times to discreetly insert the gel within 12 hours beforehand. She also encouraged Grace to think of a place where she might store the gel and applicators where Peter or their children wouldn't find them, and practice what to say if Peter noticed her vagina was wetter than normal. The nurse also said that if he did discover Grace using the gel and reacted violently, then she could always report to the police and to the clinic for help.



4 Case Studies

Grace's Story continued



The nurse handed Grace a small box and charged her a small fee.

Relieved, she went straight home and hid the box, minus one applicator. Peter was playing football with the children, so this was a good time to insert the gel, as she knew they would have sex later that night. Later, when they were in bed together, Peter seemed especially pleased, but he did not mention that sex felt a little different than usual. He was very happy, and even Grace felt better than usual during sex.

A few months later, Grace was so happy. She was grateful that she still felt safe, having used the microbicides for a while with no problem. She decided that she had kept her secret long enough and, after all, Peter actually enjoyed the gel because it made sex smoother and was happy that Grace felt good, too.

Grace built up the courage to tell Peter, one night when he was just about to fall asleep. She mentioned that she was happy he had been so pleased in bed earlier. She told him that the change he was noticing had been because she had been using a microbicide gel. He sat up and started to get upset, but she reminded him how much he liked the feeling and told him that it made them feel closer and made her want to love him more. Could he imagine sex without the gel? He reluctantly agreed that it was better to keep using it.

After more time had passed, a friend came to Grace asking for some advice. She thought her husband had been visiting a sex worker and she was afraid she might be HIV positive. Grace told her friend about the gel and how to get to the clinic.



4 Case Studies

Suggested Discussion Questions for Grace's Story



1. Peter and Grace had both heard of microbicides before discussing them together. Who ultimately had better information about the product?

- *Talking points: In some contexts, women have less access to information than men do. For example, sometimes lack of information is related to limitations on women's mobility outside the home or to different levels of literacy among men and women. However, women who go to health services and receive counseling about microbicides will have good information about the gel that can help them make decisions about whether it is right for them. Counseling can also give women information about microbicides that they can share with their partners or friends, if they want.*

2. It sounds like Peter felt threatened by microbicides when Grace first mentioned them. Why do you think that was the case?

- *Talking points: The baraza may not have done a good job explaining what microbicides are for. Peter may also have felt defensive about his own behavior. The baraza could have presented microbicides as something that benefits couples, even married couples like Grace and Peter. Also, it may have helped Peter be more accepting if he had heard a positive testimonial from a man whose partner had used microbicides.*

3. What do you think about Grace's decision not to tell Peter about the microbicides at first?

- *Talking points: Research shows that some women decide to use microbicides without telling their partners at first out of fear that a partner will react negatively. The women hope that delaying disclosure gives them a chance to show their partners that they might not notice the microbicide or they might even like the feel of it. Though some women may prefer to talk with their partners before using a microbicide, it is a woman's choice whether and when she tells her partner about her microbicide use.*

4. What would Grace have done if Peter had reacted violently when she told him she had been using a microbicide gel?

- *Talking points: Violence between intimate partners is never acceptable. Ideally, communities have resources that women who have experienced violence can be referred to. Those services can include counseling or other social support for the emotional trauma the woman experiences, medical treatment and documentation of injuries, support for the woman if she decides to take legal action against her abusive partner, among other services. Are these resources available in this community? If so, where? If they are not available, where do women turn when they experience violence? A good first step for Grace might be to tell a friend or family member what she is experiencing.*

4 Case Studies

Mary's Story



Mary is 16 years old. She lives in Nairobi with her parents and 3 brothers. Her father is a lorry driver, so is usually not home, and her mother is a cook for a family in an upmarket suburb. Mary is in secondary school and dreams of owning a dressmaking and tailoring business someday.

Mary sometimes has boyfriends from school. Mary enjoys moving with different boys, even though she knows that the boys she dates also have other partners. She also has a 30-year-old boyfriend, William, who gives her gifts whenever she pays him a visit. Some of her female friends are jealous of this relationship.

Mary's friend Alice came to her one day very upset and wanted to talk in private. Alice had gone to the clinic for an HIV test, and she tested positive. While she comforted Alice, Mary wondered if she, too, might have HIV. She usually asked her partners to use condoms to keep from getting pregnant, but they didn't use them every time. She knew that she might be at risk, but what could she do?

Several months passed. Mary enrolled in a series of income-generation workshops at a local youth center. In addition to teaching the participants about different trades girls might try out and about how to keep on a budget and manage a checking account, the workshop leader said that a successful business woman was a healthy one. They learned about different ways to prevent sexually transmitted infections and HIV, including abstinence and using condoms, as well as a new product on the market in Kenya called microbicides. Mary was interested in the idea of microbicides, which she learned that a woman or girl could use herself, with or without telling her partner about it! She also learned that microbicides are only partially protective, so they should be used along with condoms or in situations where condom use is not feasible.

The instructor told the group that microbicides were available for free at the health facility nearby, but that you had to be a mature minor and then have a negative HIV test to use the microbicides.



4 Case Studies

Mary's Story continued

Mary was unsure of whether she was ready for an HIV test. Would the nurse make rude comments about her sex life—or worse, tell her mother—if she asked to be tested? What would happen if she tested positive? Would that be the end of her life? Would she be shunned by her friends? She remembered how upset Alice had been when she discovered she had HIV and decided to ask her friend for advice.

Mary told Alice she might be able to get something to prevent HIV, but she was afraid of getting an HIV test. Alice told her that the staff at the youth clinic were very kind and understood that a girl wanted to keep such information confidential. She urged Mary to get tested, because it might not be too late to protect herself. She even offered to go with her to the clinic.

When they went together to the clinic, Mary was very nervous. Alice stayed outside while Mary went to have her test. The nurse gave her some information about HIV and how it was transmitted. She confirmed that Mary was a mature minor and asked Mary to confirm that she consented for the test. After waiting for the result, Mary learned that she was HIV negative. She felt a wave of relief. The nurse was happy for her, too, and continued counseling Mary on how she could stay HIV negative from now on, most especially by reducing her number of sexual partners. Mary told the nurse that she would like to try using microbicides. The nurse told her all about the gel and demonstrated how to insert it. She told Mary that she should insert one applicator of gel up to 12 hours before having sex and one applicator of gel as soon as possible within 12 hours after sex, and that she should not insert more than two doses in 24 hours. The nurse asked Mary whether she planned to tell her partners she was using the gel. Mary said she thought it would be best to keep that information private to avoid making William or other partners angry.

Mary walked out of the clinic and let Alice look into her paper bag to see what the microbicides looked like. Alice said she thought this product would help so many girls like themselves stay healthy.

Once Mary got home, she wondered whether she should talk with her mother about the microbicides, because she didn't have a private space to store the product.



4 Case Studies

Suggested Discussion Questions for Mary's Story



1. What do you think will happen next in Mary's story?

- a. Will her partners notice she is using a microbicide?
If so, how will they react?
 - *Talking points: Research suggests that steady partners may be more likely to notice the gel than casual partners. Women who participated in microbicide clinical trials and their male partners said that they liked using the product. A man may object at first, but women are often able to convince their partners to use it.*
- b. What happens if one of her parents or siblings sees the microbicide?
 - *Talking points: Research suggests that the lack of privacy to store microbicides can be a barrier to regular use of the gel. Counselors can help women think about where to store the gel, when and where to insert it, and what to say if someone sees the gel and asks about it.*
- c. Will Mary be able to return to the clinic regularly to get refills and periodic HIV tests?
 - *Talking points: This depends on many factors: whether the product is free or if there is a small cost; how close the youth clinic is to Mary's home and school; whether she has transportation; and whether she has free time to return regularly. These are things a microbicide program will have to consider and address to facilitate women's access to microbicides.*

- d. Will it be easy or difficult for Mary to use the microbicide at the right times?

- *Talking points: The product can be inserted up to 12 hours before sex, so Mary may decide to insert it any day when there is a possibility she will have sex. Counselors can help women come up with solutions to challenges like this.*

2. What could the youth clinic do to make it easier for Mary to return regularly?

- *Talking points: The clinic could make the product very inexpensive or free of charge and send her reminders (maybe via SMS) to return for refills. Counseling sessions could also include strategizing about making sure to return for product refills—for example suggesting that Mary ask a friend (like Alice) to help her remember. The clinic may also consider mobile clinics if many of the youth live far away from the center. At first, microbicides will have to be delivered in static or mobile clinics, but they may be available through community-based distribution in the future.*

4 Case Studies

Suggested Discussion Questions for Mary's Story continued

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3. What could be done to make it easier for young women to go to the clinic for an HIV test for the first time?

- *Talking points: Young women may not believe they are at risk for HIV or they may be afraid or ashamed to go to the clinic for a test. A microbicide program could build on and expand current efforts to raise awareness of the need for youth to be tested, work to make all sexual health services more youth-friendly, and generally combat the stigma attached to youth sexuality. As a community, we must admit that young people are at risk of HIV. We can support our young people to get tested and protect themselves from HIV.*

4. Was the counseling Mary received sufficient? What else might the nurse have discussed with her?

- *Talking points: Mary was counseled on how to use microbicides properly. The nurse also encouraged her to think about whether to tell her partners or not. Other topics could have included making sure she knew the product was not 100% effective and how to be more effective at negotiating condom use. Mary could also have been helped to strategize about where to store the gel, what to do if a partner reacted negatively or even violently, and how frequently she should return for routine testing and product refills.*

5. How might more young women learn about microbicides?

- *Talking points: Information about HIV prevention, including microbicides, can be promoted to young people through colleges and universities, youth activities, or even social marketing campaigns.*

4 Case Studies

Henry's Story



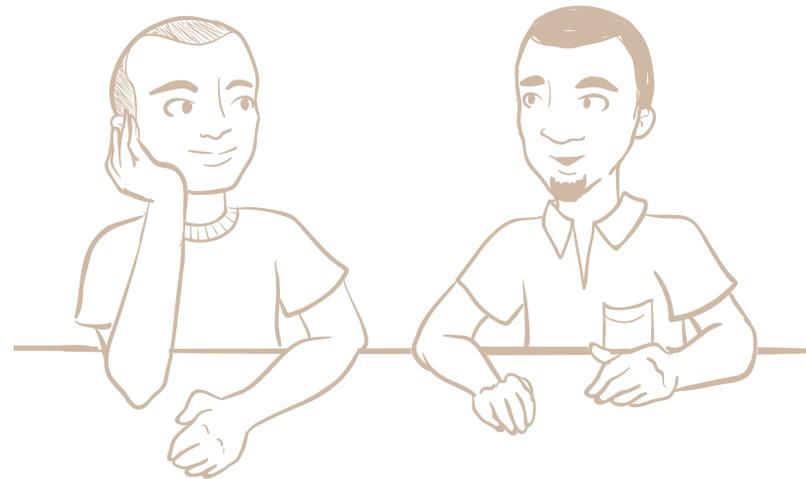
Henry is 35 years old and lives in Mombasa. Henry is not a wealthy man, but he owns a small hotel and his family lives comfortably. Henry's wife, Jane, and their four children also work at the hotel to support the family business, but they do not earn their own separate wages.

Henry loves Jane, but he also frequently visits sex workers. Sometimes when he has a little extra money and has been drinking, he will pay twice the price to have sex without a condom. He knows this is risky, but doesn't think that anything bad would really happen.

One day, Henry was invited to attend a discussion among several men in the community about health. When Henry went to the discussion, a peer educator explained that there is a new gel on the market that women can use to help prevent HIV. The peer educator explained that the product was only partly protective, meaning that the gel would reduce a woman's risk of HIV but would not protect her completely. The peer educator said that condoms were still the best way for a sexually active couple to prevent HIV. He also explained that many men actually enjoy using the gel because it makes sex feel smoother.

One of the men said that such a gel made him worry that his wife might want to be with other men. Another man said that, yes, it was possible but unlikely. Many women don't want to be with other men; rather, they want to protect themselves from HIV because they worry their husbands move with other women and even sex workers. Men should try to protect their wives for the good of the family. The peer educator added that although the gel did not protect men from HIV, it had few if any side effects for men.

Henry wondered if this gel might help protect Jane, but he was not sure how to bring up the subject. Henry asked how a couple could get the gel, and the peer educator said that the woman would have to go to the local health facility for an HIV test. If she was



4 Case Studies

Henry's Story continued

negative, she could then get counseling and start using the product immediately for a small fee.

Some months later, Henry came home to Jane after staying out late. Jane was still awake. He decided to ask her if she had ever heard of a microbicide. She was not so sure, but Henry explained that it was a gel that women could use to prevent HIV. Jane seemed interested in using the gel, so Henry encouraged her to go to the health facility to learn more. She asked for permission and some money to go to the health facility the next day.

Henry was shocked. Had Jane known that he had been moving with sex workers? Or had she been unfaithful herself? But still he felt good that she would be safer with the gel, and he wondered whether it might feel good, too.

Henry was worried all the next day while Jane was at the clinic. What if she tested positive for HIV? Would that mean that he, too, was positive? He felt a little bad that he had put her in the situation of needing a microbicide. When Jane came home, she delivered the good news that she had accepted an HIV test and that she was negative. That made Henry feel better about the possibility that Jane had been unfaithful. He also decided that he would go and get an HIV test soon for his own health.

Jane explained that she could insert the gel up to 12 hours before having sex, then again as soon as possible within 12 hours after sex, and that she should not insert more than two doses in 24 hours. She had brought home a few applicators' worth as a sample. They could try them out and decide together whether to keep using them.

Henry felt glad that Jane was telling him what she learned and asking him for his opinions before making a decision. Henry felt they both had the family's best interest at heart. After all, if they both got HIV, who would



4 Case Studies

Henry's Story continued

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care for the children? He agreed to give the gel a try.

A few months later, Henry's brother, John, was bragging about a woman he had had sex with. Henry chuckled, but asked John if he was not worried that he might get HIV and give it to his wife. He told John about the microbicide gel and suggested that he ask his wife if she would like to use it. He said that the gel had even made his relationship with Jane better, because he was not as worried about her getting HIV. He said that sex was sweeter with the gel and he thought it made his wife more sexually excited. He said that, for the first time, they had started talking to each other about what felt good during sex. John seemed interested, but didn't want to tell his wife why he was concerned. Henry offered that Jane might be willing to talk to John's wife about the product.

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4 Case Studies

Suggested Discussion Questions for Henry's Story



1. Why was Henry willing to let Jane go to the clinic to find out more information about microbicides?

- *Talking points: Henry had heard of microbicides from the discussion group. He also knew that his behavior put his wife at risk of HIV. He may have been curious about the potential for increased sexual pleasure from the gel.*

2. Do you think Henry was nervous about talking with Jane about microbicides?

- *Talking points: It can be difficult for couples to talk together about sex. He may have been ashamed of his risky behavior and afraid that she would be upset.*

3. What would it have been like if Henry had gone with Jane to the clinic? Would he have felt comfortable? Would he and Jane both have been treated with dignity and respect?

- *Talking points: Jane may have gone to a family planning or maternal and child health clinic. Sometimes men feel uncomfortable in places where mostly women go. Men also may not want to talk about very personal issues, such as sex, with a provider, especially if that provider is a female counselor or nurse.*
- *Conversely, sometimes when men go with their wives to a health clinic, the provider will talk only to the husband and not fully include the wife*

in discussions or ask about her opinion or wishes. Ideally, microbicide service providers will be trained to meet the needs of both women and men and will treat them equally and with respect. It is especially good if couples can go to the clinic together to get tested for HIV.

4. Why do you think Henry had not previously had an HIV test?

- *Talking points: Nearly 80 percent of eligible men in Kenya have been tested for HIV. It is certainly possible the Henry had been tested at some point, but he may have reacted differently during the group discussion if he knew for sure he was either HIV positive or negative.*

5. What do you think would have happened if Jane tested positive for HIV and did not receive microbicides? What might she have said to Henry? How might he have responded?

- *Talking points: In this story Henry knew that Jane was going to get microbicides and that it is necessary to test negative for HIV in order to do so. In situations like this, the woman may feel that she must disclose her HIV-positive status. If a woman needs support in disclosing her status to her partner, the counselor or nurse can help her develop a strategy.*

6. In what additional ways could Henry have been supportive of Jane's microbicide use?

- *Talking points: Men can support women by reminding them to use the gel before and after sex. Research shows that a woman has an easier time using the gel as prescribed when the woman's partner knows she's using it and is supportive. Some men have forced their partners to use the gel, which violates her rights. A woman must be able to decide for herself whether to use microbicides.*

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