



HPTN035a

Summary of findings

*MTN Regional Meeting
Cape Town, 21 October, 2009*

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HPTN035a Study Objective

“Tell the story” of microbicide acceptability from the perspectives of :

- women and men who are using microbicide products
- those advising on its use



HPTN035a

- Conducted with subset of HPTN035 participants at Lilongwe and Harare
- 511 participants included trial participants, ineligible & refusers, male partners, health professionals, community stakeholders
- Funded by NICHD



Topics

HIV knowledge & beliefs

Sexual practices & norms

Relationship attributes

Adherence

Product preferences

• Intravaginal practices

Trial experiences

Methods

- Key informant interviews
- Focus groups
- Individual interviews
- Participant observation

What did we learn?



HIV knowledge

Participants were well informed about HIV.



HIV knowledge ≠ risk reduction

- Participants may know about HIV risk, but not believe what they've been told
- Alternative beliefs about causality & cure/treatment are common
- Participants may deny their risk

	n=119
Perceived themselves to be at risk of HIV infection	38%
Perceived themselves to be at risk of HIV infection & use condoms regularly	13%

Competing beliefs about HIV

... they always think there is something which influences the young man to be very promiscuous, something from witchcraft which is influencing this guy. But although this man knows there is HIV and AIDS and has heard everything, there is an influential factor in witchcraft which is saying “come on, do it.”
(Harare stakeholder)

There are churches which do not want things from the hospital or anything to do with the hospital; those ones believe that whatever involves medicines does not help...only if you believe in God. (Harare stakeholder)

Product attributes



- Initial concerns about wetness (but concerns were overcome)
- Initial concerns about side effects, e.g., rash (but these usually didn't happen, and if did were short lived & minor)
- Was easy to use, easy to learn (2 wks average)
- Applicator was acceptable
- Would prefer gel not noticeable, but those who noticed found it pleasurable

Covert Use

HPTN035a teams in Lilongwe and Harare conducted data analysis on covert use at their site. Papers were presented at regional meetings, and an oral session at Microbicides 2008

Findings discussed competing motivations for covert use and factors inhibiting covert use.

Is covert use acceptable...

1. if a woman suspects partner is unfaithful?
2. if a woman knows partner is unfaithful?
3. if a woman is a casual partner?

Professionals & Stakeholders	Female participants	Male partners
Suspects	Suspects	Suspects
Knows ✓	Knows ✓	Knows
Casual partner ✓	Casual partner ✓	Casual partner ✓

Covert Use

...you just apply it and then you keep quiet because it's not possible that for every partner that you have sex with you tell him (Harare female participant)

If she doesn't (tell him) and in the event that the man discovers it that she is using the gel it's definitely going to bring in a lot of squabbles within that family (Harare health professional)

Self-reported Adherence

In individual interviews, trial participants & male partners freely reported inconsistent adherence over the course of the trial.

Self reported adherence		
HPTN035a gel adherence: overall	33% Lilongwe	22% Harare
HPTN035 gel adherence: last sex	75% Lilongwe	92% Harare

Adherence

“I once used the gels and condoms but at the moment I said that I don’t want condoms, I just don’t feel like using them” (Harare male)

“Sometimes we use condoms and gel together, other days gel or condom only, and there are other days when we don’t use anything.” (Lilongwe woman)

Male involvement

- Male partners want to know about trial participation, and give permission to join
- Stable couples are expected to communicate about such matters, even if it is difficult
- Male partners will strongly influence microbicide use



Male involvement is important

In some areas there are a lot of misconceptions going on about the microbicide. Again I think the problem in the first place is that we did not involve men, and then it was like a crisis intervention... (Lilongwe health professional)

Sexual decision-making



- Women have diminished power for refusing and/or initiating sex
- Women in casual relationships have more decision-making power
- Condom negotiation is difficult, especially for regular partners
- Tacit cultural acceptance of male infidelity is widespread

Sexual decision-making

Men always say women are under our control because if he has married and paid lobola for you. He will tell you that you are under my control. (Zimbabwe female participant)

Practices for pleasure & performance

Women use intravaginal practices for health, hygiene and sexual performance



- pleasure preferences
- clean vagina indicates sexual fidelity & health
- male sexual pleasure is valued more than female

Pleasure & performance

... soon after a bath we do apply the local medicine into the vagina before going to bed. You cannot manage to insert two fingers but only one finger can go through. So when having sex you can even feel pain. (Malawi female participant)

... others say very cold water, they bathe with cold water. It is said it will be tight; they will be doing that for it to tighten. (Zimbabwe female participant)

Pleasure & performance

It is true that the pleasure should be the same but sometimes we don't feel the pleasure. You only do it as a family norm that you shall never refuse your husband sex. (Malawi female participant)

I could feel some kind of dryness and then develop into some kind of pain when having sex. But you will not complain so that the partner will feel pleased (Zimbabwe female participant)

Pleasure & performance

A tight vagina increases stimulation and you get your orgasm faster. And you do not hurt the woman in this way. (Lilongwe male partner)

Even for women themselves they don't feel much pleasure if their vaginas are not tight. But one observation is that if the vagina is too tight you also feel pain as a man. (Lilongwe male partner)

Dissemination

- HPTN035a disseminated preliminary study results to community stakeholders (in Shona & Chichewa) and health professionals (in English)
- A summary brochure of findings was presented (in English, Shona & Chichewa)
- Dissemination provided a forum for discussion about microbicides.

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Recommending a partially effective method

Health professionals and community stakeholders reported willingness to recommend a microbicide that is not as effective as condoms

n=81	
Willing to recommend	73%
Prefer to wait for trial results	20%
Not willing to recommend	2%
<i>No response</i>	5%

Information needed on effects

Participants, partners & stakeholders expect clear information on contraceptive effect & bi-directional effect

	Women	Men	Professionals & Stakeholders
Contraceptive effect is acceptable	67%	56%	94%
Protection for woman only is acceptable	75%	39%	--

Acceptability is strong

... everyone is just eager to see a way which something can actually benefit women in terms of HIV prevention and their decision-making. (Harare Health professional)



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