Gender, Acceptability & Risk Behavior
A SOCIAL SCIENCE PERSPECTIVE ON TASP & PRÉP

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IAS-ILF Forum on Sex & Gender Differences in ARV-Based Prevention Research, Sunday, 3 March 2013, Atlanta, GA
<table>
<thead>
<tr>
<th>Behavioral Science</th>
<th>Social Science</th>
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<tbody>
<tr>
<td>Pursues understanding of people as individuals</td>
<td>Pursues knowledge about people in relationship to each other</td>
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<td>How social context influences individual behaviour</td>
<td>How behaviour simultaneously emerges from and influences the dynamics of human relationships at multiple levels</td>
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<td>Context is a predictor or a modifier</td>
<td>Context is a dynamic set of interlocking systems</td>
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<td>– Religious</td>
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<td>– Kinship</td>
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<td>– Political</td>
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<td>– Etc.</td>
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Sex / Gender

Sex = biological and physiological characteristics that define men and women

Gender = the economic, social, political, and cultural attributes and constraints and opportunities associated with being a woman or a man

Gender is highly variable!

Source: USAID InterAgency Gender Working Group
Systematic examination of gender norms and inequalities between men and women to answer key questions:

How will gender relations affect women’s access to and use of ARV-based prevention?

How will ARV-based prevention affect the relative status of women and men?

Source: FHI 360 Gender Analysis For Microbicide Introduction
Gender dynamics, relationships and risk

• The need for prevention based on risk evidence
  – Incidence rates, known/probable exposure

• However, risk of sexual transmission is embedded in gendered roles, relationships & expectations
  – Family, household, division of labor, religion, etc.

• Perception of risk influenced by social norms
  – Example: “Faithfulness” > sexual exclusivity

• Lifecycle “seasons of risk”: adolescence, motherhood, separation/divorce, widowhood

• Conditions of risk: poverty, sex work
Acceptability: Male Engagement

Relationship level:
• Serodiscordant couples (Ware et al. JAIDS 2012)
• Disclosure to uninfected partners (microbi trials)

Community level:
• Conduct formative research with men, women, health providers
• Identify effective tools & approaches for male engagement
• Integrate resources with existing programs working with men on gender norm transformation

Source / Community level analysis: FHI 360 Gender Analysis For Microbicide Introduction
Acceptability: Stakeholder engagement

Communication & Advocacy Project

Four regions in Kenya

Audience consultations with potential microbicide users & stakeholders

How to position product for different groups so they will

• take notice of the information
• recognize the value of the product for themselves
• consider its use

Female Sex Worker
○ Sexual pleasure (with no mention of HIV).
○ Empowered to protect herself
○ Ease of use
○ Protect your future (children, school)
○ Protection for the steady partner

Young Women
○ As a way to protect their dreams (future)
○ Stylish, hip and cool
○ Taking responsibility for their futures
○ Empowered and in control / girl power
○ Sexy and protected
○ Easy to use & comfortable.
○ Smart, ahead of the times / top of the game

Young Married Women
○ Protection in case of an unfaithful partner
○ Way to keep your man at home/interested
○ Added peace of mind
○ Protection for unfaithful women

Source: FHI 360 Communication & Advocacy Project for Microbicide Introduction
Gender analysis: TasP in KwaZula-Natal, South Africa

• Followed up 16,667 HIV individuals uninfected at baseline, observing seroconversions 2004-2011

• Crude HIV incidence was 2.63 per 100pys
  – *Highest incidence 6.6 per 100pys in women age 24*

• After controlling for differences in age/sex distribution, the risk of infection to an individual living in an area where the ART coverage was 30-40% was 34% (P<0.0001) less than to an individual living in an area with ART coverage of <10%

But how does TasP work for those at highest risk?

- A 34% reduction in the crude 6.6 incidence among 24 yr old women would reduce incidence to 4.4% in an area where ART coverage was 30-40%
  - Note: incidence in areas with <10% ART coverage likely to be higher than crude 6.6 estimate
- Need a gender analysis to
  - Determine if TasP reduces or exacerbates HIV gender disparities
    - i.e., does it close the gap or widen it at critical ages?
  - Guide additional prevention efforts for young women
Empirical research on ethics

- Social science research on ethics of biomedical HIV prevention trials
  - Gender dynamics & supporting women’s autonomy related to consent, product use
  - Ancillary care where resources are constrained and unequally distributed
- Empirical research on how dilemmas emerge and are resolved; consequences of resolution for participants, communities, research
  - E.g., MacQueen et al. JERHRE 2008; MacQueen et al. AIDS Care 2007; Mack et al. JERHRE 2010; Woodsong et al. JERHRE 2006
- Need for similar research on public health ethics
Preventing HIV infection in women

• Prevention options for women include but cannot be limited to expanded treatment for HIV-infected men
• Women need additional prevention options due to
  – Acute infection of partners
  – Refusal of partners to learn/divulge their HIV status
  – Delayed treatment of infected partners
  – Poor adherence to treatment by infected partners
  – Unknowns regarding how to balance early treatment for prevention with optimal treatment for health
• PrEP has potential to help women negotiate social dimensions of HIV transmission risk
Preventing HIV infection in women

- Women negotiate social dimensions of HIV transmission risk
  - Not reducible to her individual decision-making
  - Example of condoms
    - Consistent use difficult to negotiate with primary partners
    - Requires on-going negotiation with each sex act
- PrEP (oral, vaginal) generally requires less on-going negotiation & may be used covertly
- TasP is treatment with beneficial prevention side effects
HIV prevention in the hands of women, in forms they can use, when & where they need it

THANK YOU

Acknowledgements: Betsy Tolley, Rose Wilcher, Amy Corneli