

# Gender, Acceptability & Risk Behavior

## A SOCIAL SCIENCE PERSPECTIVE ON TASP & PREP

Kathleen M. MacQueen, PhD, MPH

IAS-ILF Forum on Sex & Gender Differences in ARV-Based  
Prevention Research , Sunday, 3 March 2013, Atlanta, GA

# Social & behavioral science

## Behavioral Science

- Pursues understanding of people as individuals
- How social context influences individual behaviour
- Context is a predictor or a modifier

## Social Science

- Pursues knowledge about people in relationship to each other
- How behaviour simultaneously emerges from and influences the dynamics of human relationships at multiple levels
- Context is a dynamic set of interlocking systems
  - Religious
  - Economic
  - Kinship
  - Political
  - Etc.

# 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!



© 2006 Jim Daniels

# Gender Analysis of ARV-Based Prevention

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?

# 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

# 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

# Gender analysis: TasP in KwaZulu-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**