Women’s Empowerment? Contradictory Reports of Female Autonomy Regarding Female-Initiated HIV Prevention Methods in Zimbabwe
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1. Background
- Female-initiated HIV prevention methods are becoming developed and tested in Africa.
- A key goal is to devise products that can be used without male knowledge or cooperation.
- It is unknown whether these products increase sexual autonomy for vulnerable women.

2. The Duet Acceptability and Safety Study

Study Context and Setting
- We wanted experiences of disclosers and undisclosed use of Duet.

Study Products: Duet and Gel

Study Design
- Open-label, multinational cross-over design
- All women wore the products 3x weeks continuously and 3x weeks per coital day (Group A and B).

3. Study Sample

Sample
- Main inclusion criteria:
  - Age 18-40 (yes)
  - Sexually active (1 time in past 3 months)
  - Monogamous and not effective contraceptives
  - Agrees to complete follow-up
- HIV status was not an eligibility criterion

Methods
- Women provided written consent to product disclosure and did not use were randomized using mixed methods.
- Quantitative data were administered at enrollment and 6-12 months.
- Product enrollment and exit (~6 week post-enrollment to 6-12 weeks post-exit).
- Tailored to SAG.
- Qualitative data from focus group with women and partners.
- Thematically coded and analyzed using NVivo.

4. Results

4.1 Background
- Use of products during the study proved to women that they can be used secretly.
- Participants felt that women who are unfaithful are more respected and have more power to make her own decision in life or not.
- "I would want to tell him because for everything that I do, I don’t have anything if I do not tell him knowing that he will do that thing and not tell me.
- "I say it is difficult for a man to be honest. No matter how good he is when it comes to sex and thus could not really understand but we will understand because if we are "faithful" and with a man who is really good to me, he should know for tomorrow."

4.2 Study Sample

Charasteristic | Pre-coital (%) | Continuous (%) | Overall (%) | P-value
---|---|---|---|---
Age | 28.1 | 27.0 | 30.0 | 0.19
No. Partners, Past 3 Mos. | 1.0 1.0 1.0 1.0
BV Status at Baseline | Yes | Yes | Yes | Yes
RTI/STI, Lifetime Positive | 1.0 1.0 1.0 1.0
Pre-coital | 28 | 30 | 65.9 | 0.0001
Continuous | 28 | 30 | 65.9
Overall | 28 | 30 | 65.9
Ever Used Diaphragm, Past 3 Mos. | 1.0 1.0 1.0 1.0
Sexual Behavior | Frequency | 28 | 30 | 65.9
Pre-coital | 28 | 30 | 65.9
Continuous | 28 | 30 | 65.9
Overall | 28 | 30 | 65.9
Demographics | Race | 28 | 30 | 65.9
African | 28 | 30 | 65.9
Other | 28 | 30 | 65.9
Employment Status | Employed | 28 | 30 | 65.9
Unemployed | 28 | 30 | 65.9
Employed | 28 | 30 | 65.9
Employment Status | Married | 28 | 30 | 65.9
Single | 28 | 30 | 65.9
Declarative | 28 | 30 | 65.9
"I say it is difficult for a man to be honest. No matter how good he is when it comes to sex and thus could not really understand but we will understand because if we are "faithful" and with a man who is really good to me, he should know for tomorrow."

5. Discussion

- Women’s reports of disclosing product use to their primary partner were more consistent with many that four main sexual partner believed the product and agreed use.
- Reasons for disclosing discussed in focus groups included open communication and not “telling” things, because of relatedness or trust of that relationship.

6. Conclusions

- Similar to other studies, women almost universally disclosed use of female-initiated HIV prevention methods to make partners during study participation.
- Participants felt that women who are unfaithful are more respected and have more power to make her own decision in life or not.

Acknowledgements

We would like to acknowledge the study participants, in Zimbabwe, South Africa, and USA. Also, Lessons at RTI International.

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- RTI International, San Francisco, CA, USA
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- Presented at: AIDS 2010 (XVIII International AIDS Conference), Vienna, Austria, July 18–23, 2010

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