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Addressing Gender to Ensure Effective PrEP Introduction

OPTIONS
OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

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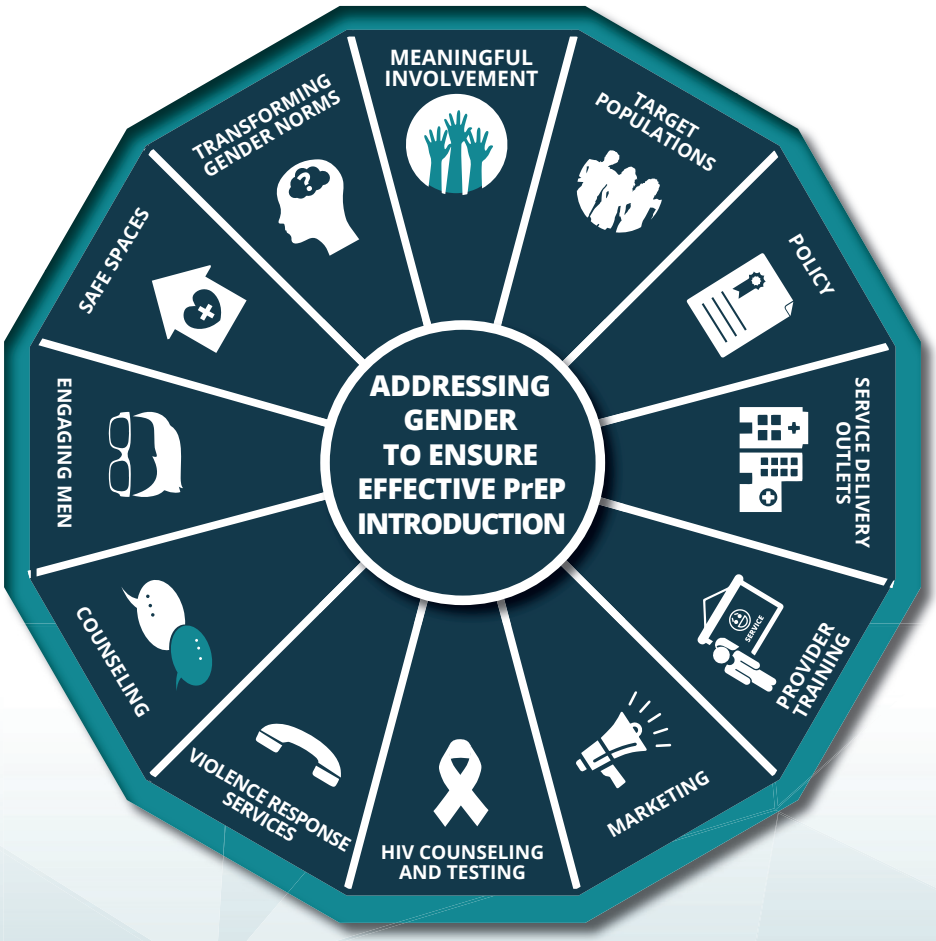
Background

Pre-exposure prophylaxis (PrEP)[1] was conceived to fill the urgent need for a woman-controlled HIV prevention method. However, biomedical technology alone will not alter the underlying gender inequalities that make women and girls vulnerable to HIV. As new HIV prevention methods are rolled out, women, girls, men who have sex with men (MSM), and transgender people will face barriers to product access and use that stem from cultural norms, lack of power in relationships and society, and limited access to resources. Gender analyses conducted in Kenya, South Africa, and Zimbabwe identified ways to address these potential barriers during PrEP introduction. Most critically, PrEP introduction plans must prioritize a rights-based, positive approach that normalizes use of the new products and makes them available to those who need them most.

1 Refers to all antiretroviral-based HIV prevention options including oral PrEP and vaginal ring.



Recommendations

MEANINGFUL INVOLVEMENT

Ensure that target populations and communities are meaningfully involved in developing PrEP policies, guidelines, and implementation plans. Women's advocates, women leaders, youth, adolescents, and members of other specific target populations for PrEP (e.g., sex workers, MSM, and transgender people) should have a seat at the table throughout the development of policies, guidelines, and implementation plans, and should be involved in assessing policy and program effectiveness. Communities where PrEP is being rolled out should also be involved. Meaningful participation empowers these groups and increases the likelihood that PrEP programs are effective and truly meet the needs of the target populations.

> "Gender norms and inequalities increase women's and girls' vulnerability to HIV due to multiple factors, including limited ability to negotiate safer sex, engaging in transactional sex, and curtailed ability to test, disclose and access HIV treatment because of fear of violence and abandonment. Norms around gender and sexual identity [also] put transgender populations and others who are perceived to have transgressed those norms at greater risk for both gender-based violence and HIV."
>
> PEPFAR Gender Strategy

TARGET POPULATIONS

Make PrEP available to as many women as possible, not just "most-at-risk" populations. As oral PrEP is rolled out, take care to reduce the potential for stigma against the product and the people who use it. Consider including young women and adolescent girls as target populations, given their high rates of HIV infection and their lack of power to negotiate condom use. Because oral PrEP will likely be promoted primarily to populations considered most-at-risk, it is crucial in areas of high HIV prevalence to offer other PrEP formulations, such as vaginal microbicides, to a wider audience of women as those formulations are proven effective and become available.

POLICY

Create a supportive policy environment and clear guidelines for delivery of PrEP products that respect, protect, and fulfill the human rights of all people to HIV prevention services regardless of age, sex, gender identity, gender expression, sexual practices, or marital status.

SERVICE DELIVERY OUTLETS

Offer PrEP for free or at low cost and integrate it into services women, adolescents, and other target populations currently use to reduce obstacles to uptake. Though PrEP will likely be offered only in clinics at first, implementation plans should consider how to make PrEP available outside of clinics in the long term, to increase access, uptake, and continuation. PrEP should be offered at clinics and drop-in centers providing services for specific target populations, including adolescents, sex workers, MSM, and transgender individuals, because these facilities are often viewed as safe spaces that provide high-quality, non-stigmatizing care. New HIV prevention methods also need to be available in general health facilities to reach those who are at risk but do not identify themselves as members of one of these groups. For example, women engaged in transactional sex may not want to be considered sex workers.

PROVIDER TRAINING

Train healthcare providers and staff to deliver non-judgmental, gender-sensitive PrEP services and provide them with ongoing support and accountability. Providers and staff often hold the same gender-inequitable attitudes as the broader community, and those views affect how and to whom they provide services. For example, providers may not provide HIV prevention services if they think clients should not be sexually active (e.g., adolescents), should not be at risk of HIV (e.g., married women), or should not engage in certain behaviors (e.g., MSM, sex workers). Programs should institute systems for reporting discrimination in health care settings, including breaches in confidentiality, and should ensure that providers know they will be held accountable.

Provider and staff training should include:

1. identifying and addressing their own discriminatory attitudes and behaviors;
2. providing confidential, rights-based services;
3. meeting the specific health needs of adolescent girls and young women, sex workers, MSM, and transgender women[2,3,4];
4. asking about sexual risk behaviors in a non-judgmental way so they can accurately assess each client's HIV risk;
5. identifying and addressing gender-specific product adherence issues;
6. counseling women about whether to discuss product use with their partners or other family members; and
7. identifying, supporting, and referring people experiencing violence to violence-response services, when available.

MARKETING

Tailor PrEP marketing for specific contexts and groups. Marketing should aim to minimize any stigma associated with the products and the people using them. Local message development is vital to determining the most appropriate content. Members of target audiences should be involved in developing messages and identifying communication channels. Messages should target women in different life stages and situations and should normalize product use. Some messages could target couples to promote partner communication about the products.

2 High-impact practices in family planning (HIPs). Adolescent-friendly contraceptive services: mainstreaming adolescent-friendly elements into existing contraceptive services. Washington (DC): USAID; 2015. Available from: https://www.fphighimpactpractices.org/afcs.
3 Brown A, Tureski K, Bailey A, Rogers S, Cushnie A, Palmer Q, Adelaja A. Layered stigma among health facility and social services staff toward most-at-risk populations in Jamaica. Washington, DC: FHI360/C-Change; 2012
4 The nexus of gender and HIV for sex workers, men who have sex with men, people who Inject drugs, and transgender people in Kenya. Washington, DC: FHI 360/LINKAGES; August 2016.

HIV COUNSELING AND TESTING

Strengthen HCT, including couples' counseling, and evaluate different testing models to increase uptake, both for first-time testers and for women doing repeat testing while using PrEP. Women face gender-related barriers to getting tested, so the requirement for regular HIV testing could deter women from using PrEP. The need for a partner's permission to get HIV tested and fear of a male partner's negative reaction have been identified as two of the primary reasons that pregnant women decline HIV testing. Many women fear that if they disclose a positive HIV test result to a partner, he will blame her for bringing HIV into the relationship, accuse her of having outside partners, be violent toward her, or abandon her. Countries need to determine what frequency of HIV testing is feasible for women using PrEP and how to support women's discussions about HIV status with partners and family members. They should continue to promote demand for HCT, evaluate different models (such as self-testing, home-based testing, and mobile testing), and scale up effective models of couples' HCT that facilitate uptake of testing as well as gender-equitable decision-making and communication.

VIOLENCE RESPONSE SERVICES

Integrate violence-response services within PrEP delivery. Experiencing violence increases HIV risk, limits HIV testing, and decreases disclosure of HIV status. Experience with or fear of intimate partner violence also affects whether women disclose PrEP use to their partners and their ability to adhere to consistent use. In areas where violence response services are available, providers delivering PrEP should be trained to screen for violence and provide first-line response; referral networks should be developed to meet the holistic needs of clients who have experienced violence. All referral points — especially those that may be a first point of contact — should be able to share time-sensitive information on HIV services, such as post-exposure prophylaxis.

COUNSELING

Support women in their decisions about whether and how to discuss PrEP use with their partners.[5] In PrEP trials, prevailing gender norms about sexuality and complex relationship dynamics affected those decisions. Couples were more likely to discuss HIV risk, get tested, and use condoms at the beginning of a relationship. For some men, a partner's use of PrEP was a sign that she suspected he was unfaithful or that she had outside partners. Women found ways to work within the existing patriarchal gender relations, such as negotiating PrEP use without openly challenging male authority or voicing suspicions of infidelity. Many women, especially those in steady relationships, wanted to tell their partners about PrEP and obtain their support. Partner support can range from permission or tacit agreement to active assistance, including reminders to use the product, accompanying a partner to the clinic, or giving her money for transport to the clinic. Some women, including those in casual or violent relationships, may elect not to tell their partners. All women have the right to decide when or whether to discuss product use with their partners.

ENGAGING MEN

Engage male partners to promote couples' communication and support women's PrEP use.[6] Educating men about PrEP can alleviate their concerns and help normalize product use. Encouraging men to communicate with their partners about HIV protection and sex more broadly can contribute to better relationship dynamics and encourage more gender-equitable attitudes and behaviors. However, while encouraging men to take a more active role in HIV prevention for women — including supporting their use of PrEP — care must be taken to ensure that male involvement facilitates, rather than inhibits, the rights, wishes, and well-being of women.

SAFE SPACES

Create safe spaces in which target populations can discuss sex and sexual health. In these spaces, women and other target populations can learn from each other about PrEP and strategies for effective use. Women can develop strategies for discussing PrEP with their partners or using it without their partner's knowledge. Drop-in centers, peer networks, and social media can be particularly effective ways of reaching youth, MSM, sex workers, and transgender people with information and referrals.

TRANSFORMING GENDER NORMS

Remember that PrEP can contribute to, but not replace, efforts to transform gender norms. If product rollout includes strategies to address gender barriers, it has the potential to increase couples' communication, improve relationships, increase women's knowledge about sexuality, and enhance women's power to prevent HIV. However, to truly transform gender norms and improve the status of women, a more comprehensive approach is required.[7,8]

5 Lanham M, Wilcher R, Montgomery ET, Pool R, Schuler S, Lenzi R, Friedland B. (2014) Engaging Male Partners in Women's Microbicide Use: Evidence from Clinical Trials and Implications for Future Research and Microbicide Introduction. Journal of the International AIDS Society 17(3).

6 Engaging male partners in women's microbicide use: evidence and recommendations. Durham, NC: FHI 360; 2014. Available from: http://www.fhi360.org/projects/microbicides-and-gender.

7 Muralidharan A., Fehringer J, Pappa S, Rottach E, Das M, Mandal M. Transforming gender norms, roles, and power dynamics for better health: evidence from a systematic review of gender-integrated health programs in low- and middle-income countries. Washington, DC: Futures Group/Health Policy Project and Chapel Hill, North Carolina: MEASURE Evaluation; 2014.

8 Barker A, Ricardo C, Nascimento M, Olukoya A, Santos C. Questioning gender norms with men to improve health outcomes: evidence of impact. Glob Public Health. 2010;5(5):539-553. doi: 10.1080/17441690902942464.

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