

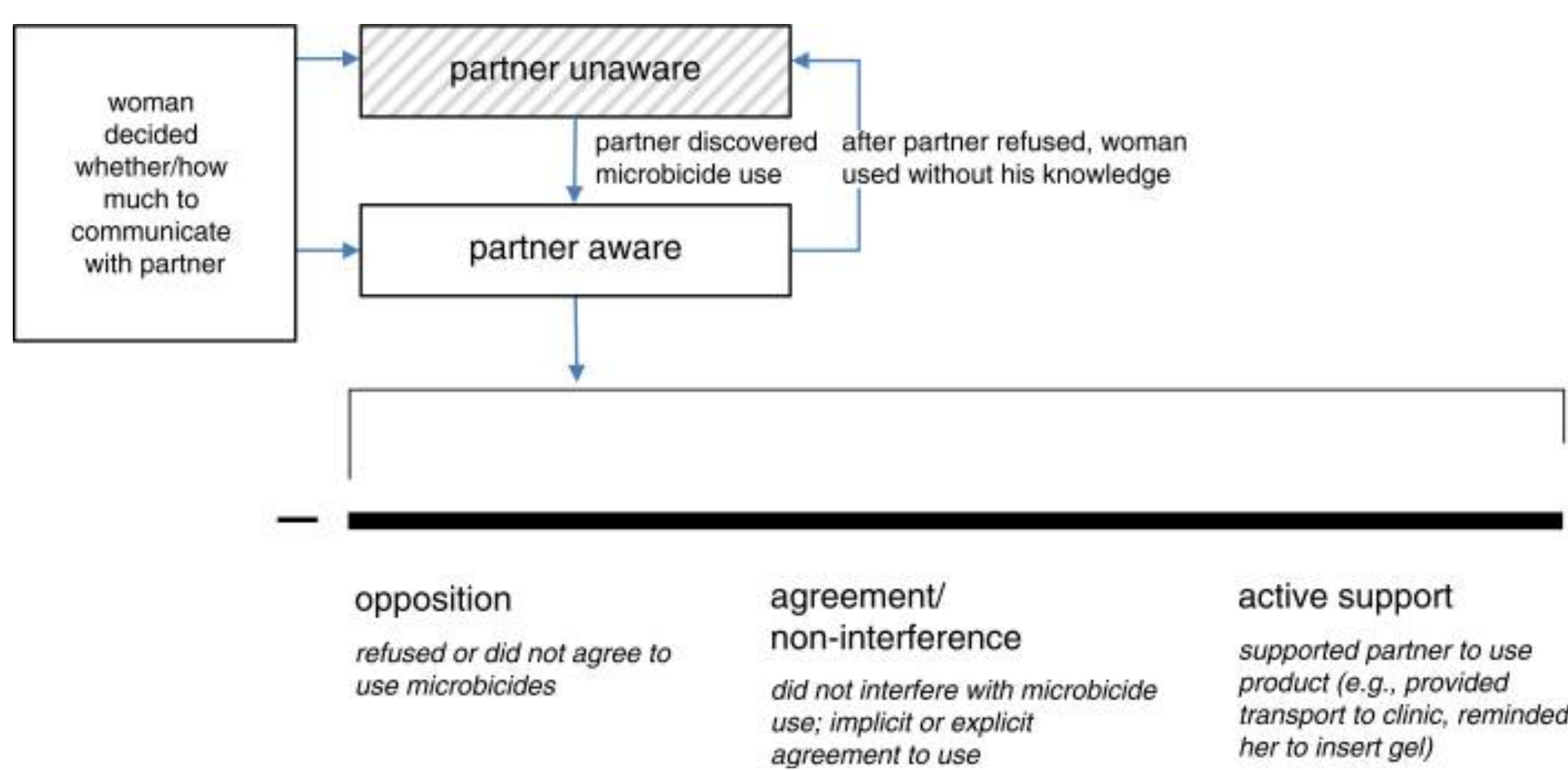
Relationships dynamics, agency, and trust in the context of microbicide use: Formative research outcomes from the CHARISMA study in Johannesburg, South Africa

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BACKGROUND

Despite being designed for autonomous use, research suggests that partner approval is often desired or culturally preferred in women's microbicide use.¹ Microbicide study participants have described many ways product use affects relationship dynamics, from improving sexual pleasure to increasing exposure to social harms (SH), including exacerbating intimate partner violence (IPV).¹⁻⁵ While a continuum of male partner involvement, starting with women's decisions to disclose, have been previously examined (see Fig 1), an in-depth understanding of the role of conflict and violence has not been explored to date.

FIGURE 1. Continuum of MP involvement in microbicide use¹



As the dapivirine ring proceeds closer to licensure, this knowledge, which is critical to supporting women's agency to use microbicides safely and effectively, is a priority.

METHODS

Using semi-structured guides, we conducted 42 in-depth interviews with former participants of the MTN-020/ASPIRE HIV prevention trial of the dapivirine vaginal ring and their male partners in Johannesburg, South Africa.

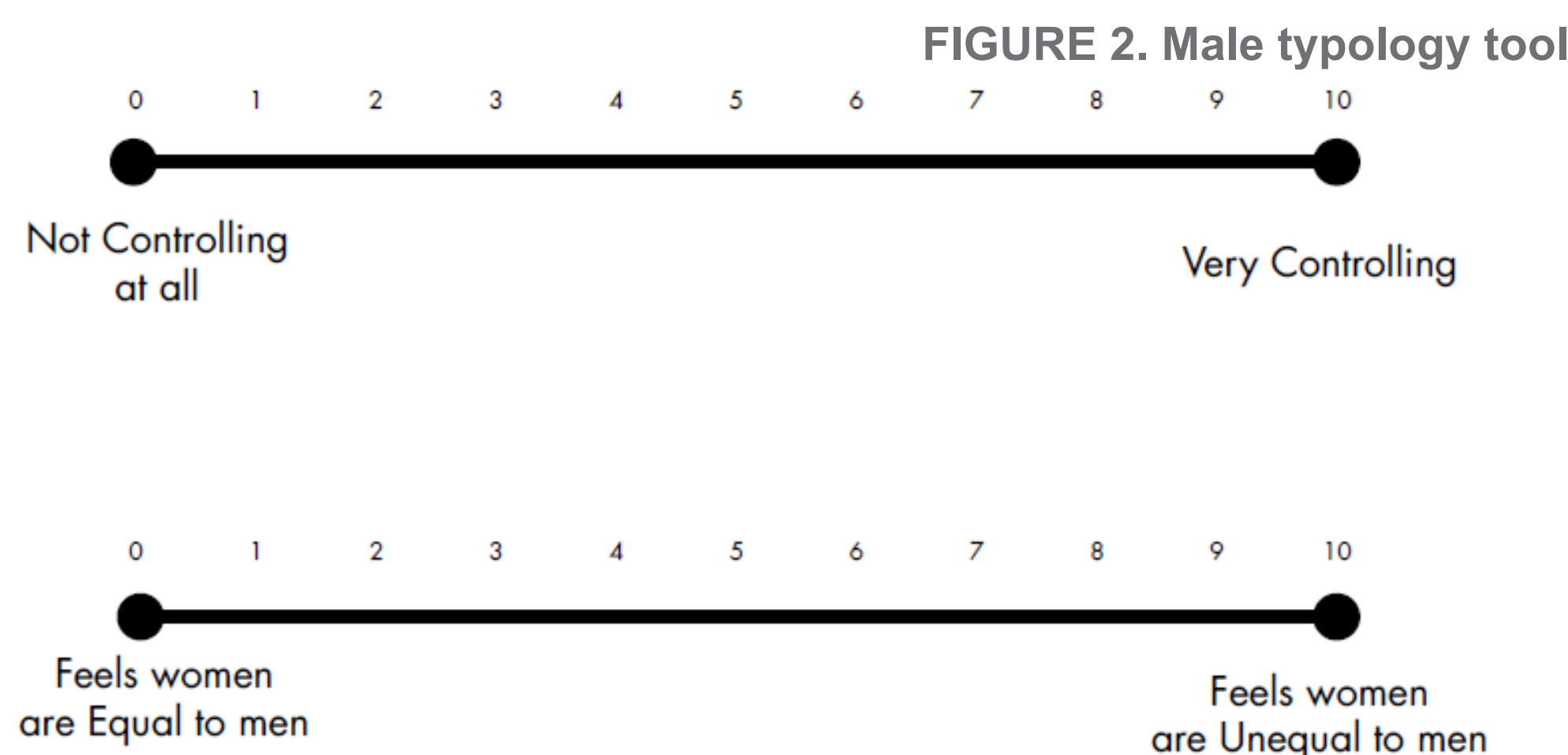
We purposively sampled women who reported social harms or partner non-support (n=14) and women with supportive partners (n=14). We recruited a convenience sample of male partners (n=14). Interviews explored:

→Relationships (before, during, and after ASPIRE)

→Conflict and violence

→Intervention feedback

A 'male typology' tool was used to examine male patterns of control and gender equality

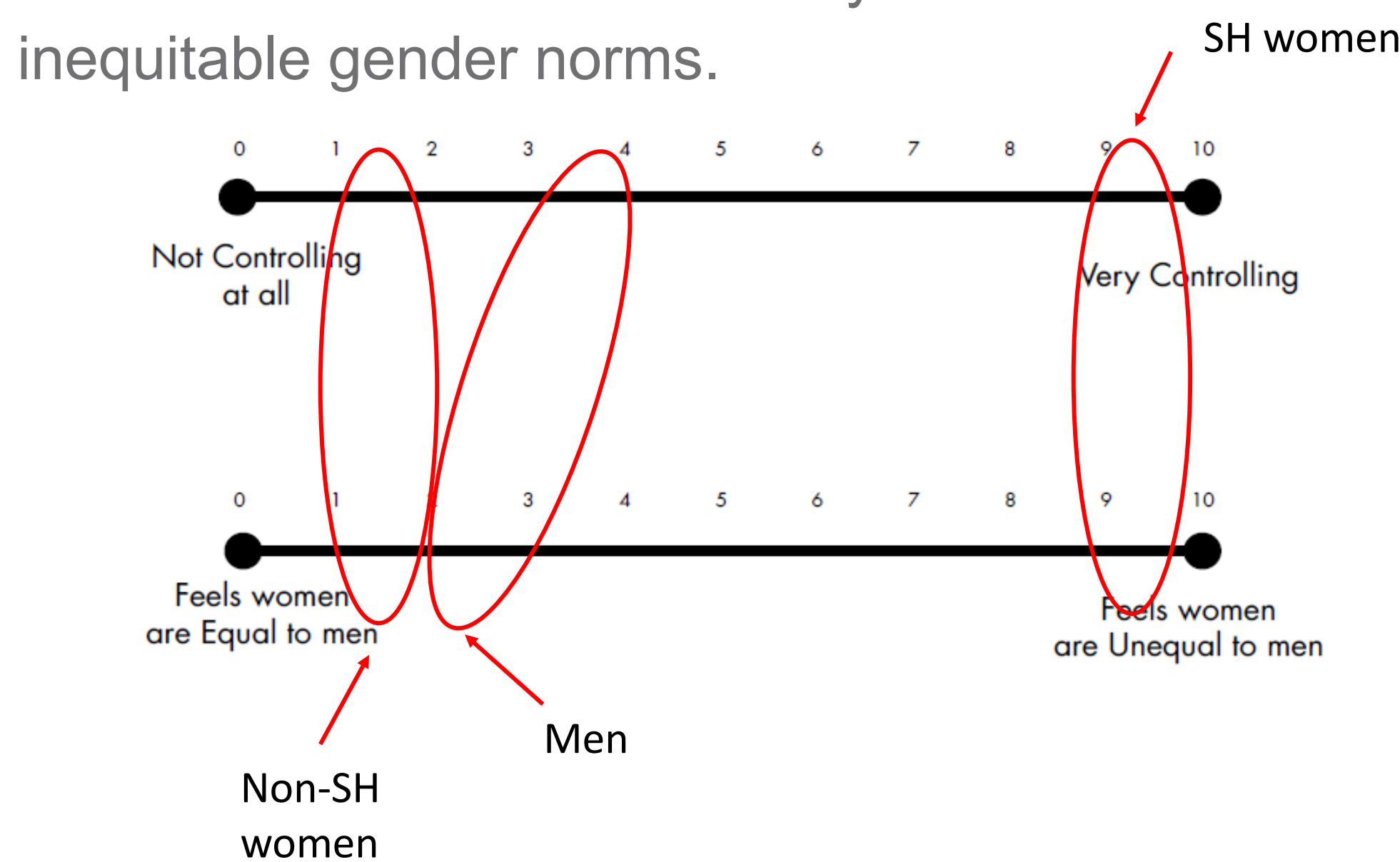


RESULTS

RELATIONSHIP DYNAMICS AND GENDER EQUALITY

Male and female narratives suggested that love, understanding, and open communication are desired and present in many relationships, but relationships are also challenged by patterns of jealousy and mistrust based on prior sexual infidelities.

Although most current relationships were described as satisfactory, prior relationships – particularly among SH women – were characterized by male control and inequitable gender norms.



"He would be angry at me, become violent and I'll be scared. He would say sometimes I don't respect him, I don't listen, I provoke him the way I talk. So he'd say I needed this. "I made him to do this to me."... The ring which was a problem to him. He didn't like it whenever I'm using a ring, because during sex it would irritate him. He could even feel. So whenever we have sex he would say take it out, because he was not comfortable with it." – woman reporting SH



CONFLICT AND VIOLENCE

Themes of mistrust and jealousy underpinned descriptions of conflict, as did couples' limited ability to discuss challenging issues.

- Disagreements around finances, alcohol use, and going out with friends was fueled through controlling behaviors by both partners such as tracking each others' whereabouts.
- Sexual negotiation proved difficult. Only two women were sexually 'in control'. Men reported sexual compromise, while women reported sex on men's schedules.
- Violence was common. Half of women with non-supportive partners reported experiencing physical violence and a third of men reported perpetrating IPV.

PARTNERS AND MICROBICIDE USE

ASPIRE participation and ring use did not present a major source of disagreement for many, however, both men and women highlighted mistrust aligned with ring use.

STRATEGIES FOR SAFE MICROBICIDE USE

Women used selective disclosure, ring removal around partners, changes in sexual behavior, as well as clinical staff intervention to safely use the ring. Additional counseling on relationship communication was desired.

RESULTS

PARTICIPANT CHARACTERISTICS

TABLE 1. Participant demographics

		SH women (n=14)	Non-SH women (n=14)	Men (n=14)
Age	median (mean, min-max)	25.5 (30, 21-47)	32 (32.1, 22-42)	37 (36.8, 23-51)
With whom participant currently lives*	Parent/s (mother and/or father)	3(21%)	3(21%)	4(29%)
	Primary sex partner	5(36%)	4(29%)	9(64%)
	Other (including non-parent family)	13(93%)	8(57%)	12(86%)
Number of people in household	median (mean, min-max) [N]*	5 (4.9, 1-10) [13]	5 (5.1, 1-16)	3.5 (4.1, 1-9)
Number of children alive at birth	median (mean, min-max) [N]	1 (1.2, 0-4)	2 (2.2, 0-5)	2 (2.3, 0-6)
Highest level of education completed	Primary school	6(43%)	4(29%)	3(21%)
	Secondary school	7(50%)	8(57%)	5(36%)
	College or university	1(7%)	2(14%)	6(43%)
Currently earns income	Yes	7(50%)	3(21%)	7(50%)
Currently has a primary sex partner	Yes	12(92%)	14(100%)	13(93%)
Age of main sex partner*	median (mean, min-max) [N]	30 (33.4, 25-52) [12]	33 (34.4, 25-45)	29 (29.8, 22-42) [13]
Same primary partner as when participating in ASPIRE? *	Yes	6(55%)	7(70%)	-
Length of relationship (in years)*	median (mean, min-max) [N]	3.5 (4.2, 0.08-11) [12]	5.5 (8.3, 0.25-27)	8 (8.1, 2-15) [13]
Partner(s) provide financial and/or material support? *	Yes	12(100%)	12(92%)	8(62%)
Partner(s) have other known sex partners*	Yes	-	2(14%)	-
	No	5(41%)	6(43%)	12(92%)
	Don't know	8(67%)	6(43%)	1(8%)

° Participant could mark all that apply

* N listed when it differs from overall sample size.

+ Denominator equals the number of participants reporting a current partner

DISCUSSION

Findings suggest several barriers and opportunities for microbicide use in contexts where some sexual relationships are characterized by control and violence.

- ❖ The use of microbicides in sexual partnerships may offer opportunities for women and men to more openly discuss both emotional and physical aspects of their relationships;
- ❖ Acceptance of male control, sexual coercion, and violence among this population remains an issue;
- ❖ Open communication and conflict negotiation skills are critical for empowering women to navigate female-initiated HIV prevention use and encouraging healthy and safe relationships.

Findings have informed the development of a complementary community- and clinic-based intervention to be piloted in the HOPE Open Label Extension study.

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REFERENCES

- Lanham, M., Wilcher, R., Montgomery, E. T., 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 Suppl 2), 19159. <http://doi.org/10.7448/JAS.17.3.19159>
- Stadler J, Delany-Moretlwe S, Palanee T, Rees H. Hidden harms: Women's narratives of intimate partner violence in a microbicide trial, South Africa. *Soc Sci Med*. 2014;110C:49-55.
- Kacane D, Dennis A, Sahin-Hodoglugil NN, et al. A qualitative study of obstacles to diaphragm and condom use in an HIV prevention trial in sub-Saharan Africa. *AIDS education and prevention : official publication of the International Society for AIDS Education*. 2012;24(1):54-67.
- Kacane D, Bostrom A, Montgomery ET, et al. Intimate Partner Violence and Condom and Diaphragm Nonadherence Among Women in an HIV Prevention Trial in Southern Africa. *J Acq Imm Def*. 2013;64(4):400-408.
- Jewkes R, Levin J, Penn-Kekana L. Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study. *Soc Sci Med*. 2003;56(1):125-134.