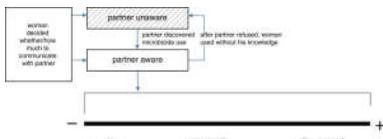


BACKGROUND

Research suggests that women prefer to seek male partner agreement to use microbicides, and partners' knowledge and acceptance of microbicide use promotes product acceptability and self-reported adherence.¹ Relationship dynamics are known to be affected by microbicide use, from improving sexual pleasure to increasing exposure to social harms (SH), including exacerbating intimate partner violence (IPV).¹⁻⁵ And while a continuum of male partner involvement, starting with women's decisions to disclose, have been previously examined (see Fig 1), little is known about the role trust plays in microbicide use and HIV prevention decisions overall.

FIGURE 1. Continuum of MP involvement in microbicide use¹



RESULTS

TRUST AND STUDY PARTICIPATION DISCLOSURE

Female and male narratives suggested that the level of trust between partners affected female partners' comfort with disclosing study participation and/or ring use to male partner(s). Trust levels were negatively affected by a number of factors, such as:

- Experience of prior infidelities, partner STI infection
- Reported indicators of infidelity: partners inaccurately reporting whereabouts, partner concern about other partner accessing their cell phone, frequent time spent with/speaking with the opposite sex

However, trust levels were also positively affected by:

- Open communication and voluntarily notifying a partner about each other's whereabouts
- Allowing access to each other's phones and other sensitive information
- Perception of increased time spent together

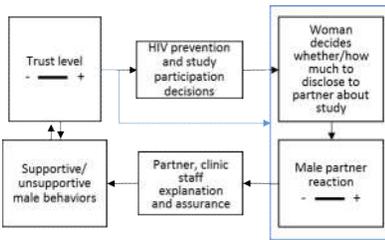
When women disclosed study participation and its rationale to their partner(s), some had a range of initial disapproving reactions, but most eventually became supportive of her choice after varying levels of explanation either by the participant and/or by clinic staff. Women described that if their male partners became supportive, his shifting attitude helped build trust and she felt he was "on her side". In turn, when male partners felt their female partner was being open with him about the study and ring use, he generally felt more positive about ring use and less inclined to believe it would simply enable her to have outside partnerships with increased ease (i.e., protected from HIV infection).

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 (SH) (n=14) and women with no SH and "supportive" partners (n=14). "Support" was defined in terms of male partners visiting the clinic and/or reporting the ring acceptable. We recruited a convenience sample of male partners (n=14). Interviews explored: Relationships dynamics (before, during, and after ASPIRE) female participant and male partner's interaction with the trial. Thematic analysis of interview data was conducted using Dedoose software.

FIGURE 2. Partnership trust feedback loop in microbicide use



HIV PREVENTION

The level of trust in a relationship and disclosure status influenced partners' use of HIV prevention methods and desire for HIV testing.

- Women's perception of HIV risk was influenced by the level of trust within their relationships. Low trust in their partnership sometimes led them to choose to participate in the study, to gain potential protection via the ring. Low trust also led women to suggest the use of condoms.
- Some men feared that ring use would lead to infidelity or that study participation required women to have multiple partners to test its efficacy. This fear was assuaged either through counselling by clinic staff or partner communication.
- Men and women sought HIV testing to demonstrate fidelity and build trust.
- Male partners who trusted their partners declined to use or felt comfortable not using condoms because they or their partners were testing negative and/or using the ring. Men sometimes believed that their partners HIV status was a proxy for their own status.

The majority of male partners became supportive of their partners' ring use and suggested their support stemmed from the potential protection it offered men and/or women, their trust in their partners' intentions around study participation, trust that their partners were accurately reporting their whereabouts, clinic staff counseling, and because they became accustomed to the ring over time.

RESULTS

PARTICIPANT CHARACTERISTICS

TABLE 1. Participant demographics

		SH women (n=14)	Non-SH women (n=14)	Men (n=14)
Age	median (mean, min-max)	25.9 (30, 21-47)	32 (32, 1, 22-42)	37 (38.6, 23-61)
With whom participant currently lives*	Partner (mother and/or father)	3(21%)	3(21%)	4(29%)
	Primary sex partner	8(57%)	4(29%)	9(64%)
	Other (including non-parent family)	1(7%)	6(57%)	1(8%)
Number of people in household	median (mean, min-max)	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)	1 (1.2, 0-4)	2 (2.2, 0-6)	2 (2.3, 0-6)
Highest level of education completed	Primary school	8(57%)	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%)
	No	1(7%)	14(100%)	1(8%)
Age of main sex partner	median (mean, min-max)	30 (33.4, 25-62)	33 (34.6, 25-65)	29 (29.8, 22-42)
Same primary partner as when participating in ASPIRE†	Yes	8(57%)	7(50%)	NA
	No	6(43%)	7(50%)	NA
Length of relationship (in years)	median (mean, min-max)	3.5 (4.2, 0.08-11)	5.8 (8.3, 0.25-27)	8 (8.1, 2-15) [13]
Partner(s) provide financial and/or material support†	Yes	12(100%)	12(86%)	8(62%)
	No	2(14%)	2(14%)	6(43%)
Partner(s) have other known sex partners	Yes	–	2(14%)	–
	No	8(41%)	6(43%)	12(92%)
	Don't know	6(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

Results indicate trust is an important factor impacting HIV prevention, ring use, disclosure decisions, and male partner acceptance of ring use. As the dapivirine ring proceeds closer to licensure, interventions supporting women's agency to use microbicides safely and effectively are a priority, and trust issues are an important topic to address in counseling and other interventions directed to ring users. Results indicate the following may be helpful in supporting women's relationship dynamics during use of the ring:

- ❖ Open communication and conflict negotiation skills are critical for empowering women to navigate female-initiated HIV prevention use and encouraging healthy and safe relationships.
- ❖ An authority figure outside of the partnership (i.e., clinic staff) may be necessary to ease male partner reactions to ring use and/or study participation.
- ❖ Increasing ring user awareness of the factors that affect partnership trust levels may assist her in navigating partner dynamics during ring use.

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