

FEATURED RESEARCH

The Promises and Limitations of Female-Initiated Methods of HIV/STI Protection

Mantell JE, Dworkin SL, Exner TM, Hoffman S, Smit JA, Susser I.
Social Science & Medicine. 2006; 63(8):1998-2009.

New methods are now available, and others are being developed, that could enable women to take the initiative in preventing sexually transmitted infections. However, attempts to capitalize on "female-controlled" preventive methods thus far have met with limited success. Female-initiated methods were introduced to intervene in the state of gender relations and assist women who are disempowered vis-à-vis their male partners. Paradoxically, however, we underscore that it is the very structure of regional and local gender relations that shapes the acceptability (or lack of acceptability) of these methods.



Diaphragms



Female Condom



Microbicide

This paper specifically addresses how

the structure of gender relations—for better and for worse—shapes the promises and limitations of widespread use and acceptance of female-initiated methods. We draw on examples from around the world to underscore how the regional specificities of gender (in)equality shape the acceptance, negotiation, and use of these methods. Simultaneously, we demonstrate how the introduction and sustained use of methods are shaped by gender relations and offer possibilities for reinforcing or challenging their current state. Based on our analyses, we offer key policy and programmatic recommendations to increase promotion and effective use of women-initiated HIV/STI protection methods for both women and men.

Prostate-Specific Antigen to Ascertain Reliability of Self-Reported Coital Exposure to Semen

Gallo MF, Behets FM, Steiner MJ, Hobbs MM, Hatzell Hoke T, Van Damme K, Ralimamonjy L, Raharimalala L, Cohen MS.
Sexually Transmitted Diseases. 2006; 33(8):476-479.

Objective: The objective of this study was to assess the validity of women's reports of recent unprotected sex by testing for prostate-specific antigen (PSA) [a protein produced by the prostate gland and secreted into the urethra during ejaculation can be detected in vaginal fluid samples with high sensitivity] in vaginal samples.

Study Design: The authors conducted prospective research with 332 female sex workers attending 2 public dispensaries in Madagascar.

Results: Among women who reported no sex or protected sex only within the past 48 hours, 21% and 39%, respectively, tested positive for PSA.

Among those testing positive for PSA, no differences in PSA concentrations were found among those reporting no sex, protected sex only, or at least one unprotected act.

Conclusions: The substantial disagreement between self-reports and measurement of a biologic marker of semen exposure in vaginal specimens substantiates that self-reports of sexual behavior cannot be assumed to be valid measures. Future sexually transmitted infection/HIV and pregnancy prevention studies should confirm the validity of self-reports or use endpoints that do not rely on self-reported data.

Cervical Barrier Presentations at XVI International AIDS Conference

Prevention technologies, including cervical barriers, were a highlight of the AIDS 2006 conference. Bill Gates opened the conference by stating, "No matter where she lives, who she is, or what she does, a woman should never need her partner's permission to save her own life." Cervical barriers were mentioned in plenary sessions and highlighted in several oral presentations and posters. The following are brief summaries of a few studies presented at the conference:

Kamba M. et al. Standardization of diaphragm sizing in a multi-site HIV prevention trial in Africa

The Methods for Improving Reproductive Health in Africa (MIRA) study is taking place in three sites in South Africa and Zimbabwe and aims to determine whether the diaphragm with Replens® lubricant gel may reduce HIV acquisition among women. The diaphragm requires clinician fitting. In the MIRA study, the most common sizes of diaphragms distributed to participants were: 70mm (36%), 75mm (19%), 65mm (18%) and 80mm (10%). Diaphragm sizing was monitored through peer review by clinicians, bi-annual external monitoring and review of size distribution curves. Monitoring resulted in the identification of discrepancies in real time which led to corrective measures being implemented during the trial including clinician retraining. Regular monitoring to ensure standardized fitting procedures has been an important component of the successful implementation of the MIRA trial.

Clouse K. et al. Partner awareness and support of diaphragm and microbicide gel use

Researchers asked 119 married Zimbabwean women aged 18-49 in a safety trial of the diaphragm and microbicide candidate Cellulose Sulfate (CS) to describe their experiences using their products, their partners' reactions and the importance of being able to use a method discreetly. While most participants (94%) reported that their partners were supportive or neutral to product use, 35% said that product use without their partner's knowledge was important to them. Half of the women also believed that the study products could be used discreetly outside of a study situation. Partner awareness and/or support did not differ whether the gel was used alone or

when the diaphragm and gel were used together.

Terris-Prestholt F. et al. Distributing barrier methods for women: determinants of willingness-to-pay for microbicides, the diaphragm and female condom

This study explored key determinants of women's willingness-to-pay for microbicides, the diaphragm and female condom. Researchers asked 1,017 women in a township in Johannesburg, South Africa if they would be willing to try each product, if they thought they would use it regularly and what they would be willing to pay to purchase each product. Women were most willing to try microbicides (74%), followed by the diaphragm (60%) and the female condom (56%). If available, 78-95% of women reported that they would/could use the products regularly. Researchers concluded that with careful price setting, it would be possible to recover some costs from women of higher socio-economic status while subsidized distribution would be necessary to reach lower-income women.



Precious Moyo & Mavis Kamba, MIRA trial research staff in Zimbabwe, at AIDS 2006 conference.

Montandon M. et al. Adolescent girls' perspectives on research on female-controlled HIV prevention methods in Kenya

Few microbicide and cervical barrier effectiveness trials include female participants under 18, despite the high risk of HIV infection among this population. To understand the views of adolescents and their communities, researchers conducted 30 semi-structured interviews and 3 focus group discussions with adolescent girls aged 14-17 in Kisumu, Kenya. Results showed that while condoms and abstinence were cited as HIV prevention options, participants state that these methods did not work well for girls. Although there was a fear of girls being the first group to try an experimental product, participants also reported that they thought microbicides and the diaphragm would be easy for girls to use. Because adolescent girls may fear being the first to try a new product, safety and/or effectiveness data from adult women may be important to recruit girls into clinical trials.

For more detailed information on these presentations and other related studies, go to the CBAS website at www.cervicalbarriers.org/information/aids2006.cfm.

CBAS at AIDS Conference 2006

CBAS actively participated in the XVI International AIDS conference held in Toronto, Canada in August. The Global Campaign for Microbicides (GCM), the NAZ Foundation International, the AIDS Vaccine Advocacy Coalition and CBAS collaborated on a panel to highlight the importance of partnering to advance new prevention technologies. Panelists described progress on the development of vaginal and rectal microbicides, pre-exposure prophylaxis (PrEP) (the use of anti-retrovirals to protect against HIV infection), and cervical barriers. CBAS also teamed up with the International AIDS Vaccine Initiative, GCM, the Center for Health and Gender Equity, and the World Health Organization to promote investment in female-controlled prevention methods including cervical barriers, an HIV vaccine, microbicides and female condoms, the only currently available female-initiated method.

Dr. Gita Ramjee Honored for Research on Female-controlled HIV Prevention Methods



Join us in congratulating CBAS Steering Committee member, Dr. Gita Ramjee who was selected as a finalist for the South African Shoprite Checkers/SABC2 Woman of the Year Award 2006 in the Science and Technology category. Dr. Ram-

jee is the Director of the HIV Prevention Research Unit (HPRU) at the South African Medical Research Council in Durban and a Co-Principal Investigator in the MIRA diaphragm and gel HIV prevention trial. Dr. Ramjee is also leading trials to develop ARV therapies and microbicides. In fact, HPRU is currently conducting clinical trials with 4 out of 5 microbicide products that have reached advanced stages of clinical development. Dr. Ramjee's passion has been to utilize scientific innovation in the field of HIV prevention to address gender imbalances and the threat of domestic violence which make safe sex practices impossible for some African women. To learn more about Dr. Ramjee's work at HPRU, go to their website and read their newly launched newsletter called, "iThemba" at www.mrc.ac.za/hiv/itembajuly2006.pdf. iThemba is the isiZulu word for "hope" which signifies HPRU's commitment toward finding effective HIV prevention options.

Hormonal Contraception and HIV: Is There a Link?

Ibis Reproductive Health, Gynuity Health Projects and the Reproductive Health Technologies Project published an issue brief reviewing the data on the question of whether using hormonal contraceptives could affect a woman's risk of being infected with HIV or developing AIDS. Researchers have investigated more than half a dozen theoretical "mechanisms" by which hormonal contraception might affect HIV infection. Despite some contradictory results, no link between hormonal contraceptive use and HIV transmission has been proved to date. Hormonal contraceptives are excellent family planning methods, and are appropriate for all women who want to prevent an unintended pregnancy. To read the full brief, go to www.ibisreproductivehealth.org/pub/list.cfm.



Seaweed Derivative May Prevent HPV

Carrageenan is a substance that is extracted from seaweed for use as a thickening agent in baby food, sexual lubricants and other consumer products. A new research study¹ has found that carrageenan is effective *in vitro* against a range of common types of the sexually transmitted human papilloma virus (HPV) known to cause cervical cancer and genital warts. Due to its safety record in food and topical applications, carrageenan is an exciting potential candidate as a microbicide for preventing HPV. However, clinical trials to determine the efficacy of carrageenan in humans against HPV are necessary to determine whether the efficacy in the lab translates to protection for humans. A formulation of carrageenan also is currently being tested in a major clinical trial in South Africa as a topical microbicide targeting HIV and herpes viruses.

¹Buck CB et al. Carrageenan is a potent inhibitor of papillomavirus infection. *PLoS Pathogens* 2006 Jul; 2(7):e69:0671-80.

CBAS Updates Cervical Barrier Trial Information

Go to www.cervicalbarriers.org/information/trialsAndResearch.cfm for up-to-date information on recently completed, current and planned research related to cervical barrier methods. Thanks to all of the researchers who contributed information about their studies to make this summary a valuable resource.

UPCOMING EVENTS

Event: 2006 International HIV/AIDS Meeting

Date: November 17–21, 2006

Location: Baltimore, MD

Website: www.ihv.org/meeting/index.html

Description: This conference, sponsored by the Institute of Human Virology, marks the 10th anniversary of the Institute and will cover topics including microbicides, immune response to HIV and vaccines.

Event: Ryan White National Youth Conference on HIV & AIDS

Date: February 17–19, 2007

Location: Oakland, CA

Website: www.napwa.org/rwnyc.html

Description: Presented by the National Association of People with AIDS (NAPWA), RWNYC is a unique conference complete with institutes and programming that's aimed at working to eradicate the spread of HIV/AIDS among youth and young adults throughout the world.

Event: 14th Conference on Retroviruses and Opportunistic Infections

Date: February 25–28, 2007

Location: Los Angeles, CA

Website: www.retroconference.org/2007/

Description: The Retrovirus Conference provides a forum for basic scientists and clinicians to present, discuss, and critique their investigations into the biology and epidemiology of human retroviruses and the diseases they produce with the ultimate goal of translating laboratory and clinical research into progress against the AIDS epidemic.

Event: Population Association of America Annual Meeting

Date: March 29–31, 2007

Location: New York, NY

Website: www.popassoc.org/meetings.html

Description: The Population Association of America is a nonprofit, scientific, professional organization dedicated to research on problems related to human population. The Annual Meeting provides a forum for the presentation of scientific papers, workshops, discussion groups and job opportunities.

CBAS Steering Committee

Marianne Callahan: [CONRAD](#)

Tsungai Chipato: [University of Zimbabwe-University of California San Francisco Collaborative Research Programme in Women's Health](#)

Patricia Coffey: [PATH](#)

Natalya Dinat: [Perinatal HIV Research Unit](#)

Katy Backes Kozhimannil: Harvard PhD Program in Health Policy

Nancy Padian: [Women's Global Health Imperative, University of California San Francisco](#)

Gita Ramjee: [Medical Research Council of South Africa](#)

Helen Rees: [Reproductive Health Research Unit](#)

Kelley Ryan: [Duke Clinical Research Institute](#)

What are cervical barriers?

Most people think of cervical barriers primarily as the diaphragm and cervical cap but a broader definition would encompass Lea's shield, female and male condoms, the sponge and microbicides. For more information about the range of cervical barrier methods, go to <http://www.cervicalbarriers.org/information/methods.cfm>.

Mission of CBAS

Established in 2004, the Cervical Barrier Advancement Society (CBAS) aims to raise the profile of cervical barrier methods for pregnancy prevention and provide information about research on the potential of cervical barriers to prevent sexually transmitted infections, including HIV.

Membership

CBAS membership is free and open to all who are interested in joining. CBAS's goal is to create an international, professional networking organization including clinical and social science research groups, academic institutions, advocacy groups, trade associations, and pharmaceutical, biotech, and medical device companies. As a member, you will have the opportunity to network and collaborate with other professionals in the field; keep abreast of new research; share information and ideas; and receive a semi-annual newsletter.

CBAS Contact Information: For more information, contact Julia Matthews, CBAS Executive Director at jmatthews@cervicalbarriers.org. CBAS is hosted by Ibis Reproductive Health and based in Cambridge, Massachusetts.

To comment on anything you read in the CBAS newsletter or to contribute a story, event, or news item, please email info@cervicalbarriers.org.