Female Controlled methods of Contraception and Sexually transmitted Infections including HIV in Malawi: Examining the role of the female condom and microbicides

Thomas Bisika, ScD

Senior Lecturer, University of Pretoria, School of Health System and Public Health (E-mail: thomas.bisika@up.ac.za)

Introduction

Today more than 33 million people are living with HIV worldwide and 22.5 million of these people are in Africa. In 2007 alone, 2.5 million new infections were recorded. Malawi is one of the countries worst hit by the HIV/AIDS epidemic with an infection rate among the childbearing age group of 16.4%[1]. Youth aged 15-24 claim 46% of new HIV infections of which 60% occur among girls. HIV in Malawi is mainly spread through heterosexual sex hence it is a reproductive health issues[2]. Furthermore, HIV/AIDS control efforts are hampered by low voluntary counselling and testing (VCT) uptake[3] which indicates that a significant behaviour change has not yet occurred in Malawi. Worse still, the role of condom use for dual protection has not yet been taken advantage of in Malawi.[4]

Malawi's dilemma is that HIV continues to spread despite high awareness levels of the pandemic and ways to prevent its spread. In order to address the HIV/AIDS problem, the Malawi government adopted an approach aimed at reducing the risk of transmission through intensive mass education on modes of HIV transmission and ways to reduce risk, blood screening, widespread and vigorous use of barrier methods, antibody testing, beneficial disclosure or notification of partners, prevention of mother-to-child transmission (PMTCT) services, and medical treatment and management of infected individuals including the introduction of ART[5]. Special AIDS prevention programmes in Malawi focus on use of condoms, limiting the number of sexual partners and delay of initiation of sexual relationships in young persons although some social cultural factors have also been associated with HIV transmission[6]. These social cultural factors have been isolated and targeted in the current fight against HIV/AIDS.

A study that examined the acceptability of the female condom among married or cohabiting couples and CSWs in 2 rural districts of Malawi revealed that 66% of participants liked the female condoms very much and further 31% like them fairly well. It also observed that the female condom was accepted for both contraception and STIs and HIV/AIDS prevention. The study, however, concluded that although the majority of both men and women who participated in the study found the female condom to be acceptable, there were some people who expressed unwillingness to use it in the future[7].

Another study that sought to determine urban undergraduate university college student's sexual behaviour and condom use established that both

Males and women were aware of the female with the former reporting that they heard about the female condom mainly from radio, newspapers and the clinic while the females reported that they heard about it mainly from radio, books, magazines and friends. The study could not link this knowledge to actual use[8].

Kornfield and Namate (1997) assessed how counseling which specifically emphasizes barrier methods affected the acceptance of male and/or female condoms. The study concluded the introduction of the female condom did not increase the overall prevalence and continuation rates of barrier methods and only one client came back to the clinic to get more female condoms. The study also revealed that male dominance over sexual matters including contraception adversely affects the use of the female condom[9].

The XVII International Conference on AIDS which was held in Mexico City from August 3-8, 2008 emphasized the importance of dual prevention using both vaccines and microbicides in the fight against HIV and AIDS[10]. Microbicides are important because they constitute one of the potentially important female controlled methods of HIV and sexually transmitted infections especially in Malawi where the use of the female condom has not yet been fully embraced. Furthermore the ongoing product development research is not as likely to produce a vaccine in the near future and the acceptability of such a vaccine among adult population in Malawi has not yet been documented. Against this background, a study on the acceptability of a microbicide called nonoxynol-9 was conducted as part of the ongoing Preparatory AIDS Vaccine Evaluation (PAVE) studies being conducted by the Johns Hopkins University and the University of Malawi at the Queen Elizabeth Hospital in Malawi which included a behavioural component[11].

Objectives

The main objective of the study was to investigate HIV/AIDS preventive measures of a behavioural nature which can be used together with other biological measures such as a vaccine. Specifically, the objectives were to document the local beliefs regarding aetiology, progression, treatment and prevention of HIV/AIDS; to assess the potential role of the behaviour of husbands and/or wives in the initial HIV infection; to elicit information pertaining to the available contraception methods and their acceptability; and to assess the willingness of men and women to use virucides/ microbicides along sides other methods of contraception and HIV/AIDS prevention.

Methodology

The study was descriptive in nature and utilized a qualitative research methodology. A qualitative methodology was preferred in order to uncover the unforeseen concerns of the target population which was men and women in stable marital relationships. The study was conducted in two sites: QECH and SUCOMA estate at Nchalo in Chikwawa. The sample comprised 32 women at QECH and 55 male estate workers at NCHALO estate. In this exercise, focus group interviews were employed to elicit

qualitative information. A total of 32 women already enrolled in the PAVE studies at QECH participated in four focus group discussions. A minimum of 6 and a maximum of 10 women were allowed to participate in each focus group discussion. In Nchalo, 55 estate workers participated in five focus group discussions/ interviews. A focus group discussion guide was used in the interviews. Each focus group interview was of at least 45 minutes duration. However, interviews in Nchalo could sometimes last for more than an hour. All the FGDs were recorded using a micro recorder. The interviews were later transcribed and analysed using the manual search and code method with the aid of word perfect and MultiMate advantage software.

Results

The women reported that they were at risk of HIV infection because they did not know what their husbands were doing outside the home. They further reported that some husbands seek sex outside the home because the wife does not scream when they are having sex. They observed that prostitutes scream when having sex and this makes the man feel good. On the other hand they observed that if a wife screams during sex then the husband can label her as a prostitute.

In all the FGDs conducted in both Blantyre and Nchalo, both men and women were consistent in mentioning HIV and AIDS, syphilis, gonorrhoea and chancroid as the main sexually transmitted infections in Malawi. All the groups mentioned that HIV/AIDS was the most serious sexually transmitted infection because it has no cure and is uniformly fatal. The most common mode of HIV transmission was cited as having unprotected sex with multiple partners. Women suggested that the most effective way of HIV/AIDS prevention is to avoid sex with multiple partners while men mentioned condom use. With respect to behaviour, both men and women reported that they had changed their behaviour in the advent of an HIV epidemic.

The men reported that they would not accept the use of nonoxynol-9 because they will not know if the wife was engaging in extra-marital sex as the only way for them to know this is when the woman contracts a sexually transmitted infection or becomes pregnant when the man is away. On the part of the women they reported that they would accept the use of nonoxynol-9 as long as it does not cause the vagina to be extremely wet as most of the men prefer dry sex. They were of the opinion that some men can go and seek sex outside the home in search of dry sex. They also raised the issue of difficulties in the actual use especially considering that at times they may be ambushed by the husband and may not have the time to apply the microbicide.

The women, however, suggested that if the nonoxynol-9 is used within the framework of family planning then the man can not be suspicious as using it for HIV and sexually transmitted infection prevention may suggest mistrust something that cannot amuse the husband. Similarly they pointed out that if the vaginal environment is altered then the husband might know that the wife is using some agent in the vagina which may also create an element of mistrust.

Discussion

Research has proved the nonoxynol-9 active ingredient to be less than ideal, and in some cases, women using nonoxynol-9 gel had a higher rate of HIV infection than

those using a placebo[12]. Similarly studies on acceptability and actual use of the female condom in Malawi have been inconclusive. Given the fact that in Malawi there is a belief that barrier methods may not result in pleasurable sex (see Bisika, 2008), there is still need to pursue the potential of microbicides. Although this study concentrated on the Nonoxynol-9, the findings can still be applied to assess the acceptability of other microbicides under development such as Acidform and BufferGel[13]. What is important is that products under development should incorporate contraceptive properties and should be in formulations that would not make the vagina more watery as women would not use it for the fear of driving their husbands away. This means that a powder form would be more acceptable to the women. Perhaps what was more interesting about this study was that it was the women who were more concerned with dry sex than men.

It is clear that men do not want a female controlled method of HIV prevention fearing that this may encourage women to engage in extramarital sex knowing that they will be protected from sexually transmitted infections and pregnancy. What these men do not know is that females are in fact trying to protect themselves from unfaithful husbands. Since the Malawian family is still primarily a child bearing institution, the use of female controlled methods like microbicides could be an effective prevention of mother to child transmission of HIV (PMTCT) strategy.

Conclusion

From the foregoing it is very unlikely that in Malawi the female condom will not exert the desired impact in as far as female controlled methods of contraception and sexually transmitted infections including HIV is concerned. This leaves Malawi with the only option of microbicides. This microbicides need to be developed in such a way that they have contraceptive properties and in a way that they do not alter the vaginal environment significantly.

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