Male Engagement in Women's Use of Microbicides in Kenya

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Sidney Schuler, FHI 360
Rachel Lenzi, MPH, FHI 360
Jen Headley, FHI 360
Kathleen Brelsford, FHI 360
Elizabeth Bukusi, KEMRI
Michele Lanham, FHI 360
Kevin Amolloh, KEMRI
Betty Njoroge, KEMRI
Charles T. Muga, KEMRI

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Contents

Executive Summary 4

Background and Significance 8

Research Methods 9

Overview 9

Research Questions 10

Participant Recruitment 10

Data Collection 12

Interviewer Training and Supervision 13

Data Management and Storage 13

Data Analysis 14

Local Dissemination 14

Timeline 15

Findings 15

Attitudes Regarding Microbicides 15

Communication and Decision-making about Microbicide Use 17

The Ideal Scenario 17

What Happened in the Trials? 18

Hypothetical versus Actual Scenarios 19

The Right to Decide 21

Healthcare Providers' and CAB Members' Perspectives 23

How Would a Man React if he found his Partner was Using Microbicides without Telling Him? 24

The Complicated Role of Gender Norms 26

What Kinds of Support do Men and Women want to Communicate with their Partners about Microbicides? 27

Women's Perspectives 27

Men's Perspectives 29

What Forms of Male Involvement do Men and Women say they want? 30

Roles of Male Partners during the Trials 32

Roles in Decision-Making 32

Encouragement/Support of Her Decision 32

Other Forms of Male Support 33

What are Men's Barriers to Accompanying their Partners to a Clinic for Microbicide Services? 34

What do Women, Men and Health Providers Think of Potential Strategies for Engaging Men in Microbicide Programs? 36
Invitation Cards 37
Encouragement from Men's Peers 37
Community Education Sessions and Counseling Sessions for Men in Clinics 38
Mass Media 40
Counseling/Group Education for Couples versus Men or Women Only 41
Study Limitations 42
Discussion 43
Acknowledgements 45
References 45

Executive Summary

This report presents findings from a recent study by FHI 360 and the Kenya Medical Research Institute (KEMRI), in Kisumu, Kenya, where KEMRI has conducted three microbicide trials. The study is intended to contribute to the development of male engagement strategies for future microbicide programs in Kenya and globally. It was guided by the question: What are the best strategies for constructively engaging men in microbicide programs without disempowering women? The study employs qualitative methods: in-depth interviews (IDIs) were conducted with women and men (30 women who participated in one of three microbicide trials, 14 of their male partners, 25 women who have not participated in a trial or used microbicides, and 29 men whose partners have not participated in a trial); in addition, one focus group discussion (FGD) was conducted with health care providers and one with community advisory board members who played roles in the trials. In the IDIs, study participants were asked to elaborate their views about communication and decision-making related to microbicide use, and about strategies that might be used in future microbicide programs to encourage constructive communication between women and their partners about microbicide use without undermining women's right to make decisions, and to encourage men to support their female partners in their use of microbicides in ways both partners see as desirable.

Men's Role during the Trials

Of the 15 female trial participants who disclosed their microbicide use to their partners and were asked whether their partners subsequently encouraged or discouraged their participation, 11 said their partner ultimately encouraged them to use the product, two said he neither encouraged nor discouraged, and two said her partner discouraged her from using the product, including one who first encouraged and then discouraged her. (This may seem like a relatively high level of encouragement, but it should be noted the other half of the sample of trial participants did not reveal their microbicide use to their partners primarily because they did not expect the men to be encouraging.)

The main reasons men gave for encouraging microbicide use was a sense of enhanced protection for the couple (for example, the female partner would be less likely to contract HIV and therefore less likely to infect him) and benefits to society from reducing the prevalence of HIV; the most common reason for discouraging it was fear of side effects, both for their partners and themselves. In some cases what was described as support or encouragement amounted to little more than failing to discourage the woman from using microbicides, which seemed to be enough for the women. Four women said their partner inserted the gel or ring for them and six said their partner went to the clinic with them.

Men's Role: What do Women Want?

For the most part, women would like their male partners to know about and endorse their microbicide use and, if possible, to support them in various ways such as helping them deal with any problems that might arise, such as side effects, going with them to the clinic for couples counseling, getting tested for HIV and being willing to use other methods of protection as well as a microbicide. They were less enthusiastic about possible forms of support such as having their partner insert the gel or ring for them

or their partner accompanying them to the clinic on a routine basis (although this latter would seem to be contradicted by their positive statements about couples counseling). Women stressed that, if possible, they wanted to avoid using the product without their partner's knowledge only to be discovered and accused of lying or infidelity.

Men's Role: What do Men Want?

Men generally wanted to be involved in the decision-making, but a significant minority indicated they would be satisfied if they were merely informed. Nearly 90% of the men asked how involved they would want to be in their partner's use of microbicides said they would want to be very involved (as opposed to somewhat involved or not at all involved). When asked which of 15 types of support they would be willing to provide to their partners, fewer than half the men said no to two or more types of support (which ranged from involvement in decision making and communication; attending education sessions; providing financial support or childcare; general HIV prevention measures; to encouragement and reminders). Men were most unwilling to insert the ring or gel for their partner or physically take her to the clinic and most willing to discuss microbicides and make a joint decision, as well as attend education events and get tested for HIV.

What Did Women in the Trials Tell their Partners?

Whereas women's concern about the potential for their partner to react negatively led some of them to communicate with their partner before initiating microbicide use, the same concern led others to hide their microbicide use; some saw his suspecting her motives and forbidding her to use the microbicide as the greater risk (in which case they left the male partner in the dark) compared with his finding out later and feeling hurt by her secrecy or suspicious of her motives. When asked for their permission to contact and interview their male partners, nearly a third (9) of the 30 female trial participants declined because they had not told their partner they were using microbicides. 24/30 either never told their partner they were using a microbicide, did not tell him until they had been using the product for some time, or told him and then went on to use the microbicide after he objected.

Who Should Control Decisions about Microbicide Use?

The majority of both women and men in the study favored joint decision-making. But whereas most of the women felt that it was they who ultimately had the right to decide, only a few of the men said the woman should have this right. Still, surprisingly, among the subset of men who were unaware of their partner's microbicide use when she was participating in a trial, and subsequently learned of it, none seemed to have negative reactions or insist she stop participating.

Gender Norms: Let Sleeping Dogs Lie?

Being asked directly about their right to know and decide about microbicide use in an interview seems to have evoked the gender norm of male control. When speaking hypothetically about this, men were adamant about their right and desire to play a strong role, but men whose partners were in a trial and

told them little or nothing before using microbicides did not seem to concerned about being left in the dark.

What Support Do Women Need to Constructively Involve their Partners?

Some women said it would be useful to be counseled on how to best communicate with their partners about microbicides. Most women spoke of needing and wanting more information, including written information, on microbicide products to share with their partner, especially regarding advantages and reasons for use, and side effects. Women often said they did not want to be the only one to communicate with their partner about microbicides. Many said couple counseling in clinics and in their homes would be useful. They also said it would be useful for the clinic to send the partner an invitation to come to the clinic, though a number of women wanted to be able to talk with their partners before he received an invitation.

Many women said they would like men to receive information about microbicides in written form as well as verbally, as this would help to legitimize the product and give women a better basis for initiating a conversation about microbicides with their partner. Men as well as women indicated establishing the credibility of information will be important, whether the information is provided in clinics, through mass media or in communities; service providers were seen as credible and male peers less so. Most study participants said education about microbicides should be provided to mixed groups rather than men and women separately, so they would know they were hearing the same thing and would not knowingly distort the information.

What are Men's Barriers to Accompanying their Partners to the Clinic?

The primary barriers impeding men from going to clinics with their partners for microbicide services are that clinics are usually only open during work hours and men see services like family planning as being for women only.

Conclusions and Recommendations

The goal of microbicide programs should be to **put women first** and support them through counseling to decide to what extent and how to involve their partners. Microbicide programs should create opportunities for men to learn about microbicides in the clinic and in the community to create an enabling environment for women's microbicide use so women can more easily initiate a conversation with their partner about microbicides, if they so choose.

Resources should be invested in **training service providers to counsel women** regarding the pros and cons of telling their partners about their intention to use a microbicide, and strategies for doing so in a convincing manner, making it clear using microbicides without consulting their partner is always an option**. Couple counseling** should also be offered for those women who feel this would be helpful; in couple counseling the service provider could suggest specific forms that constructive male engagement can take, such as reminding the partner to insert the gel or change the ring, taking her to the clinic, or

giving her transportation money, bearing in mind what most women most want is their partner's endorsement and his willingness to be tested for HIV and to use other methods of protection.

Broader communication initiatives through **media, and community-based education**, meanwhile, **should attempt to "normalize" microbicide use**, portraying it as a method for protecting women and the children who depend on them. There is no need to dwell on the reasons women may need such protection, as women already seem to be well aware they are at risk of HIV/AIDs and sensitive to the complicated questions about fidelity and trust microbicide use raises. As one male study participant put it, "It's weird because in this relationship at one point you are saying that we are both faithful and on the other hand you allow her to use that, meaning you don't or she doesn't trust herself. See that?" In other words, communication programs might do well to avoid raising gender issues when they address broad audiences, leaving this for one-to-one sessions with women or women's groups, or for couples who raise these issues themselves. In general, male engagement campaigns should try to **avoid "awakening" in men the patriarchal gender norms and stereotypes that put men in control** of decision-making and make them feel they need to guard their women's fidelity, putting aside the question of their own.

To **address men's reticence to go to clinics**, microbicide services should be offered at diverse times, including weekends and in the evenings and could benefit from inclusion of male staff. Services may more likely be utilized by males if they are offered through clinics that traditionally serve both men and women, such as HCT clinics, as opposed to clinics associated mostly with family planning and prenatal services. Written invitations could help by making men feel important.

Background and Significance

Gender inequality and harmful gender norms – including those that pressure men and boys to be violent, have risky sex, and dominate sexual decision-making – have long been recognized as drivers of the HIV epidemic. While microbicides and other new technologies have the potential to empower women to protect themselves from HIV, they will fall short of their potential if the underlying structures contributing to women's vulnerability are not addressed. Studies and experience from women-centered health programs, such as family planning and prevention of mother-to-child transmission of HIV (PMTCT), suggest efforts to secure the involvement and support of men can improve acceptability, uptake, adherence, and health outcomes in of these programs, (WHO, 2012, Barker 2007, Shattuck 2011, Alusio 2011, Becker 1996).

Microbicides are a product, still in the clinical trial stage, which may help prevent HIV negative women from contracting HIV if their partner is HIV positive. The microbicide preparations that have been tested so far, in several countries, include a gel women insert vaginally either daily or before and after having sex (coitally dependent), a ring that remains in the vagina for 28 days, a daily oral antiretroviral (ARV) and an injectable ARV. In anticipation that the product eventually will be approved, research and consultations have begun to examine issues related to its introduction into health programs. Engaging men in future microbicide introduction programs is a key theme in the Gender Analysis for Microbicide Introduction project (Element #6 of the USAID Shared Vision and Strategic Plan for Microbicide Introduction).

In key informant interviews, researchers, community engagement experts, and advocates involved in Pre-Exposure Prophylaxis (PrEP) and microbicide trials have said male engagement in microbicide introduction is absolutely necessary and should happen as early as possible in the process. This is also supported by microbicide and diaphragm trial literature, which found engaging men increased community acceptance and reduced stigma around the product, increased women's acceptance and use of the product, improved communication and relationships between partners, and increased shared responsibility for protection (Woodsong 2006, Greene 2010, Pistorius 2004, Montgomery 2011). Studies have found many women and men, particularly those in steady relationships, say they prefer to communicate and decide together whether to use a female-initiated HIV prevention product (Bentley 2004, Carballo-Dieguez 2007, Hoffman 2010, Martin 2010, Moodley 2007, Woodsong 2006). Yet there is also evidence some women prefer to use microbicides without telling their partner, especially women in casual relationships, those who have sex in exchange for money or gifts, and those with violent partners (Doggett et al. forthcoming). Before microbicides are introduced on a large scale into health programs, it is important to consider how men can be engaged to support their use without disempowering women.

The overall goal of this study in Kenya was to develop strategies for engaging men in future microbicide introduction programs so they will support their female partners in using microbicide products for HIV/AIDS protection or, at least, to minimize men's interference in women's microbicide use. The study was undertaken as a partnership between the Kenya Medical Research Institute (KEMRI) and FHI 360 to collect data to inform male engagement strategies in Kenya and globally. Our specific objectives were to gather information from women and men in Kenya who have experience using microbicide products

through participation in trials, and men and women who have not used them but are potential users, to determine whether and how men should be engaged in such programs; and to gather input from healthcare providers who worked on microbicide or PrEP trials and community advisory board (CAB) members on what strategies they observed or utilized during the trials for building positive male engagement, as well as their opinions on future strategies.

The findings from this study will be integrated with those from several studies in South Africa that were implemented in conjunction with microbicide trials and used to develop strategies to inform the development of guidance for constructive male engagement in microbicide introduction.

Research Methods

Overview

The study was conducted in Kisumu, Kenya, where KEMRI has conducted three microbicide trials. The data collected in this study include in-depth interviews (IDIs) with women and men and focus group discussions (FGDs) with health care providers and community advisory board (CAB) members. Table 1 summarizes participant selection criteria and data collection strategies. Women and men with previous experience using microbicides (i.e. trial participants and their partners) were of interest because they have direct experience using these products and therefore can speak about actual rather than hypothetical experiences. We also gathered information from men and women without experience with the product because they will also be a target audience for microbicides and for future male engagement activities. IDIs and FGDs took place in a private room at the KEMRI-RCTP research units at the Lumumba health facility or in participants' homes. In most cases, the number of people interviewed in each group depended on a prior assessment of the numbers needed to achieve "information saturation" (the stage at which future interviews are unlikely to yield substantially new information). Male partners of trial participants, on the other hand, were limited by the number of referrals we received from the female trial participants; however, we believe we achieved information saturation with this group as well.

Table 1: Participant Information

Participant Group	Type of Data Collection	Participant Age Range	Number of participants
Women who participated in any of the three microbicide trials	IDI	18-40	30
Women who have not participated in a microbicide trial	IDI	18-40	25
Male partners of women who participated in a microbicide trial	IDI	18 and above	14
Men from the community whose partner has not participated in a microbicide trial	IDI	18 and above	29
Healthcare providers involved in PrEP or microbicide trials	FGD	18 and above	15
Community Advisory Board Members involved in PrEP or microbicide trials	FGD	18 and above	8

Research Questions

The interview guides were designed to address the following research questions:

- How can a microbicide introduction program best support women's agency to decide whether or not to communicate with their partners about using women-initiated HIV prevention products?
- What kind of support do women need to communicate with their partners about microbicides?
- What existing gender norms could facilitate or hinder constructive male engagement in microbicide programs, and what strategies could be used to address these norms?
- What kind of involvement would women like their male partners to have, if any, in supporting their use of microbicide products?
- What role would men like to play in supporting women's use of microbicides?
- What are the best formats for engaging men (one-on-one, through peer groups, as couples)?
- What are the best communication channels for reaching men (e.g., mass media, community education, female partners?)
- What are the barriers to men attending women-centered health services and how can they be addressed?

Participant Recruitment

KEMRI has conducted three microbicide trials in Kisumu, from which we recruited female trial participants, CAB members, and healthcare providers:

- VivaGel: An expanded Phase 1 randomized placebo controlled trial of the safety and tolerability of 3% w/w SPL7013 Gel (VivaGel™) in healthy young women when administered twice daily for 14 days conducted in Kisumu and San Francisco; the trial was conducted in 2007. The active or placebo gel was used twice daily for fourteen days by young women aged 18-24, non-pregnant, previously sexually active, sexually transmitted infection (STI) and HIV-free. (34 female participants at Kisumu, Kenya site)
- IPM014A: a Phase I/II clinical trial designed to assess the safety and acceptability of one formulation of dapivirine gel (gel 4759, 0.05% 2.5g) as compared to a matching placebo gel in healthy, HIV-negative women in Kenya, Malawi, Rwanda and South Africa. The gel was used once a day for a period of six weeks by healthy, sexually active, HIV-negative women 18-40 years of age. (29 female participants at Kisumu, Kenya site)
- IPM015: a Phase I/II trial designed to assess and compare the safety of a dapivirine vaginal ring against a placebo vaginal ring when inserted once every 28 days over a 12-week period among healthy, HIV-negative women. IPM015 also assessed the acceptability of the vaginal ring among healthy, HIV-negative women at multiple research centers in Kenya, Malawi, Rwanda, South Africa and Tanzania. (20 female participants at Kisumu, Kenya site)

Figure 1: A target neighborhood for recruitment during study

Female participants. Our field team held community education/information meetings (barazas) in the same communities in Kisumu from which women were previously recruited into the three trials and also went door to door in neighborhoods where female participants had previously lived. During these meetings we provided general information on microbicides and invited attendees to participate in our study. Attendees were told microbicide products are designed for use by HIV negative women, and no microbicide products would be offered during our study and they are still being tested. For women who consented to participate in our study, in order to correctly identify which interview guides should be used (trial participant or non-trial participant), we used a series of screening questions to determine whether she had previously participated in a microbicide trial, and if so, which trial she was involved with so we know whether to ask questions about the gel or the ring. Recruitment was open to all women who attended a baraza or who we visited door-to-door who fell within our age restrictions. Women who were trial participants were given invitation cards they could offer to other women they knew who were participants in a trial and may be interested in participating in the study.

Male participants. Female participants were asked if it was okay to contact their male partners to participate in the study. If so, study staff asked them to provide contact information for their male partners or give them invitation cards for their partners—whichever they preferred. For former trial participants, this included partners at the time of the trials as well as current partners. For women who did not participate in trials, this was their current male partner. In all cases, if a woman was reluctant or unwilling to have her male partner recruited for the study, we honored her wishes. For example, if a former trial participant had not revealed to her partner that she had participated in a microbicide trial, she may not have wanted to have her partner in this study. Recruiting partners created the potential to compare responses of the two to enrich the analysis. Because recruitment of male partners was limited by the number of referrals, we also asked men to refer a friend and recruited men who were not male partners of female participants. For men who were referred by female participants because they were a partner at the time the woman was participating in a microbicide trial, we used screening questions related to trial participation to correctly identify which interview guides should be used for the male participant (trial or non-trial) and which trial their female partner was involved with so we knew whether to ask questions about the gel or the ring. We asked the screening questions of the men as well as the women in order to address potential recall bias: even if a man was referred by a female partner as a male partner during the trial, if he did not recall her using the product (either because he forgot, did

not know at the time, or she incorrectly identified him), then we used the IDI guide for men whose partners were not trial participants, as those are the questions he would be able to answer.

Healthcare providers and CAB members. Healthcare providers and CAB members who were involved in the microbicide trials, PrEP studies, or other relevant HIV prevention studies were contacted by KEMRI staff, who had relationships with these individuals.

Data Collection

Semi-structured in-depth interview guides were developed for all six respondent types. Open ended questions were included, with suggested prompts for the interviewers. A pile sorting exercise was also developed for participants to identify types of male support for women's use of microbicide that they would either desire or not desire or want to provide or not want to provide (for women and men, respectively). Participants were first asked if they would want their male partner involved in their use of microbicides at all (or if they would want to be involved, for men). If they said they would want their male partner involved, they were asked to sort cards listing different forms of male support into a YES pile (meaning they would want that form of support) or a NO pile (meaning they would not want that type of support) The pile sort activity included 15 types of male support, ranging from discussion and decision making; inserting the microbicide or reminding or encouraging her to use it; providing financial support or childcare; attending education sessions or going to the clinic; and providing general HIV prevention support, such as using other forms of protection or getting an HIV test. After sorting the forms of support into YES and NO piles, respondents were asked to choose the top three forms of support they most desired or would want to provide, and why, and of the forms to which they said NO, what were the three they least wanted or least wanted to provide, and why.

In addition, basic demographic information was collected from all participants after written informed consent was obtained. Demographic information has been used to generate a basic demographic profile of participants and to provide context for any quotes included in manuscripts or reports (such as speaker's age, occupation, level of education, relationship status, etc.). The interviews were conducted by experienced female and male interviewers of the same gender as the interviewee. Many of the interviewers worked with KEMRI in previous qualitative studies or were staff on the VivaGel and IPM trials. Interviews were conducted in English or Dholuo, depending on the preference of those being interviewed. The interviews were digitally recorded and transcribed verbatim by professional transcribers (and in a few cases interviewers); collection of the demographic data was not audio recorded. Those interviews conducted in Dholuo were translated into English by professional translators.

Interviewer Training and Supervision

All interviewers were required to have previous qualitative research experience and, to the extent possible, previous experience with research on microbicides. Two male interviewers were recruited to interview men and four females to interview women. In addition, two men and four women were hired as field assistants to hold recruitment events and trace participants for IDIs and FGDs.

Figure 2: Data Collection Team

A nine-day training was provided for the interviewers, field assistants, and study coordinator in May 2013. The training included a review of the study goals, methods and ethical procedures; information about microbicides and women's participation in microbicide trials; strategies for effective interviewing and avoidance of leading questions; the use of recording equipment; and a practicum used both to test the interviewers, who received critiques and coaching based on their interviews, and to pre-test the interview guides. Transcription and translation of the test interviews occurred during the training for simultaneous feedback, and these interviews have been included in analysis.

Figure 3: PI and data collectors during training

During data collection, interviewers met with the senior investigators as needed to discuss any problems or questions. Transcription and translation took place simultaneously with the interviewing so feedback could be provided to the interviewers on a rolling basis.

Data Management and Storage

No identifying information was included in the recorded interviews or notes. Signed informed consents and all other "hard" copies of materials were kept in a locked cabinet. A participant identification number was assigned to each interview for tracking purposes, with couples identified by the same number followed by M or F. All recordings and transcripts are stored in password protected computer files. The former will be destroyed upon completion of the study. The demographic information obtained about participants was entered into Microsoft Excel for generating frequencies, averages and ranges, but no other statistical analyses were performed. The answers to the screening questions about

trial participation remain with the written consents and, other than the trial name, were not entered into any separate database or used in data analysis.

Data Analysis

In general, qualitative analysis requires a search for patterns in data and for ideas that help explain the patterns. To facilitate this process, all transcribed interviews were uploaded into NVivo 9 software (QSR International). After an initial reading of the transcripts, we identified key themes and developed detailed codebooks, one for each type of IDI participant; structural codes were also developed base on our overarching research questions and the organization of the interview guides. For each category of interview, two data analysts independently coded approximately 10% of transcripts, and inter-coder agreement was assessed using the Holsti method (1969). Discrepancies in code application were addressed through discussions, and when necessary, the codebook was revised and any previously coded interviews were recoded using the updated codebook. The process was repeated until inter-coder agreement of at least 80% was reached for each category of interviews. After inter-coder agreement was reached, each remaining transcript was coded by one analyst, though data analysts consulted with one another if questions arose to ensure coding decisions were made correspondingly. . The qualitative team analyzed the saliency of themes (via frequencies, degrees of emphasis and elaboration, co-occurrences and contrasts of themes) across interviews and between women and men and collated and evaluated supporting evidence and counter-evidence to test interpretations. The Kisumu-based field team provided important insight into cultural and local idioms, customs, and practices that affected the interpretations.

Local Dissemination

Figure 4: Dissemination baraza

Between October 25, 2013 and November 15, 2013, the KEMRI field team held a series of eleven barazas to disseminate preliminary findings from the study, along with general information about HIV prevention research and microbicide trials. Barazas were held in areas from which study participants were recruited. Study participants were contacted beforehand with the date and location for the meeting, but attendance was open to the public to allow information to be shared without compromising participant privacy. The field team noted participants were attentive, interactive, and curious for all meetings, and many were anxious to learn when microbicides would be available to the public. Table 2 below shows an overview of participation. Additionally, small meetings were held with healthcare providers and CAB members who participated in FGDs to share the findings.

Table 2: Dissemination Attendance Summary

Dissemination Meeting	Number of dissemination participants			Number of dissemination participants who were part of study		
	Total	Male	Female	**Total**	Male	Female
1	**46**	32	14	**14**	6	8
2	**35**	25	9	**3**	1	2
3	**68**	35	33	**18**	6	12
4	**41**	7	34	**5**	0	5
5	**69**	42	27	**7**	5	2
6	**70**	48	22	**2**	0	2
7	**86**	58	28	**4**	1	3
8	**47**	22	25	**2**	2	0
9	**67**	36	31	**2**	1	1
10	**76**	27	49	**3**	1	2
11	**70**	39	31	**2**	1	1
TOTAL	**675**	**371**	**334**	**62**	**24**	**38**

Timeline

Below is the timeline for study implementation.

Table 3: Study Implementation Timeline

	2013								
Activities	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
IRB approval obtained		X	X						
Interviewer training and piloting			X						
Participant recruitment			X	X	X	X			
Data collection			X	X	X	X			
Data coding and analysis					X	X	X		
Report writing						X	X	X	
Dissemination in Kisumu								X	X

Findings

Attitudes Regarding Microbicides

We found considerable evidence that demand for a female-controlled method of HIV/AIDS prevention was strong, confirming findings from previous studies (Martin 2010, Kohli 2011, Orner 2006, Guest 2007, Kacanek 2012; Ramjee 2007). It was surprisingly easy to recruit both women and men to participate in the study, and the interviews contained many statements showing people were painfully aware of the terrible toll of HIV/AIDS in their country and feared they personally might be at risk. Women spoke quite openly about not being able to trust their husbands to be faithful to them.

> *And the reason why I can use this method is that men always have affairs outside marriage. He will only be your husband when he is in the house but when he is outside there he has other*

women. So it's my responsibility to protect myself. (041FN-businesswoman, unmarried but in a steady relationship, Muslim, 29 years old, primary school education)

There were even men who said men, or they themselves, could not be trusted.

As a motorcycle operator, we cannot be trusted. [Women think] we usually engage in extramarital affairs. You will therefore have no option but to allow her to use it when she approaches you. They usually get rumors on what we do out there. Someone can tell her that I am seeing another woman. (007MN-jua kali artisan, married, Christian, man, 20 years old, started secondary school)

And there were men who said women should use microbicides because women could not be trusted.

She can be anywhere having sex with another guy. This guy might be positive. I therefore encouraged her to keep using the VivaGel....You know ladies with sex. She will meet anyone and make love to him. She can therefore use it. (057MTA-student, unmarried, but in a relationship, Christian, male, 27 years old, education beyond the secondary school)

Other men and women mentioned the possibility of infidelity on both sides.

When asked whether they would be interested in using microbicides if and when they were approved for use (and, in the case of men, whether they would want their wife or female partner to use them) virtually everyone said yes, provided the method proved to be effective and without major side effects. Men were also asked whether they would want their daughters and sisters to use the product, and all either said they would, or said it would be up to these individuals to decide, and alluded to proscriptions against discussing sexual matters with daughters and sisters. Although they were told clearly the product we were referring to would only protect the female user, many of the participants seemed to assume it would protect both the woman and her partner. Many of the men who did understand, either initially or because the interviewer reiterated it during the interview, that it would protect only the woman, commented that this was unfortunate or unfair, and both men and women said such a product should be developed for men. Despite their general enthusiasm about the product, a substantial minority of the men seemed concerned microbicide use by their female partner might be a sign of infidelity, especially if they were not consulted or informed at the outset—a topic we return to in subsequent sections of the report.

Provider and Community Advisory Group Attitudes Regarding Male Engagement

Many participants in the focus group discussions mentioned that men should be informed about microbicides from the beginning of rollout to maximize acceptability of the product, with the information presented in a way that did not threaten gender norms. Participants mentioned the successes of VMMC, PrEP, and VCT, and talked about the challenges encountered in introduction of family planning and the VivaGel and IPM trials, where men were largely left out of sensitization and recruitment efforts.

As you have said, male involvement should be from the beginning. Before we screen and enroll, men must be involved. For us to get somewhere in HIV prevention, we must put the man in the picture. You can see they use men in other programs like PMTCT. If a man comes into the picture, as much as there is culture, it cannot hinder much. There is culture, but if the man was aware as from the first day, they will know what to do. (HCP06-clinician, married, Christian, female, 37 years old)

First of all, we need to sensitize the whole community by telling them the facts about microbicides. The whole community includes men. Our main target in the community will be men. If we have more men coming during sensitization, hopefully we will get more women at the end of the day. If we have few men coming, at the end of the day, we will have few women telling their men about their participation. (HCP03-study nurse, married, Christian, female, 32 years old)

We are all human beings and we have different perceptions. I got involved in sensitizing guys about condoms some years back. There are a lot of myths and misconceptions. When we are going to roll out [microbicides], these are some of the things that we must put at the back of our minds. You must be ready to meet guys with such kinds of perceptions. When you go out to the community, you must be ready to meet different kinds of perceptions within the community. We have to be armed on how to tackle them. It is just the same as what my colleague, has said. She feels more comfortable [having sex with microbicides as a form of HIV protection]. However, some people will not be comfortable. I might think that she can go to any other place and make love if she decides to use microbicides. That is something that is definitely going to help a lot of us. We really have to think how we are going to tackle such issues in case they arise. We must therefore sensitize men on microbicide use. (CAB05-community theater consultant, male, 44 years old)

Communication and Decision-making about Microbicide Use

The Ideal Scenario

The ideal scenario according to almost all of the women, trial participants and nonparticipants alike, was open communication with the male partner, and joint decision-making with the outcome of the decision being to use microbicides. The reasons women wanted their partners involved in the decision were both practical and sentimental. Some women said if their partner was involved in the process he could help them interpret and remember information given by the service providers, help them remember to use the microbicides and, perhaps most importantly, help them deal with side effects and pay for treatment if needed.

Yeah. A good couple will go together [to the clinic]. You get the information together so that whenever you go wrong, he can tell you no, it's not that way, we were told this way and you are doing it the opposite, so do it this way! Rather than you go alone, maybe some information did not even get in, not getting everything….yeah, I prefer to go the two of you. (016FNP-student, married, Christian, female, 23 years old, completed secondary school)

Some women also described open communication on the subject as a way to foster or maintain openness and trust, contributing to a strong and caring relationship ("*It will create a good relationship between you and your spouse.*" (016FN-clinical health worker, unmarried but in a relationship, Christian, female, 25 years old, education beyond secondary school.) A few said the man had a right to know; one woman, speaking playfully, said she would consult her partner because he "owned" her vagina, just as she "owned" his penis. (001FTB-unemployed, married, Christian, female, 30 years old, completed secondary school.)

Conversely, other women described communication and joint decision-making about microbicide use as necessary to avoid the suspicion and negative reactions that might result from their using microbicides without her partner's knowledge. More often, women explained why they told their partner, or would tell or consult him, as a way of avoiding suspicion, mistrust, and other undesirable repercussions "*Families can even break because of that.*" (016FN-clinical health worker, unmarried but in a relationship, Christian, female, 25 years old, education beyond secondary school.)

Not surprisingly, most of the men as well favored open communication and joint decision-making. However, some of their statements to this effect reflected patriarchal norms.

> *Interviewer: Would you like it if your wife asks you for permission to use the gel or ring?*
> *Yes. That will be a very good idea because I will feel proud as a man that my wife cannot take a decision without consulting me. (032MN-matatu driver, married, Muslim, male, 26 years old, started secondary school)*

What Happened in the Trials?

The amount of information clinical trial participants gave their male partners varied from none at all ('*I just kept quiet about it because I know he wouldn't have liked it.'* –053FTB-laundry attendant, married, Catholic, female, 28 years old, completed secondary school), to superficial information ('*I just told him that I was participating in a study.'* –020FTC-businesswoman, married, Christian, 35 years old, completed secondary school), to misinformation ('*I just told him we were studying something on family planning.*'—0061FTC-contractor, married, Christian, female, 31 years old, completed primary school), to detailed information. Similarly, the timing of when women informed her male partner was informed—if he was informed—varied from before the decision to participate was made, to soon after, to some months later, sometimes prompted by questions from the male partner. A few of the women shared brochures or informed consent forms with their partner, or brought him to the clinic to speak with the service providers associated with the trial. The decision about how much information to divulge and when often appeared to reflect the type of relationship the woman had with her partner, or aspired to have, and her assessment of her partner's likely reaction.

Of the 30 female trial participants we interviewed, 17 said their partner knew about the study at the time she was in the study, 12 of whom told their partner from the outset. Three women deceived their partner or only elected to tell their partner limited information about the study, including two women who told their partners they were in a trial, but were not specific about the product and one woman whose partner found brochures about the study, but she lied and said she was not in the study. Three

women said their partners found out by accident (i.e. she did not intend to tell him or did not intend to tell him at that time). The quotes below illustrate some of the variability in information provided, and men and women's attitudes about how much information should be shared.

Interviewer: Should women keep microbicide use a secret?
No, they should inform their partners… (029FTC-tailor, married, Anglican, female, 27 years old, started secondary school)
Interviewer: Why did you start using the ring before involving your partner?
He wouldn't have accepted for me to use it.

It was a joint decision because she is the one who explained to me about the gel and we discussed about it together. Had I refused the use of the gel, she couldn't have been using it…I didn't know that it could prevent HIV, I only knew that it prevents friction during sex….I did not understand what the gel was meant for and its use…. (045MTB-casual laborer, married (polygamous), Christian, male, 29 years old, education beyond secondary school)
Interviewer: Your partner told you that the gel is only for reducing friction?
Yes.

Interviewer: After your partner knew about the gel during the time when you were using it, whose decision was it whether to use the product or not? Was it yours, his or was it a joint decision making process?
It was my decision. (028FTB-security officer, married, Christian, female, 26 years old, completed primary school)
Interviewer: Did he want you to use the gel?
He in fact didn't want me to participate in the study. However, I am always harsh hence he couldn't stop me. "Let me not stop you. Just go and do as you wish." He said. He therefore allowed me to be in the study. Health workers came home and met him once in a while. We discussed everything in his presence.

Interviewer: When your partner first participated in the study, did you know she was involved in the study?
Yes. (057MTA-student, unmarried but in a relationship, Christian, male, 27 years old, education beyond secondary school)
Interviewer: How did you know or how did you find out?
She told me about it before she went for the test and I allowed her.
Interviewer: What did you think of this study?
I thought it could increase the rate of promiscuity.
Interviewer: And you still allowed your partner to use it?
I trusted her.

Hypothetical versus Actual Scenarios

The following table shows how trial participants made decisions about microbicide use with and without their partners during the trial and how women not involved in the trials said such decisions should be

made once microbicides are available. Note the concept of "joint decision" as used here means both partners agree (for her to use microbicides).

Table 4: Communication and Decision-making about Microbicides: Actual versus Hypothetical

Decision-Making	Communication	Female Trial Participants (actual) (n=30)	Female Non-Trial Participants (hypothetical) (n=25)
Her Decision	Never tell partner	33.3% (10)	4.0% (1)
	Didn't intend to tell him but he found out	6.7% (2)	--
	Inform partner from outset; if partner disagrees, she uses anyway	30.0% (9)	44.0% (11)
	Use product for a while, then tell him	10.0% (3)	20.0% (5)
His Decision	Inform male partner from outset/get his permission*	6.7% (2)	4.0% (1)
Joint Decision	Inform male partner from outset/make a "joint decision" (i.e. male partner agrees)	13.3% (4)	24.0% (6)
Contingent	Would prefer joint decision but depends on partner's temperament	**	4.0% (1)

*Many of the women who said it should be a joint decision were not probed on whether or not they would use the product if their partner refused. Women included in "get his permission" said things like, "I informed him about it and he gave me the green light" or "I informed him and he didn't stop me".

**In fact, many of the women who didn't tell their partners said in the future they would prefer a joint decision (probably assuming a situation in which their partner would agree with them).

Female trial participants' perspectives ("actual"). Whereas women's concern about the potential for their partner to react negatively led some of them to communicate with their partner before initiating microbicide use, the same concern led others to hide their microbicide use; some saw his suspecting her motives and forbidding her to use the microbicide as the greater risk (in which case they left the male partner in the dark) compared with his finding out later and feeling hurt by her secrecy or suspicious of her motives. Of the 30 female trial participants, when we asked their permission for us to contact and interview their male partners, nearly a third (9) declined saying they had not told their partner they were using microbicides. The two trial participants below explain why they think microbicides should be used secretly.

> *Interviewer: My question is, why didn't you tell him?*
> *I feared….He is a very harsh guy…. (054FTC-student, single, Catholic, female, 23 years old, completed secondary school)*
> *Interviewer: All in all, do you think women should keep microbicide use as a secret or should they tell their partners?*
> *It should be a secret….Because some men are very harsh. Telling them such a thing might create a lot of problems.*

> *My partner is a difficult guy to deal with….He's noisy, violent, and anything you tell him he disapproves; even if I left the house for a few minutes he would think that I've gone to see other men….He would have beaten me up or chased me away….I think it should be a secret. Some men won't allow you to use it….A bright woman can insert it without his knowledge….let us inform*

them only if they are understanding and respect our decisions. (045FTB-businesswoman, married (polygamous), Catholic, 29 years old, completed primary school —interestingly, she told her partner she was using the gel to "reduce friction", but now that he knows the truth about the microbicide trial, he is open to microbicides)

Female non-trial participants' perspectives ("hypothetical"). The women who were not in a trial described a similar range of scenarios regarding whether they would be likely to disclose their microbicide use to their partners and involve him in the decision and similar reasons why and why not. The proportion of non-trial woman who said they would use microbicides even if their partner disagreed was somewhat higher than what we found among the women in the trial, but this may simply reflect the greater proportion of women in the trial who never told their partner, presumably because they thought he would disagree. The three women below are explaining their opinions about whether a woman should make the decision to use microbicides on her own, or if she should involve her partner.

I can decide by myself after talking to the medical service provider, but I would not like to tell my partner….He cannot be happy about it because he will see it as if you have another partner….I can tell him later….Obviously, men get annoyed if you use something without telling him and they realize by themselves. It can bring issues, so it's better you tell him before he realizes by himself... (041FN-businesswoman, unmarried but in a steady relationship, Muslim, 29 years old, primary school education)

I'll just have to keep it to myself….if I tell my partner he'll be like, you are playing with me, you don't trust me, why are you applying that. And it can lead to a breakup….another reason, if I tell him he will go ahead and have sex with other ladies. (004FNP-unemployed, single, Christian, female, 22 years old, education beyond secondary school)

Not everyone is understanding…you don't have to take his opinion. You will do what you have to do. Do it first. He will later complain. However, you have already done it. (068FN-peer educator, Muslim, married (polygamous), female, 22 years old, education beyond secondary school)

The Right to Decide

Female non-trial participants' perspectives. As shown in Table 4 above, when asked who has the final decision about whether or not to use a microbicide, 17 of the 25 women who were not previously in trials said they did, one said the male partner has the final decision, six said it should be a joint decision, and one said it depended on the type of relationship; as justification, some said explicitly that men had a tendency to seek sexual relationships with other women or you could never be absolutely sure they would not do so. The others implied it.

I am the one to make the decision, not the man….It is all about my health and I want to prevent the possibility of contracting the virus. If he agrees, I will use it. In case he refuses I will go on with my life….I think you cannot tell anyone that, 'I did it contrary to your opinion.' I will just keep quiet and do it secretly. There is no need of telling him if he never agreed with you. (012FN-student, married, Christian, female, 24 years old, education beyond secondary school)

Some women expressed this idea indirectly by saying, in the event the child's father died from HIV, with the microbicide, at least the mother would survive to bring up the children (thus framing their right to decide not as a right but as an obligation to their children). A small minority of the women said they would not use microbicides without their partner's permission. A much larger number said it should be a joint decision but, when pressed, said if their partner did not agree they would use the product anyway. (In some cases the interviewer failed to probe, so it was not possible to tell.)

> *I would like to discuss it with my partner….so that I can see whether he agrees or not….Because you know, these things, you might do them, and one day your partner realizes that you are using something, and if you don't discuss it with him there might be problems, so I would rather just discuss it with him, make him know the importance of using it…. (012FNP-student, married, Christian, female, 26 years old, education beyond secondary school)*
>
> *Interviewer: Who do you think would make the final decision whether to use microbicide? Is it you or your partner or both of you?*
>
> *You are trying to harass me (laughs)!...I am the one who can make the final decision because it involves a woman, yeah, it doesn't involve men, as much as you want [them] to be included in this research, but [it] involves women a lot….Yeah, but if he insists that you have not to use this thing and I see the reason that I want to use it, and it will help me, I will decide to do it secretly without telling him.*

> *Not even your partner can decide for you, coz he can decide it's no, but you, you want it, it's yes….[The] decision lies with you….I can make it myself coz I know it will benefit me. As a couple, you know there are times when it reaches a point when our spouses can decide to look somewhere else….We have kids…so I see its beneficial when I decide to use it coz whenever he walks out, out, out there: jump! Jump! Jump! Jump!...Coz maybe he might be selfish to benefit himself, not viewing the others, so you want to benefit the kids and you, so you can protect yourself. (016FNP-student, married, Christian, female, 23 years old, completed secondary school)*

> *I am the one to decide but he won't realize if I am using it….My husband is a drunkard….He'll leave the house at 9 AM and return at 10 PM at night drunk. He's drunk "24/7" (laughs) so I am the one to decide. (040FN-housewife, Muslim, 27 years old, completed primary school)*

Men's perspectives. Only one of the 43 men in the study overtly supported women's right to use microbicides without their partner's agreement, but 12 of the 29 men whose partners were not in a trial gave mixed answers or said it depended on the situation (i.e. married or casually dating) or the temperament of the man. Most were not asked what would happen if they and their partners disagreed, and were asked instead whether the man merely needed to be informed and consulted, or whether his permission would be needed. Seven of the 29 men whose partners were not in a trial said the man's permission would be necessary, and nine said they would merely need to be informed or consulted.

> *Interviewer: Do you think it is advisable for a woman to use a gel or a ring without consulting her partner?*

Yes, it is possible….we have some men who are very hostile. It therefore depends on her husband. Some of them are understanding while others will never understand anything. You should tell him in case he is understanding. However, you are free to use it in secrecy in case your partner isn't understanding. (006MN-boda driver, unmarried but in a steady relationship, Christian, male, 24 years old, completed secondary school)

Table 5: Decision-making about microbicides: women's vs men's views

Whose decision should it be?	Women (n=55)	Men (n=43)
Her Decision	38.2% (21)	2.3% (1)
His Decision	1.8% (1)	23.3% (10)
Joint Decision	47.3% (26)*	39.5% (17)**
Contingent***	12.7% (7)	34.9% (15)

*Many of the women who said it should be a joint decision were not probed on whether or not they would use the product if their partner refused.

**Most of the men in this group said they would expect their female partner to discuss microbicide use with them but that she would not need his permission to use.

*** Many in this category were responding to a question about whether a woman should involve her male partner in decisions about microbicide use and they said that it depended on the nature of the relationship or on what sort of man it was. This implies that some or all of them would endorse female decision-making if they thought the husband was irresponsible or if the woman was engaged in casual relationships.

Healthcare Providers' and CAB Members' Perspectives

In both the FGD with healthcare providers and the FGD with CAB members, participants were acutely aware of the challenges of involving men in women's use of microbicides while empowering women to protect themselves from HIV. Participants expressed a wide range of views on the need for male involvement in women's use of microbicides, particularly around decision-making. Most recognized that women had the right to decide on their own, but almost all agreed that it would be better for the user if her partner was aware (and supportive), as it would minimize conflict in the event that he found out. A Quality Assurance Manager from the IPM trials described the challenge of gender norms aptly during the focus group discussion with healthcare providers:

There is the question which asks if a woman should seek permission to use a vaginal product. It goes either way. At an educative level, we know that you don't need permission. You can make that decision alone. That aside, we have family norms. They say that the husband is the head of the house. For those who go to church, we are supposed to submit to our husbands. Your man needs to give you permission before doing anything. There is also that part….Right now, we can say a woman doesn't need permission, but we aren't in our houses, [are we]? …It all depends on an individual decision and the kind of man that you have. If a woman says that you don't need to tell her husband, just respect her. Some people will tell you that they aren't sure what their partner will say. Just respect her. It varies from one household to the other. (HCP015-married, female, 30 years old, education beyond secondary school)

Here a CAB member discusses the realities of discussing microbicides and extramarital affairs:

If you stay in a house knowing very well that some thieves will come, you will fence the place, add grills and any other thing. You need to protect your house from these thieves who are out to steal….These are just preventive measures for the woman. The only time that I will use it-and I am repeating, the only time that I will use it-is when I don't trust my partner or I want to have extra marital affairs. Those are two options. Are these things to be discussed? If I don't trust my partner, I will not sit down with him telling him how much I don't trust him. I will not say such a thing as a reason why I am using the product. If I want to have extra marital affairs, I will not sit down with him to tell him about my plans. These are practical things (laughter). At the same time, men use condoms. There are cases you will find condoms in their pockets and wallets. However, we don't ask. It is even good on my side because I am sure that this man moves around but protects himself….If I plan to engage in the same, I won't sit down with my husband to tell him that I am planning to start moving around….We cannot sit down and discuss how I am going to steal today. Let us try to be a bit practical. Some of these issues cannot be discussed. (CAB08-teacher, female, 44 years old)

How Would a Man React if he found his Partner was Using Microbicides without Telling Him?

Thirteen of the 43 men in the study were probed about how they would react if they found out their partner was using a microbicide without their knowledge or against their wishes (10/29 men who were not partners of trial participants and 3/14 partners of trial participants) and 12 men spontaneously brought up how they would feel or react if they found out their partner used a microbicide without their knowledge (10/29 men who were not partners of trial participants and 2/14 partners of trial participants). Most of the men said their reaction would be negative.

It is proper for one to share that delicacy [delicate topic] with the other partner because these are things that can really break up marriages if the partner will realize you are using the gel without and he is not informed. And it will show that your rate of infidelity is high and you are trying to protect your image…So I would prefer that people talk about it before the other partner starts using the gel. (060MTA-casual laborer, Christian, male, 29 years old, education beyond secondary school)

Interviewer: What are some of the things that you will think in case your partner is using it [after you refuse to allow it]?
I will think that she is a prostitute. Secondly, I will think that she doesn't trust me. There are many [things I might think] but I think the two are enough [grounds] to chase away the woman. (011MN-watchman, married, Muslim, 28 years old, completed primary school)

However there were some exceptions, such as the following case (031MN) where one question: '*Why must you be informed?*' evokes a patriarchal stereotype: '*I am the head of the house, hence, nothing should happen inside it without my knowledge*.' And a later question 'H*ow will you feel in case you reject the product but she goes ahead to use it?*' elicits what appears to be a more thoughtful response: '*I believe she knows why she wants to use the product. She will explain everything to me, hence I cannot stop her from using it*.' The respondent was a 31 year-old *Jua Kali* artisan who has been married for ten

years; he is Catholic and completed primary school. Four of the ten men who were not trial participants who were probed about how they would react if they found out their partner was using the microbicide without their knowledge seemed to have trouble conceptualizing the idea of their partner using the product without permission, as they saw no reason to oppose her use. In one instance, the respondent did not seem to care either way:

> *Interviewer: Would you like your partner to seek your permission to use the ring?*
> *In case she uses it without my consent, I will just be comfortable with it. It will also be okay in case she asks for my permission. (026MN-unemployed, married, Christian, male, 23 years old, education beyond secondary school)*

Surprisingly, among the seven male partners of female trial participants who were told nothing about the study, given partial or misleading information, or found out after she had already begun participating (out of the 14 male partners we interviewed), the lack of knowledge and role in decision-making did not seem to be a major issue.

> *I didn't have many questions to ask about it because she had already made the decision to use the product even before I knew about it. (063MTA-matatu driver, married, Christian, male, 35 years old, completed secondary school)*

> *(After she had been using microbicides for some months.) I used to see her go to that place [the clinic]. After asking her, she made it clear what was going on….I didn't take it very bad because it was good to her health and mine as well….I allowed her to continue participating in the study because she was also learning to take care of herself….The ring isn't bad. If it can really protect against HIV I don't think it is bad. Due to the fact that we were already married, I was a little bothered because I never knew why she was using the ring. I decided to allow her to use it. Maybe she was thinking that I am always unfaithful. I don't engage in extra-marital affairs. I therefore suspected that she might be the unfaithful one. She was therefore using the product to look after herself. She is a grown woman. You cannot stop her from doing anything. (061MTC-electrician, married, Christian, male, 35 years old, education beyond secondary school)*

> *Interviewer: So you did not hear anything about microbicides from her. You only knew she was participating in a study?*
> *Yes, I didn't know what the study was all about. (025MTC-teacher, married, Catholic, male, 43 years old, education beyond secondary school)*
> *Interviewer: Did you encourage or discourage her from being in the study?*
> *I encouraged her because I believe she knows what is good for her….*
> *Interviewer: What concerns would you have that this method is controlled by women?*
> *I really won't have any worry as such given that the woman is the decision-maker when it comes to using it.*

> *(His partner told him the gel was for reducing friction during intercourse and he approved her use of it.)*

Interviewer: If a male partner denies his partner to use the gel and the partner goes ahead and uses it, what do you think about this?

There is no problem with this if she knows that the gel will help her. Maybe the partner doesn't understand the benefits of the gel. (045MTB-casual laborer, married (polygamous), Christian, male, 29 years old, education beyond secondary school)

The Complicated Role of Gender Norms

The following case is quoted at length because it shows a remarkable degree of self-consciousness regarding the gender norms that might influence men's decision-making and stance toward their partner should she want to use microbicides. This man appears to be on the cusp between acknowledging his partner's right to make a decision to protect her own health versus his need for her to be unquestioning of his fidelity and his right to make decisions. The quote captures a way of thinking that is implicit in many of the interviews.

Interviewer: So if your female partner were using the gel or the ring would you expect her to tell you about it?

Definitely! (Clears his throat) Definitely!... (015MN-businessman, unmarried but in a relationship, Christian, 25 years old, education beyond secondary school)

Interviewer: How would you feel about her using it?

…Now it depends: One, if we're both not faithful to each other, then it's OK if she's using that because in a way she's protecting herself—yeah!...But if we're both faithful and trustworthy to each other, then definitely I won't go for that.

Interviewer: So for….let's say for your case now, your relationship, how would you feel about her using it?

At the moment, at first maybe I'll object, but I'll support her for that because we normally trip [have sex outside the marriage], we normally trip and we don't know what happens after that.

Interviewer: You said first of all you'll object. Why do you say you'll object?

If I say yes, she'll be like maybe I am not faithful to her, I go do other stuff elsewhere and come back, so she'll be like 'I can't trust you so I have to [protect] myself first' you see, and that is a notion I won't like her to have, you see, as I promise to be faithful and all that stuff. But for first, definitely I'll have to object….

Interviewer: Would you want her to ask your permission?

Yes of course!

Interviewer: What if your partner asks for your permission and you refuse to give permission, how would you feel when she goes ahead and uses the gel or the ring?

Very bad! I wouldn't be happy. Though, OK, I know I can't force her because at some level she's right in making her own decisions that will benefit her. Asking for my permission was just to make me aware, see, and in case I don't agree with her using that and she goes ahead and uses that, then it's OK. I'll have no other option in that case. She's already using that and if it's fine with her it's fine with me….It's weird because in this relationship at one point you are saying that we are both faithful and on the other hand you allow her to use that, meaning you don't or she doesn't trust herself. See that?

What Kinds of Support do Men and Women want to Communicate with their Partners about Microbicides?

Women's Perspectives

Of the 48 women asked if clinic staff could support them in discussing microbicides with their partner, every woman identified at least one way clinic staff could assist them (spontaneously and/or in response to prompts). Most commonly, women reported staff could help counsel them on how to talk to their partners (91%) ('*I would like them to explain to me thoroughly, so that when I teach him, he may get to understand me well.'*—009FN-student, single, Christian, female, 20 years old, education beyond secondary school), followed by providing materials (88%), organizing community education for men (83%), and sending her partner an invitation to come to the clinic (80%). Several common themes emerged unprompted: almost a quarter of women (13) desired clinic staff to counsel them both, nine women requested staff come directly to their homes, and others mentioned raising tents, holding seminars, attending churches, bringing medics to the community, and use of billboards to reach men.

Women often said they did not want to be the only one to communicate with their partner about microbicides.

> *I can go home and convince him to come to the clinic for some lesson. You are the one to tell him most of the things once I bring him to the clinic. I only have the energy to convince him to come to the clinic. You are the people to do the rest of the stuff. (056FTB-businesswoman, married, Catholic, 28 years old, started secondary school)*

> *The staff can counsel me but I won't have that confidence …in that there are men, they are so arrogant, like they don't want to listen to women. They say there's nothing a woman will tell me. So at least if I invite you to my house [to] come talk to him, I think that's the best coz you can counsel me but when I go to the house he might say that 'you women and these things that you always say.' (004FNP-unemployed, single, Christian, female, 22 years old, education beyond secondary school)*

On one hand, most women identified needing and wanting more information on microbicide products to share with their partner. To better inform themselves and their partners, women desired basic information on the product, its advantages and reasons for use, and its side effects.

Similarly, women saw materials provided by the clinic as being useful in providing information about the product and in serving as a reference resource.

Credibility. Many women also spoke of the source of information as important in their partner's perception of the information's truthfulness. They saw their partners as being more likely to believe, understand, and ask questions to a qualified individual (e.g., clinicians, doctors, providers, medics, counselors) rather than if the information were to only come from themselves.

Sometimes he might think that I lied to him. The more he hears about it from other people, the more I will gain his trust. (061FTC-contractor, married, Christian, female, 31 years old, completed primary school)

I think it is advisable to take him to the health workers so that he can be counseled. I want to explain to him very well. At home, I might do it in a shallow way hence I need to go with him to the medical doctor to advise him appropriately. I will also be able to consult him in case I never understood something. It is therefore important to go to the doctor and discuss about it together. (012FN-student, married, Christian, female, 24 years old, education beyond secondary school.

In the same vein, materials provided by the clinic also were seen as a source of quality information and "proof" of what she shared with her partner.

Experiences of other women. Overall, women described hearing other women's experiences with their partners as being helpful. Women typically expressed interest in hearing other women's experiences with a variety of approaches, and thought the information could be useful for them.

I will ask her how she talked to her partner and how the guy received it. That will really guide and encourage me on how to talk to my partner. (045FTB-businesswoman, married (polygamous), Catholic, 29 years old, completed primary school)

Some women who did not see talking to other women as helpful, it was either because they saw each woman as knowing her own partner best and not needing the information, or because the information given by women might not be perceived as trustworthy (i.e., husband would perceive it as peer pressure, view of some women as pretenders or type of talk as gossip).

Starting the conversation. Women also expressed a common desire to have a starting point for a conversation and discussion with their partners. For some women, the materials or discussions with other women provided this basis. For others, it was an overall awareness among the community through advertisements, community education, or programs for men.

He will come [to community education sessions] for the discussing and get more information. He will come home and discuss it with you. Maybe you had known about the product but didn't find the right time to talk to him. After being taught about it, he will come home to tell you that he has learnt something new from the clinic or from the village function. It is therefore easy to explain everything that you know to him. (056FTB-businesswoman, married, Catholic, 28 years old, started secondary school)

A potential down-side to men's sessions mentioned by a few women was that even if he attended the session, he might not share any information with her about microbicides or the session.

Creating the opportunity for discussion was especially relevant for those women who described their partner as a difficult man, as one who was busy, or someone who saw the clinic and microbicides as a "woman's issue". The most frequently-given reason among women who did not think an invitation to

attend the clinic would be helpful was that her partner would not go – whether because he was too busy or uninterested. Women who believed their partners would not attend the clinic were among those who suggested staff could conduct house visits and those who favored men's sessions in the community. If she could not start the conversation, then he could listen if a provider were to come by his house or once men opened up with one another and potentially led to positive peer-influence.

Whether a previous trial participant or not, women's responses were generally similar in replying to prompts and in emergent themes. However, those women who thought various forms of assistance would not be helpful mostly were previous trial participants. Overall, women overwhelmingly expressed a desire for their partner's to have accurate information on microbicides that their partners perceived as accurate. Women saw the clinic as performing an important and critical role in disseminating this information to themselves and others. Women sought external assistance, encouragement, and motivation for themselves and their partners, and in a way that could be tailored to their specific circumstances.

Men's Perspectives

Men were asked whether three types of activities – counseling men about how to talk to their partners, sending them an invitation to come to the clinic, and providing men with materials they could read – might help enable them to talk to their female partners about microbicides. Nearly all men who were specifically asked about ways to encourage partner communication thought all three approaches would be helpful. In particular, men thought counseling and materials would be helpful.

Many men thought reading materials would be helpful because men could review materials on their own time and they would provide a springboard from which couples could discuss microbicides. One man said, "*We need books. We should have book to take home and go through them at our free time. It is just like going to school. You will go to school to learn what is good and what is bad. You will be able to separate the two. I believe one day you will sit down and take your time going through the book*." (002MN-casual laborer, widowed, Christian, male, 38 years old, started primary school.) Unlike some other activities (see peer discussions, below), reading materials could also lend an air of legitimacy to discussions that would be important to maintain trust within the couple. One man said he would be unlikely to discuss microbicides with his partner without some supporting documentation for fear she would suspect his motives, "*She will not trust me in case I go to her and explain what you taught me. She will wonder if indeed I came here. I therefore need some evidence to prove that I was taught today. The magazine will have more information that I might not have captured*." (006MN-boda driver, unmarried but in a steady relationship, Christian, male, 24 years old, completed secondary school.)

Men were less likely to think hearing from other men might help them discuss microbicides, primarily because some men would distrust their peers as reliable sources of information. One man explained, "*it is difficult to trust them before confirming for myself*." (011MN-watchman, married, Muslim, 28 years old, completed primary school.) Another man elaborated, "*That will not help me in any way. People are funny in the village. All they want to see is reimbursements after being told anything. In case you talk to a man who is trying to help you, we think that he has been paid to do that. I therefore prefer getting the*

information directly from the experts. A village cannot teach itself." (010MN-tailor, married, Catholic, male, 34 years and started secondary school.) A third man agreed, "*I will not be comfortable because I will never know where they got the information or where they are going with it. You cannot just meet anyone and tell him, 'The product is very good.'*" (003MN-*jua kali* artisan, married, Christian, male, 30 years old, completed primary school.) Men were more likely to approve of community education for men if they were taught by skilled professionals rather than their peers.

What Forms of Male Involvement do Men and Women say they want?

Consistent with the "ideal scenario" elicited from the open-ended questions, in the pile sort exercise almost all of the women (44/51) agreed they would like their male partners to make joint decisions about microbicide use with them. Similarly, 37/40 of the men said they would like to do this. In fact, seventy percent of women who were trial participants (41/55) and eighty percent of women who were not trial participants (20/25) said they would want their male partner to provide all or all but one or two types of support, and more than half of the men who were trial partners (9/14) and men who were not partners of trial participants (15/29) said they would be willing to provide all or all but one or two types of support. Only one woman who was in the trial and one male partner of a trial participant said they would not want the male partner involved/would not want to be involved in their partner's use of the microbicide.

Table 6: Overall Frequency of Types of Support Desired

	Female Trial Participants (n=30)	Female Non-Trial Participants (n=25)	Male Partners of Trial Participants (n=14)	Men not Partners of Trial Participants (n=29)
Said yes to all types of support	26.7% (8)	24.0% (6)	28.6% (4)	17.2% (5)
Said yes to all but one or two types of support	43.3% (13)	56.0% (14)	35.7% (5)	34.5% (10)
Said no to >2 types of support	26.7% (8)	12.0% (3)	21.4% (3)	41.4% (12)
Said no to all types of support	3.3% (1)	0.0% (0)	7.1% (1)	0.0% (0)
Data was missing (pile sort not recorded properly)	0.0% (0)	8.0% (2)	7.1% (1)	6.9% (2)

The following tables show the forms of male support most frequently mentioned when the participant was asked to name the top three types of support they felt were most important and the forms of male support most frequently mentioned when the participant was asked to name the top three types of support they would not want.

Table 7: Most Desired Types of Partner Support (Number of times mentioned in top 3 types of support desired)

	Female Trial Participants (n=30)	Female Non-Trial Participants	Male Partners of Trial	Men not Partners of Trial

		(n=25)	Participants (n=14)	Participants (n=29)
Male partner get tested for HIV	14	15	3	11
Male partner be willing to use other forms of HIV prevention	15	7	6	5
Male partner be willing to discuss use of the gel/ring	5	7	3	14
Male partner attend couples counseling with her to learn about the gel/ring	11	9	6	10
Male partner make a joint decision with her about using the gel/ring	7	3	3	11
Male partner remind her to use the gel before and after sex or replace the ring every 28 days	6	11	0	9

While preferences varied between respondent types, willingness of the male partner to get tested for HIV and be willing to use other forms of HIV prevention were top choices for all groups; these choices may reflect the overall awareness of HIV risk and the need for protection, rather than being specifically related to microbicide use. Other top choices included willingness of the partner to discuss the microbicide, attend couples counseling, and make a joint decision about microbicide use.

Table 8: Least Desired Types of Partner Support (Number of times mentioned in bottom 3 types of support desired)

	Female Trial Participants (n=30)	Female Non-Trial Participants (n=25)	Male Partners of Trial Participants (n=14)	Men not Partners of Trial Participants (n=29)
Insert the gel/ring for you	12	9	5	18
Take you to the clinic	4	4	2	12
Go to the clinic with you	6	4	2	3
Remind you to use the gel before and after sex or replace the ring every 28 days	6	0	2	2
Support whatever choice you make about using the gel/ring	4	1	3	4
Attend an education session for men about the gel/ring	1	4	1	1

The least desired by both men and women was for the man to insert the ring or gel for the woman, and many men and women also noted that they either would not want their partner to go to the clinic with them or would not want to take their partner to the clinic. The women who said this may have had privacy concerns; the men more likely were thinking of the inconvenience and their time conflicts during clinic hours. Other than inserting the gel/ring and taking or accompanying the female partner to the clinic, there is a steep drop off in the forms of male support that women desire or men are willing to provide, which is natural given the number of respondents who said they desired all or all but one or two types of support (Table 6). Notably, the desire for the male partner to support whatever choice the female partner made was among the most frequently mentioned least desired forms of male support

according to both female trial participants and male partners of trial participants, which reflects their desire for joint decision-making, which is in contrast to the decision-making process they employed during the trial (detailed elsewhere in this report).

Roles of Male Partners during the Trials

Roles in Decision-Making

Among the 14 couples from the trial who were interviewed, six concurred about decision-making roles during the trial. Three of these said it was her decision and three said it was a joint decision to use the microbicide. Of those couples who did not concur, in four cases, the male partner said it was a joint decision, while the female partner said it was her decision. There were two cases where couples said the opposite of each other: in one case the male partner said it was his decision while the female partner said it was hers and in one case the female partner said it was his decision while the male partner said it was her decision.

Encouragement/Support of Her Decision

Of the 15 female trial participants who disclosed their microbicide use to their partners and were asked whether their partners subsequently encouraged or discouraged their participation, 11 said their partner ultimately encouraged them to use the product, two said he neither encouraged nor discouraged, one said her partner discouraged her from using the product, and one said her partner initially encouraged her, but later discouraged her. In many cases, even among those women who felt they were ultimately encouraged, women noted their partners initially had fears of side effects and were uncomfortable with the idea of an experimental product and one man suspected his partner of being HIV positive. Seven women said they believed their partner encouraged her because he thought the microbicide could help protect the couple from HIV (including one man who did not want to get an HIV test and another who did not want to use condoms), while five women mentioned their partners feared risks associated with the research (although almost all of these women said their partners ultimately encouraged them). Looking at male partners of trial participants, 11/14 said they encouraged their partner, and three said they neither encouraged nor discouraged. Top reasons for encouraging or discouraging were a perceived sense of personal protection from HIV (7), the potential risks of participation in a research trial (side effects) (4), the potential benefits to society of developing a new, effective HIV prevention method (3), and sexual pleasure (2). In most cases, instead of describing why her partner encouraged or discouraged her use, women described how their partners showed their encouragement or discouragement; in some cases what was described as support or encouragement amounted to little more than failing to discourage her from using microbicides. This seemed to be enough for these women.

> *Interviewer: What shows you that he supported whatever you were doing?*
> *…he had the option of stopping me from using the product. He will tell me not to participate in anything that he doesn't like. I went to the clinic and he knew about it. He never stopped me. That means he supported my decision. (014FTC-businesswoman, married, Christian, 33 years completed primary school)*

Interviewer: Did you encourage or discourage her from being in the study?
I told her to continue using the product as long as it was not going to affect us in any way. (037MTC-driver, unmarried but in a relationship, Christian, male, 29 years old, completed secondary school)
Interviewer: Why did you encourage her?
She decided to use it. What could I do about it?
Interviewer: How did you encourage her to participate in the study of using the ring?
She was the one in charge. There is very little I could do.

Six of the 30 trial women said their partner sometimes **insisted they use the microbicide**, but their statements indicated they saw this as positive engagement, with their partner caring about their health and the success of the trial.

Interviewer: Why did he insist that you had to use the gel?
There was a time he insisted that I had to go back home and pick the gel…. (057FTA-businesswoman, married, Catholic, 23 years old, started secondary school)
Interviewer: How did you feel now that he insisted on its use?
I was happy because at least I knew that he cared.

Interviewer: What about reminding you to use the gel?
He did remind me but not a lot of time. He did once in a while. I told you he was just there. He didn't object my use of it neither did he stop me from using it. He was just 'there.' But, the fact that he allowed me to use it, I don't think it was his 'job' to remind me to use it every day. (060FTA-student, single but dates casually, Christian, female, 25 years old, education beyond secondary school)
Interviewer: Why do you say that you don't think it was his job to remind you every day?
Because I was an adult. You are not supposed to be reminded every day on the same thing.

Other Forms of Male Support

Four of the 30 trial women said their partner inserted the gel or ring for them and six said their partner went to the clinic with them; one of the 14 male partners interviewed said he once dropped his partner off at the clinic, but did not go inside (fortunately for his female partner, as she was deceiving him about the study—saying she was in a FP trial). When asked why they did not attend the clinic with their partners, most men stated they did not have time or cited the opportunity cost of missing work, and several noted they saw the clinic as a place for women or did not have a clear sense of why they were needed at the clinic. Of the men who did attend the clinic with their partners, several wanted to hear about microbicides from a doctor or expert.

Interviewer: How did your partner show you his support when using the gel? For example, he could have reminded you to use the gel. How did he show his support?
The fact that he helped me insert it one or two times, I think that was enough support. He also didn't object my use of it. I think that is another support which is enough. (060FTA-student, single but dates casually, Christian, female, 25 years old, education beyond secondary school)

I used to give her money for clinic visits and took care of our children when she went to the clinic. (028MTB-businessman, married, Baptist, 40 years old, completed primary school)
Interviewer: Did you ever accompany her to the clinic?
Yes but I didn't get into the clinic.
Interviewer: Why didn't you get in?
I had a feeling that the clinic was meant for women only.

Interviewer: Was there a time when you told him to accompany you to the clinic and he refused?
No. (037FTC-unemployed, single, Christian, female, 23 years old, completed secondary school)
Interviewer: Why didn't you discuss it with him?
He is a busy guy.
Interviewer: In what way?
He is a 'jua kali' artisan who must always go out and do something before the end of the day….He wouldn't have accepted to come even if I begged him to.

Interviewer: How did you encourage her from using the gel?
My partner told me that the gel is not for sale because it's still under research and it's found at Lumumba [clinic], so I used to monitor the level of the gel especially when I was away to remind her to get some more. I wanted her to use the gel. (045MTB-casual laborer, married (polygamous), Christian, male, 29 years old, education beyond secondary school)
Interviewer: Did you ever go with her to the study clinic?
I had never gone with her to the clinic. I am free during the weekends and she told me the clinic is only operating during a weekday, that is why I have never accompanied her to the clinic.

To summarize, male partners played a relatively small role in women's microbicide use during the trials and women, on the whole, were satisfied with this. Most important for these women, was simply to get their partner's agreement.

What are Men's Barriers to Accompanying their Partners to a Clinic for Microbicide Services?

Work and non-work related prior commitments, perceptions about clinics, and attitudes regarding microbicide roles and responsibilities were cited as the most common reasons why men may not accompany their partners to the clinic for microbicide services, which echo the reasons given for why male partners did not visit the clinic during the microbicide trials. Men in both trial and non-trial groups were most likely to cite work responsibilities or other prior engagements (e.g., academic courses, a sports tournament) as factors that made it difficult for them to take women to clinics, go to clinics with them, or attend couples counseling or men's education sessions at clinics. In most cases, however, men said they would at least take women to clinics for microbicide services if appointments did not interfere with work, social, or educational commitments.

Some men also stated they would feel uncomfortable or unwelcome if they accompanied their partners to clinics for microbicide services because they thought clinics offering such services were only for women. A few men argued it was not their place to accompany women to clinics since the microbicide is used by the woman and thus (according to some men) her sole responsibility. One male, for example,

initially said he could not go with his partner for services because they might be offered on days when he may be busy. When asked whether he would attend if he did not have prior commitments, he responded, "*Not so much, I believe this is a woman affair I can only be present during the discussion part of it only. I will not be happy to sit on the bench with very many women. (Laughing*)." (052MN-businessman, married, Catholic, 31 years old, education beyond secondary school.)

A few men whose partners participated in the trial, were unaware they could accompany partners to clinics. One man said he never accompanied his partner to the clinic during the microbicide trial because he was not invited, explaining, "*I thought that it was something about women and I was not supposed to be involved in [it]."* (043MTA-unmarried but in a relationship, Catholic, male, 26 years old, education beyond secondary school.)

Many men did not feel reproductive health clinics were welcoming to men. Most of these men had never actually been to such a clinic, but had heard from others these clinics only served women. One man had heard from others that reproductive health clinics were only for women and said he never attended one because "*I always feel that it's meant for women only and that may be if I visit the clinic I might not get all the attention. "* (048MN-boda driver, married, Christian, male, 28 years old, started secondary school.)

Men who had been to reproductive health clinics most often felt uncomfortable because of the number of women in attendance. One man reflected, "*I think it is our ego that is making us feel uncomfortable. They [reproductive health clinics] are normally filled with women*." (021MN-security officer, married, Christian, male, 32 years old, completed secondary school.)

Conversely, most men felt HIV testing clinics were very welcoming. One man's assessment of clinics captured some of the common sentiments held by his counterparts:

> *In relation to HIV clinics, I think they are very good. They are welcoming to both men and women and a good example is this mobile clinic. They are always very friendly. If you need them, they will call you and share with you very friendly and it's your decision inside there. They are really welcoming. (024MN-matatu driver, married, Christian, male, 24 years old, education beyond secondary school)*

When asked what could make any clinic more welcoming to men, participants most often stated it would be helpful if there were more male staff. As one man explained,

> *I don't know if it's positive or negative but I will just say it, if you have more women working in a clinic or health center and you expect men to go there and talk to them about their problems, in a way it becomes an obstacle. Most men would like to open their minds to male counterparts. We tend to think that women are not all that….they don't know how to keep some secrets for example if I come to Lumumba [clinic] today I get my neighbor secretly somewhere there may be she is a nurse, I may end up not going for HIV test just because she is there but if I see a neighbor who is a doctor, I may feel more comfortable going for that test since he is a man working in*

health set ups. (015MN-businessman, unmarried but in a relationship, Christian, 25 years old, education beyond secondary school)

Men also thought their peers would feel more welcomed in reproductive health clinics if campaigns aimed to educate men about the available services for them. While one man acknowledged "nowadays" men are being encouraged to attend these clinics, there was a general sense that greater awareness was necessary to make men feel more welcomed in reproductive health settings. As another participant explained,

I just think, it needs more education, not education but awareness because people have believed that clinics are for women and babies so there is that sense of ignorance. So awareness is needed and to help men understand that clinics are meant for any person who needs to know her health status. So services and interaction in the clinic I think is good enough. You know, what attracts a woman you can't tell me can't attract a man. (024MN-matatu driver, married, Christian, male, 24 years old, education beyond secondary school)

Men might be educated about microbicides if counseling and education were offered through clinics where men seek other treatments, such as male circumcision. As one man explained,

Very few will participate [in microbicide related activities] because the product mostly deals with women. If at all we had one for men, it would have been easier. For now, it is going to be difficult to men. It would be easier for men to come if there are other things bringing them to the clinic. For example, I might come to the clinic to get circumcised. You can teach me at that time. At times, a guy can just decide to go to the VCT. That is another time to teach them. (061MTC-electrician, married, Christian, male, 35 years old, education beyond secondary school)

Several healthcare providers mentioned that giving priority to male clients and couples can increase the likelihood men will accompany their partners to the clinic (although this might be unfair to women who have come by themselves.) One noted the need for expanded hours to accommodate male clients and the advantage of integrating microbicides with existing healthcare services.

I think the more holistic the message, the better it is. The problem is that you want to focus on one aspect and forget the rest. I just want to give you an example of HIV care. If you are pregnant, you go to MCH. You then go to the next line for your test and CD4 count. It has now been integrated. You just go to the regular clinic in a normal way. When there, the baby gets immunized as you pick your ARVs after the CD4 count. All of these are done at the same clinic. It has really worked well. This can work for microbicide as well. If you integrate with cervical cancer screening, family planning or any other issue, people will easily embrace it. Let it not look like an own entity in one corner. (HCP03-study nurse, married, Christian, female, 32 years old)

What do Women, Men and Health Providers Think of Potential Strategies for Engaging Men in Microbicide Programs?

Invitation Cards

Women's perspectives. The majority of women thought invitation cards – received directly from clinics or from women themselves – would encourage male participation. Women most often felt invitations would be effective because they seemed official and would lend a level of credibility and seriousness to the topic. For example, when asked whether her partner would accompany her to a clinic if he received an invitation, one woman responded, "*Of course he will come. [The invitation] shows how serious the issue is. In case I just pass a verbal invitation, he might think that I am trying to joke with him. Most men will come in case you send the cards. Very few will ignore the invitations."* (037FTC-unemployed, single, Christian, female, 23 years old, completed secondary school.)

A few women also felt invitations including a man's personal information would appeal to male pride and make men feel like they had an important role to play in microbicide use. One woman put it like this: "*As you know, men like being recognized. The moment he receives a card that has his name, he will feel that these people know that he exists . . . As long as it bears his name, it has a 'weight'*." (071FTA-businesswoman, unmarried but in a steady relationship, Christian, 27 years old, education beyond secondary school.)

However, several women noted invitations could arouse partner suspicion and lead men to question their partner's fidelity or HIV status. As one woman explained, she would not wish her partner to receive an invitation unless she had first discussed microbicides with him "*because he might be suspicious why I have been given the card to take to him, was there any other negative thing behind it that I did which made them to give me the card to take to him?, so it is better for me to talk to him than taking the card*." (003FNP-student, unmarried but lives with partner, Christian, female, 22 years old, education beyond secondary school.) Another woman echoed similar sentiments, emphasizing the need to introduce the microbicide to her partner before he received an invitation because "he will want to know who has given me the card. If you give anyone a card, "*Where is it from?" That will be the first question. The best thing to do is to first talk to him then later take him the card. Do not send the card before talking to him*." (049FTB-social worker, single, Christian, female, 25 years old, education beyond secondary school.)

Men's perspectives. Like women, most men thought invitation cards would encourage male microbicide involvement, regardless of whether they were sent by clinics or delivered by women. While very few men provided any explanation as to why an invitation would motivate them to attend the clinic, several men did note they would only honor the invitations if clinic appointments did not interfere with their work schedules.

Encouragement from Men's Peers

Women's perspectives. Responses regarding the effectiveness of male-to-male peer encouragement were mixed. The majority of women did believe being encouraged by other males in the community would boost male partner involvement; several women attributed the success of local male circumcision campaigns to male-to-male peer encouragement and believed the same channels could be used to motivate men to attend microbicide services. One woman recalled, "*I remember when male circumcision*

was introduced. Many people rejected it claiming it was a taboo among the Luo community. Some people decided to venture into it and saw the benefits. They later told their friends and encouraged them to go for it. That is the same way I would expect this product to reach as many people as possible." (030FN-businesswoman, widowed, Catholic, 40 years old, completed primary school.)

Some women, however, doubted male encouragement would lead to greater involvement. First, women argued microbicide issues were personal and thus inappropriate or unlikely to be discussed with other males. One woman doubted her partner would be swayed by his peers, explaining "*My partner is someone who doesn't like talking to other men (laughing). If you go to him and tell him to come to the clinic, he will not agree*." (001FTB-unemployed, married, Christian, female, 30 years old, completed secondary school.) At least one woman worried that if men talked to one another about microbicides it would be to the detriment of women and lead to suspicions about women's faithfulness. She argued one "*cannot share family issues with other men [because] men will tell him to confirm why his wife is using VivaGel*." (063FTA-teacher, married, Christian, female, 28 years old, education beyond secondary school.)

Second, while invitations conveyed a level of seriousness, recommendations from peers lacked the symbolic prestige or expertise that would be necessary to compel male partners to accompany women for microbicide services. One woman dismissed the effectiveness of peer encouragement, arguing her partner "*won't take it to be that seriou*s." (053FTB-laundry attendant, married, Catholic, female, 28 years old, completed secondary school.)

Men's perspectives. Similar to women, most men thought male peer encouragement could motivate male participation in microbicides, though there was less consensus about whether this strategy would work. Some men did not think it was appropriate to be discussing such issues with other men and believed initiating such discussions might suggest female unfaithfulness. A few men simply did not feel comfortable listening to advice given by other men. As one man put it, "*I don't like listening to other men.*" (001MTB-data clerk, married, Christian, male, 34 years old, education beyond secondary school.)

Community Education Sessions and Counseling Sessions for Men in Clinics

Women's perspectives. Most women thought community education sessions were the best way to engage men for several reasons. First, many women mentioned men used "business" as an excuse to avoid attending clinics. As one woman put it, men "*keep pretending that they are very busy (short laughter). That is the reason why most of them will not participate [in clinic counseling]."* (029FTC-tailor, married, Anglican, female, 27 years old, started secondary school.) Relatedly, women noted counseling sessions could be lengthy and difficult for men to sit through. *"Men are very impatient and won't be patient enough to sit through a counseling sessio*n." (027FTB-casual worker, Christian, female, 20 years old, started primary school.)

Community-based educational sessions would provide men with a way of learning about microbicides without having to enter into a clinical environment. Bringing information to men would help address time-related concerns and men's fear of clinic-based settings. According to one woman, community-based educational sessions would be effective because they would not "*require [men] to go to the clinic.*

You can meet them while working, talk to them and then leave them to continue with their activity. I think it will help a lot." (043FTA-teacher, single, Christian, female, 29 years old, education beyond secondary school.)

Additionally, women noted men enjoy interacting with one another and community education sessions could also play on social expectations that men engage with one another and participate in collective activities. Women stressed the importance of reaching men on their own turf, rather than expecting them to come to clinics.

A few women mentioned educational sessions in the community would be better attending if they were supported by community elders or the baraza. One woman felt confident that with the support of male leadership, a much greater percentage of men would attend sessions: "*I've worked with different communities, the only thing you need to do is to talk to the village elders and then every other person in that particular community will attend this sessions*." (047FTA-student, single, Christian, female, 29 years, education beyond secondary school.) Several women thought church-based settings would be an effective place to educate men.

Several women also suggested information be linked to family-based activities or sporting events, since men were likely to attend these types of activities. One woman suggested having group sessions and advertisement linked to football because "*Men love football. They will like any advert on football. You can hold seminars and mobilize them on the gel use. You must make sure to have men on the advert.*" (063FTA-teacher, married, Christian, female, 28 years old, education beyond secondary school.)

Finally, a few women specifically believed door-to-door education campaigns would be best. First, they addressed men's complaints about being too busy to attend clinics, and secondly, a door-to-door approach would provide a man with privacy and confidentiality to ask questions he might otherwise be too intimidated or ashamed to ask in a group setting.

<u>Men's perspectives.</u> Like women, men were most likely to believe community education activities were the most promising strategies for engaging men to support microbicide use. Six men specifically (and enthusiastically) believed sporting events provided the best forum for community education and activities because men enjoyed sporting events and would likely attend in large numbers. One man suggested information be shared "*through sports and acting. Sports like football, loved by all age groups, can bring people together. During such occasions you can talk to people through loud speakers*." (051MN-unemployed, unmarried but in a relationship, Christian, male, 26 years old, completed secondary school.)

Men were most likely to see sporting events as ideal for community mobilization and an effective way to spur further dialogue and information-seeking regarding microbicides, as one man clearly explained:

> *There are many things involved according to me. There are many community leaders and there is a lot of information that is required in our community. You can integrate this information with what is believed in the community. It becomes part of a wider community sensitization program rather than a stand-alone initiative. For instance, we have sporting activities in our communities.*

This is a major community mobilizer. If we can have a football tournament, it can mobilize different communities. After the event, there should be some brief sessions to share about it. We can have the community mobilized so that they can receive the information. It will trigger discussions among men themselves and between men and their partners. (046MN-local politician, married, Catholic, male, 35 years old, education beyond secondary school)

A few men also suggested village chiefs and religious leaders be recruited to help disseminate information. Social obligations to attend governmental-sponsored meetings, one man argued, would encourage him to attend any information session on microbicides. As he explained, "*Many will attend if you use local government administration, like where I come from, if there is a chief's baraza and you don't attend can cause you problems."* (045MTB-casual laborer, married (polygamous), Christian, male, 29 years old, education beyond secondary school.)

In general, men were more optimistic than women about the likelihood of getting many men to participate in microbicide activities – especially those offered within the community. Most men thought male involvement in community-based activities would be high, though few men elaborated on the reasons. Men who did provide explanations for high involvement most often cited fear about the risk of HIV and a desire to protect themselves and their families and/or the ability to learn about products without attending clinics (which men sometimes feared or said were too time-consuming to visit).

However, a few men were skeptical turnout for educational or counseling sessions would be high without financial incentives, regardless of whether they were in the community or clinics. One man believed "*if there are incentives people normally attend the functions, but if there are no incentives very few people do attend*." (050MN-businessman, married, Pentecostal, 25 years old, education beyond secondary school.) Another man explained further how the average man might weigh his wage-earning obligations against invitations to attend informational sessions, suggesting the importance of offering monetary incentives to men:

Most of these men are bread winners. A session like this will take about two hours. What if I was a 'boda-boda' operative? I could have made 200 shillings within the 2 hours. I will be compensating that while on the road. Most men will therefore not come. They will look at all the benefits. I will have gained some knowledge. However, what have I gained economically? (036MN-teacher, unmarried but in a relationship, Protestant, male, 27 years old, education beyond secondary school)
Interviewer: What if they are reimbursed?
Yes! They will come! They will come! They will come!

Mass Media

Most men and women thought mass media campaigns could be helpful in disseminating information about microbicides and encouraging men to find out more about the products. Most men thought television, radio, and print would be effective media for engaging men in microbicides, primarily because they are widely available and have the potential of reaching a large number of men. However,

men noted messages needed to be conveyed in various languages to maximize effectiveness, and a few men mentioned literacy levels could be an issue with print material.

Comparing doctors, sports figures, and peers, men were most likely to prefer messages be conveyed by doctors because they were seen as experts and respected figures. As one man put it, "*I think they can listen to doctors than any other person. I cannot repair a vehicle because I am not a mechanic. I therefore think the doctor is better placed to go through them?"* (011MN-watchman, married, Muslim, 28 years old, completed primary school.)

Few, however, thought mass media campaigns could effectively engage men as well as community education efforts. And like women, several men thought mass media campaigns would be less effective than other activities because they lacked the legitimacy and expertise men associated with education and counseling efforts, though this might not be the case if doctors appeared in microbicide advertisements.

Counseling/Group Education for Couples versus Men or Women Only

Women's perspectives. The vast majority of women thought counseling should be for couples, primarily because women felt being educated together would minimize the risk of misunderstandings within the couple, foster trust, and cultivate support within the relationship. A few women thought counseling should first be for men alone, followed by a couples' session. These women thought providing men with the chance to discuss the product among themselves would make them feel less intimidated and more comfortable with the idea of the product. Several women thought offering counseling for men or women only could lead to questions about fidelity or misunderstanding in the use of the product. One woman explained why she would not want her partner to attend counseling without her:

> *[If counseling] is being done on men only, the partner is therefore not involved. That will bring some misunderstanding within the relationship because you might not understand why he or she is using the product. It would bring misunderstanding. Unfaithfulness might occur." (038FTA-community and clinic health worker, single, Christian, female, 27 years old, education beyond secondary school)*

Men's perspectives. Men were asked whether education sessions in the community should be held in male-only groups or mixed groups. Nearly half of men thought sessions should be mixed – including both men and women. These men most often said mixed groups were best because it would ensure men and women received exactly the same information, thus minimizing the possibility for misunderstandings regarding the purpose or use of the product. Some men said mixed gender groups would also foster open dialogue and communication and a few men thought having mixed groups would minimize suspicion about fidelity or faithfulness. One man suggested mixed groups sent a message that women were equals to men and joint sessions could minimize gender-specific interpretations of information. He explained:

> *[Mixed groups are preferable] to stop the issue of men being superior in decision making. Both men and women must be there and hear the discussion so that they can make an informed*

decision after the training. What if you decide to separate them? People understand these things differently. The husband will just tell the woman how bad the product is. "According to our training, it is a bad product." However, in case they are together, they will just be looking at each other. "Have you heard what has been said?" there will be that mutual understanding. Everyone will be coming with his or her information once you separate them. They will have different interpretation of the training. There will be some conflicts when deciding whether to use the gel or not. (036MN-teacher, unmarried but in a relationship, Protestant, male, 27 years old, education beyond secondary school)

About a third of men thought education sessions should first be male or female-only, but be followed by a mixed-gender session. The remaining men (about a quarter) thought education sessions should be separated by gender. For men in these two groups, the value placed on single-gender sessions nearly always related to comfort. These men felt men would be more likely to ask questions and engage in a dialogue if women were not present, especially given microbicide use could be viewed as private or embarrassing.

Healthcare providers' and CAB members' perspectives. A few healthcare providers mentioned that counseling should be available for couples, but men and women also needed to have private counseling available in case they wanted to speak to the counselor about anything private. CAB members discussed the merits of community education and small group counseling, noting that mixed gender groups and single gender groups should both be available, as some groups (such as Muslims) will prefer segregated groups, while couples may prefer to come together to a group. Several healthcare providers noted that the healthcare provider had a responsibility to help the woman decide if and how to disclose her use to her partner, and should have trainings and refresher courses specific to this challenge. CAB members also felt women should have the option of bringing their male partner with them to the clinic to learn about or obtain microbicides, but it should not be required.

I can go tell my husband that I met people discussing about microbicides. "I got interested and they told me to go together with you." He won't have a problem….Let us identify each participant's strength and be able to empower them on how to communicate with their spouses.…The participant should be dealt with individually so that they can know the time or point of talking to their partners. We should also know what can be done to empower her communicate. (HCP06-clinician, married, Christian, female, 37 years old)

Study Limitations

One of the principal limitations of this study was the relatively long period of time that had elapsed since the microbicide trials (4 to 6 years), which may have limited the ability of the trial participants and their male partners to recall the details of what they felt, understood, and communicated to one another at the time of the trial. A second limitation is the hypothetical nature of the questions posed to the participants who were not involved in a trial. We recognize responses to hypothetical questions may be unreliable for predicting how these individuals might react when faced with the actual situations described. Finally, the majority of the study participants were of Luo ethnicity. Luo are of considerable

interest as one of the most populous groups in Kenya, but their views may be quite different from those of other ethnic groups. Nor, of course, can the study be assumed to represent the points of view of the larger population of Luo, given it is a qualitative study.

Discussion

This study was guided by the question: What are the best strategies for constructively engaging men in microbicide programs without disempowering women? The results show that, for the most part, women would like their male partners to know about and endorse their microbicide use and, if possible, to support them in various ways—most importantly, to help them deal with any problems that may arise, such as side effects. They would like to avoid using the product without their partner's knowledge only to be discovered and accused of lying or infidelity. Most women like the idea of joint decision-making, but with the important caveat that the outcome of the decision should be microbicide use. And not all men will support microbicide use.

Women who feel there is a risk their partner will not agree to their use of microbicides have used, or say they would use, a variety of strategies in clinical trials. One is to engage the partner in discussion and, if he fails to endorse microbicide use, use it anyway. Although this may involve secrecy, at least they will have broached the subject, and they feel their partner, despite having his wishes disregarded, will have fewer grounds for anger than if he had been told nothing at all. Other women have chosen to provide incomplete or misleading information so they can claim they were not being secretive. This strategy works best when the man has little interest and does not ask questions. A sizeable minority of the women (1/3) who used microbicides did so without telling their partner anything. These are the women who are least trusting of their partners' fidelity, most motivated to protect themselves from HIV (and arguably most in need of a female-controlled method of protection), and least confident their partners would be supportive. In all, 41/55 of the women in the study said they either did or would not tell their partner, at least not prior to initiating use, or did/would tell him but then went on to use (or said they would use) despite his objection. These findings confirm the results of numerous studies with women participating in trials and surrogate studies suggesting many women would prefer an HIV/AIDS prevention product they can decide for themselves to use without informing their partner (Martin 2010, Kohli 2011, Orner 2006, Guest 2007, Kacanek 2012; Ramjee 2007). Thus, although the idea of constructive male engagement in women's microbicide use may seem appealing and logical, given the ubiquity of gender norms putting men in control of decision-making, we should not forget the principal reason for developing a female-controlled HIV prevention method in the first place.

Whereas every one of the women in this study expressed a desire to use microbicides if the method proved to be effective and without significant side effects, some of the men expressed ambivalence. A substantial minority of the men seemed to waver between the idea they should do everything possible to protect their loved ones from HIV/AIDS, and the idea their partner's microbicide use would indicate a lack of trust in their fidelity, or suggest the woman herself had another partner, or desired to have other partners. Or, it might undermine one of the factors that discouraged her from being unfaithful, whether at present she desired to take another partner or not.

Like the women, the majority of the men in the study favored joint decision-making. But whereas most of the women felt in case of disagreement it was they who had the right to decide, only a few of the men said the woman should have this right. Still, surprisingly, among the subset of men who were unaware of their partner's microbicide use when she was participating in a trial, and subsequently learned of it, none seemed to care. This raises the interesting possibility that in such matters ignorance is bliss for some men. Being asked directly about their right to know and decide about microbicide use may have evoked the gender norm of male control and made them sound more adamant about their right and desire to play a strong role in this than might have been the case if they were actually in a situation where their partner used microbicides and told them little or nothing about it. Thus, it may be important in male engagement campaigns to avoid "awakening" in men the patriarchal gender norms and stereotypes that put men in control of decision-making and make them feel they need to guard their women's fidelity, putting aside the question of their own.

In this light, the overwhelming support for male engagement in women's microbicide use suggested by the pile sort exercise should probably be taken with a grain of salt. Many of the women who put most of their cards in the "yes" pile, indicating they would welcome all or almost all forms of support the interviewers listed were the same women (trial participants) who did not tell their partners about their microbicide use or (non-trial participants) who said they would not tell their partners. They were speaking of an ideal scenario with a changed or different partner who would be supportive of their microbicide use. A few of the women qualified their remarks to indicate this. A few mentioned their actions regarding decision-making and communication would be different with an approved, safe product than it was when they were using an experimental, trial product. Both men and women may have been influenced by what they saw as the "social desirability" of a yes response. There was more variability in the responses to the questions about the best ways to engage men than there was in the pile sort. Most of the participants showed a preference for direct contact with the service providers, and there was more elaboration in the statements about interaction with service providers, suggesting more thought had gone into these responses. Women felt it would be good if their partner could hear about microbicides from another source, in addition to themselves. Both men and women said written materials would be because they might not remember everything they were told.

There was considerable enthusiasm for the use of community gatherings to provide information about microbicides, and some participants specified both genders should be included so both partners would hear the same thing, and so as not to appear to be excluding women from decision-making. There were many suggestions regarding who should be conducting, or present at, the gatherings. Doctors or other medical personnel should be included to enhance the credibility of the information provided and, in the early stages of microbicide introduction, it might be fruitful to experiment with other types of individuals mentioned such as village chiefs, religious leaders and sports figures, and alternative venues such as barazas, sporting events and churches, as well as clinics.

To address men's reticence to go to clinics, microbicide services should be offered at diverse times, including weekends and in the evenings and could benefit from inclusion of male staff. Services may more likely be utilized by males if they are offered through clinics that traditionally serve both men and

women, such as HCT clinics, as opposed to clinics associated mostly with family planning and prenatal services. Providers could also educate men about microbicides when they attend VMMC services.

Clearly, establishing the credibility of information will be essential in the effort to gain men's support for microbicide use, and medical professionals appear to have high credibility in these communities. Encouraging men to visit clinics to discuss microbicides would put them in contact with credible information sources. Preferably they would go to the clinics in the company of their female partners, since both genders seem concerned about the potential to confuse of intentionally misrepresent information received in clinics. Credibility of mass media could be enhanced by using doctors in advertisements.

We would conclude that male engagement strategies should put women first and let the women who want to use microbicides be the ones to decide to what extent and how to involve their partners. Our findings suggest resources should be invested in training service providers to counsel women regarding the pros and cons of telling their partners about their intention to use a microbicide, and strategies for doing so in a convincing manner, making it clear using without consulting the partner is always an option. Couple counseling should also be offered for those women who feel this would be helpful; in couple counseling the service provider could suggest specific forms that constructive male engagement can take, such as reminding the partner to insert the gel or change the ring, taking her to the clinic, or giving her transportation money, bearing in mind what most women most want is their partner's endorsement, and want him to be tested for HIV and be willing to use other methods of protection as well. Broader communication initiatives through media, meanwhile, should attempt to "normalize" microbicide use, portraying it as a method for protecting women and the children who depend on them. There is no need to dwell on the reasons women may need such protection, as women already seem to be well aware they are at risk of HIV/AIDs and sensitive to the complicated questions about fidelity and trust microbicide use raises. In other words, communication programs might do well to avoid raising gender issues when they address broad audiences, leaving this for one-to-one sessions with women or women's groups, or with couples who raise these issues themselves.

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