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Approaches that Work

ADDRESSING GENDER IN HIV ADHERENCE PROGRAMS

Factors Affecting Tanzanian Women's and Men's Adherence to HIV Treatment

- Disclosure and stigma affect women and men in different ways.
 - HIV-positive women may be seen as sex workers.
 - HIV-positive men are seen as weak for carrying a woman's disease.
 - Women may not disclose a positive status to a partner for fear of abandonment or violence.
 - Men may not disclose because they do not want to change lifestyles or risk losing jobs.
- Men are often reluctant to seek HIV testing. In some cases, they will share their partner's medication without knowing their own status, compromising women's ability to adhere properly.
- Women often need to obtain money (for transport or other costs) or support from their partner to seek treatment. Some partners are not supportive and throw out the medication.
- Men and women often lack proper nutrition, reducing their tolerance for medication and resulting in discontinuation—divorced or abandoned women are particularly vulnerable.
- Women may adhere to HIV treatment due to a greater concern for their health, better access to healthcare, and the desire to take care of family.
- Men's responsibility to family is often equated with providing financial support. They feel pressure to stay at work rather than leaving to collect medication.

Assessing and addressing gender inequity in HIV treatment programs can help countries ensure women's and men's access and adherence to antiretroviral therapy (ART). As treatment programs continue to be rolled out and scaled up, it is important to examine and consider these issues. The USAID | Health Policy Initiative, Task Order 1, has experience partnering with local HIV-positive networks in identifying and piloting approaches to increase adherence levels among people living with HIV (PLHIV). This approach focuses on undertaking a situational assessment of HIV-positive women's and HIV-positive men's experiences in adhering to HIV treatment and designing a context-specific intervention to address these experiences.

SITUATIONAL ASSESSMENT

Gender inequity is recognized as a major barrier to effective care, treatment, and prevention efforts. Factors affecting HIV-positive women's ability to access antiretrovirals include financial and time costs of traveling to service points, lack of confidentiality, and the need to seek permission from partners to access services (Rwechungura and Kayitare, 2006). Similar data for men's gender barriers have not been well researched or discussed. As a result, little is known about gender issues that are a barrier for men in adhering to HIV treatment.

To design a program specific to the Tanzanian context, the project team met with national and local PLHIV networks and U.S. government partners to discuss barriers women and men face in adhering to HIV treatment; suggestions for addressing the barriers; and current activities focused on adherence (see sidebar for selected findings).

PILOT INTERVENTION

The Health Policy Initiative developed a pilot intervention in partnership with the National Network of Tanzanian Women Living with HIV/AIDS (NETWO+), which included the following components:

1. Integrate gender into NETWO+'s existing HIV treatment literacy training materials
2. Pilot revised materials with HIV-positive women and HIV-positive men in a treatment literacy workshop in Morogoro region
3. Follow up the workshop through group discussions with participants three months after the pilot workshop

This intervention expanded NETWO+'s existing treatment literacy program for their members in two ways: (1) by incorporating gender concepts and action planning and (2) holding a workshop for HIV-positive men. As such, the workshop objective was to raise awareness among HIV-positive women and HIV-positive men about gender issues related to adherence to HIV treatment and work with them to create action plans to effectively address adherence issues in their communities. NETWO+ identified a particular need to involve men in such training programs, as men often do not have opportunities to participate in trainings related to HIV, and their limited knowledge affects their partners' health and treatment behavior as well as their own.

The activity successfully brought gender issues to light during two workshops in Morogoro, Tanzania, in March 2010. Three months after the workshop, NETWO+ undertook a follow-up group discussion with workshop participants. They reported being better able to understand HIV treatment and adherence with respect to gender relations in their communities. The Health Policy Initiative's approach of expanding existing efforts resulted in improved PLHIV capacity to initiate awareness-raising and education activities in their communities. Participants' openness about their own status has facilitated their ability to gain other PLHIV's trust and serve as community educators.

Furthermore, engaging PLHIV in new discussions gave the project team insight into women's and men's HIV and gender knowledge. This knowledge is critical for improving design and implementation of HIV programs.

RECOMMENDATIONS

The Health Policy Initiative recommends that efforts to scale up ART should identify gender barriers to adherence and take steps to address them in the design and implementation of treatment programs.

Program managers and healthcare providers should take the following into consideration:

- Partner with HIV-positive women and HIV-positive men, who can assess the situation and offer program solutions.
- Remember men—HIV-positive men benefit from HIV and gender education and support through men's networks.
- Support HIV-positive women and HIV-positive men with disclosure strategies, as disclosure facilitates adherence to treatment.
- Collaborate with community stakeholders to address gender-based violence.
- Evaluate the long-term effect of the Tanzania pilot workshop in one to two years.
- Replicate the workshop in another context with PLHIV community members who have had basic HIV and gender training and are motivated to address the issues.

Workshop Outcomes (reported by participants at three-month follow-up)

- ✓ Improved ability to adhere to treatment and help families and friends also on treatment by sharing what they learned in the workshops.
- ✓ Confidence to speak to their communities about HIV and AIDS, treatment adherence, and gender issues, such as men's ability to support their partners with their treatment.
- ✓ Ability to exchange ideas with other PLHIV and build a communication network for future collaboration.
- ✓ Improved ability to provide home-based care to PLHIV, including increased motivation to work in difficult conditions with scarce resources.
- ✓ Capacity to reach out to others at care and treatment centers.
- ✓ Speaking up and discussing the importance of adherence and the gender issues that affect it (such as men's reluctance to test for HIV and/or disclose a positive status) in meetings and training sessions organized by other organizations.

For More Information

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The views expressed in this publication do not necessarily reflect the views of USAID or the U.S. government.

The USAID | Health Policy Initiative, Task Order 1, is funded by the U.S. Agency for International Development under Contract No. GPO-I-01-05-00040-00, beginning September 30, 2005. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Task Order 1 is implemented by Futures Group, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and Futures Institute.

RECOMMENDED RESOURCES

- Herstad, Britt. 2010. *Addressing Gender Issues Related to HIV Treatment Adherence Programs*. Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1.
- Rwechungura, Lydia and Frank Kayitare. 2006. *Mapping of Experiences of Access to Care, Treatment, and Support—Tanzania*. London: International Community of Women Living with HIV/AIDS (ICW).
- USAID | Health Policy Initiative. 2010. *Community Treatment Literacy: Recognizing Gender Issues in Adhering to HIV Treatment. Workshop Manual*. Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1.