Understanding microbicide acceptability

Introduction
In July 2010, the CAPRISA 004 trial demonstrated that a vaginal microbicide gel containing the anti-retroviral drug tenofovir, reduced the risk of HIV infection for women by 39%. A confirmatory trial, FACTS 001, is ongoing in South Africa. If tenofovir microbicide gel is proven to reduce the risk of HIV acquisition, it could be available as an additional HIV prevention option for women in the foreseeable future.

As such it is important to understand as much as possible about microbicide acceptability in different populations. In clinical trials of candidate microbicides, acceptability is most frequently assessed by asking women if they would be willing to use a microbicide, whether the product characteristics are acceptable, and if the experience of using a microbicide is acceptable.

In the MDP 301 clinical trial we measured the acceptability of a vaginal microbicide gel by asking women if it was easy to insert the gel, convenient to use the gel, and whether the gel impacted on sex enjoyment. Most women said that they found the gels highly acceptable to use.

In addition, we conducted in-depth interviews with a sub-sample of 725 trial participants. Instead of asking a fixed question such as ‘did using the gel make sex more or less enjoyable?’ we asked the women to describe in their own words their experience of using the gel. Women's descriptions of the gel provided broader insights into factors that influenced their acceptability.

In this briefing paper, we summarise how women described their experiences of using microbicide gels. These findings were presented in a scientific paper entitled 'Reframing microbicide acceptability: findings from the MDP 301 trial' which was published in the journal of Culture, Health and Sexuality in April 2010.

Main lessons

1. Microbicide gels are about more than HIV prevention for the women who use them

It was clear from the interviews that most women understood that the trial was designed to evaluate the safety and effectiveness of a microbicide gel in reducing the risk of vaginally acquired HIV. While most women ‘hoped’ that the microbicide being tested would reduce their risk of HIV, they also assigned other significance to the gel, relating to sexual pleasure, relationships and wellbeing.

Sexual pleasure: In addition to seeing microbicide gels as a way to reduce the risk of HIV infection, women also talked about them as a way to improve sexual pleasure for themselves, their partners or both of them. Using the gel increased sexual pleasure for women in a number of ways, such as the eroticism of inserting the applicator, less pain due to lubrication, reduced fear of internal bruising during penetration, and greater intimacy with their partner. Women described how gel not only increased sexual pleasure but also their libido and that of their partners as well. They described how gel made them excited to have sex, feel less tired during sex, and have a greater appetite for sex. Such ideas were expressed by women of all ages and at all research centres, although they most frequently came up at the Africa Centre in rural KwaZulu-Natal.

Relationships: The increase in sexual pleasure went beyond mere physical enjoyment for many women as they also described a broader impact on their relationships. If the sexual experience was not satisfactory, women feared that their partners would leave them or be unfaithful. In this way, by improving the sexual experience between the

Key Lessons

- Understanding the acceptability of microbicides is important if they are to be used as an HIV prevention option
- Microbicide gels are about more than HIV prevention for the women who use them
- Women are keen to talk to their partners about microbicides
- Women liked the feeling of lubricant based gels during sex
couple, women also perceived the gel as enhancing and helping to secure their relationship more broadly.

**Well-being:** Women described the gel as hygienic and cleansing. The cleansing aspect was in two ways; firstly by cleansing the vagina, for example by curing vaginal discharge, itching and dryness; and secondly by cleansing the body more generally, for example by cleansing the ‘blood’ or flow of bodily fluids and thereby improving fertility. These descriptions of the gel came up most frequently in Johannesburg, however at all centres women talked about the gel curing various ailments, most commonly vaginal discharge. This association between the gel and reduced vaginal symptoms may well have been due to the fact that when women were first given the gel (at trial enrolment) they were also tested and treated for all curable sexually transmitted infections. Nonetheless, the women valued the hygienic and cleansing feeling of the gel.

2. **Women are keen to talk to their partners about microbicides**

In the early years of development, researchers and advocates alike assumed that the key advantage of microbicides would be that women could use them without their partner’s knowledge. In more recent research it has become evident that most women prefer to discuss microbicides with their partners before using them.

From women’s accounts of using the gel in the MDP 301 trial, it was clear that not only had the majority of women told their partners about the gel, but many said their partners were very supportive of gel use. In Uganda, sero-discordant couples (HIV negative women and HIV positive men) were enrolled into the trial and therefore all partners were aware of the gel. At the other sites where only HIV negative women were enrolled, communication with a partner about the gel varied: some women immediately talked to their partners about using the gel; some simply informed their partners they were going to use the gel; others told their partners when they noticed something was different; others told their partners but then proceeded to use gel secretly when they objected; and a small number never told their partners at all.

When women spoke of gel in terms of their relationship with their partner, they usually raised positive outcomes such as greater intimacy and more communication about sex. They commonly expressed the benefit of discussing microbicides in terms of their partner’s appreciating the gel and encouraging its use, whether through collecting it with her from the clinic, reminding her to use it or inserting it for her. In addition to valuing the potential for HIV prevention, men’s support of the gel was closely related to the increase in their own sexual pleasure.

It is striking how similar women’s accounts were of involving, or wanting to involve, their primary partners across different countries. Women’s main priority tended to be maintaining their relationship with their primary partner, usually by being sexually pleasing to him, although this did vary by population group; for example it was less of a priority for women in Mwanza, Tanzania, where relationships were more commonly about sexual transaction. Trial participants at this site were all recruited from occupational groups known to be at high risk of HIV, such as staff in bars and guesthouses, and reported more concurrent partners than participants at other sites. These women were often prepared to move to new partnerships when their current partner did not meet their financial or lifestyle needs.

Overall, the fact that microbicides enabled women to improve sex and satisfy their partners was far more important to women than the ability to use microbicides without their partner’s knowledge. Although the idea of a microbicide as a woman-controlled product that could be used secretly has been promoted as one of the product’s great advantages, women actually preferred to use the gel with their partner’s knowledge.

3. **Women liked the feeling of lubricant based gels during sex**

There has been research into vaginal practices in Africa since the 1950’s. The emergence of HIV in the 1980’s refocused researcher’s attention on the use of vaginal practices that were designed to enhance ‘dry sex’ in case the drying effects could increase the risk of HIV acquisition. This led a number of researchers to question whether lubricant based microbicide gels would be acceptable in communities where ‘dry sex’ was practiced. However, as the findings above demonstrate, women in the MDP trial valued the gel in a variety of ways, from the added lubrication it gave, its apparent cleansing properties, for increasing their libido and for keeping their partners satisfied. It was not uncommon for women to remark that they liked the gel because it made them ‘dry’ or ‘tightened’ the vagina. For the researchers, this was initially a surprising finding, since the gel clearly has lubricating properties. However, the in-depth interviewers revealed that the state of being dry and tight was not related to a lack of lubrication but referred to not being excessively wet, for example because of STI related discharge.
CONCLUSIONS AND RECOMMENDATIONS

Conclusions
Women's own descriptions of their experience of using microbicide gels offers insights into acceptability beyond researchers’ assumptions of what factors are important for acceptability. This approach showed the benefit of capturing the meaning of microbicides to people within the context of their lives more broadly. Microbicides have a much broader significance for users than is often thought. Women assigned their own meanings to microbicides, within the context of their daily routines and existing cultural norms. This demonstrates the importance of understanding the context into which we introduce a new investigational product or intervention and the need to explore how researcher definitions fit with local meanings of sexual practices.

Women highlighted the positive aspects of microbicide use relating to perceived good health, hygiene and well-being (including HIV-risk reduction), but also linked this to having a desirable vaginal environment, increased libido and sexual pleasure, support and communication in their relationships and improved home life. This suggests that we need to move beyond seeing microbicides in the narrow sense of a 'new prevention technology'. Instead we need to also consider how microbicides might fit in with existing socio-cultural practices and how this fits with a broader public health agenda of women’s sexual health.

Recommendations
- In-depth interviews are an important way of gaining insights into how women incorporate microbicides into their broader lives.
- Marketing messages for microbicides should consider the importance of microbicides not only as a HIV prevention option, but also as a product that can increase sexual pleasure, partnership intimacy, and female hygiene.
- Many women in relationships will choose to involve their primary partners in their decision to use microbicides, and therefore microbicides should not be exclusively promoted as a product that can be used ‘covertly’.
- Research should look more broadly at the compatibility of microbicide gels with local sexual practices and preferences, instead of reducing the comparison to overly simplified notions of ‘dry sex’.

Recommended reading

Credits
This policy brief was written by Mitzy Gafos, Annabelle South, and Sheena McCormack on behalf of the MDP 301 trial team.

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Microbicides Development Programme
The Microbicides Development Programme (MDP) is a partnership of African, UK and Spanish academic/government institutions and commercial organisations.

The Medical Research Council sponsored the MDP 301 clinical trial which evaluated the safety and effectiveness of PRO 2000 microbicide gel in the prevention of vaginally acquired HIV. The trial was conducted from 2005 to 2009 and enrolled 9385 women across 6 research centres in South Africa (Africa Centre, Durban, Johannesburg), Tanzania (Mwanza), Uganda (Masaka), and Zambia (Mazabuka).

The trial found that although PRO2000 was safe and highly acceptable, it did not reduce the risk of HIV acquisition. For more details on the MDP network and MDP 301 clinical trial visit the MRC website at http://www.mdp.mrc.ac.uk/index.html.

Further reading about MDP 301: