

Counseling issues related to anal sex in VOICE

Presented by:

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What are our values?

Presentation Outline

1. Definition
2. Why talk about anal sex in VOICE?
3. AI data in Southern Africa & VOICE
4. Why women engage in anal sex?
5. VOICE messages regarding anal sex
6. Risk facts
7. Counseling challenges and tips





1. Definition

- Anal sex is the stimulation of the anus during sexual activity. This can be done in several different ways (i.e. manually, orally or by anal intercourse)
- Anal intercourse (AI) is the insertion of a man's penis into his partner's rectum
- In VOICE, ACASI definition: “by anal sex we mean when a man puts his penis inside your anus”

2. Why discuss anal sex?

- **Efficacy dilution**: vaginal microbicides target HIV transmission via vaginal intercourse.
 - The protective effect (if any) of vaginal microbicide on HIV acquisition through anal intercourse is unknown.
 - It is assumed that a certain percentage of HIV endpoints in vaginal microbicide trials are from AI, and these may be “diluting” trial results.

Why discuss anal sex- con't?

- AI is assumed to be greatly under-estimated due to stigma and taboo nature of the practice

- HPTN 035b (n=586), Malawi
 - Showed very different reported levels of anal sex in past 3 months with ACASI =4.8% vs. FTFI= 0.2% (p<.0001)

- Carraguard interview mode experiment (n=848), RSA
 - Showed very different reported levels of anal sex in past 1 month with ACASI =8.1% vs. FTFI= 1.8% (p<.001)

Why discuss anal sex- con't?

- Lack of clear HIV prevention messages: many women and men are *unaware* that unprotected AI puts them at higher risk for HIV and other STIs.

Microbicide feasibility study in Soweto (Female focus group discussion excerpts):

- “ People have anal sex because they think you cannot get HIV and STDs if you do anal sex”
- “ If you sleep with a man, obviously the womb is open and at that time, the virus will get inside [the womb]. But how does HIV or STD get in there [the anus] because there is no womb. There is a hole but it is not the same as the vagina.”

Why discuss anal sex? con't

- Risk of infectivity with unprotected anal sex:
HIV risk levels are estimated to be much higher for receptive anal sex vs. receptive vaginal sex .

- Risk per act:

For receptive male-to-female vaginal sex = 0.076% per act

For receptive male-to-female anal sex = 1.69% per act

~ **22.25 times higher**

3. Heterosexual AI Data

Study population and what reported	Location	Form of data capture	Percentage
Clinical Trials			
<u>MIRA</u> - % of anal sex since last quarterly visit *	Zim and RSA	ACASI	5.3%
<u>MIRA</u> - % of ever anal sex at enrollment *	Zim and RSA	ACASI	14.4%
<u>CS Trial</u> – anal sex in past month at screening **	RSA, Uganda, Benin, India	FTF	4.2%
<u>Carraguard</u> – unprotected anal sex in past 3 months at baseline ***	RSA	FTF	2%
General Population or high risk population			
Ever engaging in anal sex among RSA youth (women 15-24) ***	RSA	FTF	5.3%
anal sex among women in Capetown over a 3 month period ****	RSA	FTF	10%
Anal sex ever among FSWs at truck stops along South Africa’s main national road *****	RSA	?	42.8%

Citations: * van der Straten, retrieved 2010;** Masse, 2009; *** Lane, 2006; **** Kalichman, 2009; and ***** Karim

3. VOICE: Baseline AI data – Sept 2010

16% reported anal sex in the previous 3 months
 1/3 did NOT use a condom at last anal sex act

Number of Anal Sex Acts in the Past 3 Months (Category)	All Countries N=1,448	South Africa N=983	Uganda N=170	Zimbabwe N=295
None	84%	81%	90%	92%
1 or more	16%	19%	10%	8%
Last Act of Anal Sex with a male condom	All Countries	South Africa	Uganda	Zimbabwe
yes	66%	70%	38%	58%
No	33%	30%	63%	42%

4. Why women engage in anal sex?

Consensual

- ❑ Menses (avoid contact with blood)
- ❑ Contraception
- ❑ Sexual experimentation
- ❑ Pleasure
- ❑ Intimacy
- ❑ Preserve virginity
- ❑ Decrease HIV/STI risk

Non Consensual

- ❑ To please partner; partner pressure
- ❑ To avoid (violent) consequences if she resists
- ❑ Punishment/coercion
- ❑ Gender/power dynamics – establishes male dominance
- ❑ Rape

5. VOICE messages regarding AI

- AI is not an exclusion criterium in VOICE
- The gel should be applied vaginally only
- **Currently:** no specific guidance regarding AI
- **What message should be conveyed?**
 - In the context of the VOICE trial, AI should be discouraged.
 - Provide rationale for avoiding anal sex
 - Explore reason(s) for engaging in AI
 - Strategize based on ppt's reason(s)
 - If AI cannot be avoided, emphasize risk reduction via **condom use**

6. Risk Facts regarding anal sex

- For a woman, there is greater risk to get HIV infected with anal sex than with vaginal sex.
- The rectum (butt or bum hole) is a very delicate part of the body. Anal sex can easily tear the skin, and it can be painful for the receptive partner.
- Water-based lubricants should be used to improve comfort and condoms must be used to decrease HIV risk.

7. Counseling Challenges

▶ Religious values

- Some religions hold sacred views on what is acceptable and unacceptable sexual behavior

▶ Cultural values

- Gender power dynamics
- AI can be perceived as form of 'punishment'
- AI can be perceived as being "deviant" or "un-natural"

▶ Legal issues

- Countries have different laws and degrees of acceptance or punishments for engaging in anal sex

▶ Sexual right issues:

- Are women empowered or not to make choice, or does it happen without their consent?



Before you provide counseling on sensitive topic such as AI

Ask yourself, role play or work with colleagues and mentor/supervisor:

- a) What are YOUR values on AI?**
- b) How can you stay non-judgmental?**
- c) How to engage a dialogue, listen and respect what the participant tells you?**



a) What are YOUR values on AI?

- **Check in with yourself**
- **Talk and work with colleagues:**
 - Get support: You are part of a team
 - Debrief regularly to prevent burnout
- **Get informed, read and discuss:**
 - Know the facts
 - See how different people may have different values
- **Bring in consultants for re-training or specific support**

b) How can you stay non-judgmental?

- **Keep the boundary between your work and your personal views** (you don't have to agree with what the participant engages in)
- **Do not impose your values**: Maintain neutral stance
- **Role play with colleagues**: to practice the messages, to work on “non-verbal” cues.
- **Realize your limited role**
- **Make referrals as necessary**
- **! Non-judgmental environment is especially important when there is repeated contact with participants (throughout the trial)**



c) How to engage a dialogue?

- Acknowledge that many people engage in this behavior**
- Explore the participant's concerns**
- Listen for the circumstances and motivations**
- Provide appropriate information**
- A dialogue is only possible if you foster a non-judgmental environment**
- Incorporate the messages about anal sex into the HIV prevention and risk reduction counseling you are already providing**
- Focus on the risk behavior and lowering the risk**



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Thank you!

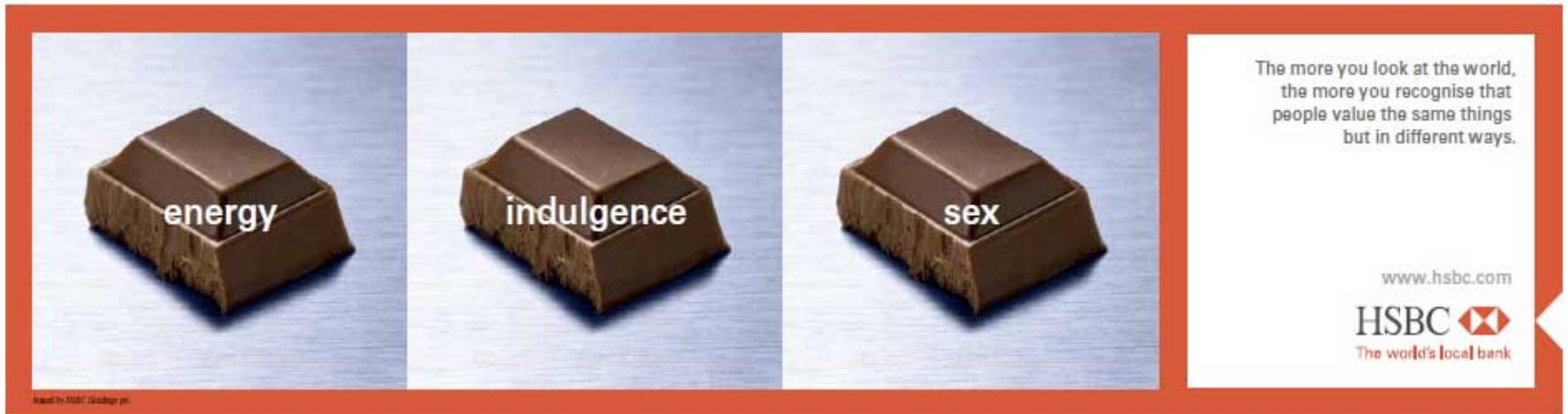
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Extra slides

What are our values?



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VOICE baseline data-sept 2010

Number of Anal Sex Acts in the Past 3 Months (Category)	Oral N=866	Vaginal N=582
None	84%	85%
1 or more	16%	15%
Last Act of Anal Sex with a male condom	Oral	Vaginal
yes	69%	62%
No	30%	38%