



Microbicides: A “MUST HAVE” for Women in Southeast Asia

HIV Infection among Women is Rising in Southeast Asia

More than 50 to as high as 90 per cent of reported HIV/AIDS cases among women show that the spread of HIV among women in Southeast Asia is primarily through heterosexual transmission.¹ The rise in women's HIV infections in Malaysia is exponential, rising from zero incidence in 1986 to 696 in 2004.² In Thailand, the HIV/AIDS ratio of women to men has dropped sharply from 5:1 in 2002 to 3:1 in 2003.³ In Cambodia, the number of women (aged 15 to 49) living with HIV/AIDS is estimated at 51,000 compared to total number of adults estimated at 170,000.⁴ In Lao PDR, this figure is about 1,000 compared to the national figure for adults at an estimate of 1,700;⁵ and in Vietnam, the number of women with HIV/AIDS (aged 15 to 49) is 65,000 compared to a total of 200,000 adults.⁶ Young women are the most affected group in the world, representing 67 per cent of all new cases of HIV among people aged 15 to 24 in developing countries.⁷ In Malaysia, most affected are youth (age 20 to 29) and those aged 30 to 39 years' old.⁸ In 2004 in Thailand, at least 70,000 young people aged 15 to 24 years were HIV-infected, and 60 per cent of these were female youths.⁹

The Reasons Why

Women are getting infected more so because of the socially-imposed gender inequities that place women in vulnerable situations. Women who are monogamous in their sexual relationships are increasingly being infected by their partners. Societal norms and value systems about sex and sexuality have continued to place women and men in different positions of power and self-autonomy. In Thailand, for example, engaging in multiple sexual relationships and being sexually active is tolerated, accepted and common for men. Thai women would prefer that the men go to sex workers for sexual favours rather than have an affair with another woman, which could possibly lead to an intimate and longer-term relationship. In Malaysia, women have not been very proactive in questioning if there is the possibility of taking control over their own lives, bodies and sexuality. In the Philippines, there is the common notion that only women in the sex industry use the condom so women are reluctant to use or negotiate condom use with their partners.

In addition, increased poverty, lack of access to formal employment, and economic and political conditions have led to an increase in the number of women and men seeking work overseas or in urban areas of their countries. In some cases, they are trafficked for the purpose of forced labour, sexual exploitation or other illicit activities. This change of environment such as separation from their spouses, family and friends may lead to personal risks and make them more vulnerable to HIV. Trafficking for women often leads to low status, low pay and/or isolated work and living conditions which increases dependence on others, who are often more powerful and male, increasing their vulnerability to HIV/AIDS.

Microbicides—a Must Have for Southeast Asian Women

Once available, microbicides could give women a realistic alternative prevention method to protect themselves against HIV infection. Microbicides are products designed to help prevent the sexual transmission of HIV and other sexually transmitted diseases (STDs) when applied to the vagina. They are being developed in many forms, including gels, creams, suppositories, films, or as a sponge or ring that releases the active ingredient over time. Researchers are also looking into developing microbicides that are bi-directional (one that disables HIV in both semen and vaginal secretions) and which would help HIV positive women protect their partners from HIV infection, as well as protect themselves from re-infection.

Products in Clinical Trials

Before a microbicide is approved and available, it must go through three phases of clinical trials to assure safety and effectiveness. Phase I and II clinical trials test the safety of the product among various populations of women and men. Phase III measures whether or not the microbicide actually works to prevent HIV and STDs and enrolls thousands of women in several trial sites.

Scientists have identified more than two dozen products that may have microbicidal properties, including 15 that are now in clinical trials. Some of these products would be contraceptive, others may enable women to protect their health and still have children. If one of the five products currently in large-scale effectiveness trials proves successful and with sufficient investment, a viable microbicide could be on the market in 2010.

Acceptability of Microbicides in Southeast Asia

In a mapping exercise conducted in Thailand, Malaysia and the Philippines, HIV/AIDS stakeholders voiced a number of conditions and influential factors for the acceptance of microbicides. There was a high level of acceptability of microbicides if it:

- is not easily detectible and does not require the partner's consent;
- has little or no side-effects;
- is safe and can be used with a condom;
- is as cheap as condoms;
- is easily accessible on the shelves of pharmacies or multi-purpose convenient stores;
- is promoted as a general women's health product, not just for HIV/AIDS and STDs;
- can be stored with ease and with no special conditions required; and
- is user-friendly and that providers must have proper training to instruct its use.

Southeast Asian women as Key Stakeholders

If Southeast Asian women want a safe and effective microbicide, they must become involved in increasing awareness-raising efforts in the region to continue to create the demand for microbicides. They must also raise awareness to create a supportive policy environment once microbicides are available such as monitoring and responding to recent trade agreements that could deny developing countries the ability to import generic drugs. Lastly, women need to also act as watchdogs of the clinical trials that are happening in the region to ensure that there is effective community involvement and that ethical research practices are being used.

¹ Based on country advocacy landscape mapping of Malaysia, Philippines and Thailand, conducted from September to December 2005.

² While the rise in HIV/AIDS infections among men is steeper compared to women, the overall figures are much influenced by the way data is collected, generally focusing on men in high-risk groups.

³ Laphimon, Monruedee and Chonwilai, Sulaiporn. 2006. "Preparing Civil Society in Thailand for Microbicides Advocacy". p.4. Unpublished.

⁴ http://www.unaids.org/en/Regions_Countries/Countries/cambodia.asp

⁵ http://www.unaids.org/en/Regions_Countries/Countries/lao_peoples_democratic_republic.asp

⁶ http://www.unaids.org/en/Regions_Countries/Countries/viet_nam.asp

⁷ http://www.unfpa.org/swp/2005/english/ch4/chap4_page1.htm

⁸ Kuga Thas, Angela M. 2006. "Preparing Civil Society for Microbicides Advocacy: The Case of Malaysia". p.9. Unpublished.

⁹ Laphimon and Chonwilai. 2006. p.4.



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