



**REPORT OF THE HIV PREVENTION RESEARCH SKILLS  
BUILDING WORKSHOP FOR PEOPLE LIVING WITH HIV**

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Venue: Kambua Conference Centre, Kibwezi, Eastern Kenya

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## **Report of the HIV Prevention Research Skills Building Workshop For People Living With HIV**

### **Background**

Increased access to antiretroviral therapy (ART) has prolonged the lives of people living with HIV in many parts of the world and has significantly improved their quality of life. This improved quality of life has resulted in most people living with HIV embracing their role in prevention, citing their need for methods that they can use to protect themselves from re-infection and protect their uninfected partners. The need for protection is even more important among people who are in sero-discordant relationships, for example, in Kenya, 45% of HIV positive individuals who are married have a partner who is HIV negative.<sup>1</sup>

People living with HIV also have reproductive health needs such as the desire to conceive. This clearly underscores the need for expansion of the choice of risk reduction tools especially those that women can use. The release of result for one of the microbicides candidate, PRO 2000, showing that microbicide as a concept is possible, gives impetus to equip communities including people living with HIV with information and updates on tools that could address their sexual and reproductive health needs.

Advocacy is necessary to accelerate the search and eventual accessibility to new HIV prevention tools especially those that women can use. GCM is working with a diverse range of advocates and activists through social mobilisation and capacity building to nurture emergence of a vibrant advocacy movement in Eastern and Southern Africa.

### **Training workshop for people living with HIV**

On March 21, 2009, GCM together with Stay Alive for Us All (SAFUA), a community based organisation (CBO), organised a skills building workshop for women living with HIV in Kibwezi district, Eastern Kenya.

The main objective of the workshop was to equip the participants with basic knowledge and skills in woman-initiated HIV prevention tools that are under research and explore the extent of access to existing tools.

Specific objectives were:

1. To discuss 'women and HIV in Kenya' with an emphasis on Kibwezi community
2. To discuss the extent of access to existing HIV prevention tools and the challenges that women face in using them
3. To introduce the participants to HIV prevention research and specific tools under research especially microbicides
4. To explore the ethical and social concerns of PLWHAs relating to HIV prevention research

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<sup>1</sup> Kenya AIDS Indicator Survey Report, 2007

The workshop was attended by 30 people, 24 women and 6 men drawn from 5 local CBOs. There was a mix of people living with and those affected by HIV.

The workshop was very interactive combining presentations and plenary discussions to facilitate adult learning. The language used during the training was primarily *Kiswahili* with some translations into *Kikamba* (local dialect).

The topics covered ranged from presentation on the status of the epidemic in Kenya with an emphasis on Eastern province, explored the gender disparities in the burden of the epidemic and the reasons that predispose women to HIV infection in Kibwezi. Current access, use and the existing attitudes towards the female condom as a woman-initiated HIV prevention tool also formed part of the discussions. The clinical trial process, introduction to microbicides and potential benefit to women living with HIV as well as social and ethical concerns were discussed. The workshop concluded with a way forward with participants voicing the need for more skills building to understand HIV prevention research especially ARV based methods.



PATH/ Pauline Irungu

*What is the texture of a female condom?*

## **Issues from the discussion**

### **Factors that increase women's vulnerability in Kibwezi**

- Sex with partners of unknown HIV status, most people have never been tested
- Limited condom use and refusal by partners to use condoms
- Engaging in commercial sex due to various reasons including survival as the families face famine and poverty e.g. young girls are advised by their mothers to go out in the evening and bring food for the family the following morning, ready clientele made up of men in trucking business along the Mombasa/Kampala highway
- Partners working away from home
- Stigma limits those who are infected from disclosing to their partners
- Gender based violence, rape and sexual exploitation of young girls
- Lack of information on how to protect themselves
- Denial of HIV
- Religious beliefs that discourage condom use
- Cultural factors such as: associating HIV with witchcraft; polygyny; traditional circumcision using same razor blade, home delivery by TBAs

### **Reasons why people do not use female condoms**

- High cost
- Not locally available
- Religious beliefs discouraging condom use

- Discomfort while using
- Lack of information on usage
- Myths and misconceptions such as: it may get stuck inside/disappear into the vagina; fear that it reduces male fertility

### Questions raised by the participants

1. Does the female condom also protect the male partner or it is just the woman who is protected?
2. What holds the female condom in place during intercourse because it looks too big?
3. Who should remove the female condom, the man or the woman after intercourse?
4. We heard that researchers are using a seaweed to make microbicides, is that true?
5. Can microbicides be used with male and female condoms or just alone?
6. Do microbicides protect both partners?
7. How many times does a woman have to apply the gel, is it with every round of intercourse?
8. How will a vaginal ring be inserted, will be this be done by a medical officer?
9. Can the vaginal ring accidentally disappear into the womb?
10. What will be the cost of microbicides?
11. Will they be available over the counter?
12. I heard that CSWs use lemon juice for cleansing themselves before a fresh client. Does it protect them from HIV or other infections?
13. Can HIV positive people who are not on ARVs use ARV based microbicides?
14. Will the applicators be pre-loaded with microbicides gel or will women have to fill them up before use?
15. Will microbicides be safe for men?
16. We read in the newspaper that a cure for HIV has been found, is that true? (asked in reference to a newspaper article about a man who was accidentally “cured” of HIV when undergoing bone marrow transplant to treat a malignant tumour)



*Participants examining a sample applicator for a microbicides*

### Conclusion

Involvement of people living with HIV in advocacy for new woman-initiated prevention provides an opportunity to tap into the energy and expertise that has been developed through treatment activism. Building the skills of people living with HIV and addressing their concerns and needs around research are crucial to their meaningful involvement.

This workshop provided an opportunity to start building linkages with people living HIV and to start identifying and addressing their concerns.

### Workshop Evaluation

The workshop was very informative for the participants and they were able to get clarification on different prevention options especially the female condom.

Participants found the interactive training methodology helpful and the use of *Kiswahili* helpful in improving their understanding.

Participants are also interested in further skills building as well as involvement in advocacy for HIV research.

### Excerpts from the evaluation

#### 4. DID YOU GAIN NEW INFORMATION FROM THE TRAINING?

Before the training, perhaps only a fraction of the participants knew that ~~sch~~ scientists are currently testing substances to see whether they help protect against HIV and other STIs, and that no safe and effective microbicides is currently available. Thanks to Global Campaign For Microbicides. The information is with us at last.

Q6 Ningetaka sana sana kuhusishwa utafiti unapendelego.

Q7 Ningetaka sana training juu ya microbicides

I would really like to be involved in the research process and I also would like to receive further training on microbicides.

## Workshop Programme

### One-day Training for Members of SAFUA

Time	Session	Objective	Expected Outcome
9.00 – 9.15 am	Introductions	People in the room familiarize with one another	Relaxed atmosphere in the room
9.15 – 9.45 am	Women and HIV/AIDS in Kenya	Highlight the fact that women are disproportionately affected by HIV in Kenya Explore the factors that increase women's vulnerability in Kibwezi	Participants understand the impact of HIV on women especially in their own community
9.45 - 10.15 am	Women and HIV Prevention	Discuss existing prevention methods (ABC) and explore the extent of women's access and use of these methods	Identifying what has worked and what has not worked for women
10.15 - 10.45 am	Tea Break		
10.45 – 11.30 am	Woman-initiated HIV prevention <ul style="list-style-type: none"> <li>• Female Condom</li> </ul>	To discuss female condoms as a woman-initiated prevention method	Participants gain practical skills in use of the female condom
11.30 – 1.00	<ul style="list-style-type: none"> <li>• Clinical Trials Process</li> </ul>	To introduce women to HIV prevention research and the clinical trial process	Women express their expectations of new HIV Prevention tools
			Participants gain basic understanding of the clinical trials process
1.00 – 2.00 pm	Lunch		
2.00 – 3.30 pm	<ul style="list-style-type: none"> <li>• Microbicides Basics</li> </ul>	To introduce the participants to microbicides	Participants gain basic understanding of what microbicides are, the different mechanisms of action and provide updates on research
3.30 – 4.15 pm	Ethical and social concerns of PLWHAs relating to HIV prevention research	To explore the ethical and social concerns of PLWHAs relating to HIV prevention research	Concerns of PLWHAs relating to HIV prevention trials identified/expressed
4.15 – 4.45 pm		Wrap-up Evaluation and way forward	
4.45 pm		Tea and departure	