

serodiscordant couples in India, Thailand and Uganda. The intervention focused on communication, problem solving, and negotiation skills. The intervention consisted of two same sex sessions and two couples sessions with 'homework' to practice skills between sessions.<sup>27</sup>

#### Gender-specific interventions for women only:

A study in South Africa found that women in a woman-focused intervention on condom use with primary sex partners were more likely than women in the "standard intervention" to report condom use with a primary male partner.<sup>28</sup>

#### Dangers to condom negotiation for women, that service providers should keep in mind include:

Attempts by women to negotiate condom use with their spouses can destabilize the relationship, or even lead to violent actions.

Women may therefore be reluctant to negotiate condom use with their spouse for fear of precipitating angry or

violent reactions, especially if there is a history of violence.

Women who experience intimate partner violence tend to have a significantly higher likelihood of inconsistent condom use and therefore be at greater risk for HIV/STDs.<sup>29</sup>

Women sex workers may experience violence from clients if they attempt to negotiate condom use: A study in Mexico among 462 SW-IDUs with regular clients, found that 9.3 percent had experienced physical violence or threats when proposing condom use; among SW-IDUs with non-regular clients, 11.8 percent had a similar experience.<sup>30</sup>

**A key medical intervention** for preventing sexual transmission of HIV is the diagnosis and treatment of STIs. This is especially the case for women, whose biological vulnerability to sexual transmission greatly increases in the presence of an STI. Evidence suggests that women IDU experience higher rates of STIs than do male IDU: In a study of patients admitted to a "de-addiction centre" in Bangalore, more women reported STIs than men.<sup>31</sup>

## POLICY AND PROGRAMMING IMPLICATIONS

Provide information on sexual transmission risks: Provide women IDU and spouses with information about their sexual risks. Explain injection risks spouses.

Provide information on condoms as HIV and STI prevention, provide instruction / demonstration of condom use, and provide condoms: Tell women IDU and spouses where to get condoms, and provide free condoms; teach women how to put a condom on a man; if possible, provide female condoms and teach women how to use them.

Offer couples counselling and VCT to male IDU and their spouses and offer condom information and instruction.

For women IDU, offer woman-only condom use and negotiation skills through training programs led by peers.

Provide spouses and women IDU with access to support, care, and prevention programs for intimate partner violence.

Provide STI diagnosis and treatment to women IDU and spouses of male IDU.



## Prevention of Sexual Transmission of HIV for Women who Use Drugs and the Spouses of Male Drug-Users: Negotiating Condom Use in the Context of Drug Use in South Asia

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### BACKGROUND

Women who inject drugs and the spouses of men who inject drugs are at risk of sexual transmission of HIV. However, in South Asia, awareness of sexual risk among women IDU and spouses of male IDU remains low and condom use, particularly in marriage, is also low. Even when women are aware of the risk of sexual transmission, condoms are rarely used in marriage and women have little power to negotiate condom use with their spouse or intimate partner. This Brief provides basic information about the gender-specific risks of women affected by injecting drug use and simple directions on condom negotiation for women.

### WHAT ARE THE ISSUES?

#### High risk of sexual transmission for women

**Female spouses are at risk of sexual transmission from their male IDU husbands.**

**Female spouses may be selling sex to generate income to pay for their husband's drugs and/or to support their families as their husband's income declines.<sup>1</sup>**

**Women who use drugs may also be selling sex to make money to buy drugs or directly in exchange for drugs.<sup>2</sup>**

**Women who use drugs and the spouses of male drug users may have poor access to important sexual health services, notably STI diagnosis and treatment.<sup>3</sup>** A study of women drug users at two treatment centres supported by Family Health International in Dhaka, Bangladesh, found that over 50 percent of the women were positive for syphilis.<sup>4</sup> A sex worker project in Sonagachi found that women drug users may be especially reluctant to access STI services if there are requirements to register with government health services, as they may fear being identified as a drug user.<sup>5</sup>

#### Women lack negotiating power

#### Poor knowledge about condoms:

Lack of knowledge about HIV and condoms has been found to be one reason for low condom use. In South Asia, women as well as men who use drugs or whose spouse uses drugs tend to have poor knowledge of

condoms as a method of HIV prevention. Condom use in marriage is seen as a method of birth control only.

#### Inadequate knowledge about HIV transmission among positive couples:

Women who are HIV-positive and have HIV-positive intimate partners may be unaware of the risks of co-infection and therefore chose to have unprotected sex. Unprotected sex between partners who are both HIV-positive carries the risk of re-infection, because there are different strains of HIV. This can pose a serious health risk. Because women are biologically more vulnerable to HIV infection through sexual contact, unprotected sex for an HIV-positive woman with an HIV-positive male partner can put her at a greater health risk than a man.

#### Beliefs that condoms detract from intimacy are an obstacle to safe sexual practices:

Beliefs that condoms detract from pleasure and that condoms interfere with trust and intimacy tend to deter married couples from condom use.<sup>6</sup>

#### Beliefs that condoms are used only with sex workers also limit condom use in the context of marriage:

A study in Chennai found that this association accounted for male IDU reluctance to use a condom with their spouse. One male IDU who participated in this study reported: Why should I use condom with my wife? She is a good woman.<sup>7</sup>

#### Poor sexual communication between partners:

Poor sexual communication in general limits opportunities for women to negotiate condom use, especially among married couples. A study of couples in which husbands used drugs in Chennai found "total

<sup>27</sup>Williamson, N.E., J. Liku, K. McLoughlin, I.K. Nyamongo, F. Nakayima. 2006. A Qualitative Study of Condom Use among Married Couples in Kampala, Uganda. *Reproductive Health Matters* 14(28): 89-98.

<sup>28</sup>Wechsberg WM, Luseno WK, Kline TL, Browne FA, Zule WA. 2010. Preliminary findings of an adapted evidence-based woman- focused HIV intervention on condom use and negotiation among at-risk women in Pretoria, South Africa. *J Prev Interv Community*, Apr 38(2):132-46.

<sup>29</sup>Anne M. Teitelman Sarah J. Ratcliffe, Mercedes M. Morales-Aleman Cris M. Sullivan. 2008. Sexual Relationship Power, Intimate Partner Violence, and Condom Use Among Minority Urban Girls. *Journal of Interpersonal Violence* Volume 23 Number 12 December 2008 1694-1712.

<sup>30</sup>J.K. Stockman, R. Lozada, M.L. Zuniga, M.D. Ulibari, M.L. Rusch, A. Vera I, T.L. Patterson, S.A. Strathdee. 2010. Condom negotiation at a heavy price: violence experienced by female sex workers who inject drugs in the context of condom use negotiation. Abstract presented at the XVIII International AIDS Conference, Vienna, July 18-22.

<sup>31</sup>Carey et al. 2006. Screening for sexually transmitted infections at a de-addiction service in south India. *Drug and Alcohol Dependence* 82:127-134.



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<sup>1</sup>For information on HIV vulnerabilities of spouses of male IDU, please see the Information Brief on Supporting Access to HIV Services for the Female Spouses of Male IDU.

<sup>2</sup>For information of female vulnerabilities associated with the overlap between drug use and sex work, please see the Information Brief on HIV-related Vulnerabilities and the Intersection of Sex work and Drug Use.

<sup>3</sup>For information on STI vulnerabilities of spouses of male IDU, please see the Information Brief on Supporting Access to HIV Services for the Female Spouses of Male IDU.

<sup>4</sup>The test used confirmatory testing at intake. Suresh Kumar and Mukta Sharma. 2008. Women and Substance Use in India and Bangladesh. *Substance Use & Misuse*, 43:1062-1077

<sup>5</sup>Suresh Kumar. pers. comm. February 2010.

<sup>6</sup>Suresh Kumar. 2003. Formative Research Chennai

<sup>7</sup>Suresh Kumar. 2003. Formative Research Chennai

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absence to very little communication" between sexual partners.<sup>8</sup>

### **Women lack the power to successfully negotiate condom use with their intimate partner:**

Women who use drugs and the intimate partners of male drug users may not be in a position to choose whether or not to use a condom in their intimate relationships.<sup>9</sup> Even when male IDU and their spouses are aware of both injection and sexual HIV transmission risks, married male IDU may be reluctant to use condoms in their marriages and women may lack the power to negotiate condom use with their husbands: One female spouse in Chennai study reported: "Even if I say he will not use. He will ask 'am I a

loafer going after other woman?' Even if I tell about injecting drugs and condom use he will not use"<sup>10</sup>

**In domestic violence situations, it may not be possible to request a condom be used:** Low social and economic status of women coupled with gender inequality and men's power over women's sexuality contributes to men's violence against women in South Asia.<sup>11</sup>

**Women's economic dependence on men increases their vulnerability** to HIV by constraining their ability to avoid risky sex and negotiate safer sex.<sup>12</sup>

## EVIDENCE: GOOD PRACTICES

Sexual communication in couples and condom negotiation skills for the spouses of male IDU are key to supporting safe sexual practices in marriages where husbands inject drugs. Condom negotiation skills are also critical for women who inject drugs both in their intimate relationships and for women IDU who are engaged in sex work.

Effective HIV risk reduction behaviour change interventions routinely teach participants sexual assertiveness, communication, and negotiation skills and help individuals develop communication skills needed to persuade sexual partners to avoid risky behaviour.<sup>13</sup> Strategies for service providers to support clients to practice safe sex, particularly in the context of stable marriage-type relationships are:

**Increase women's awareness of their risk of sexual transmission.** Women IDU and especially the spouses of male IDU may have limited understanding or awareness of their risk. A study of married couples in South Africa found that a woman's perceived risk of HIV infection from her partner was the most powerful predictor of condom use.<sup>14</sup>

### **Provide condom information:**

Clients at an intervention for HIV-serodiscordant couples in India, Thailand and Uganda felt that a primary benefit of the intervention was condom information, including demonstrations of correct condom use, and increased confidence in their ability to discuss and use condoms with their partner.<sup>15</sup>

### **Emphasize the positive aspects of condom use:**

The "Pleasure Project" undertook a review of grey literature and personal accounts of programs in Cambodia, Namibia, South Africa, Senegal, Zimbabwe, Sri Lanka, Mongolia, India and the UK, and argued that focusing on sexual pleasure-particularly eroticizing male and female condoms to increase use-can play a key role in the prevention of STIs and HIV.<sup>16</sup>

### **Offer peer education for women:**

A randomized study in 2007 and 2008 with 737 married women (353 in the peer education HIV intervention group; 384 in the control group) in rural North Anhui, China found that peer education programs for married women increased condom use: The percentage of married women who used condoms in the past three

months rose from 4.5 percent to 21.5 percent in the intervention group, with no significant increase in the control group.<sup>17</sup>

### **Support women to develop a network of social support (avoid isolation):**

Studies in Africa have found that the size of a woman's social network had a significant impact on whether or not HIV discussions among couples take place.<sup>18</sup>

**Strategies women have used to effectively negotiate condom use** in the context of a stable relationship include:<sup>19</sup>

### **Being insistent and persuasive, refusing sex, or proposing condom use for family planning:**

A study in South Africa found that women were able to convince their partners to agree to consistent condom use by being insistent and persuasive, refusing sex, or proposing condom use for family planning or to safeguard their children from becoming orphans. Men reported agreeing to condom use to please their wives, to protect their wives and children, to protect themselves, and to be able to maintain other partnerships.<sup>20</sup>

### **Stating that condom use shows love and caring in the relationship,** also referred to as "Relationship Conceptualizing."<sup>21</sup>

In on study, for example, a woman stated: "I told him if you love me, you have to use a condom" as a way to persuade her partner to use a condom.<sup>22</sup> Similar strategies include "Tell my partner that using a condom would really show how he cares for me" and "Stress that my partner should accept my request to use a condom because we care about each other."<sup>23</sup> These strategies may tend to be most effective when both partners understand HIV risk behaviours (such as the risk a male IDU's injection behaviour may pose to his spouse).

### **Seduction:**

A person uses (nonverbal) sexual arousal to distract or direct their partner in order to persuade their partner to use a condom. Examples include: 1. Start "fooling around" and then pull out a condom when it was time. 2. Take out a condom to use without saying a word. 3. Begin putting a condom on at the appropriate time. 4. Get my partner very sexually excited and then take out a condom. 5. Take a condom out during foreplay. 6. In the heat of the moment, take a condom out to use.<sup>24</sup>

### **Condom Use Reward:**

A person promises or provides positive consequences if partner uses a condom, such as suggesting that sex will be more erotic if the partner agrees to use a condom.

**Methods interventions have used to increase women's condom negotiating power** include:

**Role playing,** and behavioural rehearsal of sexual communication strategies

**Encouragement** to communicate condom use requests with partners

**Reinforcement** of negotiation efforts<sup>25</sup>

**Couples Counselling:** For harm reduction service providers working primarily male clients, encouraging them to engage with their sexual partner in couples counselling is one strategy to address the issue of safe sex in marriage.<sup>26</sup>

**Group-based couples intervention:** A study in three countries assessed the feasibility of a group-based couples intervention to increase condom use in HIV-

<sup>8</sup>SAHAI Trust. 2006. Comprehensive prevention, care and support services to IDUs and their families in Chennai. Project proposal submitted to AIDS Prevention Control Society (APAC), Chennai, India. Chennai: APAC., cited in Suresh Kumar and Mukta Sharma. 2008. Women and Substance Use in India and Bangladesh. Substance Use & Misuse, 43:1062-1077

<sup>9</sup>Eurasian Harm Reduction Network, Developing Services for Female Drug Users: Training Module, 2009, available for download at <http://www.harm-reduction.org/hub/knowledge-hub/ehrm-training-modules.html>

<sup>10</sup>Suresh Kumar. 2003. Formative Research Chennai

<sup>11</sup>Suresh Kumar. 2003. Formative Research Chennai

<sup>12</sup>Suresh Kumar. 2003. Formative Research Chennai

<sup>13</sup>Laura Otto-Salaj, Barbara Reed, Michael J. Brondino, Cheryl, Gore-Felton, Jeffrey A. Kelly, L. Yvonne Stevenson. 2008. Condom use negotiation in heterosexual African American adults: responses to types of social power-based strategies, Journal of Sex Research, April-June.

<sup>14</sup>Maharaj P, Cleland J. 2005. Risk perception and condom use among married or cohabiting couples in KwaZulu-Natal, South Africa, International Family Planning Perspectives, 31(1):24-29

<sup>15</sup>Williamson, N.E., J. Liku, K. McLoughlin, I.K. Nyamongo, F. Nakayima. 2006. A Qualitative Study of Condom Use among Married Couples in Kampala, Uganda. Reproductive Health Matters 14(28): 89-98.

<sup>16</sup>Knerr, W., McEachran, J. and Philpott, A. 2009. Promoting Sexual Health and Rights through Pleasure: A Literature Review. Oxford/Delhi: Taking Action for Sexual Health.

<sup>17</sup>McGrath, J., D. Celentano, S. Chard, A. Fullem, M. Kanya, R. Gangakhedar, C. Khamboonruang, N. Joglekar, R. Malhotra-Kohli, A. Kiwanuka and B. Sinirojn. 2007. A Group-Based Intervention to Increase Condom Use among HIV Serodiscordant Couples in India, Thailand, and Uganda. AIDS Care 19 (3): 418-424.

<sup>18</sup>Cleland, J., M. Ali and I. Shah. 2006. Trends in Protective Behavior among Single vs. Married Young Women in Sub-Saharan Africa: The Big Picture. Reproductive Health Matters 14 (28): 17-22.

<sup>19</sup>Strategies women may chose to use are highly culture specific. Women should decide themselves which strategy works best for them and should have an opportunity to discuss the benefits and drawbacks (or dangers) of each approach.

<sup>20</sup>MacPhail C., A. Pettifor, S. Pascoe and H. Rees. 2007. Predictors of Dual Method Use for Pregnancy and HIV Prevention among Adolescent South African Women. Contraception 75: 383-389.

<sup>21</sup>Seth M. Noar, Patricia J. Morokoff, and Lisa L. Harlow. 2002. Condom Negotiation in Heterosexually Active Men and Women: Development and Validation of a Condom Influence Strategy Questionnaire, Psychology and Health, Vol. 17, No. 6, pp. 711-735

<sup>22</sup>Kline, A., Kline, E. and Oken, E. 1992. Minority women and sexual choice in the age of AIDS. Social Science and Medicine, 34(4), 453

<sup>23</sup>Seth M. Noar, Patricia J. Morokoff, and Lisa L. Harlow. 2002. Condom Negotiation in Heterosexually Active Men and Women: Development and Validation of a Condom Influence Strategy Questionnaire, Psychology and Health, Vol. 17, No. 6, pp. 711-735

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<sup>26</sup>Panda et al. 2005. Risk Factors for HIV Injection in Injection Drug Users and Evidence for Onwards Transmission of HIV to Their Sexual Partners in Chennai, India. J Acquir Immune Defic Syndr, 39 pp. 9-15