HIV/AIDS prevention news stories

REACH Graduate Research Assistant, Boniface Ushie, wins Dan David Prize for Global Public Health

Boniface Ushie, a REACH Graduate Research Assistant, was currently awarded $15,000 for the Dan David Prize FutureTime Dimension in Global Public Health for his proposal, “Assessing TB/HIV prevention and treatment services in three Nigerian Prisons.” Boniface, a native of Cross River State, Nigeria, is also a graduate of the University of Calabar (undergraduate) and the University of Ibadan (masters) and is currently a PhD student at the University of Ibadan, Faculty of Social Sciences.

The Dan David Prize is a “joint international enterprise, endowed by the Dan David Foundation and headquartered at Tel Aviv University” (from dandavidprize.org). This prize recognizes and encourages innovative and interdisciplinary research that cuts across traditional boundaries and paradigms. It aims to foster universal values of excellence, creativity, justice, democracy and progress and to promote the scientific, technological and humanistic achievements that advance and improve our world.” One of the prize laureates being awarded this year is Tony Blair, for the 2009 present leadership. Congratulations, Mr. Ushie!

To read more about the Dan David Prize, you can visit http://www.dandavidprize.org

Taking a Deep Look at Why Women Are More Vulnerable to HIV/AIDS
from northwestern.edu

CHICAGO --- Think again about the face of HIV/AIDS today. So much has changed about the virus since the media reported in the early 1980s on an outbreak of a rare form of cancer among gay men in New York and California.

A new book edited by a Northwestern University School of Law professor draws upon research from a number of disciplines to offer a provocative look at why today poor black women are overrepresented globally in the HIV/AIDS epidemic.

“Sex Power & Taboo: Gender and HIV in the Caribbean and Beyond” pulls back the veil to show how gender and economic power imbalances play out in the bedroom and make black women particularly vulnerable to the infection.

Responding to the AIDS crisis in the Caribbean, the book explores the relationship between gender and sexuality in that region and elsewhere to illuminate the impact of gender on HIV risk and prevention.

Many of the book’s authors -- from the fields of anthropology, communications, law, literary theory, psychology, and public health, sociology and gender studies -- initially came together at a conference designed to offer a deeper understanding of the global epidemic.

“We’re not focusing on especially stigmatized groups like sex workers,” said Dorothy Roberts, a co-editor of the book and a professor at Northwestern University School of Law. “We’re looking much more broadly at the political, social and economic conditions that make black women and men, especially those who are poor, vulnerable to HIV risk.”

Much of the HIV research aims at stopping risky behaviors, and studies dealing with gender tend to focus on how HIV/AIDS is different for men and women, without exploring the underlying power imbalances and gender norms that perpetuate the epidemic, said Roberts, who also is a faculty fellow at Northwestern’s Institute for Policy Research (IPR).

“Gender inequities affect women in a number of ways, from engaging in sex for money to putting up with unfaithful husbands because they cannot afford to leave them,” she said.

Celeste Watkins-Hayes, an assistant professor of sociology and African American Studies and IPR faculty fellow at Northwestern, wrote a chapter titled “The Social and Economic Context of Black Women Living with HIV/AIDS in the United States.” She points out that 15 years ago the study participants she has been following for a number of years would not be alive.

Compared to HIV’s probable death sentence 25 years ago, people today are more likely to live many years with the virus if they have access to medical treatment because of the powerful class of anti-HIV drugs that were introduced in the 1990s.

Watkins-Hayes thinks that it is imperative that researchers and policymakers address the daunting social dynamics that women at the bottom of the economic pyramid face while living with AIDS.

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"The critical question for those already infected is ‘How do women who are HIV-positive go from believing they have a death sentence to believing they can live with AIDS?’"

From the early days of AIDS, when news accounts and obit after obit put the nation in a panic with chronicles of gay men’s deaths, the stigma of the disease has been the greatest for those perceived to be operating outside of mainstream sexual norms.

"Many continue to believe HIV is a kind of punishment, complete with sympathetic and unsympathetic victims,” said Watkins-Hayes. "Research shows that the sexuality of black women who are HIV-positive tends to be highly scrutinized, feared and viewed in light of stereotypical notions about supposed irresponsible sexual behavior of black women.”

The same women who are most likely to be HIV-positive are most likely to be subject to a vast number of social conditions that are bad for their welfare. They are more likely to be homeless, to be incarcerated or to have family members in prison. They tend to have little education and, after they get HIV, they often don’t have the necessary stamina to continue to work at jobs that often require physical strength. They, like most of us, depend on social networks, which, for them, tend to be highly fragile.

The problems of poor black women, like those of many women, often are compounded by the consequences of male dominance inside and outside the bedroom “Even powerful women who wield a lot of influence in their professional lives report they sometimes have difficulty asking men to use a condom,” said Roberts.

And women’s experience of violence is a strong predictor of HIV infection. Research shows that fear of violence prevents women from refusing unwanted sex or discussing condom use with their partners, according to the book.

In the United States, nearly half of over one million Americans living with HIV are black. African-American males continue to bear the greatest burden of HIV infection, according to the Centers for Disease Control and Prevention (CDC). One in 16 black men will be infected with HIV in his lifetime, compared to one in 30 black women, according to the CDC. African-American women are 15 times more likely to be infected than white women.

Roberts began her work on the book when she was on a Fulbright fellowship in the Caribbean region, ranked second in HIV infection statistics. The book grew out of a conference that was part of the Research Initiative on Gender, Sexuality and the Implications for HIV and AIDS at the University of the West Indies (UWI) in Trinidad and Tobago. Roberts helped launch the project, and the UWI research initiative is ongoing. Besides Roberts, the co-editors of “Sex Power 7 Taboo: Gender and HIV in the Caribbean and Beyond” are Rhoda Reddock, Dianne Douglas and Sandra Reid.

To access the article online, go to http://www.northwestern.edu/newscenter/stories/2009/04/robertshiv.html

New female condom touted in AIDS fight
from msnbc.com

NEW YORK - Advocates of the female condom are promoting a less costly, more user-friendly version that they hope will vastly expand its role in the global fight against AIDS and other sexually transmitted diseases.

An early version of the female condom was introduced in 1993, and it remains the only available woman-initiated form of protection against both STDs and unintended pregnancy. Yet despite global promotion by the United Nations and other organizations, its usage is still minuscule, even as women bear an ever-growing share of the AIDS epidemic.

Advocates hope the dynamics will change following last month’s approval by the Food and Drug Administration of the FC2, a new version of the female condom produced by the Chicago-based Female Health Co.

About 35 million female condoms were distributed worldwide last year, but that compares to more than 10 billion male condoms, which are far cheaper and, at least initially, easier to use. However, in some nations with high HIV rates, many men refuse to wear condoms, putting women at risk.

Though it looks similar to its predecessor — a soft, transparent sheath with flexible inner and outer rings — the FC2 is made from synthetic rubber rather than polyurethane, making it cheaper to produce.

Mary Ann Leeper, former president of Female Health Co. and now its strategic adviser, said the FC2 also is less noisy during use. Complaints about squeaky noises were among the factors that slowed acceptance of the original version.

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Less costly than previous version

The cost of the FC2 is one-third less than its predecessor, and may go lower, enabling health organizations to distribute many millions more than at present. For now, the price is about 60 cents compared to less than 4 cents for mass-distributed male condoms — a difference that’s an issue in the developing world.

The FC2 had been accepted previously by some international organizations, and the Female Health Co. distributed 14 million of them abroad last year along with 21 million of the older version. Advocates of the female condom praised the FDA announcement because it opens the door for the U.S. Agency for International Development (USAID), one of the largest global providers of condoms, to distribute the FC2 overseas.

This is a tremendous victory,” said Susie Hoffman, an assistant professor of clinical epide-miology at Columbia University who contends the female condom has suffered from misconcep-tions.

"In the United States, there has been strong bias against it," Hoffman said. "Some people involved in AIDS and family planning would say, 'Why do we need these? ... It's so weird that women are not going to pick it up.'"

"But if presented in the right way, many women do like it," Hoffman said. "To find these people and help them and train them, you need systematic programming, which costs money."

Resistance is less of a problem in some developing nations. The U.N. Population Fund, government agencies and nonprofits are aggressively promoting female condoms in places such as Brazil, Ghana, Zimbabwe and South Africa.

Women’s groups in Zimbabwe collected more than 30,000 signatures demanding access to the female condom. In Ghana, nonprofits say more than 10,000 people have attended training programs that teach women how to insert female condoms — they require careful instruction to be used properly — and how to negotiate with their male partners.

Challenges of price, stigma

"The mindset is changing, but there are still a lot of challenges," said Bidia Depertes, the Population Fund's HIV technical adviser for condoms. "Accessibility is still minimal. There's a huge demand, and we're not meeting it."

Depertes hopes that with FDA approval of the FC2, the number of female condoms distributed globally could climb to 50 million this year. If the numbers keep rising, she said, the cost to public-sector distributors for each FC2 could drop as low as 25 cents.

Jeff Spieler, a science adviser with USAID’s Office of Population and Reproductive Health, said the female condom's future may depend on whether its promoters can develop a private-sector market. Its commercial price in the United States generally has been more than $2.

Another challenge is a stigma associated with the female condom in some places because prostitutes are among those deemed to benefit most from using it. On the other hand, advocates of the female condom say it has invaluable safe-sex potential for married women whose husbands are unfaithful and shun male condoms.

Serra Sippel, executive director of the Center for Health and Gender Equity in Washington, said FDA approval of the FC2 is a key step toward "putting the power of prevention in women's hands." But she bemoaned the product's limited over-the-counter availability.

"We'd love to see the profile raised, to have commercials about it and normalize it so people aren't embarrassed," she said.

Mary Ann Leeper said the Female Health Co. is seeking a corporate partner to help market the FC2. She suggested that concern about HIV/AIDS may generate interest among women in communities with high infection rates.

The female condom’s advocates stress that it will never be the "magic bullet" that by itself turns the tide in fighting AIDS. But, they say, it should be a bigger part of the arsenal.

"It's not going to be the one answer," Hoffman said. "But it's got a lot more to contribute than it has to date."

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