

# 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
<b>Clinical Trials</b>			
<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%
<b>General Population or high risk population</b>			
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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# Extra slides

# What are our values?



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# VOICE baseline data-sept 2010

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