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Sexuality and HIV education programs that emphasize gender equality and power dynamics are five times more likely to reduce STIs and unintended pregnancy than programs that do not. See page 2.

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Making Sexuality and HIV Education Programs More Effective

A new analysis by Population Council researcher Nicole Haberland provides powerful evidence that sexuality and HIV education programs addressing gender and power in intimate relationships are far more likely to be effective than programs that do not. The research appears in the March 2015 issue of International Perspectives on Sexual and Reproductive Health, published by the Guttmacher Institute.

Adolescents in the United States and around the world face significant reproductive health challenges, including high rates of unintended pregnancy and sexually-transmitted infections (STIs). According to the U.S. Centers for Disease Control and Prevention, young people in the United States aged 15–24 account for half of all new sexually transmitted infections. Globally, young people in this age range account for 40 percent of all new HIV infections, according to UNAIDS.

Sexuality and HIV education has been for decades considered a key strategy for improving adolescent reproductive health. As a result, comprehensive sexuality education is being offered to students around the world in schools, clinics, and other community settings. However, despite extensive investment in these programs, the results remain somewhat disappointing, with limited understanding of how attention to social factors affects program outcomes.

Addressing Social Inequality

Studies have shown that when people hold biased beliefs about appropriate roles and behavior for males and females, or when they report unequal power in their intimate relationships, they are more likely to experience poor reproductive health outcomes. For example, women who report low power in their sexual relationships tend to have higher rates of STIs and HIV infection than women who report more equitable relationships. Thus, some programs and researchers theorized that sexuality education should help young people reflect critically about issues of gender and power in relationships.

Teaching about gender equality and power dynamics in relationships is a critical part of any effort to reduce STIs and unintended pregnancies.
“We wanted to know whether programs that take such an empowerment approach perform better than the majority of programs, which do not,” said Population Council researcher Nicole Haberland, author of the study. “To do so, I wanted to set a very high bar and look at whether these curricula actually reduced rates of unintended pregnancy and STIs.”

**Integrating Gender and Power Content into Sexuality Education**

Haberland searched electronic databases for evaluations of programs that were assessed by measuring impact on STIs or unintended pregnancy, aimed at adolescents 19 or younger, and evaluated using a rigorous study design. She identified evaluations of 22 sexuality and HIV education programs from developed and developing countries.

She divided the programs into two groups based on whether they addressed—or ignored—issues of gender and power (such as notions of masculinity and femininity, gender inequality in society, unequal power in relationships, and young women’s empowerment). Ten programs addressed these issues, while twelve did not.

Haberland found that the impact of including gender or power content was dramatic. “The programs that addressed gender or power were five times more likely to be effective than those that did not,” said Haberland. “Fully 80 percent of them were associated with a significantly lower rate of STIs or unintended pregnancy. In contrast, among the programs that did not address gender or power, only 17 percent had such an association. It is striking that the two sets of programs—sexuality education programs that address gender and power and programs that do not—have nearly opposite outcomes.”

The effect of gender and power content held true even when considering other variables, such as program duration or whether the program had multiple components versus a single component. Furthermore, all of the programs that included gender or power content and were associated with positive health outcomes were also significantly associated with other beneficial outcomes, such as reported safer sexual behavior or improved knowledge.

**Recommendations**

Haberland studied the common characteristics of the effective interventions and offered several recommendations for integrating content on gender equality and power dynamics into sexuality and HIV education:

- Include explicit content about gender equality and power dynamics
- Use methods that encourage participants to reflect in meaningful ways on how gender stereotypes and power inequalities affect their own relationships, sexual and reproductive health, and HIV risk, and
- Help participants recognize their potential power in their own lives, relationships or communities.

To enable programs to implement such an approach, the Council has published a resource—*It’s All One Curriculum*—with culturally sensitive content and 54 teaching activities. *It’s All One* is available in several languages at no cost: www.itsallone.org.

Haberland’s review provides strong evidence for focusing on gender and power content in sexuality and HIV education. Not only will incorporating this material result in more effective programs, it will increase the likelihood that young people’s relationships will be more equal and respectful.

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**SOURCES**


**FUNDING**

Reducing Adolescent Girls’ Vulnerability to Sexual Violence in Sub-Saharan Africa

A recent Population Council study in Uganda has demonstrated that addressing girls’ financial needs—such as giving them access to savings accounts—without simultaneously addressing their social and health needs could increase their chances of experiencing sexual harassment.

Adolescent girls living in sub-Saharan Africa lack access to many core community resources, including banks, health clinics, and safe places to meet with friends. They also face high rates of gender-based violence, are at greater risk for unsafe sex that can lead to unwanted pregnancies and HIV infection, and have limited economic resources and income-generating opportunities. Evidence suggests that equipping the most marginalized girls and young women with basic assets—skills, knowledge, and resources—will help them become productive, safe, and successful adults.

Assets are skills, resources, or knowledge that empower girls, reduce their vulnerability to bad outcomes, and give them new opportunities. The Population Council’s asset-building framework posits that adolescent girls need a combination of social, health, cognitive, and economic assets in order to make a safe and healthy transition from childhood to adulthood. Weak social assets—including a lack of friends, mentors, and self-esteem—and lack of economic independence can be significant obstacles to girls taking control of their lives, especially decisions regarding their sexual health and relationships.

“With our study, we were able to dig a bit deeper,” said Karen Austrian, Population Council researcher and lead investigator on the study. “What happens when girls are given access only to a savings account without access to other assets that may have a protective effect?”

The Intervention

Between 2009 and 2010, researchers implemented a four-component intervention that involved:

- meetings with other girls in a safe, public location,
- reproductive health information,
- financial education, and
- savings accounts.

More than 1,000 adolescent girls aged 10-19 living in low income areas of Kampala, Uganda, participated in the study.

To enter the program, girls were offered savings accounts at two local banks. Girls typically have little money, so banks do not serve them. However, these banks—Finance Trust Bank and FINCA-Uganda—partnered with the Council to make it possible for girls to save. The banks also offered quarterly meetings to the girls’ parents, where they provided them with information about money management and the banks’ other services. When girls signed up for bank accounts, they were invited to join weekly girl-group meetings.

In the weekly girl-group meetings 15 to 25 girls met with a mentor for short training sessions and a chance to socialize, helping them to build a safety net of trusted relationships. The reproductive health training offered at the meetings included 30 sessions on topics ranging from puberty and family planning, to drug abuse, peer pressure and gender-based violence. Through the financial education component, girls gained personal money management skills, learned about budgeting and saving, and explored options for earning money in formal and informal economies.

A few months into the intervention, the researchers discovered that due to an error in training bank staff members, not all of the girls who signed up for bank accounts had been offered membership in the girl groups. Bank staff members were immediately retrained, but in the end, 300 participating girls had only a savings account and no participation in a girl group. Another 451 girls received savings accounts and attended girl-group meetings. An additional 313 girls were part of a comparison group that did not receive any intervention.

Though this design was unintentional, it enabled the researchers to compare girls who simultaneously built their health, social, and economic assets, with girls who only increased economic assets through savings accounts, and with girls who did not receive any intervention.

Building economic assets in isolation may actually increase the risk of sexual violence for vulnerable adolescent girls. To improve outcomes, programs must address and empower the whole girl, not simply one element of her life.

POVERTY, GENDER, AND YOUTH
The researchers found that girls who received only a savings account were significantly more likely than they had been at the start of the intervention to have experienced sexual harassment. For girls who only had savings accounts, the proportion who experienced indecent touching increased from 9 percent to 15 percent. The proportion who were teased by males increased from 19 percent to 25 percent. This difference remained significant even after taking into account other factors that might make some girls more vulnerable. Risk of sexual harassment did not increase significantly for girls who received social support along with health and financial education and savings or for girls in the comparison group.

“This evidence suggests that building economic assets in isolation may actually increase the risk of sexual violence for vulnerable adolescent girls,” said Eunice Muthengi, a Population Council researcher on the study. “Our findings highlight a critical issue for policymakers and program managers looking to improve the lives of the most vulnerable girls. To improve outcomes, programs must address and empower the whole girl, not simply one element of her life.”

This result has important implications for the design of programs focused on adolescent girls and programs focused on livelihoods and economic strengthening. When designing and implementing programs, researchers must recognize that building economic assets alone may increase girls’ risks. Therefore, economic strengthening programs should be situated within more comprehensive asset-building interventions.

**SOURCE**

**FUNDING**
Financial Education Fund and Nike Foundation
New research finds the Population Council’s one-year contraceptive vaginal ring is highly acceptable to women. Researchers developed and tested a framework for assessing women’s satisfaction with contraceptive vaginal rings. In addition to assessing the acceptance of the Council’s ring, the study showed the framework to be an accurate method for assessing women’s satisfaction with contraceptive vaginal rings in general.

“We are thrilled that women are pleased with our ring. When women are happy with their contraceptive methods, they are more likely to use them correctly and achieve their reproductive goals,” said Ruth Merkatz, Population Council director of clinical development and medical research and lead researcher on the study. “We also wanted to gain a better understanding of what factors make a contraceptive acceptable to women. With this new model, we can continue studying women’s preferences for contraceptive vaginal rings. The model could also be adapted for assessing other forms of contraception. It will help ensure that new contraceptives are designed and introduced in a way that is responsive to women’s health and family planning needs.”

**Developing a Model to Measure Contraceptive Acceptability**

A contraceptive is considered to be “acceptable” if users express satisfaction with the method, use it correctly, and continue to use it over time. Through a review of literature on vaginal rings and contraceptive use, as well as discussions with other investigators, Council researchers identified four areas likely to predict user satisfaction. These factors included:

- ease of use (ease of ring insertion and removal, remembering the regimen of 21 days in/7 days out for using the ring),
- ring expulsion or feeling the ring while wearing it,
- effects on sexual activity, frequency, or pleasure for the woman or her partner, and
- perceived side effects.

The researchers explored these factors with a questionnaire that asked participants to report their level of overall satisfaction and adherence to instructions for use of the ring. The researchers also tracked whether women continued using the ring for a full year. The questionnaire was administered to 1,036 women who were participating in a Phase 3 clinical trial with the ring at 12 sites across Latin America, the US, Europe and Australia between 2006 and 2009.

**A Unique Contraceptive Method**

The Council’s long-acting reversible contraceptive vaginal ring contains Nestorone® and ethinyl estradiol. Nestorone is a proprietary investigational progestin that has been shown to be highly effective in preventing ovulation. Ethinyl estradiol is an approved, marketed, synthetic version of the female hormone estrogen. The ring can be used for 13 menstrual cycles and inserted and removed by women without the assistance of trained healthcare providers. Additionally, unlike other vaginal rings, it does not need to be refrigerated before dispensing, which could be beneficial in areas with limited access to methods for refrigeration.

“For these reasons, the Council’s contraceptive vaginal ring has the potential to be a game-changer for women in low resource settings,” said Merkatz.

**What Factors Predict User Satisfaction with a Contraceptive Method?**

The researchers found that all four areas they identified as potential contributors to user satisfaction (ease of use, side effects, expulsion, effects on sex and intercourse) were significantly associated with contraceptive acceptability (measured by method satisfaction, correct use, and continuation). Overall satisfaction with the Council’s contraceptive vaginal ring as a method of contraception was reported from 89 percent of study participants. These satisfied users described reasons from each of the four areas as rationale for their reported satisfaction: they found the ring easy to remove, reported few side effects, did not feel the ring while wearing it, and experienced no change in sexual pleasure or frequency. This suggests that all four areas are important for determining user satisfaction.

The study also demonstrated a direct relationship between user satisfaction and correct and continued use of the vaginal ring: satisfied
users were twice as likely to use the contraceptive vaginal ring correctly compared to women who reported dissatisfaction, and five times as likely to use the ring for a full year.

**Implications for Healthcare Practitioners**

The findings of this study, particularly the reasons a minority of women gave for being dissatisfied with the ring, offer guidance to healthcare practitioners who counsel women about their contraceptive options. Researchers suggested that healthcare professionals should consider some of the issues flagged by dissatisfied users and caution potential users in advance to help ease their experience with the method of contraception.

General side effects typically reported by women who use hormonal contraception led to reported dissatisfaction. Healthcare professionals should inform potential users about the possibility of experiencing these common side effects, and should counsel users on their management. Women’s overall satisfaction with a contraceptive is directly related to how easy they find it to use. Practitioners should discuss and practice using the contraceptive vaginal ring with women who choose it so that they can feel confident when they use it on their own. Satisfaction is also directly related to a method’s impact on a woman’s sexual experiences. Practitioners should address potential issues that may arise due to the presence of the ring during sex, including the experiences and opinions of male partners.

**Recommendations for Future Research**

Further research is needed to broaden the evidence supporting the use of this new model for contraceptive acceptability. For the Council’s contraceptive vaginal ring, the researchers recommend that future studies examine the experiences of male partners and study the acceptability of the ring in other geographic areas. This is particularly important in sub-Saharan Africa where this contraceptive could be particularly useful because women can use it for a year without the intervention of a healthcare provider and because it does not require refrigeration prior to and during use.

**SOURCE**


**FUNDING**

US Agency for International Development and US National Institutes of Health

New research finds the Population Council’s one-year contraceptive vaginal ring—held here by Ruth Merkatz, Population Council director of clinical development and medical research—is highly acceptable to women.
The Population Council recently launched a database of HIV-prevention clinical trial terminology in multiple languages. *Translations in Context: A Database of HIV Prevention Terminology and Translation*—available at lexicon.popcouncil.org—is the first of its kind. Designed to reduce the duplication of translation efforts in the field of HIV research, it is an open access, searchable database available to anyone with internet access. The database contains translations for hundreds of HIV prevention terms in seven languages (English, Setswana, Spanish, Swahili, Thai, Xhosa, Zulu). The goal of the database is to assist the process of fielding new HIV studies, since clear and correct translations are both important and costly.

“It is critically important that researchers use words that are appropriate, correct, and understood in local languages and settings where they are working,” said Population Council researcher Barbara Friedland, who led the project, a collaboration between Council program and information technology staff. “But the translation process is costly. This tool enables researchers and community members to access existing translations.”

To ensure that HIV prevention clinical trials are conducted ethically, it is criti-
that participants fully understand the purpose as well as possible risks and benefits of the trial. Many HIV-related terms do not have equivalents in local languages, which can make it difficult to communicate complex concepts like microbicide and seroconversion. Even when terminology is translated, participants may have a different understanding than the intended meaning; misunderstandings have the potential to skew study results.

In parallel with the creation of the database, FHI360 developed a toolkit—available on the database website—for eliciting terms and translations in settings where a lexicon does not yet exist.

“One of the toughest challenges for researchers designing clinical trials is making sure that people who participate in clinical research actually understand all the information they need to understand in order to give fully informed consent,” said Friedland. “Our goal in creating this database is to simplify and facilitate that process. This tool has the potential to reduce the cost of HIV prevention research and increase the benefits of donor investments.”

**SOURCES**


**FUNDING**

United States Agency for International Development
HIV AND AIDS


Guerra-Perez, Natalia, Ines Frank, Filippo Veglia, Meropi Aravantinou, Diana J. Goode, James L. Blanchard, Agegnehu Gettie, Melissa Robbiani, and Elena Martineilli. “HSV-2 drives an increase in the expression of e89300. β which is associated with increased susceptibility to vaginal SHIV infection,” PLoS ONE 9(12): e1004567.


Recent Publications

Publications are by Population Council staff members, consultants, or staff from partner organizations. Year of publication is 2014 unless otherwise noted. Names in boldface are staff members, consultants, or those seconded from partner organizations.

HIV and AIDS


Guerra-Perez, Natalia, Ines Frank, Filippo Veglia, Meropi Aravantinou, Diana J. Goode, James L. Blanchard, Agegnehu Gettie, Melissa Robbiani, and Elena Martineilli. “HSV-2 drives an increase in the expression of e89300. β which is associated with increased susceptibility to vaginal SHIV infection,” PLoS ONE 9(12): e1004567.

Recent research suggests that programs to build adolescent girls’ economic assets alone may increase their risk of sexual violence. Programs must address and empower the whole girl, not simply one element of her life—for example, by building multiple skills through girls’ clubs. See page 4.