Upcoming

Women and men grapple with empowerment

Panelists in Session D22 this morning will examine the underlying force of gender and power as it relates to the effectiveness of HIV/AIDS intervention programmes.

"What is gender? What is its social construction?" asked co-author Ellen Weiss in a pre-Conference interview. "Once you define gender, you see that there is a clear distinction between women's and men's decision-making authority and their ability to access resources." Panelist Geeta Rao Gupta will present findings in this area during the panel discussion.

"Providing condoms alone to women is not as effective as group settings where women can access resources like peer support, information and education," Weiss said. "In group settings, power can be deconstructed. Women can begin to look at their situations, at their relationships, and at their bodies, and they can develop communication skills that will enhance their autonomy."

Weiss identifies five P's of sexuality: practices, partners, pleasure, procreation, and power. "In the past," Weiss explained, "HIV/AIDS prevention programmes have primarily addressed two or three P's without looking at the underlying force of power. Power must be taken as a serious force if prevention programmes are to be effective."

In Nepal, according to panelist Dhana Malla Shrestha, the root problem is women have absolutely no power in their sexual relationships. Whatever a husband asks, the woman has to obey, no matter what the time or place. A woman who refuses can be beaten, expelled from her home and shunned by her family. Husbands can have many sexual relationships and, because women of "good character" cannot buy condoms, they are very vulnerable to STDs and HIV.

The session also includes a paper on gender issues in HIV prevention for heterosexual men. While there are hundreds of HIV/AIDS prevention programmes targeting women, says co-author Alexander Menezes, there are none targeting men. "In all of these programmes," he stated, "the male population is seen as the villain. Our main intention is to develop new models of intervention that bring the AIDS issue to the attention of heterosexual males."

Vox Populi

Can we now prevent children from being born with HIV?

"In my society, women aren't allowed to decide not to have children. Whether HIV-positive or not, we are forced by family and custom to become mothers. But pregnant women ask themselves 'How am I going to manage after delivery? If I die, who will take care of my baby?' As an HIV-positive woman, I believe the decision to have a child should be mine." – *Lusaka, Zambia*

"Personally, I think that in a few years there will be better control of mother-to-child transmission. In the meantime, in my medical practice, I suggest to women that they wait a year or two before getting pregnant. But if they're 36 or 37 years old, they may not be willing to do that. It's not an easy choice." – *Buenos Aires, Argentina*

"All the drug-related research I've seen on perinatal transmission has to do with the use of AZT only. My question is where is the research on drugs other than AZT, or AZT in combination with other drugs, including protease inhibitors?" – *St. Petersburg, USA*

"Knowing they themselves are infected, mothers worry whether their newborn children are also infected. In my country, the management of sexually transmitted diseases is really important for preventing mother-child infection. What's also needed is education...as well as better nutrition." – *Kampala, Uganda*

"I believe it is possible, but it is the determination of politicians. If they want to make it possible, they can – it is not expensive." – *Nice, France*

Treatment Issues

NNRTI combo edges PI cocktail in short term – Staszewski

Potent anti-HIV regimens containing a protease inhibitor (PI) and two nucleoside reverse transcriptase inhibitors (NRTIs) achieve viral suppression in a high proportion of people with HIV who take them. But, said Spencer Cox of TAG, co-moderator of Session B17 on Clinical Trials, "There are serious drawbacks and limitations with these regimens."

Shlomo Staszewski, of the Goethe University, Frankfurt, reported early results from one of the first trials to compare a three-drug regimen containing a non-nucleoside RTI (NNRTI, efavirenz, DMP-266) plus two NRTIs (ZDV/3TC) against a PI triple combination of indinavir plus ZDV plus 3TC. He called the PI triple-drug arm "one of today's most active standard-of-care regimens." At 24 weeks, on-treatment analysis showed that the efavirenz triple therapy arm had dropped viral load under 400 copies/ml in 94.5% of subjects, compared to 88.6% with the PI triple regimen. Using the most stringent analysis, in which non-completers count as failures, the efavirenz triple therapy arm brought viral loads below 400 in significantly more patients than the PI triple, 75% vs. 56%.

"We need longer-follow-up," Staszewski said. Data will be analysed at 48 and 72 weeks. Also, the trial will expand to 1,200 patients.

Co-moderator Martin Hirsch, of Harvard University, told The Bridge that ACTG384 will begin soon in the US comparing two NRTIs with efavirenz to two NRTIs plus nelfinavir.

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