

# ETHICS CONSIDERATIONS IN RECRUITING WOMEN WITH MULTIPLE SEX PARTNERS INTO HIV PREVENTION TRIALS IN THREE WEST AFRICAN CITIES

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## THE CHALLENGE

Women with multiple sex partners in West African cities are at high risk for HIV infection and in need of effective means of protection that are under their control, such as microbicides, vaccines, and pre-exposure chemoprophylaxis.

But they may also be vulnerable to exploitation and stigmatization through participation in clinical trials to test these means of protection. We explored the ethical and practical feasibility of recruiting women with multiple sexual partners into an HIV prevention trial.

## METHODOLOGY

Expert meetings were held with community members and professionals familiar with HIV and at-risk populations in Ibadan, Nigeria; Douala, Cameroon; and Tema, Ghana. Epidemiologic and anecdotal information provided baseline information on potential high transmission areas.

94 in-depth interviews, 16 focus groups, and on-site participant observations were conducted to confirm information from the expert meetings and assess the ethical and practical feasibility of the proposed HIV prevention trial.

## RESULTS

### **Douala**

In the commercial seaport of Douala, anonymous settings such as dark, busy street scenes attract women 20-40 years old seeking income from sex work but who do not want to be recognized. Women who “seat” themselves in front of their residences or rooms are open about doing sex work and function as a community, sharing information and support; “queen mothers” serve as gatekeepers. A few areas attract young women who, while acknowledging they accept money from sex partners, do not identify as sex workers. In general, women with multiple sex partners are distrustful but willing to be interviewed; rumors spread quickly. The presence of women is viewed as “good for business” because they attract clients for bars, shops, etc. but the women themselves are often stigmatized for their sexual behavior and subject to violence. Condoms are easily available and reportedly used with casual or paying sex partners but prices for sex without a condom are widely quoted. People generally do not want to discuss HIV/AIDS. There is little familiarity with research.

## **Tema**

In the industrial seaport of Tema, women who openly engage in sex work refer to themselves as “Sisters” and provide mutual support. Some women combine sex work with hawking during the day, or use hawking as a way to identify potential clients for the night. “Seaters” in nearby Ashaiman are mostly illiterate middle-aged women from rural areas who accept clients at their homes; they engage in seasonal sex work to raise money for school fees or other expenses and then return to their villages. “Roamers” are generally vulnerable young women who go from bar to bar and mingle with drug peddlers and other tough young men. Though sex work is stigmatized, sympathy is often expressed for the financial needs of women engaged in it. Condoms are easily available from vendors and shops but not conspicuously displayed; clients pay more for sex without a condom. HIV/AIDS is viewed as a serious but stigmatized problem. Women are not familiar with research.

## **Ibadan**

The commercial city of Ibadan attracts women from outlying areas in need of money. Some end up doing sex work because they find no other options. Others arrive with this intention in mind, and may follow in the footsteps of an older sister. Brothels or “hotels,” some with hundreds of women, are common and are run by Chair Ladies supported by male managers. Most brothel-based sex workers stay 1-2 years, except for a major market area where turn-over is more rapid. Brothel-based women tend to be young (22-25 years). Independent sex workers operate in some areas and may stay in one place for 3-5 years. Condoms are generally available but there is much skepticism about their effectiveness and non-sexual modes of transmission are emphasized. Sex without a condom costs more. Sex work is stigmatized but not hidden; violence and police raids at brothels are common. HIV/AIDS is both stigmatized and hidden. Previous researchers have been blacklisted by sex workers for their failure to keep promises.

## **LESSONS LEARNED**

Women with multiple sex partners varied with regard to:

- Economic vulnerability
- Autonomy in decision-making
- Motivations for seeking multiple partners
- Residential stability
- HIV/AIDS knowledge
- Ability to distinguish research from prevention goals
- Susceptibility to violence and stigma

## **RECOMMENDATIONS**

Social analysis can be used to identify women who are likely to benefit from, rather than be exploited by participation in HIV prevention trials. Social analysis can also identify strategies to:

- Reduce vulnerability
- Increase comprehension of informed consent
- Promote retention

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Funding for this project was provided by the Bill and Melinda Gates Foundation.