

Opinion Piece

Why Lesotho Should Speed up and Invest in sustainable Women's Prevention, as Part of HIV Combination Prevention Strategy

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Women are still Vulnerable to Men and in Need of Tools to Protect Themselves from HIV. The Good News is there are New Prevention Methods, Initiated and Controlled by Women, on their Way. We Need Advocacy to Speed up their Arrival.

Lesotho is a tiny land locked mountainous country with the estimated population of 1.8 million people and the HIV prevalence rate is 23.5 %, the second highest in the world. 53.5 % of the population is living below poverty line and the unemployment rate is 62% for women compared to 41% for men. With gender and cultural gaps intensifying high women economical dependency, some women in Lesotho often find themselves exposed to HIV/AIDS due desperation to have money or material things in exchange for sex. The HIV prevalence rate among women between the ages of 15-49 is 30 % compared to 19% for men (Demographic Health Survey: 2014).

In early 2000s, Lesotho adopted ABC (Abstinence, Be Faithful and Condomise) prevention model which was intensified with Know Your Status campaign (KYS). However, along the way, the country lost momentum and the issues of gender, culture and religion were raised by some men as factors misused to fight the ABC campaign. Many men started to justify the need for women to be submissive and to admit that only men can be in control of sex and dictate on how and when sex would take place. These led to many cases of unprotected sex and gender based sexual violence.

Like any other country in HIV crisis, Lesotho tried to glamorise male condom and ease its accessibility by all means. But did the country pre-examine the cultural sensitivity of publicising sex without first putting a number of considerations into mind? Nonetheless, many men knew that there were condoms all over public places and shops and they knew how to use them but the question is whether they were ready to be seen in public carrying or accessing tools to be used for sex (a culturally sensitive issue at that time).

Some men continued to insist on the idea of unprotected sex and as any country would do; Lesotho moved to female condoms and even came up with catchy and youth friendly taglines but the momentum did not last for long. Whether it is was lack of patience or lack of government commitment through serious investment in programming the female condom, one wonders.

Soon after, almost 10 years ago, many countries in the Southern

hemisphere were scrambling to implement voluntary medical male circumcision (VMMC). This is a one-time procedure that leaves a lifetime of protection against HIV and other STIs, is hygienic and inexpensive. Most importantly, VMMC is always there in the heat of the moment, unlike condoms.

Lesotho was there to be part of the solution, in an effort to fight HIV/AIDS. Many men came forward to be circumcised and VMMC campaign recorded a milestone of 100 000 clients in 2015. The good thing about this initiative is that men are reminded time and again that they have to continue using condoms correctly and consistently because VMMC is not 100 percent protective.

Also, VMMC is an entryway to the medical system for males. For example, those seeking VMMC are routinely tested for HIV and if positive, they are linked to care and treatment. Many would not have been diagnosed if they weren't seeking VMMC. VMMC is also an opportunity for those testing negative to hear messages around safer sex and other sexual health issues.

Today as the country realises that the fight against HIV is far from over amid all the male orientated prevention strategies the million dollar question is WOMEN PREVENTION, WHY NOT NOW?

Many countries, researchers and HIV advocates are pushing for women prevention and looking at the situation analysis of Lesotho: gender and cultural gaps, deteriorating behavioural change and rapidly increasing consumption of contraceptives leaves the country with no option but to invest and speed up Women Prevention.

Who Urgently Needs Women's Prevention?

Lesotho as a country has its own key populations apart from the

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universally accepted definition which is commonly used by UN and WHO. In Lesotho, there are five groups of women representing key populations which also form part of the priority group which needs first attention once women prevention is rolled out. This group is composed of female sex workers, female factory workers, women who are paid for sex with money or alcohol, and women who have HIV positive partners.

Looking at the aforementioned groups, one can draw a conclusion that this is a group that is extremely exposed to HIV every day and that this is a group which needs Women HIV prevention as they cannot easily negotiate condom use with men. For example, sex workers sometimes fail to negotiate condoms use as men tempt them with paying more money for unprotected sex.

As female factory workers are mostly rural migrants; some fail to negotiate condom use when they return to the rural areas as some men back there still do not believe in condom use. In addition, issues of unemployment and low salaries force them to sleep with men in exchange for jobs, promotions and money. Some become sex workers to compliment their low salaries.

Due to high unemployment rate; some women spent times in the bars and end up exchanging sex with money for groceries or alcohol. Some are often invited to parties just to entice men and in most cases men would prefer unprotected sex with these women.

The issue of women with HIV partners is clear while the issue of women who use contraceptives may sound novel. However, to put it into context; many women in Lesotho are fond of protecting themselves against pregnancy more than HIV and this means that they fear pregnancy more than HIV. According to DHS of 2014, 60 % of women in Lesotho use non-barrier (condoms) contraceptives. So, in most cases they are exposed to HIV and why would men even initiate condom use when the woman is protected against unintended pregnancy – the most feared situation by men in Lesotho?

Why Exactly the Urgency for Women Prevention's Speed up and Solid Investment?

Men already have male condoms and VMMC in place, as combination prevention strategies to fight HIV. However, the biggest challenge is still correct, consistent condom use and failure for condom negotiation by women (due to gender and cultural indoctrination). As much as VMMC has been proven effective and the fact that its numbers are rapidly increasing, there is a very urgent need to speed up sustainable women-initiated prevention to compliment VMMC, such as PrEP and the vaginal ring.

This is also based on the analysis of the current female key populations and women who fail to negotiate condom use. Furthermore, looking at the statistics of HIV prevalence among women; it is safe enough to argue that the country urgently needs to roll-out sustainable women prevention.

As the country prepares to roll out PrEP, a couple of questions come in mind – technical and financial capacity to reach the those who need it most (key-affected populations), adequate community sensitisation, wider stakeholder involvement, mobilisation of government commitment and sustainable local funding to support foreign donor funding and to take over once foreign funding dries up or shifts focus.

The country therefore has a mammoth task to urgently roll out PrEP to the earlier mentioned key populations and to people who need it based on their different circumstances. There is also a need for the country to push for and support the implementation of new women prevention like the vaginal ring, inserted vaginally for a month to prevent HIV. Civil society advocacy around women's prevention options must be ramped up. Finally, the government should adapt the tagline of "You Protect Women, You are protecting the nation".