“With the right investments, young Egyptians will be able to positively shape the country’s future.”
See story, page 8.

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Sexual and gender-based violence is a pervasive global health problem, rooted primarily in the context of women’s and girls’ subordinate status in society. Although men and boys can also be targets of sexual and gender-based violence, women and girls are most often at risk. Sexual violence in particular poses significant risks to women’s health, including physical injury, psychological trauma, unwanted pregnancy, and sexually transmitted infections (STIs), including HIV. The Population Council is committed to understanding the social, economic, political, and physical context of women’s risks for sexual and gender-based violence and HIV and improving programs and policies to reduce these risks.

**The double burden of SGBV and HIV**

Considerable research has demonstrated a link between sexual and gender-based violence (SGBV) and HIV infection. Forced or coercive sexual intercourse with an HIV-infected partner is one of the routes of transmission for HIV and other STIs. The trauma associated with forced vaginal or anal intercourse can result in abrasions and tears, which facilitate the entry of the virus into the bloodstream. The risk of sero-conversion following forced sex is higher, especially among adolescent girls, whose vaginal mucous membrane does not have the density to serve as an effective barrier. Population Council research found that married women in India who have experienced both physical and sexual violence were four times more likely to be infected with HIV than non-abused women. A Population Council project in Tanzania showed that HIV-positive women (aged 18–29 years) were ten times more likely to report having suffered partner violence than young HIV-negative women.

**Preventing violence and HIV**

Council researchers emphasize the importance of developing programs to prevent HIV infection and decrease women’s vulnerability to SGBV. Girls’ and women’s empowerment is central to preventing and mitigating effects of HIV and SGBV. The Council has designed and implemented projects to create “safe spaces” to protect the rights of girls vulnerable to violence and HIV infection. One such project in Ethiopia, **Biruh Tesfa**, promotes functional literacy, life skills, livelihood skills, and education about HIV and reproductive health through girls’ clubs led by adult female mentors. An assessment showed that girls who participated in **Biruh Tesfa** were significantly more likely than other girls to have undergone voluntary counseling and testing for HIV.

In India, recognition of the inter-relatedness of gender norms, partner violence, and HIV risk led to the development, pilot-testing, and scale-up of a behavior-change intervention for young men, called **Yaari-Dosti**. Results demonstrated an increase in partner communication and a reduction in gender-biased attitudes and partner violence. The proportion of men in the urban intervention sites who reported perpetrating violence against a partner in the last three months was more than halved to less than 20 percent. There was a significant decrease from 50 percent to 37 percent of rural respondents in the intervention arm who reported partner violence at follow-up. In comparison groups without the program, partner violence increased.

**Framework for a comprehensive response to SGBV**

<table>
<thead>
<tr>
<th>Health</th>
<th>Pregnancy testing and EC</th>
<th>HIV diagnostic testing and counseling and PEP</th>
<th>Prophylaxis for STIs</th>
<th>Vaccination for hepatitis B and tetanus</th>
<th>Evaluation and treatment of injuries; forensic examination and documentation</th>
<th>Trauma counseling</th>
<th>Referrals to/from police and social support sectors</th>
</tr>
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<tbody>
<tr>
<td>Police/Justice</td>
<td>Statement-taking and documentation</td>
<td>Criminal investigation</td>
<td>Collection of forensic evidence and maintaining the chain of evidence</td>
<td>Ensuring the safety of the survivor</td>
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<td>Witness preparation and court support</td>
<td>Referrals to/from health and social support sectors</td>
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<tr>
<td>Social Support</td>
<td>Needs assessment for psychosocial services</td>
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**Responding to HIV and SGBV**

In addition to efforts to prevent SGBV, the Population Council has responded to the immediate and long-term needs of victims and survivors of partner violence. In 2006, SGBV specialists at the Population Council initiated a multi-country network of service agencies in East and Southern Africa to provide stronger evidence around issues related to SGBV. Pre- and post-intervention data from projects implemented by the network and its partners in hospitals in Malawi and South Africa indicate significant improvements in basic indicators of care, including the proportion of survivors who received post-exposure prophylaxis (PEP) for HIV, STI treatment, and emergency contraception (EC). (PEP is a treatment started immediately after exposure to a pathogen, in order to prevent infection by the pathogen.) Rates of voluntary counseling and testing for HIV among survivors of sexual assault increased from 18 percent to 63 percent in Malawi and from 41 percent to 73 percent in South Africa, and the proportion of women who received PEP increased from 43 percent to 95 percent in Malawi and from 15 percent to 68 percent in South Africa.

PEPFAR has built on the strengths of the Council’s SGBV network, by collaborating to start its own Initiative on Sexual and Gender-based Violence. Under this program, Council staff provided technical assistance to support PEPFAR’s pilot projects on SGBV in Rwanda and Uganda. Results demonstrate most notably that conducting community outreach activities and creating links with other stakeholders are highly effective actions that increase timely arrival of survivors at hospitals and police stations, and increase referral rates and follow-up care. Another result of the collaboration between the Population Council and PEPFAR is a step-by-step guide that includes tips, resources, and tools to help program managers design, implement, and evaluate services related to sexual violence.

The Council and the University of Witwatersrand in South Africa developed a nurse-driven, post-rape care model, known as *Refentse* (meaning “we shall overcome” in Venda). This approach can be integrated into existing reproductive health/HIV services within hospitals. An assessment showed that the intervention improved the provision of essential services, such as pregnancy testing, EC, STI treatment, HIV counseling and testing, PEP, trauma counseling, and referrals. The intervention also had a positive impact on PEP adherence, increasing completion rates from 20 percent to 58 percent.

In February 2010 the Council collaborated with the Government of South Africa to implement a national program aimed at improving access to and delivery of post-rape care for survivors of sexual assault, with special attention to vulnerable groups such as children, migrants, incarcerated populations, and men who have sex with men. Child victims of sexual assault in particular require special attention because of the high rate of exposure to SGBV and lack of available and appropriate services. Because care for children is generally restricted to specialized centers, providers outside these centers lack training in the immediate needs of child survivors and pediatric treatment.

Researchers have found uncertainty among providers about when to issue EC to child sexual assault survivors, as well as inconsistencies about dosage. The Council is improving use and knowledge of EC and comprehensive PEP by raising community awareness and training service providers. It is also helping to standardize forensic kits, processes, and reporting procedures for health workers and police.

In Vietnam, the Council introduced a comprehensive model for SGBV care. An assessment showed that changing service delivery procedures alone was not effective. Programs must simultaneously increase the knowledge of health providers and police officers with respect to existing laws on domestic violence and change their attitudes about gender-based violence.

**Next steps**

Many challenges hinder the integrated delivery of comprehensive SGBV and HIV prevention and treatment services. These include:

- poor adherence to the PEP regimen;
- stigma about SGBV and HIV;
- insufficient provider capacity and services available for child survivors; and
- limited support at national government levels.

An increasingly large foundation of evidence regarding SGBV and HIV has been gathered by the Population Council and others. These data suggest that the most productive way forward will involve:

- empowering girls and women;
- reducing gender-biased attitudes that normalize gender-based violence and contribute to stigma and discrimination;
- building the capacity of health care providers and police officers to respond appropriately to SGBV;
- developing the infrastructure to facilitate the most appropriate responses;
- expanding services for adults and children; and
- monitoring and evaluating integrated programs to prevent and respond to SGBV and HIV.

Continued efforts to raise awareness of the rights of women and other at-risk groups, as well as policy advocacy and support for those navigating complicated judicial systems, will further educate those at risk of violence about options for prevention and management. Finally, donors and governments should ensure funding mechanisms and sufficient budgets to support the implementation and evaluation of integrated SGBV and HIV care, through service-delivery programs and legislation.

**SOURCES**


**OUTSIDE FUNDING**

Shaping Evidence-Based Policies and Programs for Vulnerable Children in Uganda

Uganda was one of the first countries in which researchers and policymakers documented the potential impact of the HIV epidemic on children. The Uganda National Household Survey conducted in 2005–6 showed that 15 percent of children younger than 18 years were orphaned, suggesting that at that time there were approximately 2 million orphaned children in Uganda. Widespread poverty and lack of access to basic services (such as appropriate housing, health care, education, water, and sanitation) have made many more children vulnerable to harm.

The Government of Uganda has focused on orphaned and other vulnerable children (OVC) through a number of policies, regulations, and initiatives. However, policymakers, donors, and program managers lacked comprehensive and up-to-date information about these children—their numbers, geographic distribution, characteristics, needs, and existing programs for them. Without this data, it is impossible to design effective policies and programs for these children and to make decisions on the appropriation of scarce resources. To address these needs—and at the request of the Government of Uganda—the United States Agency for International Development (USAID)/Uganda contracted the Population Council and its partners, Uganda Bureau of Statistics and Mathematica Policy Research, to conduct a situation analysis of vulnerable children in Uganda.

The situation analysis

The research team carried out a nationally representative household survey to assess the circumstances of vulnerable children in Uganda. They also conducted in-depth interviews and focus group discussions with people in a variety of roles supporting children. The team developed a vulnerability scoring system to apply to household survey data and used this system to determine degrees of children’s vulnerability. The vulnerability scoring system is a pioneering, participatory methodology that provides a valuable first step toward quantifying the vulnerability of children in Uganda and assessing their resource needs.

The team’s analysis indicates that 14 percent of children in Uganda have been orphaned, equivalent to a national total of 2.43 million out of 17.1 million children under age 18. Fifty-one percent of children in Uganda—roughly 8 million—are moderately or critically vulnerable.

Illuminating vulnerability

To determine whether the children who are most in need of services are receiving them, the team explored the distribution of vulnerabilities among children receiving external support services according to survey data. Ideally, children who are critically and moderately vulnerable should be over-represented in each area of service delivery when compared to children in the general population. The team found that for four services—skills training, start-up capital, nutritional support, and counseling—the percentage of critically or moderately vulnerable children who were receiving services was lower than that of the total population in the survey. This suggests that service providers were inadequately targeting children most in need. On the other hand, for two services—schooling and free school meals—the percentage of benefited children who were deemed critically or moderately vulnerable was greater than that of the overall population surveyed, reflecting better targeting of these services (although even greater over-representation would have been desirable).

This situation analysis used multiple data sources to explore the circumstances of children in Uganda who have been orphaned or otherwise rendered vulnerable. This process and its results have already proven useful to the Government of Uganda in determining subcategories of vulnerability for resource allocation. Local service providers have also expressed interest in using this approach to monitor service delivery. A major advantage is that it uses local knowledge of child vulnerability rather than generic criteria applied in international surveys. Further analytical work is required to validate the methodology, link it to child well-being outcomes, and devise a practical tool for service providers to refine program targeting. The approach may be useful to national, regional, or local service providers seeking an overview of their client base to monitor and improve efforts to target programs.

SOURCES

OUTSIDE FUNDING
United States Agency for International Development (USAID)/Uganda
Some Lubricants Increase HIV Replication and May Cause Rectal Tissue Damage

For decades, experts have advocated that men and women use water-based lubricants during sex to reduce the risk of sexually transmitted infections (STIs), including HIV. The theory behind this advice is that lubricants reduce the friction that occurs during vaginal or rectal intercourse. Friction can cause small tears in the fragile vaginal and rectal lining, through which disease-causing microorganisms can enter. Lubricants might prevent these tears from forming and thus reduce the transmission of STIs. However, new research by the Population Council has shown that a wide variety of personal lubricants can themselves damage rectal tissue. Further, some of the most popular personal lubricants can also increase HIV replication.

Popular lubricants

Personal lubricants have been available for decades, but knowledge about their impact on the transmission of STIs, including HIV, is limited. In the United States, the Food and Drug Administration requires that manufacturers test lubricants for vaginal irritation, but does not require similar studies to ensure safety for rectal use. Population Council researchers evaluated 41 of the hundreds of lubricants available, including a majority of the brands identified in a survey of users of lubricants during anal sex.

Council investigators Othell Begay, José A. Fernandez-Romero, and their colleagues investigated the effects of the lubricants in vitro, that is, in cell cultures rather than in live animals. They tested the lubricants’ ability to damage cells, as well as whether the lubricants inhibited or enhanced viral replication. To obtain an accurate idea of the effects of these gels, the researchers compared them with two other gels, one known to be safe, Carraguard36, and another with an ingredient known to cause damage. Gynol II. Carraguard was the Population Council’s first-generation candidate microbicide. It is an odorless, colorless, tasteless, carrageenan-based gel. Although a Phase 3 trial of the gel did not find that it prevented HIV transmission, it revealed no safety concerns. Gynol II is a spermicide containing non-oxynol-9, a chemical that is known to damage cells and make users more vulnerable to HIV. The researchers also compared the lubricants to saline solution.

A test of cell integrity showed that all the commercial lubricants, as well as Gynol II, damaged cells. Carraguard and saline solution did not do so. The damage caused by the lubricants may enhance the transmission of HIV and other infections in humans.

“it is important to emphasize that our findings are from in vitro studies. What happens in the laboratory environment does not always happen in the human body. We need to know more,” said Fernandez-Romero. “Using condoms is still the best way to avoid acquiring STIs during intercourse. And, it is still clear that using condom-compatible lubricants reduces the chance that a condom will break.”

None of the commercial lubricants showed significant evidence of in vitro anti-HIV activity. Surprisingly, however, low doses of four formulations of Astroglide, a popular and commonly used brand, sharply increased HIV replication in vitro. The four Astroglide formulations that increased HIV replication were: Liquid, Warming Liquid, Glycerin & Paraben Free Liquid, and Silken Secret. All of these products contain either polyquaternium or polyquaternium-15; polyquaterniums are common cosmetic ingredients.

The researchers were unable to obtain and test the exact polyquaternium used in the Astroglide products, but they did test a related polyquaternium, known as MADQUAT. They compared MADQUAT to the chemical polybrene, which is known to increase HIV replication. The experiment showed that MADQUAT and polybrene increased HIV replication at a similar rate.

Anecdotal evidence suggests that substances not marketed as lubricants, such as vegetable oils, are used during sexual intercourse, especially in low-income households and in the developing world. The contribution of these substances to tissue damage and STI transmission, if any, is unknown.

These studies of lubricants are part of the Population Council’s program to develop and introduce safe, effective microbicides for vaginal or rectal use to prevent transmission of HIV and other STIs. The Council’s lead candidate, known as PC-1005, is a novel combination of an anti-retroviral drug and a broad-spectrum anti-viral agent in a carrageenan-based gel. Previous studies have shown that PC-1005 completely protected monkeys for up to 24 hours from infection with a strain of the virus that causes AIDS in monkeys. Based on current progress, Phase 1 human clinical trials testing this candidate microbicide are projected to begin in early 2012.

SOURCE


OUTSIDE FUNDING

Swedish Ministry for Foreign Affairs and the Swedish International Development Cooperation Agency
A study in seven regions. “Addis Ababa: Population Council country director for Ethiopia. Among rural girls, 26 percent were married by age 15 and 63 percent were married by age 18. One-third of married girls did not want to get married. Twenty-two percent did not want their marital sexual initiation at the time it happened.

Few young people, female or male, have received skills training and, among those who have, most have not been able to put the skills to use. Reasons for this outcome were mainly inability to find a job or lack of startup capital. Thirty-eight percent of males and 23 percent of females had ever worked for pay. The type of paid work in Ethiopia is highly gender-specific (as it is in Egypt). Girls are mainly engaged in domestic work and petty trade; boys mainly work as farmers, or in a wide variety of other jobs, such as herding and construction. Boys earn roughly 50 percent more than girls, in part because girls are engaged in low-paying jobs, such as domestic work.

**Ethiopia**

In Ethiopia, the Population Council interviewed nearly 10,000 young males and females aged 12–24. The survey provides baseline information for four new UN-funded initiatives in that country, dealing with adolescent health and development, gender-based violence, women’s and girls’ empowerment, and female genital cutting/mutilation. Some of the most important findings dealt with sexual coercion, early marriage, and limited livelihoods.

Most sexual activity in Ethiopia takes place in the context of marriage, especially among girls; 89 percent of girls first had sex with their husband. A considerable proportion of young women described coercive circumstances surrounding their sexual initiation, including those who first had sex within marriage. Seventeen percent of girls said their partner would not take “no” for an answer, and 14 percent said that physical force, or rape, was used. Eleven percent reported being threatened, and 6 percent were hit or beaten during their first experience of sex. Overall, one-third of girls experienced at least one circumstance that is considered coercive during their first sexual experience. Fifteen percent of sexually experienced young women had ever been raped or forced to have sex, and a considerable number blamed themselves for the occurrence and did not tell anyone about it. Ten percent of married young women have ever experienced physical violence at the hands of their husbands.

Girls with low levels of education and those residing in rural areas were more likely to be married early. Among girls who were married by age 15, 79 percent had never been to school. “This statistic reflects how disadvantaged and ill prepared these girls are for early marriages,” said Annabel Erulkar, Population Council country director for Ethiopia. Among rural girls, 26 percent were married by age 15 and 63 percent were married by age 18. One-third of married girls did not want to get married. Twenty-two percent did not want their marital sexual initiation at the time it happened.

Investing in young people

Without adequate investments in their health and education, as well as in opportunities for productive livelihoods, young people’s future prospects will be limited. The findings from these two Population Council surveys point particularly to the hurdles faced by girls and young women as a result of restrictive gender roles. Many countries’ futures, as well as the achievement of many of the UN Millennium Development Goals, depend on how well adolescents navigate this phase of their lifecycle. The Council will use the findings from both surveys to develop programs that build the assets of these young people, especially girls and young women; measure changes that occur at the individual and community level; facilitate the expansion of successful strategies; and shape appropriate policies.

**SOURCES**


**OUTSIDE FUNDING**

Recent Publications

HIV and AIDS


Samuels, Fiona and Nofiko Rutenberg. “‘Health regains but livelihoods lag’: Findings from a study with people on ART in Zambia and Kenya,” AIDS Care 23(6): 748–754.


POVERTY, GENDER, AND YOUTH


—. “Ensuring the benefits of Pakistan’s demographic dividend,” Series of five research summaries. Islamabad: Population Council.


REPRODUCTIVE HEALTH

Afridi, Munir. 2010. “Greenstar Social Marketing private-sector activities in PAIMAN project: Process evaluation of Greenstar Social Marketing initiatives to improve and expand maternal and newborn health services and coverage.” Islamabad: The PAIMAN Project, JSI Research and Training Institute, Inc.


Sitruk-Ware, Regine and Anita Nath. “Metabolic effects of contraceptive steroids,” in Reviews in Endocrine and Metabolic Disorders 12(2): 63–75.


OTHER


“Changing policy,” Momentum, June.


Population and Development Review 36(4), 37(1), and 37(2).

Studies in Family Planning 41(4), 42(1), and 42(2).
National Surveys Provide Insights into Lives of Adolescents in Egypt and Ethiopia

The Population Council has recently completed national surveys on the lives of young people in Egypt and Ethiopia. Young people are powerful catalysts for development and change, as young Egyptians demonstrated in early 2011. Adolescence is a critical phase of human development through which the stage is set for adult life. More than 1.5 billion people aged 10–24 in developing countries are making the transition from childhood to the roles and responsibilities of adulthood—as workers, citizens, spouses, and parents—during a period of unprecedented global change. Subsequent generations of young people will be even larger.

To develop programs and policies that meet the needs of adolescents, governments and program managers require solid, reliable data about the challenges young people face. Existing data rarely provide the in-depth information that is gained by surveying adolescents themselves. The Population Council has implemented such surveys throughout the world. The recent surveys in Egypt and Ethiopia afford crucial insights into young people’s schooling, livelihoods, and, particularly, the effect of restrictive gender roles on their lives.

Egypt

About 40 percent of Egypt’s population is between the ages of 10 and 29 years, a “youth bulge” in the population. “With the right investments, these young people will be able to positively shape Egypt’s future,” said Nahla Abdel-Tawab, director of the Population Council’s regional reproductive health program and acting country director in Egypt. “However, the large size of this group is placing enormous pressure on social services and the labor market and creates major challenges for development planning.”

The Survey of Young People in Egypt (SYPE) is the largest survey to date of young people in the Middle East and North Africa. SYPE builds on the Council’s groundbreaking 1997 Adolescence and Social Change in Egypt survey. Council interviewers spoke to some 15,000 young people between the ages of 10 and 29 from a representa-