



Wendee Wechsberg, PhD  
Substance Abuse Treatment  
Evaluations and Interventions  
Research  
RTI International

Charles Parry, PhD  
Alcohol and Drug Abuse  
Research Unit  
Medical Research Council

Rachel Jewkes, MBBS, MSc, MD  
Gender & Health Research Unit  
Medical Research Council



## Research & Policy Brief



# Drugs, Sex, and Gender-Based Violence: The Intersection of the HIV/AIDS Epidemic with Vulnerable Women in South Africa – Forging a Multilevel Collaborative Response

Sub-Saharan Africa is the global epicenter of the HIV/AIDS epidemic, accounting for more than one-third of HIV infections worldwide. In South Africa, with a population of 49 million, 5.7 million people are living with HIV; 350,000 died of AIDS in 2007.

Among all demographic groups, a greater burden of the disease falls to individuals who are disadvantaged, underserved, and vulnerable. This is especially true for women, where the HIV level among women of childbearing age is currently at 29% and increasing. Young women aged 15 to 24 are at particularly high risk, accounting for 90% of all new HIV infections among this age group. The HIV epidemic among women is fueled by endemic poverty, gender inequality and violence, widespread substance abuse, social norms that involve multiple concurrent partnerships, and marked age differentials between young women and their male partners.

Within this context, many women resort to transactional sex or sex work for survival. Among sex workers, alcohol and other drug use is particularly widespread, as it helps to ameliorate the shame of conducting sex work and gives women courage to talk with men for “dates.” Although drug use—including alcohol, crack cocaine, and methamphetamine—may lower inhibitions for sexual transactions, it increases the likelihood of high-risk sex behaviors, such as not using condoms properly, and prevents women from negotiating sexual risk reduction and thereby reducing physical and sexual violence. Overall, these women lack the essential skills for violence prevention to reduce being victimized.

Compounding the problem is the highly variable quality of public health services, limited access to mental health services, and very limited formal substance abuse treatment services for women.

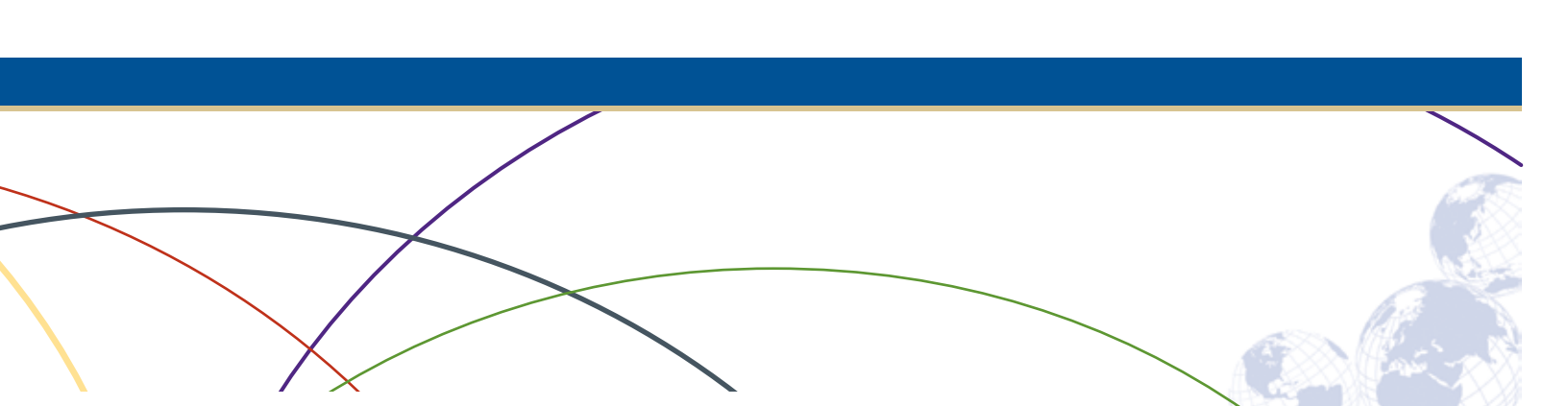
## Factors that Increase South African Women's Risk for HIV/AIDS

- **Legacy of Apartheid**—Apartheid destroyed precolonial models of family life, entrenched migrant labour, and promoted a cultural context in which high levels of drinking are often the norm. Increased and widespread alcohol use has had a noticeable impact on various aspects of South African life, including an increase in high-risk patterns of sexual partnering.
- **Gender inequity, violence, and male dominance in sexual relationships**—Gender norms place men in control in sexual relationships, allowing them to determine the circumstances and frequency of sex, dictating when or whether condoms are used, and legitimising the use of sexual and physical violence against women. In addition, social norms favor multiple partners and age-disparate sex (i.e., older men having sex with younger women).
- **Lack of resources**—Another consequence of Apartheid is continuing low educational levels for disadvantaged segments of the population, resulting in limited access to employment, particularly for women. Thus, many poor women depend on men for economic support. In addition, these women have limited access to health care and proper housing.
- **Trading sex**—Many poor women resort to exchanging sex for cash, food, clothing, and shelter; and to provide for their families.
- **Biological/physical factors**—Women have larger skin surfaces potentially in contact with HIV at each sexual encounter. In addition, semen has a higher concentration of the virus than do female vaginal fluids. Furthermore, men who are not circumcised add to the level of risk.

## Recent Research

Between 2001 and 2008, five research projects were funded by the U.S. National Institutes of Health and the U.S. Centers for Disease Control and Prevention (CDC) to study vulnerable populations of women. These projects focused on female sex workers in Cape Town, Durban, and Pretoria; female drug users in Pretoria and Cape Town; young female methamphetamine users in Cape Town; and young rural women in the Eastern Cape.

- **The Women's Health CoOp Pretoria (2001–2008; Dr. Wendee Wechsberg, Principal Investigator)**—This study is an adaptation of an evidence-based, woman-focused HIV prevention intervention operating in the United States for the past 10 years. Both the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) sponsored randomised trials for adaptations of the woman-focused intervention in Pretoria and Cape Town. Since 2001, these studies have reached both sex workers and non-sex workers.

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- **The Women’s Health CoOp in the Western Cape** (2004–2006; Dr. Wendee Wechsberg, Principal Investigator)—Sponsored by NIDA and RTI, in collaboration with the Medical Research Council (MRC), this study was a randomised controlled trial to examine the effectiveness of a woman-focused intervention for high-risk behaviours in either a group or individual format and to examine the differences between Black and Coloured women across pre- and post-intervention measures of alcohol and illicit drug use and sex risk behaviours.
  - **Rapid Assessment, Response, and Evaluation of Drug-Using Sex Workers in Durban, Cape Town, and Pretoria** (2005–2008; Dr. Charles Parry, Principal Investigator)—This study, funded by the U.S. President’s Emergency Fund for AIDS Relief (PEPFAR) through the CDC, entailed several stages, including a rapid ethnographic assessment to learn more about patterns of drug use and HIV risk behaviours among drug-using, street-based sex workers in selected hot spots in these three cities. This has been followed by an intervention phase in which (1) consortia linking drug abuse and HIV service delivery organizations have been formalized, (2) further training in community-based outreach to access hidden populations has been provided to consortium members, (3) drug and HIV services have been integrated to ensure that HIV-positive and HIV-negative clients are linked to appropriate prevention, care, and treatment services, and (4) systems have been developed to closely monitor the progress of these activities and evaluate their effectiveness.
  - **Impact of Stepping Stones on Sexual Behavior in Rural South Africa** (2002–2006; Dr. Rachel Jewkes, Principal Investigator)—This study, funded by the U.S. National Institute of Mental Health, used a cluster randomised controlled trial to evaluate the impact of the community-based HIV prevention intervention Stepping Stones on the sexual health of rural South Africa youth. This participatory programme works to improve sexual health through building stronger, more gender-equitable relationships. In addition to seeking to understand the impact of a gender transformative intervention on HIV and HSV-2 sero-incidence, the study provided an opportunity to deepen understanding of the intersection of gender inequity and sexual health.
  - **Examination of Tik Use and Sexual Behaviour in Cape Town** (2006; Dr. Wendee Wechsberg, Principal Investigator; Dr. Charles Parry, Co-Principal Investigator). This study, funded by NIDA, was undertaken to investigate the link between methamphetamine and other drug use and sexual risk behaviour among young (out-of-school) 13- to 20-year-old women in poor communities in Cape Town. The study comprised a quantitative study of 450 young females in three communities known to have high levels of drug use (Delft, Mitchells Plain, and Khayelitsha), and a qualitative component to examine issues related to drug use, violence, and sexual risk behaviour in greater depth using focus groups with 37 of the young women who had participated in the quantitative survey.

## Key Study Findings

### The Women's Health CoOp

- Women significantly reduced their high levels of alcohol use and reduced dagga and crack cocaine use at 3- and 6-month follow-ups.
- Women were taught negotiation and condom-use skills and showed a significant increase at the 6-month follow-up in the percentage who were using condoms with their main partner at last sex act, and in the past 90 days, even under the influence of drugs.
- Women were taught violence prevention strategies and showed a continued decrease at 3- and 6-month follow-ups in violence perpetrated by their main partners.

### The Women's Health CoOp in the Western Cape

- The woman-focused HIV intervention reduced drug use, increased male condom use, and reduced physical and sexual abuse among Black African and Coloured ethnic groups.
- Both group and individual interventions facilitated reduced risk behaviours, indicating that group interventions may be a more cost-effective option.

### Rapid Assessment, Response, and Evaluation of Drug-Using Sex Workers in Durban, Cape Town, and Pretoria

- Drugs play an organizing role in patterns of daily activities, with sex work closely linked to buying, selling, and using drugs.
- The activities of female sex workers are subject to considerable control by individual pimps, many of whom also function as landlords and drug dealers.
- This context engenders considerable risk for accelerating the spread of HIV.
- The intervention work to date in Durban has
  - revealed a willingness among nongovernmental organizations (NGOs) to expand staff skills and broaden outreach and service-delivery activities to address both sexual and drug-related HIV risk in vulnerable populations;
  - demonstrated increasing uptake of Voluntary Counselling and Testing (VCT) and other services; and
  - improved the integration of drug treatment, HIV intervention, and other services through strengthened referrals.

### Impact of Stepping Stones on Sexual Behavior in Rural South Africa

- Although it was not possible to measure a reduction in new HIV infections, the incidence of genital herpes (herpes simplex virus type 2 [HSV-2]) was 33% lower in men and women in the Stepping Stones programme.
- Stepping Stones effectively changed men's gender-related behaviour, with a significant reduction in perpetration of intimate partner violence, which was sustained 2 years post-intervention, and a reduction in transactional sex and problem drinking.
- Although the reduction in HSV-2 incidence shows that some women's sexual behaviours changed, the study did not establish which behaviours had changed.



## Examination of Tik (Methamphetamine) Use and Sexual Behavior in Cape Town

- The average age for dropping out of school is 17.
- 88% of participants were unemployed.
- 62% of participants have ever used Tik (13% Black African; 91% Coloured).
- Most teens that ever used Tik used it every day and reported trading sex for Tik.
- Black African teens were sexually active before age 15, and sexually transmitted infections (STIs) were reported.
- Coloured teens reported involvement with gangs.
- Tik use is associated across numerous studies with having multiple partners and trading sex for drugs.

## Forging a Multilevel Collaborative Response

These important studies have identified what puts these very vulnerable women at risk for HIV/AIDS and gender-based violence. However, solving these problems on a larger economic scale will require institutional participation and political support for women's equity, HIV-prevention literacy, and a broader HIV-prevention agenda. This can be accomplished with a multilevel, collaborative response among government, communities, and international partners using multiple prevention strategies and fostering sustainability.

### Government-Level Recommendations

- Support initiatives to promote higher levels of educational attainment for women and improve the overall quality of education.
- Continue to promote interventions to reduce gender inequity and help women to empower themselves.
- Expand skills development, economic empowerment, and better housing initiatives for women.
- Involve health providers in developing ways to better reach and treat women with alcohol and other drug problems, and increase providers' awareness of such programs. Ensure that a broad range of services is better marketed to vulnerable women and that such services do not stigmatise women who engage in sex work or who use drugs.
- Create accessible and affordable resources to meet the needs of sex workers, such as free condom distribution, free HIV and STI testing, and gender-based interventions and treatments.
- Promote initiatives to change social norms related to gender and gender-based violence.
- Decrease barriers to care and increase access to antiretroviral (ARV) treatment (including monitoring CD4 counts) and substance abuse treatment.
- Integrate comprehensive gender and sexuality education into primary and secondary curricula, with adequate training and support for teachers and administrators.

- Ensure the provision of high-quality, comprehensive post-rape health care that meets survivors' mental health needs and increases access to post-exposure prophylaxis.
- Ensure a more integrated response from a broad array of government departments that currently provide services to or could provide services to vulnerable drug-using women.
- Establish enhanced referral networks to facilitate a coordinated response among governmental (and nongovernmental) sectors.
- Promote HIV testing for men and ensure that gender issues, including gender-based violence prevention, disclosure, and living positively are addressed in training programmes for staff providing HIV-related counselling.
- Promote the development and implementation of mental health interventions at the district level for women who have experienced trauma and have been diagnosed with mood disorders and substance abuse.

### Community-Level Recommendations

- Translate research into practice through community-level organizational networks. NGOs play an important role in conducting ongoing, intensive outreach activities aimed at reaching vulnerable populations and working with them over time to reduce their risk of violence and other health-related risks.
- Transform social norms about gender roles and the acceptability of gender power imbalance, including the acceptability of rape, partner violence, and age-disparate sex.
- Intervene with those who control sex trading and drug trafficking, such as pimps and landlords.
- Promote initiatives that rebuild family and social support structures.
- Expand safer schools initiatives.

### Recommendations for International Partners

- Ensure that national and global initiatives related to gender become implementation priorities, and provide adequate resources to translate them into programmes.
- Ensure that structures of the national, regional, and global AIDS architecture involve women's rights groups and organisations working on gender issues. Provide adequate resources to work effectively to address the gender-related dimensions of AIDS.
- Promote community-based activities that challenge gender inequity and the cultural acceptability of gender-based violence.
- Provide interventions to transform harmful gender attitudes and behaviours as part of programming for the rollout of male circumcision as an HIV prevention intervention; also promote condom use.
- Scale-up interventions that help women and men to empower themselves to protect against HIV by transforming harmful gender-based attitudes and behaviours.
- Develop and promote the implementation of appropriate gender-based HIV prevention interventions.
- Increase efforts to reduce substance abuse treatment barriers, including street outreach, outreach in township areas, transportation, child care, and programmes that focus on the special needs of women.

- Address barriers for sex workers within the substance abuse treatment system.
- Increase research on protective factors for women to help keep them from turning to sex work, such as increased education and ways to facilitate access to treatment services.
- Focus intervention efforts on women of childbearing age and on women who already have children.
- Promote policies and funding for increased access to Prevention of Mother-To-Child Transmission programmes.

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