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AIDSTAR-One HIV Prevention Demonstration Project: Reducing Alcohol-related HIV Risk in Katutura, Namibia

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Background and Study Rationale

- Alcohol use is associated with sexual behaviors that put people at risk for HIV and other sexually transmitted infections (Cook and Clarke, 2005) (Kalichman et al, 2007).
- In countries where HIV prevalence and alcohol use is high, addressing harmful drinking in conjunction with interventions to reduce sexual risk behavior may help reduce HIV transmission more effectively.
- HIV prevalence in Namibia is 13%, alcohol consumption is 9.6 liters per capita per year (avg in Africa is 6 liters).

Cook RL, and Clark DB. 2005. Is there an association between alcohol consumption and sexually transmitted diseases? A systematic review. *Sexually Transmitted Diseases* 32 (3): 156-164.

Kalichman S, Simbayi L, Kaufman M, Cain D, and Jooste S. 2007. Alcohol Use and Sexual Risks for HIV/AIDS in Sub-Saharan Africa: Systematic Review of Empirical Findings. *Prevention Science* 8 (2): 141-151.



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Kabila





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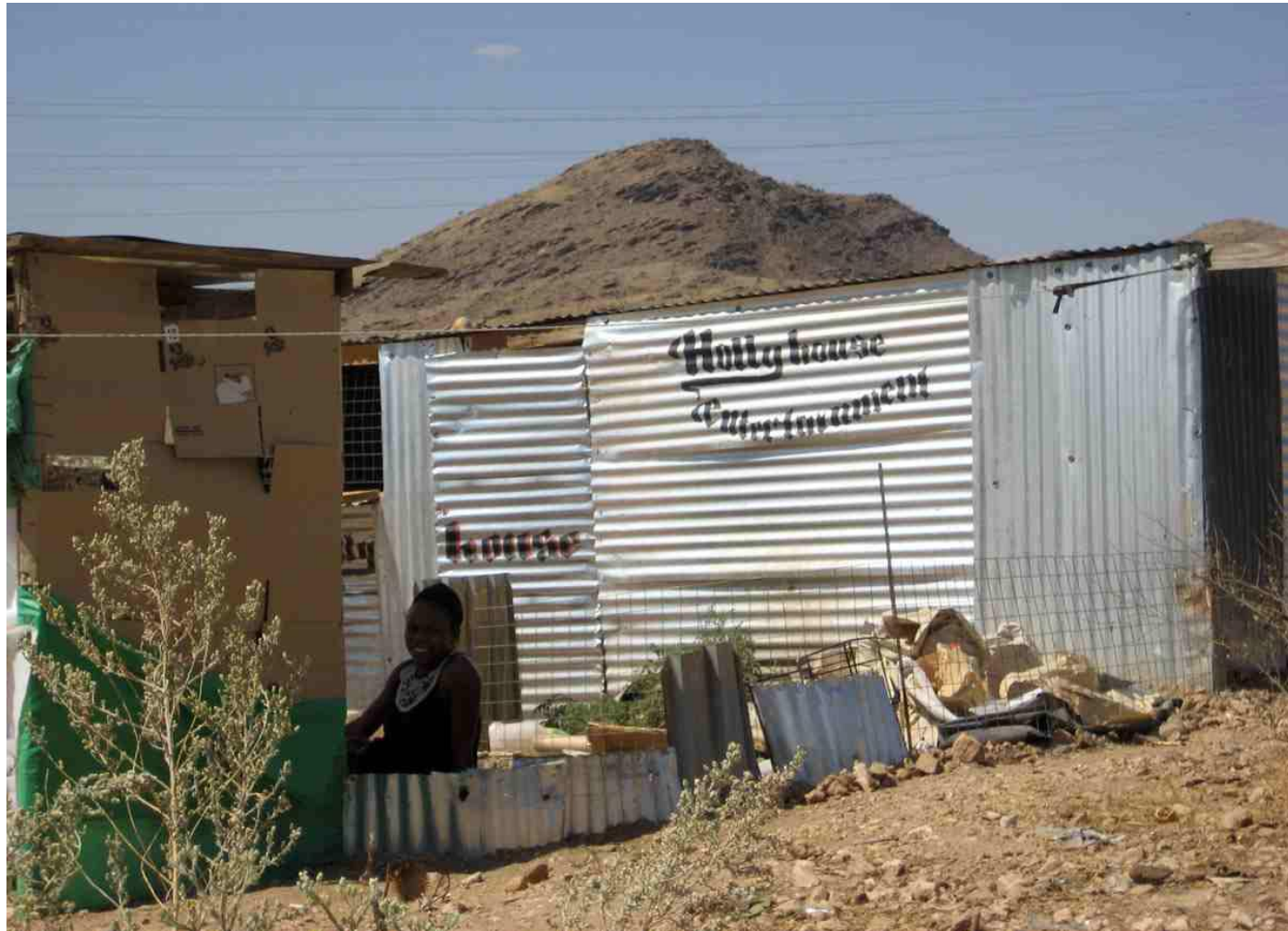
Bars or “shebeens” in Katutura





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Potential intervention activities

1. Create an HIV risk-averse bar environment
 - Training bar owners and staff to serve alcohol more safely and to educate patrons on hazards of excessive drinking and how to reduce HIV risk
 - Physically altering bars to make them more conducive to moderate alcohol consumption and HIV risk reduction
2. Mobilize community for self regulation – community members critically examine effects of alcohol consumption on community's well-being and develop strategies to support safe alcohol selling practices. Possibly establish community action forum.
3. Reduce the availability of alcohol by introducing alternative livelihoods.



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Project Timeline

- 1. Formative Research (May 2010 - March 2011)**
- 2. Intervention Development and implementation (15 months)**
- 3. Mixed methods intervention evaluation**

Baseline/endline survey with a cross-sectional representative sample of 500 patrons from participating bars; ongoing qualitative and quantitative program monitoring and evaluation



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Partnerships

- USAID-Namibia
- CDC-Namibia
- Ministry of Health and Social Services
- Coalition on Responsible Drinking (CORD)
- Society for Family Health (PEPFAR Implementing Partner)
- Survey Warehouse



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Formative Research Methodology

Step 1:

Enumerated and characterized all bars and drinking venues in Kabila

Step 2:

Conducted a behavioral baseline survey with a representative sample of 500 bar patrons using Time-Location-Sampling (TLS) methodology

Step 3:

In-depth interviews and focus group discussions with bar patrons, owners, staff, community members, key stakeholders (city police, constituency councilor, staff from local NGO working on HIV prevention, community leaders, officials from government and municipal agencies)



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Enumeration of bars

- Developed data collection form to document location and characteristics of bars within Kabila
- Using maps provided by Windhoek Police Department, three teams of data collectors gathered information about bars (number, location, types of alcohol sold, gender of owner and employees)

Results: 265 bars enumerated in an approximately 4 sq. km area



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Baseline behavioral survey:

- 301 men; 199 women
- 722 people found in bars, 79% eligible to participate and 88% of eligible people agreed to participate.
- Measures:
 - Demographics
 - Alcohol use/expectancies/dependency
 - Sexual risk behavior (partner by partner)
 - Experience of intimate partner violence in context of drinking



Alcohol Use Disorders Identification Test (AUDIT)

Questions about hazardous alcohol use:

1) In the *past 12 months*, how often did you drink alcohol?

To determine
standard units

- 2) What type of alcohol do you drink most often?
- 3) What size container do you usually use when drinking?
- 4) How many of these *containers* do you usually have on a typical day when you are drinking?
- 5) Do you usually share these drinks with anyone?
- 6) How many people do you usually share these drinks with?

7) During the *past 12 months*, how often did you have 6 or more drinks on one night by yourself?

Questions about dependence symptoms:

8) During the *past 12 months*, how often have you been unable to stop drinking after starting?

9) During the *past 12 months*, how often have you failed to do what is normally expected of you as a direct result of drinking?

10) During the *past 12 months*, how often did you need a drink when you woke up after a night of drinking or from having a hangover/*babalaas* ?

Questions about harmful alcohol use:

11) During the *past 12 months*, how often did you wake up feeling guilty after a night of drinking?

12) During the *past 12 months*, how often did you forget what happened the night before because you had been drinking?

13) Have you or someone else *ever* been injured as a result of your drinking? (ever in your life) When did that happen?

14) Has a relative or friend or a doctor or health worker *ever* been concerned about your drinking or suggested you stop drinking? (ever in your life) When did that happen?



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AUDIT – Analysis and Interpretation

- All the response scores are added and recorded to get the total score
- Total scores of 8 or more indicate hazardous and harmful alcohol use, as well as possible alcohol dependence.
- Scores between 8 and 15 indicate need for simple advice on need to reduce consumption.
- Scores between 16 and 19 indicate need for counseling and continued monitoring.
- Scores of 20 or above call for further diagnostic evaluation for alcohol dependence.



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Qualitative data collection

Recruitment:

- Kabila: bar owners, bar servers, bar patrons, community members
- Non-Kabila stakeholders

Field guides: 1) community views (community, alcohol and bars, strategies for community mobilization); 2) in-depth discussion of livelihoods

Data collection:

- Conducted in Oshiwambo, Afrikaans using interview guides; tape recorded
- 42 in-depth interviews and 2 focus group discussions

Analysis:

- Interviews transcribed, translated to English, analyzed using Atlas.ti



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Key Findings

- Community Life
- Alcohol selling as a livelihood
- Patterns of Alcohol Use/Abuse
- Sexual Risk Behavior related to alcohol



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Key Findings – Community Life

- Kabila is relatively new informal settlement with most people migrants from northern Namibia.
- Affordability primary reason people live there
- Challenging living conditions:
 - Problems with infrastructure (access to electricity, water taps, toilets)
 - Criminal activity
 - Lack of economic opportunities and physical insecurity lead to sense of helplessness and frustration
 - Alcohol selling has become cornerstone of informal economy
- Absence of civil society organizations – difficult for community members to feel part of functional community that can identify and resolve problems



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Key Findings – Alcohol selling as a livelihood

- High unemployment in formal sector
- Bars have low start-up costs
- Bars create steady, reliable income for owner
- Perception that bar-ownership is more profitable than informal economy alternatives
- Bars are overwhelmingly owned by men, staffed by women
- Strong desire for training in other livelihoods



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Key Findings: Patterns of alcohol use and abuse

- Bar patrons tend to be young adults (average age 31) with some secondary school education (44%) who are in a primary relationship but not yet married (36% not living with a partner, 31% living with a partner);
- Male bar patrons had twice the income of female bar patrons (USD \$240/month compared to \$118/month)
- 14% of monthly income spent on alcohol (same proportion of income for men and women)
- Reasons for drinking:
 - 53% say they worry less (men – 59%, women – 46%)
 - 54% say they feel more confident (men – 60%, women – 46%)*

* Significant difference at $p < 0.05$



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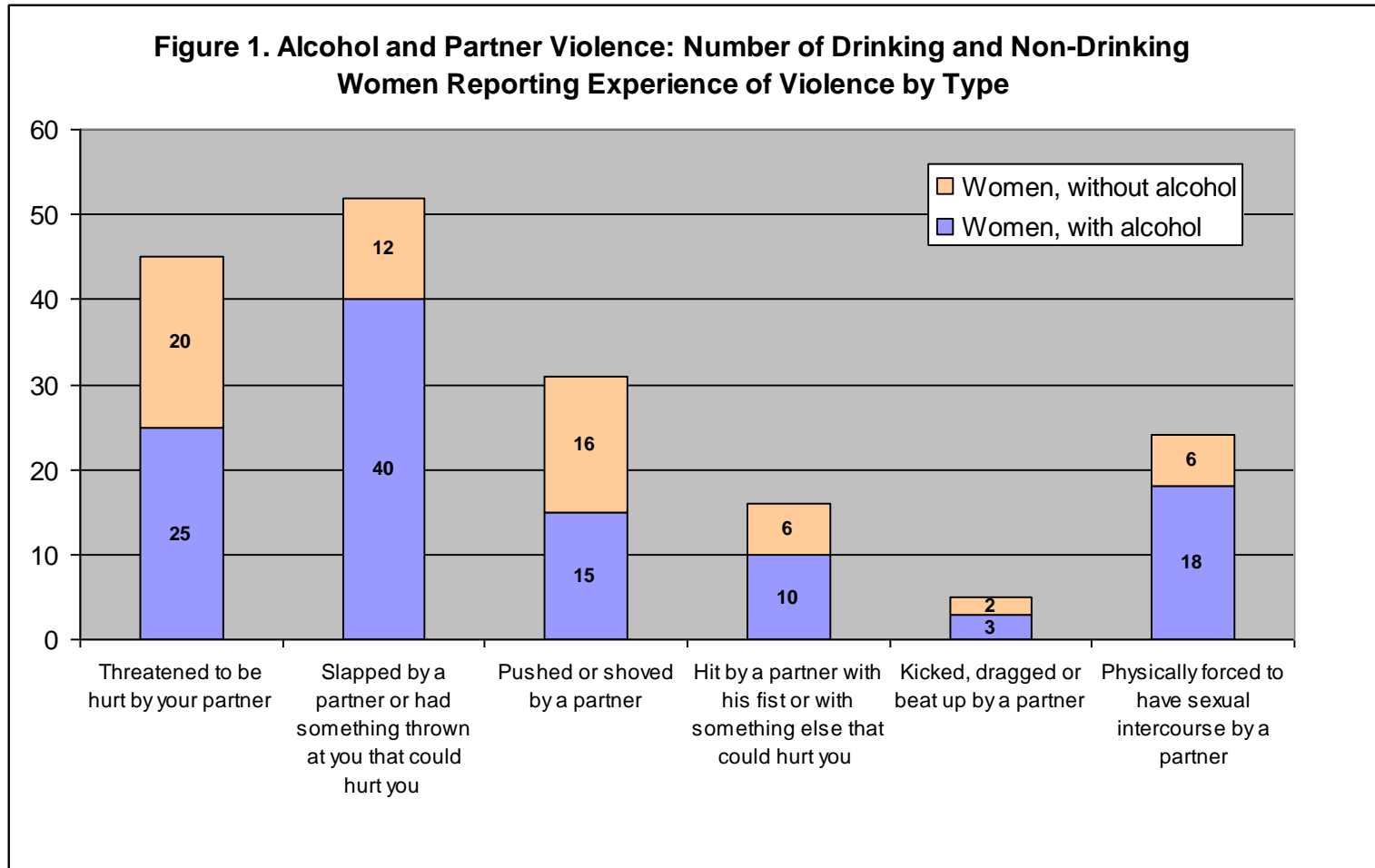


AUDIT Scores and Reponses

- Average scores: women – 9.0, men – 11.6
- 14% report drinking 4 or more times per week
- 41% report drinking 3-4 standard units on a typical day of drinking
- 31% report drinking more than 6 drinks on one occasion (binge drinking) 2-4 times a month.
- 15% report being unable to stop drinking after beginning.

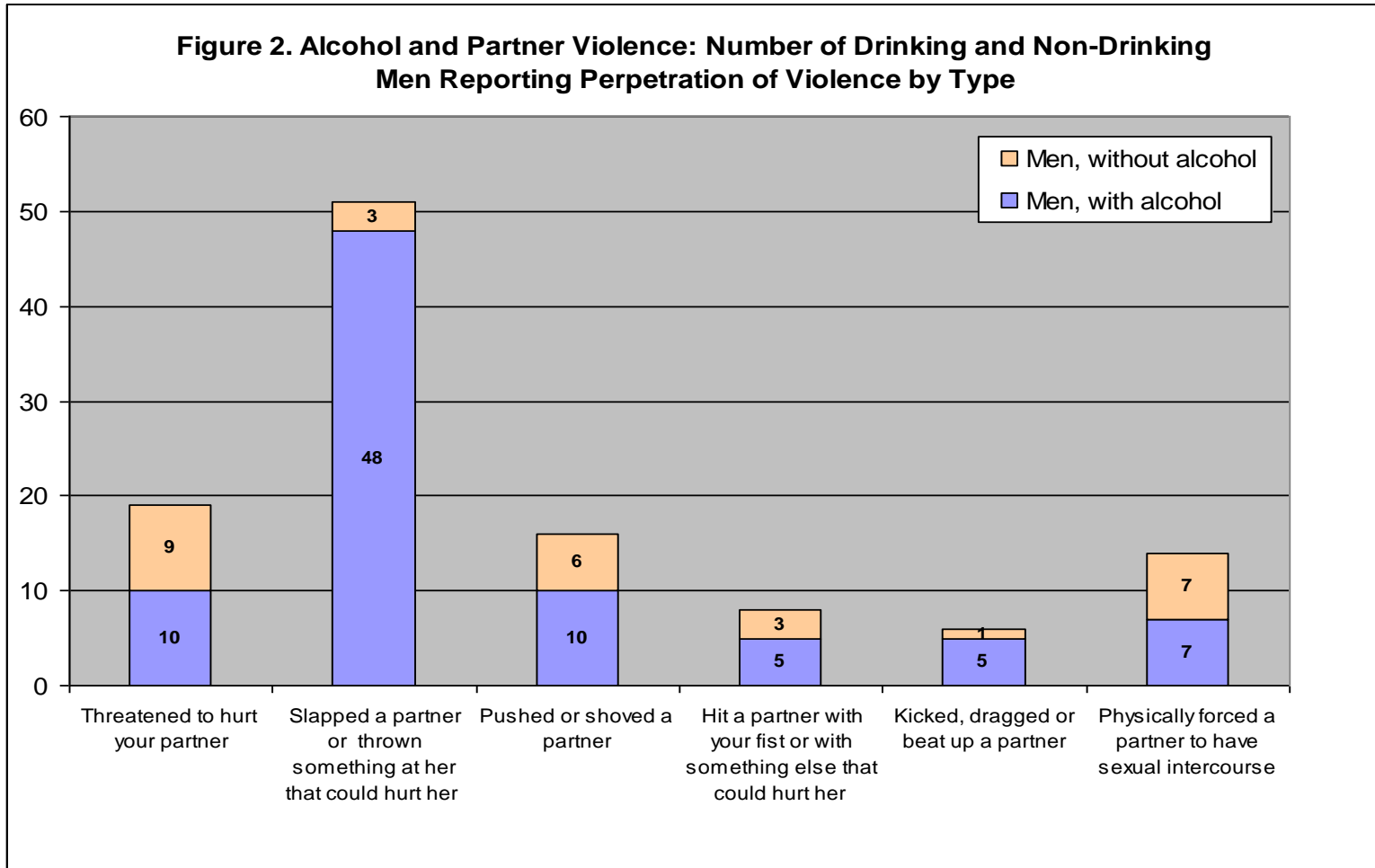


Link between alcohol and intimate partner violence (women):





Link between alcohol and intimate partner violence (men):





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Sexual Risk Behavior

- 60% of partners identified as boyfriends/ girlfriends, 25% as casual partners, 11% as wives/husbands, small proportion one-night stands and commercial partners.
- Sex while intoxicated least common with spouses (13%); most common with one off/one night stand (56%)
- Over 40% reported that they had refused sex without a condom in the last 6 months (45% of women, 50% of men)
- 90% reported feeling complete control over whether they used a condom when sober, *however*, only 28% of women and 10% of men thought it likely that they would use a condom after they or their partner had been drinking.



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Key Findings – Linkage between alcohol use and HIV risk

- 43% of men thought it would be desirable to meet a sexual partner at a bar compared with 12% of women
- 38% of respondents felt it was possible (always or often) to find people willing to exchange sex for money at bars and 32% to exchange sex for drinks.
- Among men, 38% reported exchanging sex for alcohol in the past 6 months
- Among women, sex in exchange for alcohol was the second most common type of exchange (25%)



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Program implications:

1) Clear need to create risk-averse bars:

- Training on safer serving and HIV risk reduction will give bar owners knowledge and skills to communicate with their clients about alcohol consumption and to encourage safer sex
 - Group training – bar owners can support each other as colleagues, not just see each other as competitors
 - Training will address community concerns
- Reduce risks by assessing products sold (encourage sale of non-alcoholic beverages and food), strategies to ensure condoms available, replacing/augmenting advertisements with information about hazardous alcohol consumption and HIV risk reduction.



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- Bar owners did not feel empowered to do more than ensure free condoms are available
- Bar patrons did not feel owners/servers would be willing to stop serving people who are already drunk:

“Bar owners won’t want to reduce the amount of alcohol their patrons consume because it will affect their profits because they get money when people are drinking too much.” (Male bar patron, in-depth interview)



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2) Mobilizing the community for self-regulation :

- Community members examine effect of alcohol consumption
 - Set expectations about how bars operate, hold bar owners to those expectations
 - Possible community action forum – same training as bar owners
- Address sense of isolation, abandonment by building community's capacity to advocate for collective interests
- Work with local government, civil society organizations, other stakeholders
 - discuss issues and develop solutions, including linkages to in- or out-patient treatment for alcohol dependency
- Sustainable change beyond project timeline.



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3) Reducing availability of alcohol through alternative livelihoods :

- Promising idea, popular among community members
- Given strong perception that bar-ownership is desirable and profitable, concern about unintended consequences
- Need for careful planning, implementation and monitoring—not feasible on existing budget or timeline



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Next steps

- Intervention development workshops and consultative meetings
- Draft and finalize intervention program materials/manual
- Intervention startup

Acknowledgments

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