Changing trends and the impact of alcohol on the HIV/AIDS epidemic in South Africa: Review
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Abstract
The association between increased HIV infection and alcohol use has been extensively studied and is established. South Africa is among one of the sub-Saharan African countries with the highest prevalence and number of people living with HIV/AIDS in the world. Although recent evidence suggests that the epidemic has stabilised, infection rates remain unacceptably high. Alcohol use is on the increase, particularly in the groups most susceptible to HIV infection, namely women and young adults, and informs poor choices with respect to safer sexual practices. This paper reviews the association between alcohol and HIV. More specifically, however, it aims to explore the potential socio-politico-biological and cultural explanations as to the factors that intersect to drive these two epidemic diseases: alcoholism and HIV/AIDS in South Africa. Understanding some of the underlying factors will provide a framework to implement public health measures to curb HIV.

Keywords: HIV, AIDS, South Africa, alcohol, politics of South Africa.

Résumé
L'association entre l'augmentation du VIH et la consommation d'alcool fait l'objet d'une étude. L'Afrique du Sud reste l'un des pays Sub-Saharien les plus touché par un taux de prévalence élevé et par le nombre de personnes vivant avec le VIH/SIDA dans le monde. Bien que les dernières objectives fussent de stabiliser l'épidémie, néanmoins le taux d'infection reste inacceptable. L'utilisation de l'alcool, particulièrement chez les femmes et les jeunes, est susceptible d'augmenter l'infection du VIH, et le peu d'information qu'ils ont sur le respect des pratiques sexuels sûr. L'article examine le lien entre l'association de l'alcool et le VIH, plus spécifiquement, cependant elle vise à explorer des explications potentielles socio-politico-culturelles et biologiques sur les facteurs de ces maladies épidémiques alcoolisme et le VIH/SIDA en Afrique du Sud. Il faut comprendre que les facteurs sous-jacents fourniront un cadre pour mettre en œuvre des mesures de santé publique pour lutter contre le VIH.


Introduction
South Africa has a rich history brought about by the heterogeneity of its people and historical events that firmly impacted the socio-politico-economical landscape. The ushering in of democracy in the early 1990s produced unprecedented changes in lifestyle and perhaps core values. For example, the apparent relaxation of perceptions, reduced concern, and increased tolerance over the use and misuse of alcohol became problematic, and quite likely, those shifts in attitude were at the very least permissive, and may even have contributed to the ever-growing rates of violence, crime and unemployment, particularly among blacks. Furthermore, expansion of the HIV/AIDS epidemic in the last decade added to the social burden. South Africa now boasts the highest number of people living with HIV/AIDS relative to all other nations, with approximately 5.7 million people living with HIV/AIDS (UNAIDS, 2008) compared with 0.5 million people in USA (CDC, 2009). We ask ourselves why, and what can be done to stem this tide?

Although a number of published articles have drawn links between alcohol misuse/abuse and sexual risk behaviour (Kalichman, Simbayi, Cain & Jooste, 2009; Kalichman, Simbayi, Kaufman, Cai, & Jooste, 2007; Simbayi, Kalichman, Cain et al., 2006; Simbayi et al., 2004; Weir et al., 2003; Zuma, Gouws, Williams & Lurie, 2003) the matter deserves further consideration with respect to problems specific to South Africa. Effective preventive measures cannot be effectively implemented unless we first gain a better understanding of the social and behavioural contexts that influence and perpetuate alcohol misuse and the attendant risky sexual practices that promote HIV transmission. No doubt, the advent of highly active antiretroviral therapy (HAART) has helped prolong survival and improve health status of people suffering with HIV/AIDS; however, access to treatment is not universal. Therefore, the priority should focus on public health preventative measures. We hypothesise that the widespread and reckless misuse of alcohol, beginning at relatively young ages, is a major contributing factor.
fuelling the HIV/AIDS epidemic in South Africa. This review utilises government statistics and published literature (mainly specific to SA) to highlight the importance of alcohol as a prime mediator of high-risk behaviour leading to continued rampant spread of HIV/AIDS in South Africa.

**Alcohol in apartheid South Africa**

It has been said that alcohol played an important and ‘controversial’ role in South Africa’s history since the arrival of colonialists in the 1700s (Parry, 2005; Parry & Bennetts, 1998). European settlers established a refreshment base in the Cape to service ships in transit to the Far East. However, over time, drunkenness, smuggling, and alcohol bartering for labour and cattle from indigenous people became commonplace and problematic (Parry, 2005). On the other hand, under ‘petty apartheid’ blacks were prohibited from buying hard liquor (Schneider, Norman, Parry, Bradshaw & Pluddemann, 2007). Therefore, the law suppressed the potential for alcohol misuse among blacks.

Concurrently, a formalised ‘dop’ system was established whereby black wine farm labourers in the Western and Northern Cape were paid with tobacco, bread and inferior wine instead of money (London, 2000; McKinstry, 2005). The ‘dop’ system became so entrenched that, despite having been outlawed, the practice continues today with a prevalence of 2 - 25% (London, Nell, Thompson & Myers, 1998; McKinstry, 2005; Te Water Naude, London, Pitt & Mahomed, 1998). Similarly, alcohol was used in lieu of wages as remuneration for the unskilled mine workers in the Witwatersrand (Schneider et al., 2007). These practices prohibited blacks from gaining access to legitimate economic opportunities, and thus worsened their poverty. To some extent, these factors led to the establishment of shebeens, i.e. illegal trading posts used for selling home-brewed alcohol within black townships. Shebeens provided a means for blacks to gain access to currency, to expand their social networks, and also to protest against the policies of apartheid (Parry, 2005; Schneider et al., 2007). Over time however, shebeens have become breeding grounds for engagement in risky sexual behaviours (see below).

**Alcohol in the democratic era**

Post-apartheid, commercially produced alcohol quickly became more readily available to Blacks; the sale of alcohol at shebeens (especially over weekends) became more widespread and open, and consequently, alcohol consumption steadily rose over the same period, particularly among adolescents, university students (Peltzer & Ramlogan, 2009), and women (Parry et al., 2004; Peltzer & Ramlogan, 2009; WHO, 2005). The South African Health and Demographic survey showed that the rate of hazardous drinking was higher for female adolescents (23%) than their male counterparts (8%) (Department of Health, 2003). More concerning however was that the survey demonstrated that binge drinking over weekends increased 21-fold among females (Department of Health, 2003). Notwithstanding the ushering in of democracy and various changes in legislation, in reality, tangible change on the ground was slow. Due to lack of infrastructure in poor black areas, alcohol consumption and sex were possibly among the most accessible and inexpensive yet legal forms of entertainment. Furthermore, television advertisements that portrayed alcohol as a commodity and sign of success were rife. All of these factors quite likely contributed to the relaxation of attitudes about alcohol consumption and subsequent misuse, especially among adolescents and young adults.

A report commissioned by the World Health Organization (WHO) states that alcohol was considered by many South Africans to be ‘a sort of lifestyle in urban areas, and a social necessity’ (WHO, 2005). Moreover, ‘alcohol control measures by the government were either absent or largely ignored in SA’ (WHO, 2005), likely due to competition from more pressing sociopolitical agendas. The lack of tight controls over access to alcohol, particularly for under-age individuals, contributed to growth in alcohol abuse. Correspondingly, recent statistics show that, although each adult in South Africa only drinks 7.1 liters alcohol per annum, after adjusting the numbers to exclude the large number of abstainers, consumption escalates to a striking 16.6 - 20 liters per drinker per year (Parry, 2005; Rehm et al., 2003) making South Africa ‘one of the highest levels of alcohol consumption per drinker anywhere in the world’ (Peltzer & Ramlogan, 2009).

**HIV/AIDS in South Africa**

In 2008, there were approximately 31 million adults living with HIV/AIDS worldwide, of whom two-thirds are in sub-Saharan Africa (UNAIDS/WHO, 2009). With 5.7 million, South Africa has the highest number of people living with HIV in the world (UNAIDS, 2008), with adult prevalence rates reported as ranging between 11% and 28% (Connolly, Shisana, Colvin & Stoker, 2004; UNAIDS/WHO, 2009). The greatest brunt of the disease is disproportionately borne by blacks, women and young adults (Connolly et al., 2004; Simbayi et al., 2007b). Between 1997 and 2006, the deaths from HIV/AIDS increased by a staggering 91% (http://www.avert.org/aidssouthafrica.htm, accessed 16 April 2010), and in 2008, an estimated quarter of a million people died of AIDS in South Africa (http://www.statssa.gov.za/publications/P0302/P03022009.pdf, accessed 11 March 2010). The impact of these statistics is perhaps better appreciated in the context of the 1.4 million orphaned children in South Africa (UNAIDS, 2008; UNAIDS/WHO, 2009), many of whom must fend for themselves, or bear the responsibility of looking after their younger siblings. Although the number of people accessing highly active antiretroviral therapy (HAART) in South Africa continues to grow (UNAIDS, 2008), the impact of the HIV/AIDS epidemic in South Africa is still evident.

**Factors increasing HIV prevalence in SA**

As in the USA, the earliest reports of HIV infection in South Africa were in homosexual men (Ras, Simson, Anderson, Prozesky & Hamersma, 1983; Sher, 1989), thus entrenching the notion that it was exclusively a ‘gay’ disease. As public awareness and knowledge grew, it became increasingly recognised that haemophiliacs and intravenous drug abusers were also at increased risk. Disconcertingly, there were reports that some people in SA believed that whites had engineered the HIV virus to ‘kill off’ blacks and thereby perpetuate their domination, or that HIV was a disease that afflicted only those who engaged in high-risk behaviours, i.e. casual sex workers or promiscuous women (Petros, Airhihenbuwa, Simbayi, Ramlogan & Brown, 2006), mostly considered to be black. Therefore, despite widespread availability
of data about HIV transmission, value-based perceptions prevailed and the stigma associated with HIV/AIDS became commonplace (Simbayi et al., 2007a).

Several factors contributed to the explosive expansion of the HIV/AIDS epidemic in South Africa. First, due to the asymptomatic nature of early disease, infected persons could have spread the infection unwittingly. On the other hand, there were a number of disturbing reports of men who intentionally had sex with virgins to ‘cure’ themselves of the infection (Fassin, 2002). Second, reported delays in the South African government’s response to the HIV epidemic may have contributed to the surge in cases over time (Mbali, 2004). A third factor was that migrant labourers forced to seek work in urban areas, leaving their usual partners behind (Evian, 1993; Jochelson, Mothibeli & Leger, 1991; Lurie et al., 2000) were placed at increased risk of sex with casual sex workers or multiple sex partners of unknown HIV status (Simbayi et al., 2004). In many instances, condom use with paying clients was not practised (Peltzer, Seoka, & Raphala, 2004). Correspondingly, one study conducted among a population of migrant women in Carletonville, South Africa, found that migration per se was associated with a 4-fold increase in HIV prevalence (Zuma et al., 2003).

A fourth factor contributing to South Africa’s HIV/AIDS epidemic is that the expectation that condoms should be used with regular partners (including spouses) carries a negative connotation and signals mistrust (Trigg, Peterson & Meekers, 1997); therefore they tend not to be used (Lurie et al., 2008; Trigg et al., 1997). Ironically, men who are unfaithful tend not to carry or use condoms for fear that their infidelity will be discovered by their regular partners (WHO, 2005). Finally, as in any patriarchal society there are deep-rooted gender inequalities; such as, women are economically and socially disenfranchised. Women often knowingly have sex with unfaithful partners and fail to exercise their rights to refuse sex, or negotiate condom use, as they are financially dependent upon their partners; they believe that a woman’s role is to ‘please her man’ (Morojele, Brook, & Kachieng’a, 2006; WHO, 2005).

Compared with regular, stable relationships, casual sex partnering often results in about 20% of women having transactional sex (where sex is consented to in exchange for material goods) (Dunkle et al., 2007; Dunkle et al., 2004b). This practice is associated with higher rates of alcohol misuse (Smit et al., 2006), violence, including rape against these women, and HIV seropositivity (Dunkle et al., 2007; Dunkle et al., 2004a; Simbayi, Kalichman, Jooste et al., 2006; Smit et al., 2006). A study evaluating substance abuse and sexual behavior amongst coloured and black women revealed that whilst both groups faced sexual violence, black women did not trust men to use condoms, whereas coloured women considered condom use to be the rule (Sawyer, Wechsberg & Myers, 2006). This suggests that coloured women may feel more confident or less threatened to discuss sexual preferences with their partners, and that they may have a higher self-regard compared with black women. In addition, these findings could reflect a greater degree of psychological dominance that black men have over black women. Altogether, these data provide some insight into the question of why the HIV/AIDS epidemic largely affects black women, but all studies have not yielded robust or consistent results. For example another study conducted in similar settings showed that black women used condoms and had a single partner compared to coloureds (Wechsberg, Luseno, Karg et al., 2008), suggesting that vulnerability to HIV infection may be a function of socioeconomic status rather than race. When financially dependent on men, the feeling of powerlessness prevents women from taking control and making their own choices. Therefore, although speculative a considerable number of factors, most of them social and economic, have contributed to the spread of HIV/AIDS over the last decade.

Relationship between alcohol and HIV

Many studies including four recently conducted meta-analyses have consistently shown strong positive associations between alcohol misuse and behaviours that increase the risk of acquiring HIV (Balunas, Rehm, Irving & Shuper, 2010; Fisher, Bang & Kapiga, 2007; Pithey & Parry, 2009; Shuper et al., 2010). The prevalence of alcohol misuse and/or dependency amongst individuals at increased risk of contracting sexually transmitted infections is 17% (Smit et al., 2006). Conversely, in those with a recent diagnosis of HIV (mean of 6 months since diagnosis), the prevalence of alcohol dependency is 10% (Olley et al., 2003). Among students, alcohol use is associated with early sexual debut (McGrath, Nyirenda, Hosegood & Newell, 2009), and a 3-fold increase in current sexual activity, with only half the participants consistently utilising condoms (Taylor, Dlamini, Kagoro, Jinabhai & Vries, 2003). It has been stated that drinking in Africa is associated with a two-fold increase in HIV risk (Chersich & Rees); one study reported an independent causal association between drinking at least once per day in the past 1 month and HIV infection (Zuma et al., 2003). Significantly increased rates of HIV-1 sero-prevalence were correlated with having sexual intercourse under the influence of alcohol (17.6% in drinkers versus 6.9% in non-drinkers) (Mnyika, Klepp, Kvale & Ole-King’ori, 1996), linking alcohol use to increased risks for HIV infection.

Alcohol effects on sexual behaviour

How does alcohol increase HIV risk? Alcohol misuse increases risky sexual behaviours that in turn increase the risk of HIV transmission. As early as 1989, a study in Zambia showed that sexual promiscuity was associated with excessive alcohol consumption (Peltzer et al., 1989) and in turn alcoholism was associated with sexually transmitted infections (Cook & Clark, 2005). In young people, alcohol facilitates communication among peers of the opposite sex (Zimba, 1995), but it also impairs cognitive function, and in sexually charged situations, especially among the young and impressionable, it negatively impacts choices. Moreover, recent data suggest that gender may significantly influence alcohol dependence and propensity for alcohol to facilitate participation in risky sexual practices. For example, most studies report that alcohol use is more prevalent in men (approximately 50 - 58% versus 17 - 28% in women) (Andersson et al., 2009; Frank, Esterhuizen, Jinabhai, Sullivan & Taylor, 2008; Kalichman, Simbayi, Jooste & Cain, 2007; Olley et al., 2003; Simbayi, Kalichman, Cain et al., 2006; Simbayi et al., 2004), and that alcohol use among men before or during sex is more common, particularly with irregular partners (Andersson et al., 2009; Myer, Mathews & Little, 2002; Simbayi, Kalichman,
Cain et al., 2006), and is associated with either not using condoms (Hoffman, O’Sullivan, Harrison, Dolezal & Monroe-Wise, 2006; Kiene et al., 2008; Moore, Beeker, Harrison, Eng & Doll, 1995; Myer et al., 2002; Simbayi et al., 2004) or higher rates of condom failure (Kalichman, Simbayi, Cain et al., 2009; Simbayi et al., 2004). Heavy alcohol consumption among men is also associated with violent or coercive sex that is mostly perpetuated by men (Abrahams, Jewkes, Hoffman & Laubshe, 2004; Simbayi, Kalichman, Cain et al., 2006; Strebel et al., 2006; Zablotska et al., 2009), and in some instances, deliberate engagement in unprotected sex with known or suspected HIV-positive women (Andersson et al., 2009). Sex violence increases the risk of HIV transmission because conceivably the resultant mucosal breaks facilitate virus entry. In addition, in men, alcohol consumption increases expectations for enhanced sexual encounters (Kalichman, Simbayi, Jooste, Vermaak & Cain, 2008; Kalichman, Simbayi, Cain & Jooste, 2007). Moreover, men tend to use alcohol to ‘control’ women and to feel more powerful (WHO, 2005); as a matter of fact, high levels of control in a relationship were found to be associated with HIV seropositivity (Dunkle et al., 2004b).

Women with drinking problems are more likely to have multiple sex partners and engage in transactional relationships (Simbayi, Kalichman, Cain et al., 2006; Simbayi, Kalichman, Jooste et al., 2006). In addition, substance abuse prior to sex reinforces women’s traditional views of sex (Wechsberg, Luseno, Riehman et al., 2008), rendering them less likely to refuse or impose safer-sex practices. Thus alcohol makes women more susceptible to abusive and controlling relationships. Interestingly, women also report enhancement of sexual experiences when their partners consume alcohol prior to sex (Kalichman, Simbayi, Cain et al., 2007), yet excessive alcohol consumption is associated with sexual assault, use of sex for material gain, multiple sex partners, and unprotected sex (Kalichman & Simbayi, 2004). Therefore, women who drink excessively often submit to unsafe practices and put themselves at increased risk for sexual abuse, sex violence, and HIV transmission.

Drinking establishments and HIV-risk behaviour

Combining alcohol with sex is commonplace in venues where alcohol is readily available, including nightclubs, bars, highway eating restaurants, and motels (WHO, 2005). Such places attract people seeking opportunities to socialise, and who intend to use alcohol as a social lubricant. Unintended consequences include poor selection of mates and irresponsible behaviour that could lead to violence and behaviours that can increase risk of transmission of HIV. In South Africa, the alcohol-HIV link is quite pronounced in ‘high-risk’ locations. Kalichman et al., 2008 showed that among participants recruited from 4 shebeens in a racially integrated township, 28% met their sexual partners at the shebeens versus other locations, and that meeting sex partners at shebeens is correlated with significantly increased rates of HIV transmission (Kalichman, Simbayi, Vermaak, Jooste & Cain, 2008). Similarly, other studies found that meeting sex partners at drinking establishments is correlated with increased sexual risk taking compared with outcomes associated with non-alcohol-related venues (Kalichman, Simbayi, Cain et al., 2007; Weir et al., 2003). Moreover, high sex risk behaviour is particularly prevalent at Stokvels, i.e. community-based savings clubs in which members host social events on a rotational basis. In this context therefore, the finding that Stokvel attendees were more likely to be HIV positive, drink and have casual sex partners is not surprising (Campbell, Williams & Gilgen, 2002).

Alcohol use and misuse in people with HIV

Risky sexual practices are commonplace across all sectors of the population, including persons with HIV/AIDS. In South Africa the prevalence of alcohol misuse is as high as 7 - 10% among people with HIV in general (Myer et al., 2008; Olley et al., 2003), and 50 to 85% of HIV-positive individuals are sexually active (Kiene et al., 2006; Olley, Seedat, Gxamza, Reuter & Stein, 2005; Simbayi et al., 2007b). Reports however, that 16 - 80% of people with known HIV-positive status have unprotected vaginal or anal sex with uninfected or unknown HIV status partners are disconcerting (Kalichman, Simbayi, Cain et al., 2009; Kiene et al., 2008; Palepu et al., 2005; Simbayi et al., 2007b), and alcohol use during sex is one of the independent predictors of this behaviour (Kiene et al., 2006). In addition, over two-thirds (78%) of HIV-positive individuals do not disclose their HIV status to their regular and current partners, while at the same time 46%, most of whom are male, have no knowledge of their partners’ status, engage in unprotected sex, misuse alcohol, and tend to have multiple partners (Olley, Seedat & Stein, 2004; Simbayi et al., 2007b). Furthermore, alcohol misuse significantly impedes compliance with HAART (Cook et al., 2001; Dahab et al., 2008; Hendershot, Stoner, Pantalone & Simoni, 2009; Wagner et al., 2001), which leads to rebounds in viral replication and high viral loads, increasing the likelihood of transmission. Therefore alcohol misuse by HIV-positive people is an important mediator of HIV transmission in South Africa.

Implications for public health

Numerous studies have confirmed that alcohol-induced risky sexual behaviour fuels the HIV epidemic in all socioeconomic, social and ethnic groups, including adolescents. Although causality in these studies has been difficult to prove, and despite the fact that many of these studies suffer from biases and confounding (Howe, Sander, Plankey, & Cole, 2010; Shuper , 2010), there is sufficient evidence to warrant action. HIV prevalence peaked around 2002 - 2003, and while it is expected to remain stable, projected to the year 2025, new infections and AIDS deaths will still be between 400 000 and 500 000 per annum (Nathea, 2008). Therefore, comprehensive public health intervention strategies are sorely needed to curb the epidemic. The most economically active segment of the population is also the most reproducitively active, yet countless numbers in these groups have already succumbed to HIV/AIDS and consequently, innumerable children have become orphaned. The cycle is being perpetuated by the fact that a major risk factor for early sexual debut is being orphaned by HIV/AIDS-related parental demise (McGrath et al., 2009).

The factors that determine drinking patterns and risky behaviour among South Africans are complex (summarised in Table 1). Nonetheless, approaches that could curb misuse of alcohol and boldly educate people about the risks, consequences and methods of preventing HIV infections are necessary.

Potential preventive strategies

Although mechanisms to curb HIV transmission have been implemented, few of them specifically target alcohol misuse.
In fact, most of the existing alcohol awareness campaigns address problems related to motor vehicle accidents and crime. Implementing measures that target the use and misuse of alcohol in the context of risk-taking behaviour would be an important step toward helping the most vulnerable communities to lower the risk of HIV transmission.

### Education

Programmes that incorporate integrated alcohol and HIV counselling interventions can successfully reduce HIV/AIDS risk (Kalichman, Simbayi, Vermaak et al., 2007). Therefore, such programmes should be expanded, intensified and made widely available to all vulnerable communities and HIV clinics. Individuals who are known to be HIV positive, and those presenting for voluntary counselling and testing (VCT) could be captured at various facilities, and in addition to their usual medical care, could be offered the opportunity to participate in educational classes, or provided with didactic and explicit reading material explaining these risks. In addition, whenever necessary, individuals could be guided to participate in or be referred for specialised education and counselling. Attendees would have the opportunity to discuss and unpack psychological and personality-related behavioural patterns related to HIV risk in a relatively comfortable and protected setting. Input from counsellors could help clients to link choices, with impact on behaviour, including likelihood of contracting HIV. Utilising gender- (Kalichman, Simbayi, Cloete et al., 2009) and high-risk group (Wechsberg, Luseno, Lam, Parry & Morojele, 2006) specific intervention strategies may also better address problems related to sexual violence and substance abuse, particularly among women.

Other key strategies should include targeting both sexually active and inactive teenagers. At the high school level, two studies conducted in South Africa showed that this approach effectively leads to improved self-awareness, intentions to practise safer sex (Karnell, Cupp, Zimmerman, Feist-Price & Bennie, 2006), and reduced heavy use of alcohol (Smith et al., 2008). Similarly conducted interventions applied to both adolescents and adults are likely to help shape and change views about sex that are traditionally held by women. Since young women are socially and biologically the most vulnerable, these approaches may eventually help to sustain a long-lasting decline in incident HIV infection. Men too need to be educated, as they are the primary perpetrators of sexual violence and socially threatening sexual behaviours that place women as well as themselves at risk for contracting HIV infection. Education campaigns could also help reduce the stigma of HIV, and thereby improve rates of HIV status disclosure to sexual partners and family members. Failure to disclose such information is associated with alcohol misuse, unprotected sex and consorting with multiple partners (Olley et al., 2004), whereas HIV status disclosure reduces the number of unprotected sexual encounters (Kiene et al., 2006).

### Government

The South African government has recommitted itself to tackling the HIV epidemic, and currently possesses one of the most comprehensive HIV/AIDS treatment plan. Whilst the numbers of those accessing HAART has increased (Nattrass, 2006; Stewart & Loverday, 2005), still more need treatment. Condoms are widely distributed free of charge in South Africa; however, availability and usage in the context of alcohol remains grossly inadequate (Weir et al., 2003; WHO, 2005). Therefore more targeted distribution such as making them readily available in places where people socialise and drink is warranted (Kalichman, Simbayi, Vermaak, Cain et al., 2008). In this regard, distributing condoms in bars, shebeens, or at border posts crossed by truck drivers, could help prevent the spread of HIV as well as other sexually transmitted diseases. Other potential indirect solutions to the problem might include escalating government-run social development programs, targeting unemployment (to help alleviate poverty-related factors that facilitate women to engage in transactional partnerships, and men to misuse alcohol due to unemployment and idleness), and enforcing tough legislation on illegal sales of liquor at shebeens, and to minors in general.

Statistics show that relationships with balanced gender attitudes are less likely to be transactional (Dunkle et al., 2007). South Africa boasts one of the most gender-representative governments...
worldwide with 43% of women represented in official national government positions (http://www.elsa.org.za/WEP/souwomenrepresent.htm, accessed 15 April 2010), this model may in the long term have a sustained positive impact on both women and men by engendering more modern and progressive ideologies about gender equality. More radical approaches might be to stringently legislate against customary laws that ‘disempower’ women, as suggested by Shisana et al. (Shisana & Davids, 2004). However, this route may prove difficult, and if considered, would require delicate diplomatic discussions between all the relevant stakeholders.

Individuals

Despite statistical links between poverty-related factors (Kalichman, Simbayi, Jooste, Cherry & Cain, 2005; Lane et al., 2009) and alcohol or behaviours that increase risk of HIV infection (not exclusive to transactional/commercial sex), other factors must be included in the equation because not all men drink, and not all drunk men perpetuate coercive or reckless sex with their partners. By the same token, all poor women are not in hierarchal partnerships. Therefore, individual personality traits and circumstances must also play a role. Few studies have evaluated mechanisms by which psychoactive effect of alcohol cause high-risk behaviour (Morojele, Kachieng’a et al., 2006), this is possibly because this type of research is difficult to conduct and quantify. In one study conducted in Zimbabwe, the authors mapped individual personality traits that were predictive of high-risk sex behaviour; one of the strongest associations was excessive alcohol use (Trigg et al., 1997). These findings are important in that alcohol use is a modifiable behaviour, and this can be achieved with education. However, another trait that proved relevant to sexual risk taking was sensation-seeking behaviour. Recall from earlier in this discussion that alcohol usage with sex increases the expectation of increased pleasure (Kalichman, Simbayi, Jooste et al., 2008; Morojele, Brook et al., 2006), suggesting that sensation seekers might be more prone to misuse alcohol, take more sexual risks and therefore be more likely to contract and spread HIV infection.

Denial is another personality trait that results in unprotected sex (Olley et al., 2005) because it interferes with one’s ability to assess risk of transmitting or acquiring HIV infection (Siegel & Gibson, 1988). Integral to denial, some men believe their personal risk of contracting HIV is low (Morojele, Brook et al., 2006). This impression is possibly reinforced by statistics showing that HIV/AIDS is a female-predominant disease in South Africa. Consequently, denial combined with a sense of invincibility likely promotes high-risk sexual behaviours. Together, these studies suggest that although priorities should be placed on population-directed efforts, acknowledging specific aspects of individuals’ behaviours and personality traits could be helpful in setting policies that also target individual-level interventions. In this regard, from these studies we have gained important insights into psychological traits that could be identified and addressed to target individuals at risk. It is critical to remain mindful of the fact that the overall health of the population is linked to the health status of individuals. We posit this based on our hypothesis that the HIV/AIDS-alcohol epidemic in South Africa is intricately linked with the socio-politico-cultural societal fabric; as such, addressing these issues will ultimately help to achieve sustained control over HIV/AIDS.

References


