



Phaphama *Bammelwane*: Addressing social norms on alcohol drinking and HIV prevention

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Outline of presentation

- Background
- Preliminary work
- Phaphama *Bammelwane* – a multi-level individual and social structural intervention
- Methods
- Results
- Conclusions

Background (1)

Background: Alcohol use is related to sexual risks in southern Africa

A review of 33 studies: consistent association between quantities of alcohol consumed, attending alcohol serving establishments, and sexual risks (Kalichman, Simbayi et al., 2007, *Prevention Science*)



Background (2)

Men and women who drink at informal bars (shebeens) demonstrate high risk for HIV infection



85% of new sex partners in Cape Town townships are met at shebeens (Weir et al., 2003, *AIDS*)

Background (3)

52% men and 20% women who drink in shebeens meet sex partners there.



People who meet partners at shebeens: drink heavier, have greater sex-alcohol expectancies, multiple sex partners, less condom use. (Kalichman, Simbayi et al., 2008, *Prevention Science*)

Background (4)



Behavioral risk reduction interventions are therefore needed for alcohol drinkers in South African townships

Preliminary work

- My research team had done some initial work for about 3 years from 2003-2005 on individual brief counselling to reduce both alcohol use and risk for HIV infection in clinical settings before we decided to extend our work into community settings.
- In 2006 we conducted our first community-based trial which compared a 3-hour small group Information-Motivation-Behavioural Skills (IMB) model-based counselling intervention (1 hour information, 1 hour motivation and 1 hour behavioural skills) to a 1-hour intervention (1 hour Information only).
- The study involved both male and female patrons of shebeens.

Preliminary work (contd)

- **The 3-hour and 1-hour groups both:**
 - **Increased knowledge about AIDS**
 - **Decreased AIDS stigmas**
 - **Improved condom attitudes**
 - **Increased motivation to reduce risks**
- **However, we were disappointed by the fact that the effects of our brief (60 min) risk reduction intervention using IMB Model were very short-lived as they disappeared within 3 months.**

Multi-level individual and social structural intervention

- **This suggested to us that the effect might be sustained with structural interventions within communities to change existing social norms in order reduce alcohol use in sexual contexts and support risk reduction behaviour changes over the long term.**
- **From 2007 to 2011 we tested a multi-level (individual behavior and social structures) HIV prevention intervention for men who drink in shebeens.**

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**Multi-level individual and
social structural intervention**

Methods (1)

- **Twelve Cape Town township communities (sections) were matched on key characteristics and randomized to receive either:**
 - (a) Social Action Theory-based HIV prevention intervention to reduce sexual risk and increase risk-reduction communication in social networks of men (6 communities - an Alcohol and HIV risk Intervention) or**
 - (b) an attention matched control intervention (6 communities - a Gender-based Violence Intervention).**

Methods (2)

- **Participants (n= 497 in the Alcohol-HIV Prevention condition vs. n= 487 in the Violence Prevention condition) attended skills building workshops and were followed for a year.**
- **Men who were engaged in the intervention workshops were encouraged to act as agents of change and raise consciousness of HIV risks among men in their community**
- **We also implemented small media materials (posters on walls and street poles and bars as well as coasters in bars) and NGO facilitated community-level educational performance events (e.g., drama) with different focus (alcohol and HIV vs GBV).**

Methods (3)

- **Individual change was monitored through repeated follow-up assessments every 3 months for up to a year.**
- **Social structural change was monitored using cross-sectional community surveys conducted every 4 months for up to a year both within the study shebeens and in the community (i.e., both at community venues or using street intercepts).**
 - **About 200 participants from each community were surveyed each time (and this also included a few of the men who participated in the workshops) each time thus giving a total of 1200 per condition.**

Results (1)

- Men in the HIV prevention workshops demonstrated
 - greater condom use,
 - more HIV prevention-oriented conversations, and
 - greater perceptions of safer sex norms than men in the comparison workshops.
- These individual level changes in behaviour were sustained over the 12-months of observation.

Results (2)

- Results at the community level paralleled those from the workshops;
 - men in the alcohol-HIV intervention shebeens who did not attend workshops demonstrated greater condom use at the third assessment;
 - condom use increased 9.2% from baseline in the experimental communities compared to an 11.6% decrease in the comparison communities.

Conclusions (1)

- Multi-level interventions that target men who drink in South African shebeens may help reduce risks for HIV and other sexually transmitted infections.
- The multi-level individual and social structural intervention developed and tested by our team had its greatest impact on condom use at the individual level and these effects seemed to diffuse to the broader community of men in and around the shebeens.

Conclusions (2)

- It is therefore possible to change social norms on alcohol use and HIV through a multi-level individual and social structural intervention.
- There is need to both replicate and also possibly scale up such a multi-level individual and social structural intervention as part of a combination prevention package.

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Thank you for your attention



The research has just been published as:

Kalichman, S.C., **Simbayi, L.C.**, Cain, D., Carey, K.B., Carey, M.P., Eaton, L., Harel, O., Mehlomakhulu, V. & Mwaba K. (In press/2013). Randomised community-level HIV prevention intervention trial for men who drink in South African alcohol-serving venues. *European Journal of Public Health*. [Epub ahead of print on 18 November 2013]