

# **Social Determinants of HIV in the Eastern Cape**

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Social science that makes a difference



# FLOW OF PRESENTATION

- Introduction
- Questions addressed
- Methods
- Results
  - HIV prevalence
  - Social determinants
- Response to epidemic
- Research gaps, priorities & recommendations
- Conclusions



# INTRODUCTION

- This report has attempted to identify province-specific data on the social determinants of HIV infection for the Eastern Cape
- It is by no means conclusive and has, found that the amount of local information is quite limited
- It is intended as a working document which will be used by this Conference as a starting point for more comprehensive analysis in the future



# QUESTIONS ADRESSED

- What is the state of HIV/AIDS epidemic?
- What are the social, economic and political and structural factors that influence HIV incidence, prevalence and shape patterns of risk behaviour?
- How can the knowledge of these factors be used effectively to advise the government to design relevant HIV/AIDS policies and programmes?
- What are the research gaps, priorities and recommendations?



# METHODS

- Desktop review of existing literature and small-scale studies in the Eastern Cape
- Review of National Department of Health Antenatal Survey Data, 2006-2008
- Secondary analysis of the HSRC national HIV survey (SABSSM) data, 2002, 2005, 2008



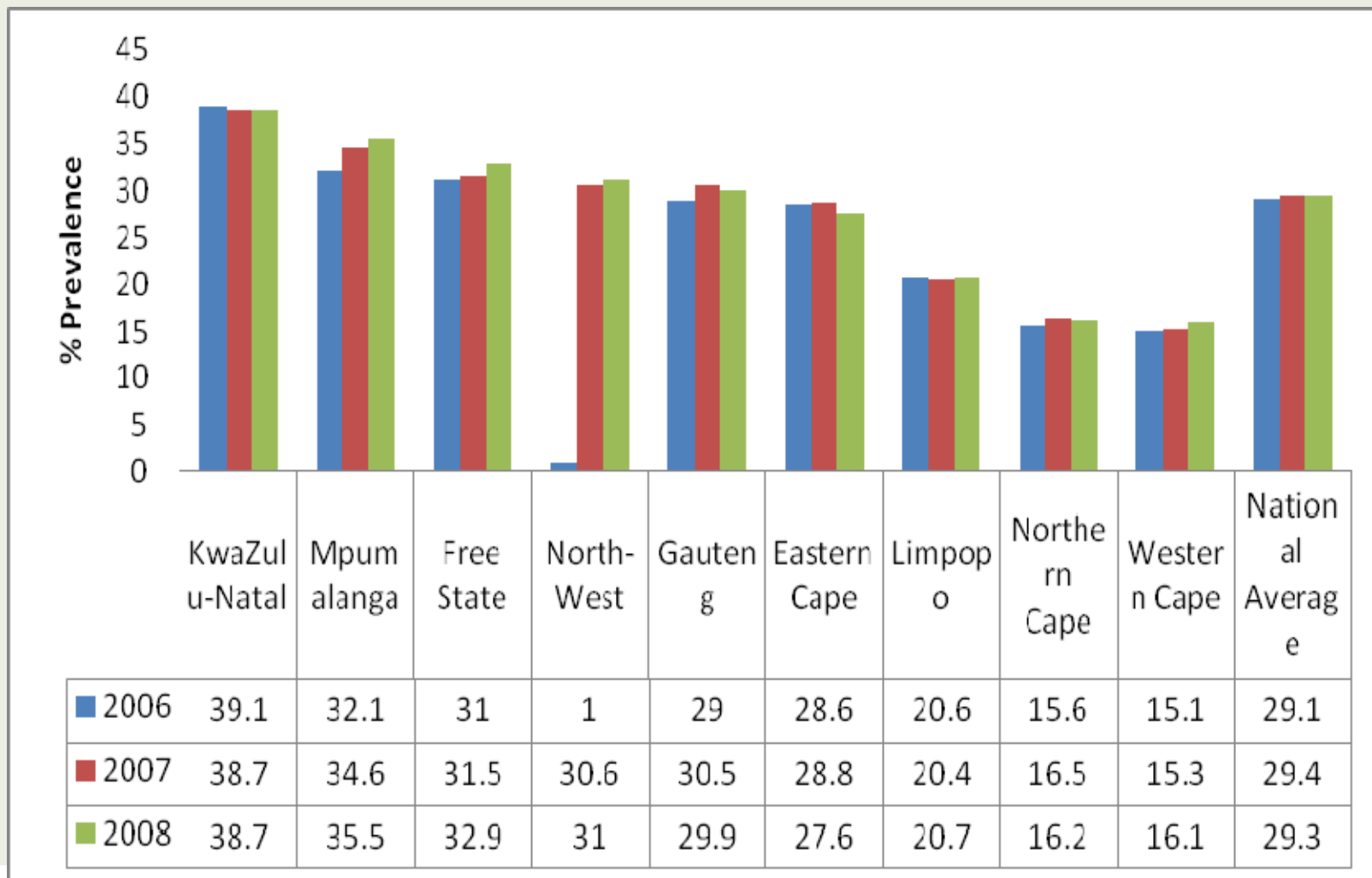
# What is the state of HIV/AIDS epidemic in the Eastern Cape Province?



# **DEPARTMENT OF HEALTH ANTENATAL SURVEYS, 2006, 2007 & 2008**



## HIV prevalence trends among antenatal clinic attendees by province



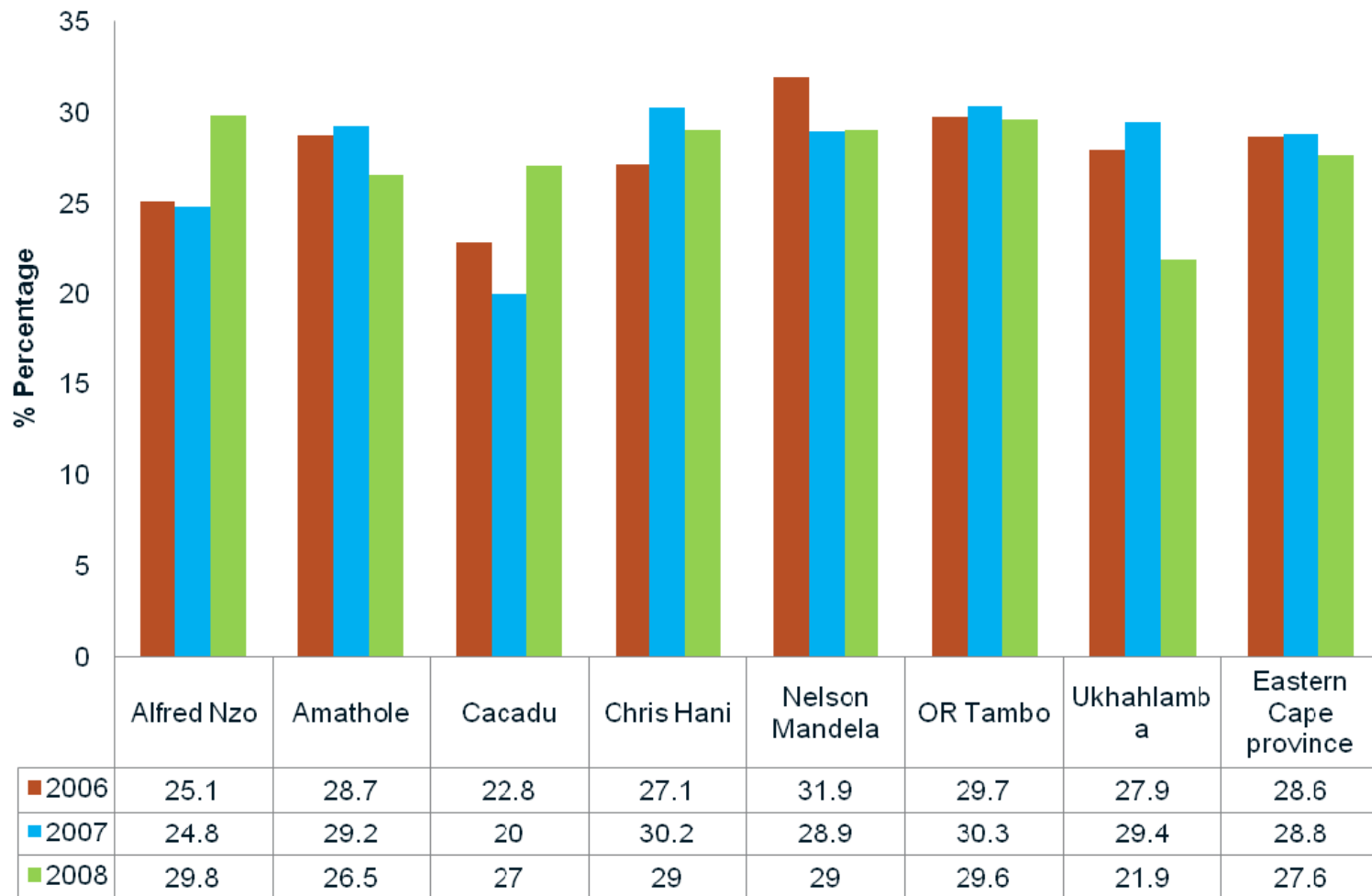
Source: Department of Health, (2009)



# HIV prevalence distribution among ANCs by district, EC, 2008

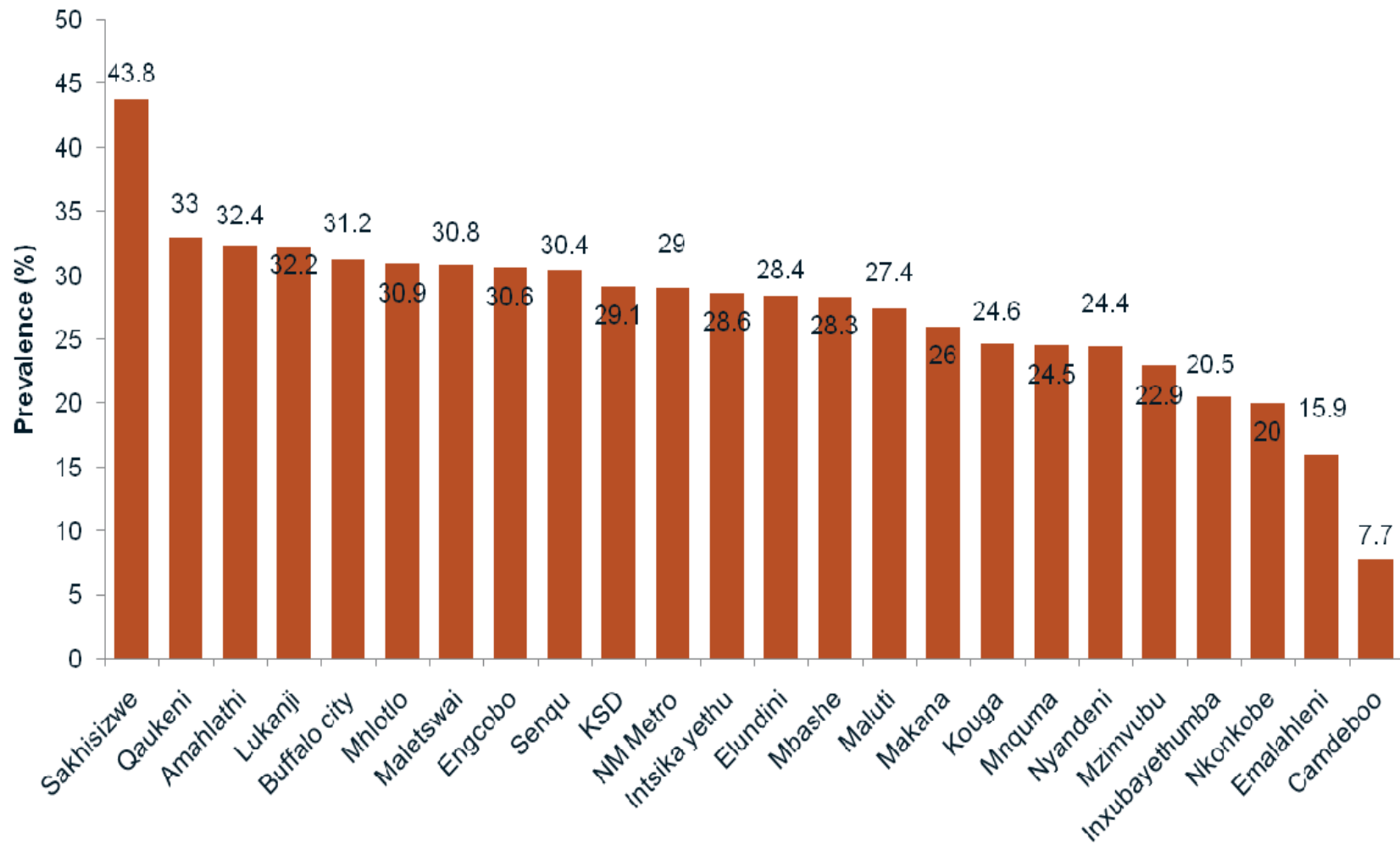


## HIV prevalence among ANCs by district, EC, 2006-2008



Source: Department of Health, (2009)

## HIV Prevalence among ANCs by sub-district, EC, 2007



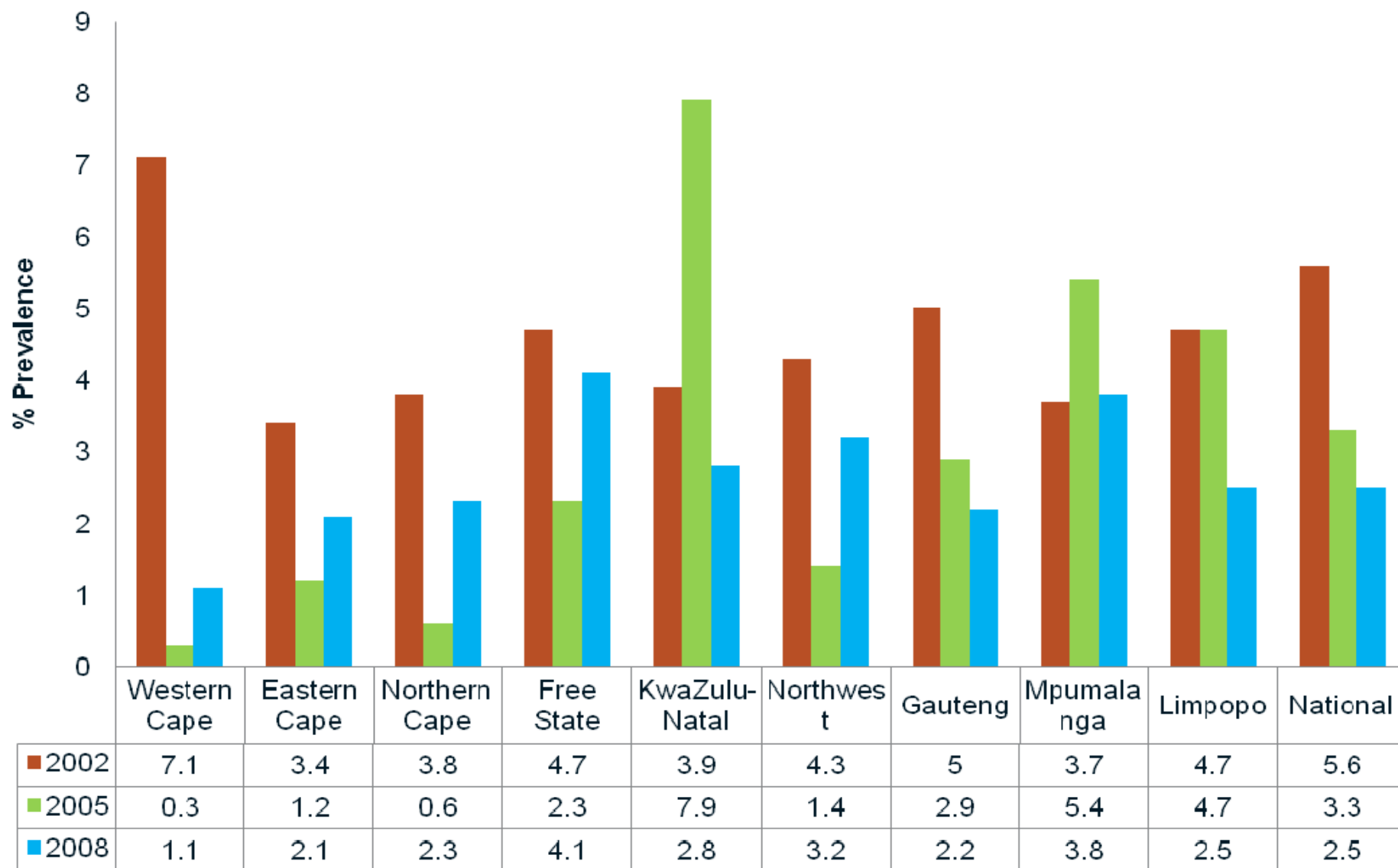
Source: Department of Health, (2008)



# HSRC NATIONAL HIV HOUSEHOLD SURVEY 2002, 2005 & 2008



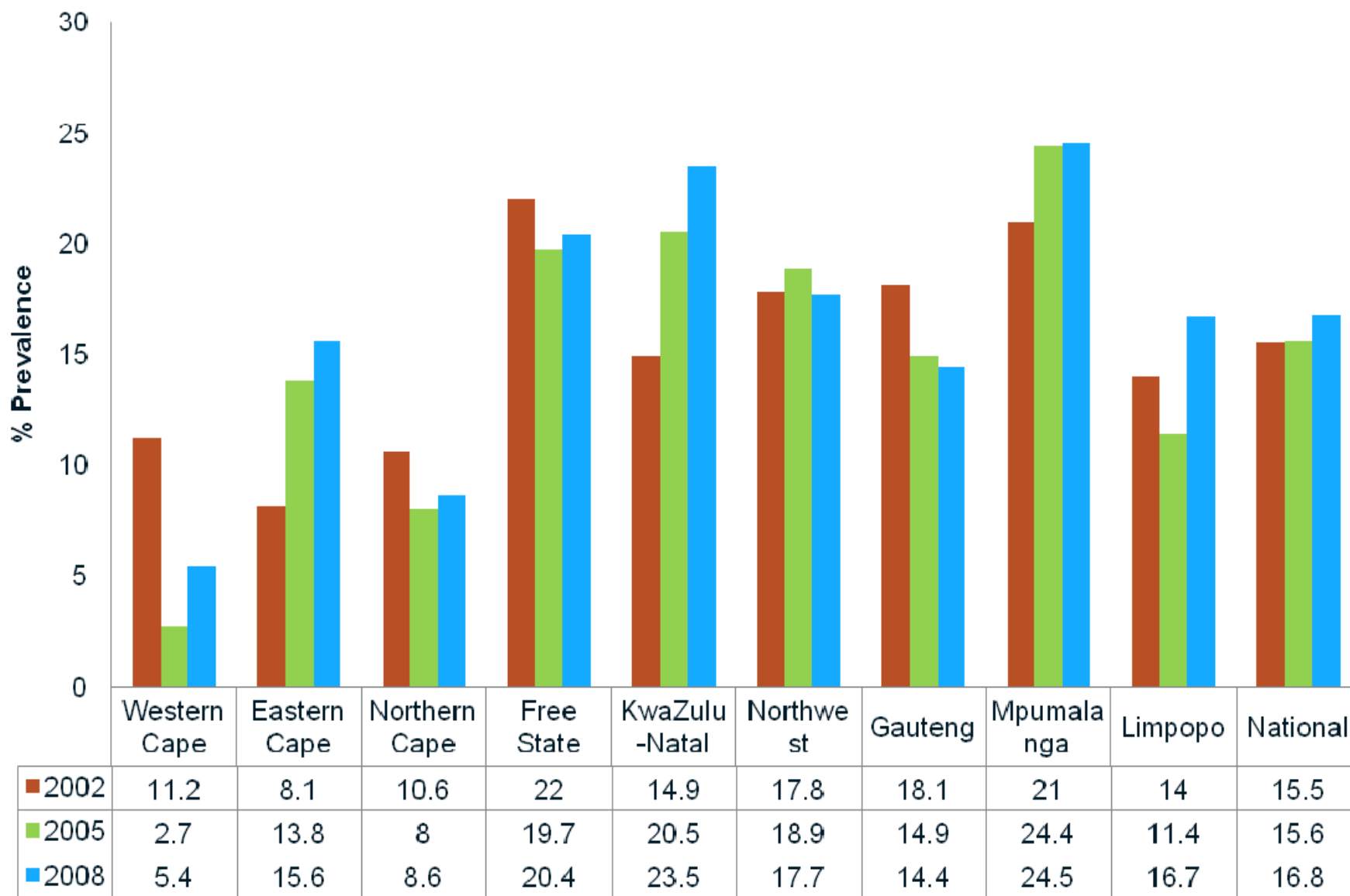
# HIV prevalence by province children 2-14 years



## HIV prevalence by province 15-24 year olds



## HIV prevalence by province 25+ age group



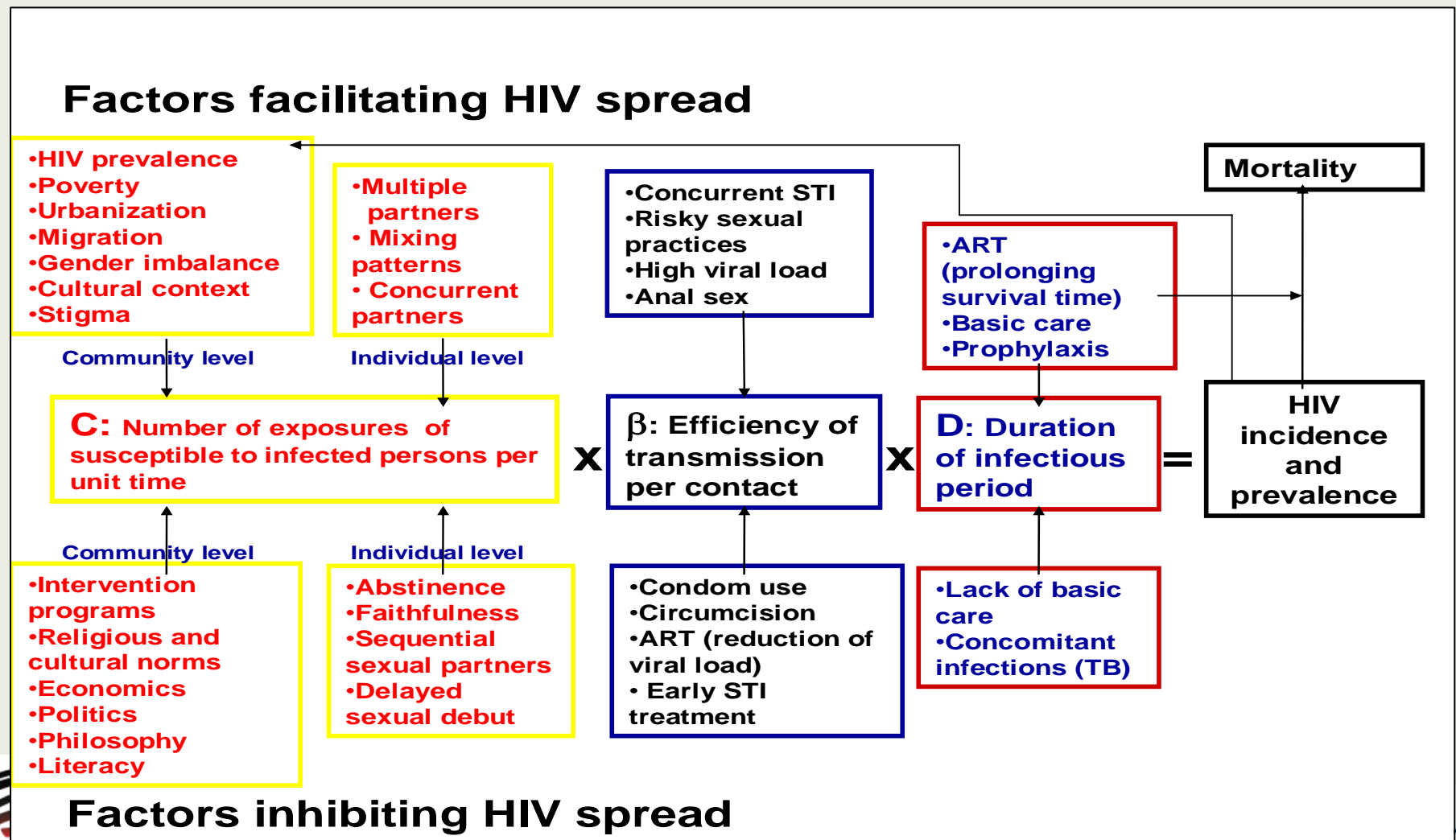
**What are the social, economic and political factors that influence HIV and AIDS incidence and prevalence in the Eastern Cape Province?**

**How can the knowledge of these factors be used effectively to advise the government to design relevant HIV and AIDS policies and programmes in the Eastern Cape Province?**





# Framework of factors influencing the rate of HIV transmission



Source: adapted from Rehle et al, 2004

## Sexual debut among 15-24 year olds South Africa 2002, 2005 and 2008

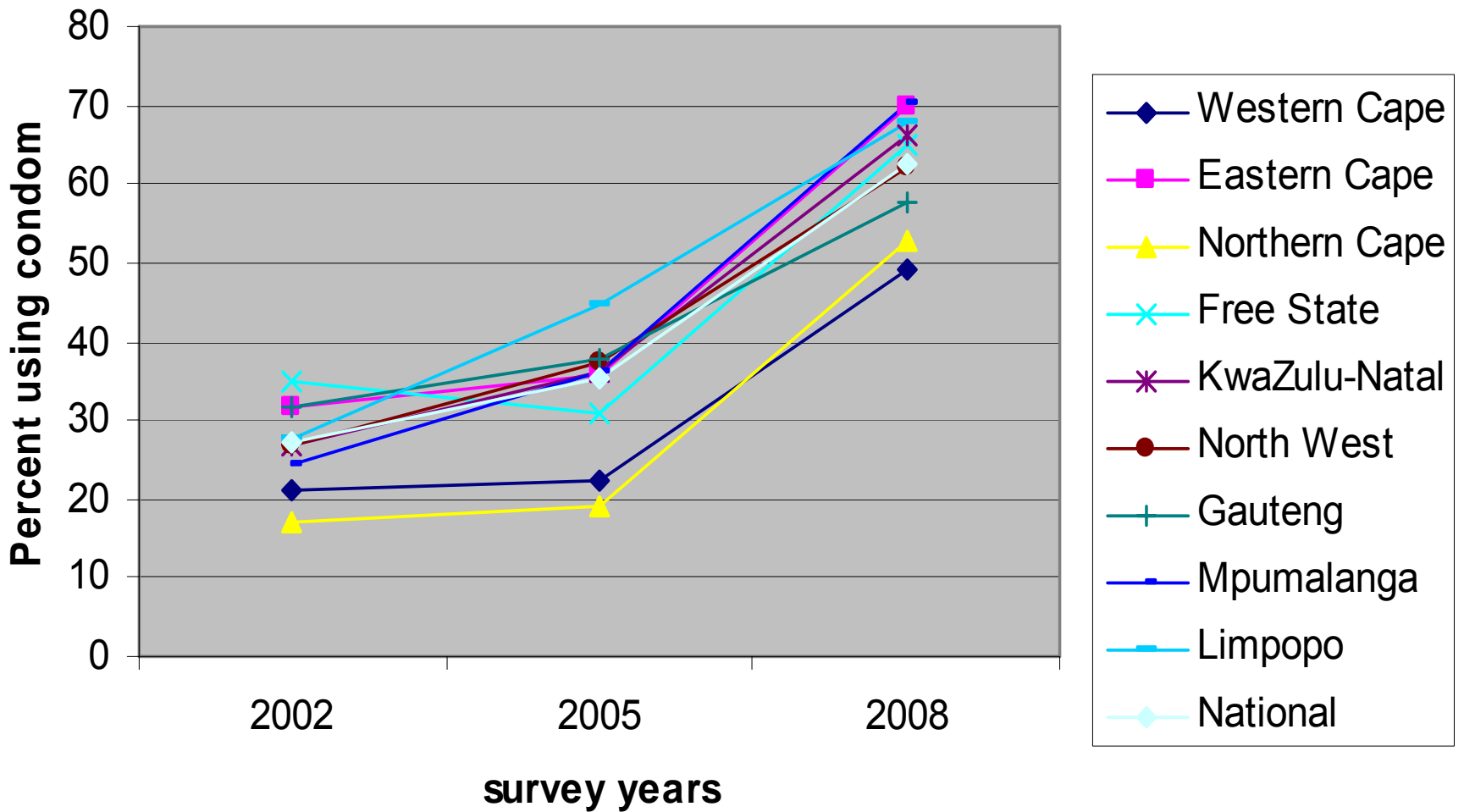
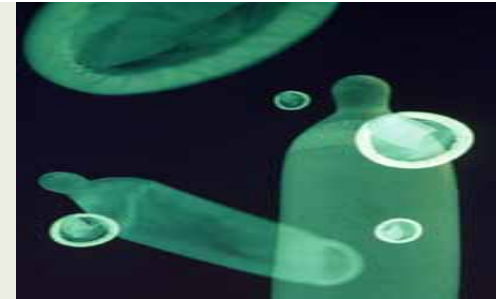
Province	2002 (%)	2005(%)	2008(%)
Western Cape	6.0	10.4	9.3
Eastern Cape	7.7	6.7	7.8
Northern Cape	3.6	4.6	7.3
Free State	0.9	7.8	9.6
KwaZulu-Natal	4.9	4.5	4.9
North West	2.5	12.7	8.5
Gauteng	6.3	10.2	7.8
Mpumalanga	4.9	10.1	15.0
Limpopo	5.5	10.1	11.2
National	5.0	8.4	8.5



## Multiple sexual partners among 15-49 year olds by province, South Africa, 2002, 2005 and 2008

Province	2002 (%)	2005(%)	2008(%)
Western Cape	10.9	11.3	9.9
Eastern Cape	12.1	8.1	13.1
Northern Cape	5.6	7.5	8.8
Free State	5.7	5.4	14.6
KwaZulu-Natal	9.3	10.6	10.2
North West	10.7	11.4	12.9
Gauteng	9.6	11.3	8.6
Mpumalanga	10.5	7.2	9.4
Limpopo	6.9	9.5	10.8
National	9.4	9.8	10.6

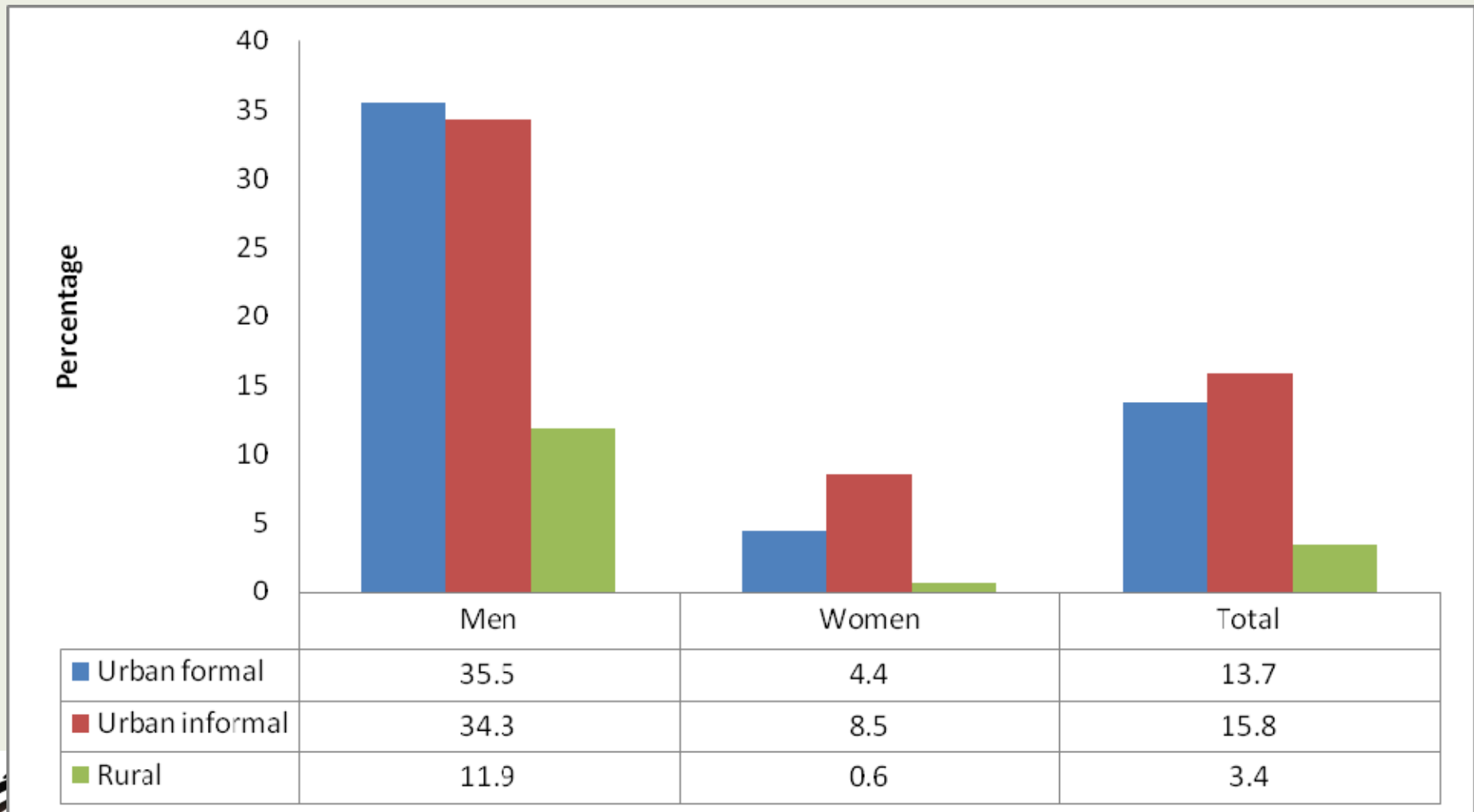
# Reported condom use at last sex, by province, South Africa 2002, 2005 and 2008



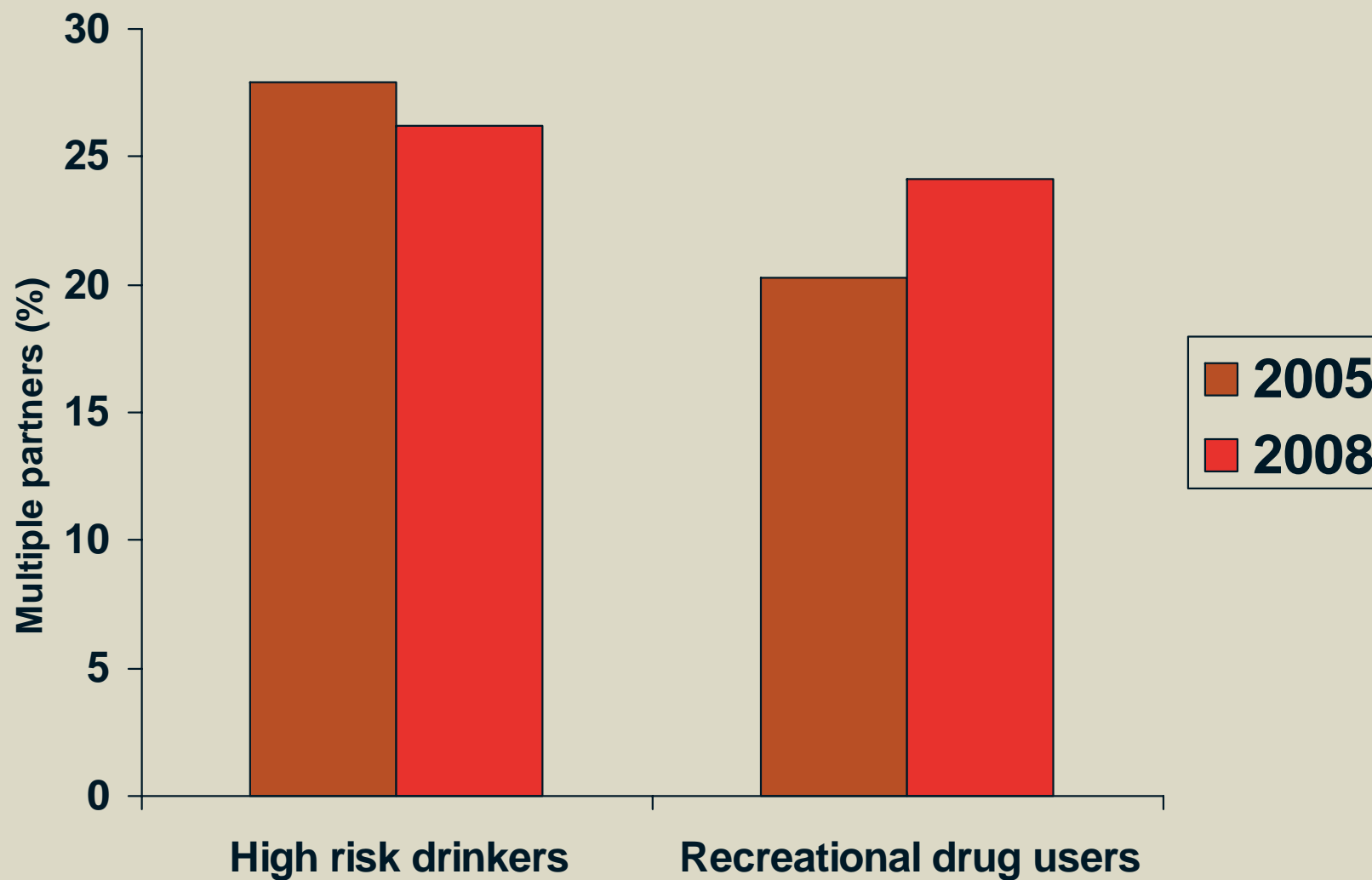
## Respondents aged 15-49 years who had an HIV test in the last year, South Africa, 2005 and 2008

Province	2005(%)	2008(%)
Western Cape	17.0	24.2
Eastern Cape	9.0	27.7
Northern Cape	19.3	28.0
Free State	9.4	16.8
KwaZulu-Natal	10.4	24.1
North West	9.4	24.1
Gauteng	16.3	27.9
Mpumalanga	10.8	22.5
Limpopo	8.6	22.1
National	11.9	24.7

# Hazardous or Harmful alcohol use >25 years (2008)



# Alcohol and drug use and multiple sexual partners



## Correct knowledge of preventing sexual transmission of HIV

Province	2005(%)	2008(%)
Western Cape	51.4	65.2
Eastern Cape	58.8	54.5
Northern Cape	40.4	49.5
Free State	56.3	58.8
KwaZulu-Natal	67.9	41.8
North West	45.0	28.5
Gauteng	64.8	47.4
Mpumalanga	59.9	28.2
Limpopo	69.9	22.3
National	60.7	44.4

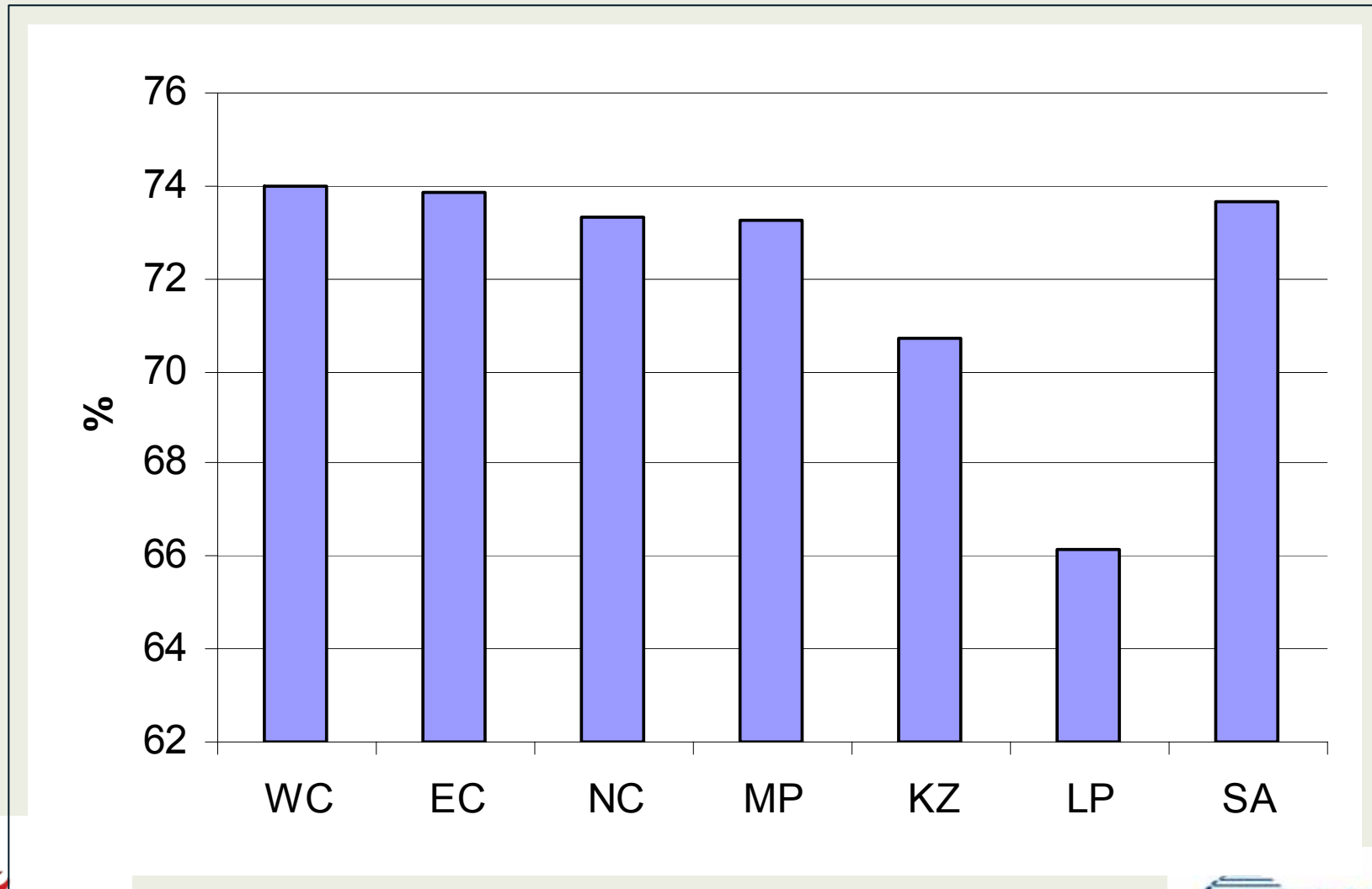


## Rejection of major misconceptions about HIV transmission

Province	2005(%)	2008(%)
Western Cape	65.1	53.0
Eastern Cape	69.2	63.1
Northern Cape	65.1	61.5
Free State	62.2	69.9
KwaZulu-Natal	65.9	66.2
North West	50.1	63.1
Gauteng	56.4	68.4
Mpumalanga	43.7	59.8
Limpopo	68.5	62.9
National	61.6	63.8

# Stigma, South Africa, 2008

(Average scores for 7 stigma-related questions)



# Additional determinants of HIV

- Teenage pregnancy
- Intergenerational sex
- Labour-related migration
- Transactional liaisons
- Poverty
- Culture and social norms
- HSV-2 infection



## There is no “Magic Bullet” for HIV

- “It is critical to note that there is no “magic bullet” for HIV prevention. None of the new prevention methods currently being tested is likely to be 100 percent effective, and all will need to be used in combination with existing prevention approaches if they are to reduce the global burden of *HIV/AIDS*.”

**Source: Global HIV Prevention Working Group (2008)**



# Research gaps, priorities and the key recommendations

1. There is a need to address inadequate HIV and AIDS surveillance systems
2. More studies specifically on social determinants of HIV are needed
3. Gaps in knowledge of effective prevention strategies should be addressed
4. The impacts of structural interventions should be explored in more detail



# 1. **There is a need to address inadequate HIV and AIDS surveillance systems**

- HIV prevalence data is needed to plan and administer the continued expansion of services
- Wider access to ART makes identifying recent HIV infection difficult using prevalence data.
- Accurate techniques for determining HIV incidence (new cases) are a priority.
- An Eastern Cape population-based survey is needed following the validated approaches and methodologies of SABSSM.



## 2. Studies specifically on social determinants of HIV

- Primary research at provincial level is needed to understand the social determinants of HIV/AIDS in the Eastern Cape
  - How do major determinants relate to each other?
  - How do social determinants generate health inequities?
  - Which social determinants are the most important?
  - What are the most appropriate entry points for action on these social determinants?



### **3. Gaps in knowledge of effective prevention strategies should be addressed**

- Research clearly shows that behavioural interventions reduce HIV infection.
- Where national HIV epidemics have reversed, broad-based behaviour change was central to success.
- There are gaps and limitations in what is known. Ascribing causality to interventions is difficult but with proper study design it can be done.
- Prevention efforts should be based on the best available epidemiological and social science evidence.



## 4. The impacts of structural interventions should be explored in more detail

- Evidence-based structural interventions are needed.
  - E.g. Social and economic empowerment of women, reducing inequalities, safeguarding livelihoods of the poor, reducing violence against women, reducing alcohol and substance abuse
- Structural approaches to HIV prevention seek to change social, economic, political, or cultural factors determining HIV risk
  - E.g. Inequality, social marginalization, discriminatory laws and policies, and power imbalances that influence individual behaviour.
- More research needs to be conducted on these interventions.

# Summing up

- This presentation has provided an overview of what we know about HIV and its Social Determinants
- It has identified many areas where we do not know enough – especially for the specific situation in the Eastern Cape
- Today's deliberations should provide further insights
- We hope this will be the beginning of a new series of collaborative research and interventions

