



# Trapped in Violence: Vulnerable Alcohol and Drug Using Women in Pretoria The Women's Health CoOp *PLUS*

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# Women's Health CoOp (WHC) Core Elements & Goals

- Increase knowledge
- Increase skills
- Decrease substance abuse
- Increase sexual protection/negotiation
- Increase violence prevention
- Personalized Action Plan with case Management

**Empowerment = Less alcohol & drug use = Greater power**

**Focused on Gender-based violence & Condom use and negotiation skills**

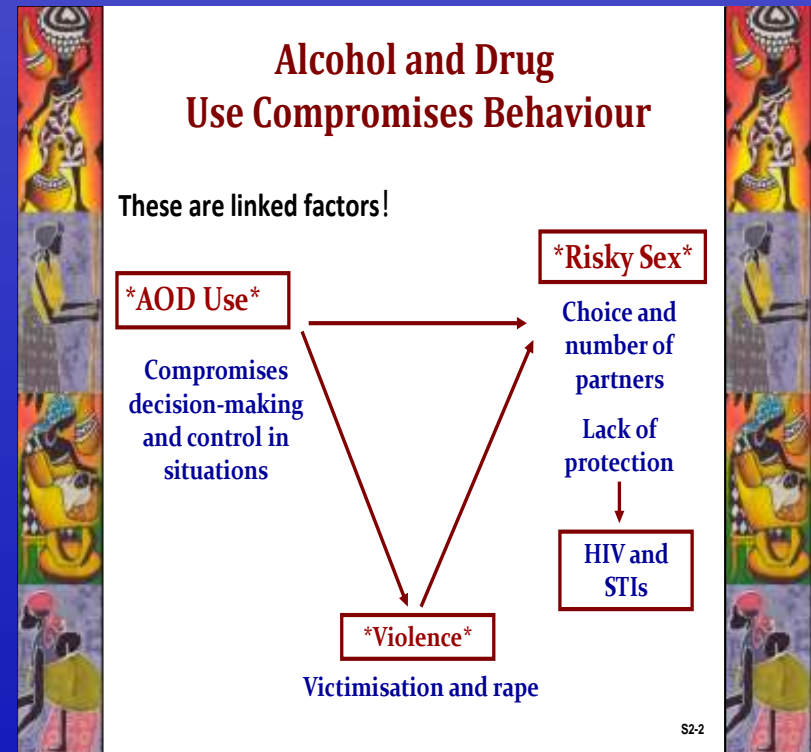
The original WC is listed in CDC's *Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention*

The original WC is also listed in USAID's "*Multiple Gender Strategies to Improve HIV and AIDS Interventions: A compendium of Programs in Africa*"



# The Women's Health Coop (WHC) Curriculum Package

- HIV/STDs facts, HIV testing, CD4 & ART adherence education
- Alcohol and other drug use
- Sexual risk and skills building - condom negotiation and female condom use
- Sexual violence and prevention
- Gender support and empowerment





# Research Aim/Outcomes of the current WHC

*Seek, Test, Treat and Retain for Vulnerable Women*  
*NIDA R01 DA032061*

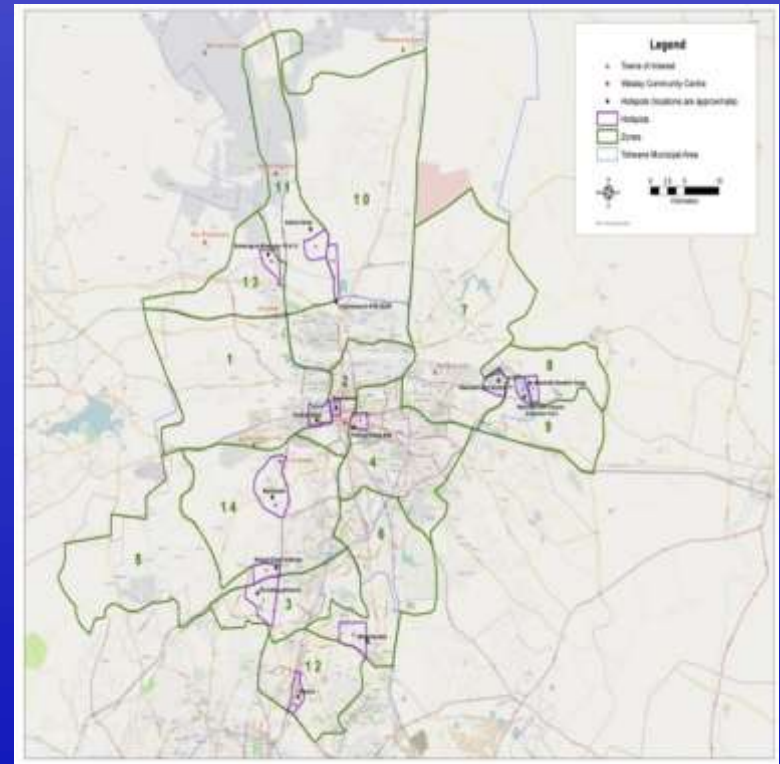
To test whether adding WHC to standard Test Treat, and Retain (TTR) practices results in more HIV-positive Alcohol and Drug (AOD)-using women getting medical evaluations (e.g., CD4, viral load), starting treatment, staying in treatment and in greater reductions in risk behaviors (e.g., AOD use, unprotected sex, victimization) among all women—positive or negative

\*Project named **Women's Health CoOp PLUS (WHC+ )** as it incorporated the previous Pretoria WHC with the standard TTR practices\*



# Women's Health CoOp *PLUS* activities

- Seek
  - Outreach & community partnerships
- Test
  - Drugs, alcohol, pregnancy and HIV with CD4 count testing
- Treat
  - WHC intervention
  - Referrals and linkage to substance abuse treatment and rehabilitation
- Case Management
  - Develop harm reduction and health goals in personalized booklet - followed by monthly case management





# Vulnerable women have basic needs





# Sample characteristics by intervention (N= 641)

	Standard n=274	Women's n=287
Age	29.4 (7.2)	30.0 (8.1)
Main sex partner*	99%	98%
Unemployed	83%	87%
Education		
None to Primary	9%	9%
Secondary	22%	15%
Tertiary	64%	71%
Diploma +	5%	5%
Ever given birth	86%	86%

\* Also have multiple partners



## Biologicals at Intake by intervention (N=641)

	Standard n=274	Women's n=287
HIV confirmed* (p=0.006)	61%	50%
Confirmed Pregnancy	5%	5%
Alcohol	15%	13%
Benzodiazepines	2%	2%
Cocaine (p<0.0001)	8%	21%
Methamphetamine	1%	1%
Opiates (p<0.0001)	10%	26%
Marijuana (p=0.0007)	25%	38%

\*\*Not testing for glue/inhalants





# Intimate Partner Violence: Current Main Partner by HIV Status

Type of Violence	HIV- N = 251 n %	HIV+ N = 300 n %	Total N = 551 n %
Physical	32** (13)	60** (20)	92 (17)
Sexual	32 (13)	41 (14)	73 (13)
Emotional	100 (40)	152 (51)	252 (46)

Note. \*\* indicates significant differences between the two arms  $p < .01$ .



## Notes from reports: Fear of disclosure of HIV status

*“Client reported that she was beaten up by her partner for insisting on condom use after she disclosed that she is on ARVs. He did not believe her and beat her badly.....she is currently drinking [alcohol] a lot due to stress.”*

*“Client self-reported to be HIV positive since 2005 but is not on ARVs because her CD4 count is still high. She indicated that she is in an abusive relationship and she has not disclosed her status to her boyfriend because she is afraid he will kill her as he has already stabbed her twice.”*

*“Client reported that she is unhappy with her boyfriend but she cannot leave him because he supports her.....He does not know that she is HIV positive and that she is taking ARV’s. She's hiding her medication at her friend’s house.”*



## Notes from reports: Barrier to ART initiation & adherence

*“Client reported that she was beaten by her boyfriend and had stitches on her head and bruises on her legs. Her clothes were burnt by her boyfriend. She did not go for medical assessment because her documents were also burnt.”*

*“Client self-reported to be HIV positive but not on treatment even though she has a low CD4 count. Her partner is very abusive and forces her to have sex with him. She however will go to the toilet and defecate and not wipe herself so that the bad smell can repulse him.”*

*“Client reported that she was stressed because she is abused by her partner. He will leave her for the whole day without food or take her money to buy drugs. She sometimes defaults on her ARV treatment because of hunger.”*



## Notes from reports: Condom negotiation

*“Client self-reported that she was HIV positive and is on ARVs....She is hiding her ARV treatment from her boyfriend because he is violent. He beats and forces her to have sex without condom.”*

*“Client was very emotional during interview. [She reported that] her boyfriend beats her up and he does not want to use a condom.*

*“Client reported that she still does not use condoms with her boyfriend and now he has cauliflower (HPV). He still beats her up and her CD4 count has dropped.”*

*“Client reported that her boyfriend beats her up when she asks him to use a condom and he forces himself on her when she does not to want to sex.”*



## Notes from reports: Economic dependence

*“Client reported that she is in an abusive relationship. Her boyfriend beats her but she stays in the relationship because he buys her and her children food and clothing. She drinks a lot because it helps her cope with her problems.”*

*“Client broke down as she reported that she has no [immigration] documents which she reported were lost in a fire. She is having an abusive boyfriend who doesn't want to use protection but she cannot leave him because he is supporting her.”*

*“Client is no longer working and that her boyfriend moved out as well. She feels stressed because he was also helping her with money even though he was abusive. She now feels like drinking alcohol because of the stress.”*



## Notes from reports: Coping through AOD use

*“Client still smoking very hard again because of the violence on the streets. She reported to have been beaten up by the taxi drivers last week. The business not doing well because of the violence.”*

*“Client reported to have increased drinking because she is stressed and that her boyfriend is abusive and always insults her.”*

*“Client reported to be using cocaine and marijuana because she is stressed and is trying to deal with the fact that she saw her boyfriend in bed with another woman.”*

*“Client reported that she has gone back to drinking heavily as she is very frustrated and stressed because her partner is having affairs and very abusive to her.”*



## Notes from reports: Desire to change

*“Client was more concerned about the alcohol and violence slides because her boyfriend is beating her..... During the session she was interested in the conflict slides and even took some copies home.”*

*“Client has broken up with her previous boyfriend because he was abusive and was a liar. She believes that her CD4 count had gone down because of the stress she had from him.”*

*“Client looked better than when she came before her baseline. She thanked the WHC for helping her realise her “mistakes”. She has gone for medical assessment and reported that she is negotiating condom use with her partner.”*



Thank you to all the women in the study and for the dedicated Women's Health CoOp *Plus* (WHC+) staff

