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Alcohol and transactional sex: How risky is the mix?

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ABSTRACT

This study examines alcohol use, transactional sex (TS), and sexually transmitted infection (STI) risk among sugar plantation residents near Moshi, Tanzania, from 2002 to 2004. We compare popular discourse gathered through ethnographic methods with cross-sectional questionnaire and STI prevalence data to illuminate the close correspondence of alcohol use and TS with STI transmission.

People attributed to alcohol varied consequences: some socially desirable (relaxing, reducing worries) and others (drunkenness, removing shame) thought to put alcohol abusers at risk for STIs. TS—exchanging money, food, gifts, alcohol or work for sex—was not stigmatized, but people believed that seeking sexual partners for money (or providing money to sexual partners) led to riskier sexual relationships. We explore popular discourse about how alcohol use and TS independently and in combination led to increased STI exposure. Popular discourse blamed structural circumstances—limited economic opportunities, few social activities, separated families—for risky sex and STIs.

To understand individual behavior and risk, we surveyed 556 people. We measured associations between their self-reported behaviors and infection with herpes simplex virus type-2 (HSV-2), syphilis, and HIV in 462 participants who were tested. Alcohol abuse was associated with prevalent STI and HIV infection. Exchanging sex for alcohol and work were both associated with prevalent STI. Participants who both abused alcohol and participated in TS had greatest risk for STI.

Findings from the two analytic methods—interrogation of popular discourse, and association between self-reported behavior and STIs—were largely in agreement. We posit explanations for discrepancies we found through the concepts of sensationalization, self-exceptionalization, and the influence of an authoritative moral discourse.

Introduction

Between 1996 and 2006, 18 million Africans died from AIDS (UNAIDS, 2008); many millions more are infected with other sexually transmitted infections (STIs). In the context of a sugar plantation in Tanzania, using a mixed-method approach, we examine both popular discourse about how alcohol use and transactional sex (TS) increase risk of exposure to STIs, and quantitative associations between alcohol use, participation in TS, and prevalent STIs.

Social meanings and implications of alcohol consumption in Africa

Social meanings of alcohol in Africa are often contradictory. Alcohol holds a central role in ritual (marriage, funerals, coming-of-age ceremonies) (Ambler, 1991; Colson & Scudder, 2001; Crush & Ambler, 1992; Karp, 1980), yet ritualistic use is greatly surpassed by everyday consumption for leisure (Bryceson, 2002). Alcohol holds, simultaneously, "good" social values (relaxing, being happy, spending time with friends, increasing strength) and "bad" social values (loss of respect and money, causing drunkenness or bad behavior) (Bryceson, 2002).

Alcohol use can lead to disinhibition and potentially risky sex (Fisher, Bang, & Kapiga, 2007; Kalichman, Simbayi, Kaufman, Cain, & Jooste, 2007; Mbulaiteye et al., 2000; Miller, 2003; Shaffer, Njeri, Justice, Odero, & Tierney, 2004). Bars link alcohol and risky sex, becoming "sexual networking contexts" (Fritz et al., 2002; Kalichman, Simbayi, & Kaufman, et al., 2007; Lewis, Garnett, Mhlanga, Donnelly, & Gregson, 2005; Morojele, Kachieng'a, & Mokoko, 2006) where individuals attempt to quench "thirst" for sex (Pietila, 2002). Many women across sub-Saharan Africa report that sex partners buy them drinks for sex (Dunkle et al., 2004; Maganja, Maman, Groves, & Mbwambo, 2007), and women who sell sex in drinking establishments are at more risk than those who sell from home (Yadav et al.,

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2005). In addition, more men than women believe that alcohol will enhance sexual activity and desires, and so drink before sex (Kalichman, Simbayi, Cain, & Jooste, 2007). Thus for African women, risk for unsafe sex may be influenced more by their partners' drinking than their own (Morojele et al., 2006; Morojele et al., 2004).

Social meanings and implications of transactional sex in Africa

The meaning of exchanging money or gifts for sex varies widely in sub-Saharan Africa. Whereas by western norms, payment marks sex as prostitution and precludes romantic love, most women in Africa who are paid for sex are not sex workers. Payment can signify a committed relationship, an indication of respect, a gift meant to engender affection, an obligation met, or an opportunity for the giver to demonstrate his prestige to other men (Dunkle et al., 2007; Leclerc-Madlala, 2004; Moore, Biddlecom, & Zulu, 2007; Stoebenau, Hindin, Nathanson, Rakotoarison, & Razafintsalama, 2009). Sex becomes a commodity to exchange for educational opportunities, employment, connections to social networks, and luxury consumable items (Chatterji, Murray, London, & Anglewicz, 2005; Leclerc-Madlala, 2004; Pietila, 2002). Variation in cultural norms across Africa result in a range of tolerance toward TS; motivation for TS is as diverse as what is desired.

Béné and Merten (2008) describe two dominant tropes of TS. In one, women are victims; economic constraints, social pressure, and male-dominated social norms direct their risky sexual behavior. In the other trope, women are social agents, using sexual relationships to get money and gifts. Reality for most women lies between these poles, with some negotiating in a context of unequal gender power relations (Béné & Merten, 2008).

TS has been associated with STI/HIV risk throughout sub-Saharan Africa (Cote, Sobela, Dzokoto, Nzambi, & Asamoah-Adu, 2004; Dunkle et al., 2004; Luke, 2002). It is not the transactional aspect *per se* that makes this sex risky. TS is risky because women may agree to sexual encounters they would not have sought otherwise, and often do so on men's terms (Béné & Merten, 2008; Dunkle et al., 2004). Considering that TS represents both a powerful social phenomenon and a proven risk for STI, surprisingly little is written about how men and women in Africa view this risk (Dunkle et al., 2004).

Study overview

We carried out an ethnographic and epidemiologic study during 2002–4 with the residents of the Tanzania Sugar Enterprises (TSE), a sugar plantation located 32 kilometers from Moshi, a city in northern Tanzania. (TSE is a pseudonym, as are names of camps and villages.) Moshi's population is 150,000, and Chagga people, traditionally agriculturalists, predominate. TSE, however, draws laborers from across Tanzania. Established in 1932, the 55-square mile TSE was family-owned until nationalized in 1980. In 2000, nearly bankrupt, the plantation was sold to Mauritian investors. Within two years the new management reduced employee rolls 50% and began turning a profit. In 2004, the plantation employed 3800 people and housed over 9000 adults.

Plantation residents described how drinking alcohol and engaging in TS—independently and in combination—led to increased STI exposure. By examining popular discourse, we uncovered residents' normative portrayal of life at TSE, and learned how people *talked* (but not necessarily behaved) about sex and HIV. To understand individual behavior and risk for STI, we analyzed residents' self-reported sexual behaviors, alcohol use, and TS practices. In sum, this paper has three objectives: 1) to explore popular discourse about how alcohol use and TS increase risk of exposure to HIV and STI, perhaps differently for men and women; 2) to measure associations between self-reported behaviors (alcohol use and TS) and infection with herpes simplex virus type-2 (HSV-2), syphilis, or HIV for men and women; and 3) to identify points of similarity and discord between qualitative and quantitative findings, and interrogate the relationship between popular discourse and self-reported behavior.

Methodology

In 2002–2003 (pilot study) and 2004 (cross-sectional prevalence study), we collected three types of data at TSE plantation in northern Tanzania: 1) qualitative (focus group discussions (FGDs) and in-depth interviews (IDIs)), 2) quantitative (survey with structured questionnaires), and 3) clinical (HSV-2, syphilis, and HIV test results). These studies were conducted as a doctoral dissertation research project (Norris, 2006) with funding from Yale University and a Fulbright Hayes Doctoral Dissertation for Research Abroad Fellowship. This study received ethical research approval from: Tanganyika Planting Company Ethical Committee, Kilimanjaro Christian Medical College Ethics Committee, Tanzanian National Institute of Medical Research, Tanzanian Commission on Science and Technology, and Yale University's Human Investigations Committee.

Focus group discussions and in-depth interviews

In July–August 2002 we conducted ten FGDs, grouped by gender and marital status, to discuss sexuality and sexual behavior among men and women who reside at TSE. Participants, identified with help from camp administrators, were drawn from several TSE camps. Group size ranged from 4 to 24 participants. All together, 54 men (age range: 18–67 years; age mean: 34 years) and 38 women (age range: 15–60 years; age mean: 31 years) participated. FGDs met in the evenings in primary schools. Participants gave oral consent for discussions to be recorded. Tape transcriptions were coded manually.

Members of our research team also conducted ethnographic research, living in plantation housing, visiting people at work and leisure, and conducting 44 IDIs with plantation residents. Our interviewees included men and women from a range of ages and positions in employment hierarchy. Interviewees were drawn from religious leaders, youth leaders, community opinion leaders, health care workers, and plantation administrators. IDIs were recorded in researchers' field notebooks, and focused on participants' beliefs about HIV and sexual behavior. The IDI information was consistent with that collected in FGDs. The majority of qualitative work was carried out July–December 2002, and qualitative findings informed themes, language and specific questions of the structured quantitative questionnaires.

Survey sampling

From September to December 2004, a recruited sample and a voluntary sample of plantation residents participated in a study to measure HSV-2, syphilis, and HIV prevalence, and to determine how the context of agricultural plantation life influences residents' sexual relationship formation and STI risk. To choose the random sample, we randomly selected four camps (from ten camps at TSE). In each selected camp, 40% of households were randomly selected. Within each selected household one individual was randomly selected. Eligibility criteria included residency at TSE for at least two weeks prior to participation (thus everyone surveyed was a TSE employee or living with an employee), age of at least eighteen years, and ability to give informed consent. We held camp-wide meetings to introduce the research team, discuss random sampling, and explain research objectives. Thus people who were not randomly selected