



Methamphetamine use is associated with childhood sexual abuse and HIV sexual risk behaviors among patrons of alcohol-serving venues in Cape Town, South Africa

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ABSTRACT

Background: South Africa's Western Cape has experienced a dramatic increase in methamphetamine ("meth") use over the past decade. There is concern that meth may further fuel the HIV epidemic in this country because of its association with risky sexual behaviors. This study describes the prevalence of meth use and its relation to HIV sexual risk behaviors among patrons of alcohol-serving venues.

Methods: Participants ($N = 3328$) were surveyed in 12 venues in a mixed race township. Logistic regression models were used to examine the relations between meth use and sexual risk behaviors, and structural equation models were used to test whether meth use mediates the relationship between childhood sexual abuse and current sexual risk.

Results: Meth use in the past 4 months was more common among Coloured than Black persons (10.5% vs. 3.5%). Meth users were more likely than non users to use marijuana, inhalants, and injection drugs, have a history of childhood sexual and/or physical abuse, and experience and/or perpetrate intimate partner violence. Among both men and women, meth use was associated with greater odds of engaging in sexual risk behaviors, and meth use partially mediated the relationships between childhood sexual abuse and all sexual risk behaviors.

Conclusions: Meth users in this setting are at increased risk for HIV due to their greater likelihood of engaging in sexual risk behaviors and being in violent relationships. There is an urgent need to provide targeted HIV prevention and substance abuse treatment to meth users living in townships in Cape Town.

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1. Introduction

The Western Cape of South Africa has experienced a dramatic increase in methamphetamine ("meth") use over the past decade. With 5.3 million adults living with HIV/AIDS (the most of any country; SSA, 2010; UNAIDS, 2008), there is concern that meth use may further fuel the HIV epidemic due to its association with sexual risk behaviors (SRBs; Morris and Parry, 2006; Pluddemann et al., 2008a; Simbayi et al., 2006; Wechsberg et al., 2008). However, little data is available on the relation between meth use and HIV sexual risk in South Africa.

Meth, the second most widely abused drug worldwide (UNODC, 2009), has only recently become prevalent in South Africa (Parry et al., 2008). Here meth is typically smoked and is known as "tik" because of the sound it makes when heated and inhaled. Data from treatment facilities in the Western Cape indicate that the proportion of patients with meth as their primary substance of abuse increased from <1% in 2000 to 34% in 2010 (Pluddemann et al., 2010b). Community-based studies provide further evidence of a growing meth epidemic (Simbayi et al., 2006; Wechsberg et al., 2010). Meth use is most common among young adults, males, and 'Coloured' persons (an ethnic group of historically mixed race people) (Pluddemann et al., 2010b; Simbayi et al., 2006; Wechsberg et al., 2010). Since meth users are more likely than non users to report concurrent or hazardous alcohol use (Simbayi et al., 2006; Wechsberg et al., 2010), alcohol-serving venues may be one place in which to reach meth users.

Meth is a stimulant that increases sexual desire, energy, and feelings of euphoria, among other physiological effects

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(Volkow et al., 2007). Research from around the world has documented that meth use is associated with increased rates of SRBs and HIV infection (Corsi and Booth, 2008; Degenhardt et al., 2010), and it is most prevalent among men who have sex with men (MSM; Colfax et al., 2004; Shoptaw and Reback, 2007; Woody et al., 2001). Emerging data indicates that meth users in Cape Town may also engage in SRBs, including multiple partners, unprotected intercourse, and sex for drugs/money (Pluddemann et al., 2008a; Simbayi et al., 2006; Wechsberg et al., 2010). Qualitative research has found that meth is often used to augment sexual experiences (Parry et al., 2008; Sawyer-Kurian et al., 2009). Since many drug users have multiple sex partners, they may be a high-risk population that may promote the wider spread of HIV (Parry et al., 2008).

South Africa's recent history of political violence and gross inequalities has contributed to a society in which interpersonal violence, including childhood sexual abuse (CSA) and intimate partner violence, is common (Jewkes and Abrahams, 2002; Kaminer et al., 2008; Williams et al., 2007). These experiences may make individuals vulnerable to initiating meth use as a way to manage symptoms of traumatic stress (Cohen et al., 2003; Dube et al., 2003). Meth users are more likely to experience and perpetrate intimate partner violence as adults (Cohen et al., 2003; Sommers et al., 2006). The heightened risk of interpersonal violence among meth users is concerning because of its association with SRBs in South Africa and elsewhere (Dunkle et al., 2006; Jewkes, 2010; Lenderking et al., 1997; Mimiaga et al., 2009; Mosack et al., 2010; Schraufnagel et al., 2010; Senn et al., 2006).

Despite widespread concern about meth, there has been limited empirical research on the intersection of meth use, interpersonal violence, and HIV sexual risk in South Africa. This study describes the prevalence of meth use and its association with SRBs in patrons of alcohol-serving venues. Specifically, we (1) report the prevalence of meth use by gender and race/ethnicity; (2) compare meth users and non users on demographic characteristics, substance use, and interpersonal violence; (3) examine the association between meth use and SRBs; and (4) test whether meth use mediates the relationships between CSA and SRBs.

2. Methods

2.1. Procedures

Data were collected as part of a mixed-methods study conducted in alcohol-serving venues in a peri-urban township 15 miles outside of Cape Town's city center. This township, established in the early 1990s, has a fairly equal number of Xhosa-speaking Black African and Afrikaans-speaking Coloured residents. These terms originate from the Apartheid era, when all individuals had a race classification that determined political and social privileges. Although Coloured people had more privileges than Black people under the Apartheid government, both were subjected to forced relocation and restrictions on employment and mobility. In present day South Africa, individuals continue to self-identify as Black or Coloured, and there is consensus that these are culturally distinct groups in terms of shared language and customs.

Street intercept surveys identified 124 local drinking establishments. Of these, 38 met the initial eligibility criteria of >50 unique sit-down patrons per week and >10% female patrons. Several additional venues were excluded because they were located in areas with violent crime, were not operational on weekdays and/or throughout the year, or refused participation. Of the remaining venues, 12 were selected for diversity in size, location, and race/ethnicity of patrons.

Trained fieldworkers, matched by race/ethnicity, visited the venues for four 1 week periods over 1 year. After building rapport,

they approached patrons entering the venue, unless visibly intoxicated, and asked them to complete an anonymous survey (92.5% accepted). After providing oral consent, participants completed a 96-item paper-pencil survey in their preferred language (Xhosa, Afrikaans, or English). A small minority (4.7%) chose to have the survey read by a fieldworker. Fieldworkers protected participants' privacy by finding less crowded spaces in the venues and ensuring that other patrons kept their distance while the survey was completed. The survey took 10–15 min, and participants received a small gift (e.g., key ring). The study was approved by ethics committees in the United States and South Africa.

2.2. Measures

Substance use. Participants reported how often they had used each of the following drugs in the past 4 months: meth ("tik"), marijuana ("dagga"), inhalants ("sniffers"), and injection drugs. Response options were never, a few times, weekly, and daily. Given the highly skewed distribution, we created dichotomous variables indicating any use (yes/no) for each drug. Using the WHO Alcohol Use Disorders Identification Test (AUDIT), three items assessed frequency of drinking, number of drinks on typical drinking days, and frequency of ≥ 6 drinks on one occasion (Babor et al., 2001). Using the AUDIT scoring guidelines, hazardous drinking was defined as ≥ 3 –4 drinks on a typical drinking day and/or ≥ 6 drinks on one occasion (Babor et al., 2001).

Childhood abuse. CSA was assessed using one item adapted from the Traumatic Events Questionnaire (TEQ; Kaplan et al., 1995). Specifically, participants were asked, "As a child, were you ever sexually abused (that is, forced to have some kind of sexual contact, like touching, oral sex, or intercourse)." An additional item assessed childhood physical abuse.

Intimate partner violence. For the past 4 months only, participants indicated whether or not they had been hit by a sex partner or forced to have sex when they did not want to (2 items) and/or perpetrated either of these behaviors (2 items). These items were adapted from the Conflict Tactics Scale (CTS; Straus et al., 1996).

Sexual risk. Participants reported how many women and men they had sex with in the past 4 months and the number of times they had vaginal or anal intercourse with and without a condom. The following dichotomous (yes/no) variables were created: sexual activity, multiple (≥ 2) sex partners, and unprotected sex. They also reported, for the past 4 months, whether or not they had "sold" or "bought" sex for money, alcohol/drugs, or a place to stay (2 items) or been diagnosed with a sexually transmitted infection (e.g., syphilis, gonorrhea). Finally, participants reported whether they had ever been tested for HIV and the result of their most recent test.

Demographics. A single item assessed race/ethnicity: "What best describes you?" Response options were Black, White, Indian, Coloured, and other; participants were encouraged to select just one. They also reported gender, age, marital status, employment, and education. Men who had male sex partners in the past 4 months were categorized as "MSM" (86% of these men also had sex with women); all others were categorized as "no MSM."

2.3. Data analysis

Surveys were scanned into a database using Remark Office OMR 6.0, and manual checks identified errors. On the survey, participants were asked if, when, and where they had "completed a survey like this before." Approximately one fifth indicated that they had previously completed the survey and were eliminated from this analysis. Since the vast majority of participants (98.8%) identified as either Coloured or Black, we excluded individuals of other race/ethnicities. Furthermore, since meth use is most common among young adults, we restricted the sample to the 3415

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