

Description of Topic:

This paper presents a topic of particular importance to those working in HIV/AIDS programming. How do we reach those populations at greatest risk for acquiring HIV/AIDS so that appropriate programs and interventions can be designed for them?

The paper presents data from two different Priorities for Local Aids Control Efforts (PLACE) Studies in Zambia and Zimbabwe. Each study had its own strategy and objectives and each study yielded insight into where people were meeting partners and particular behaviors that were putting individuals who frequented those places at risk for HIV. In Zambia the PLACE Study focused on two locations where surveillance data indicated that HIV prevalence was particularly high. A national survey was carried out around the same time as the PLACE study and a comparison of data from PLACE and the national survey indicated that the PLACE population was at far greater risk of acquiring HIV. In Zimbabwe the strategy was to focus on understanding what factors were putting girls who had been orphaned because of HIV/AIDS at greater risk than non-orphans. This study focused on young adult women 20-24 and adolescent girls 15-19 and understanding where they were meeting partners. Data from each study were helpful in identifying “hot spots” of risky behaviors and in understanding where interventions were most needed.

Theoretical Focus:

Data from epidemiological studies often indicate a geographic clustering of HIV, suggesting that HIV transmission is more likely in some areas than others. When resources are limited, as they usually are, prevention efforts need to target those areas where the potential for preventing new infections would have the greatest impact. These areas are thus the priority prevention areas. The PLACE method focuses on such priority prevention areas and within these areas the exact venues where people meet sexual partners, particularly new sexual partners. Thus the PLACE method yields valuable information on where best to target interventions such as condom distribution, education campaigns etc. The PLACE method also yields valuable information on what behaviors are putting individuals frequenting such venues at risk of HIV. Knowing the behaviors which put people at risk is also key for designing appropriate programs. Data from the PLACE method helps program managers and policymakers understand their population. It can be said that both global HIV prevention efforts and local efforts are needed. The PLACE method helps us understand the “local epidemics” which is important because each local epidemic is unique.

Data and Research Methods:

The PLACE method consists of three phases of fieldwork. In the first phase interviewers ask 300-400 community informants to name venues (in the particular location of interest) where people meet new sexual partners. In the second phase of fieldwork, interviewers visit all venues located in the study area and interview a venue representative such as a manager or owner. In the third phase individuals socializing at a sample of the venues

are asked about their sociodemographic characteristics, rate of new sexual partner acquisition, condom use and venue attendance.

In Zambia two PLACE studies were carried out in two towns – Mongu and Kapiri Mposhi. Both were chosen because data from antenatal clinics indicated that HIV prevalence was high – 20.2% in Kapiri Mposhi and 28.2% in Mongu. In addition each town had specific characteristics perhaps contributing to the high HIV prevalence. Urban Mongu, the provincial capital of Western Province, serves as a crossroads for business and trade. Large numbers of Zambians as well as individuals from neighboring countries and tourists pass through Mongu. The local populations and visitors interact with each other and such social mixing can create opportunities for HIV transmission. In addition Mongu is home to fishing camps which community informants identified as places where people were meeting partners. Kapiri Mposhi is a major transportation hub located along the Great North Road and home to the TAZARA rail line, linking Zambia and Tanzania. Large numbers of Zambians and individuals from other countries pass through Kapiri Mposhi and spend at least one night there. In each of these towns a PLACE study was conducted as well as interviews for a national survey, the Zambia Sexual Behavior Study (ZSBS). The PLACE study in Mongu was conducted in June and July 2005, while the PLACE study in Kapiri Mposhi was conducted in September and October 2005. The ZSBS was conducted in February and March of 2005 in both locations.

In Zimbabwe stakeholders selected Hwange District as the priority prevention area to be studied. Hwange district has a high prevalence of HIV and orphanhood and was felt to be a district that was under-researched and for which data was needed in order for HIV/AIDS service organizations to develop appropriate interventions. Studies in Southern Africa have shown that girls who have been orphaned because of HIV are at higher risk of acquiring HIV than non-orphans. Thus the focus of the PLACE study in Zimbabwe was on adolescent girls (orphan and non-orphans) and young women 20-24. In Zimbabwe a household survey focused on girls 12-17 was also conducted to complement the PLACE study and to capture girls who do not meet partners in public places but were perhaps meeting partners in their homes. Both the PLACE and household survey were conducted from October-November 2006.

Findings

Data from Zambia indicated a high rate of sexual partnerships among venue patrons. In Mongu approximately 60% of men and 51% of women socializing at the venues reported two or more sexual partners in the past 12 months. Almost half of the men and women in Mongu indicated they had a new sexual partner in the past four weeks. Over a quarter of both men and women in Kapiri Mposhi reported two or more sexual partners in the past 12 months. About one fifth of men and a quarter of women in Kapiri Mposhi indicated they had a new partner in the past four weeks. These percentages are far greater than reported by respondents in the ZSBS indicating that the PLACE patrons are indeed a high-risk population.

In Mongu young men aged 15-24 comprised 37% of the male population socializing and interviewed at the venues. Young women 15-24 accounted for 64% of the total female population interviewed at the venues. In Kapiri Mposhi young men 15-24 accounted for 30% of the male socializers and young women account for 45.1% of the female socializers. Clearly young people, particularly women young women, could be considered an at-risk population. The data also revealed a great deal of age mixing – women having partners ten or more years older. The questions differed slightly in the two locations. In Kapiri Mposhi 28% of women had an oldest partner who was at least ten years older. In Mongu 23% of women had a partner ten or more years older. Young women account for a large proportion of new HIV infections in sub-Saharan Africa and age-mixing is considered a risky sexual behavior.

Another high-risk behavior is transactional sex. In the Mongu PLACE study 46% of women and 42% of men reported transactional sex. Data for Mongu for the ZSBS indicated that 2% of women and 8% of men reported transactional sex. In the Kapiri Mposhi PLACE study 23.5% of women and 28% of men reported transactional sex. Data for Kapiri Mposhi from the ZSBS indicated that 0% of women and 1% of men reported transactional sex. Clearly this data provides further evidence that the PLACE study is capturing a population at greater risk of HIV than the general population.

Condom use at last sex and condom use at first sex with last new partner in past 12 months was low for both the PLACE and ZSBS study populations. Condom availability was also low at venues in the PLACE study. On the day of the interview condoms were available and seen at 46% of the venues in Kapiri Mposhi and 33% of venues in Mongu. However venue representatives indicated a willingness to sell condoms at their venues. Only 20% and 8% of venue representatives in Kapiri Mposhi and Mongu, respectively, were unwilling to sell condoms. Venue representatives also indicated a high willingness to have other types of prevention efforts at their venues. Thus this is a program gap and an area where interventions could help reduce the risk of HIV transmission.

In Zimbabwe the PLACE study was focused on where young people meet new partners. While in Kapiri Mposhi and Mongu 63% and 53% (respectively) of venues listed were bars, taverns or informal drinking places, only 20% were such places in Zimbabwe. Venues such as schools (10%), boreholes (7%), churches (6%) and shopping centers (6%) were also commonly mentioned. Clearly this would warrant a more diverse prevention effort as young people were meeting new sexual partners in a variety of locations.

Analysis was done for the data overall (all sites combined) and some tables were also stratified by type of venue. Venues were categorized as Nightlife/Drinking Sites (eating/drinking/dancing/sleeping), Open/Transport-related sites (transportation, public, commercial areas) and Events/Private or Hidden Sites (concerts, sports events, tea parties, weddings). This stratification helps to understand the characteristics of patrons at each type of site and most important to understand which sites are frequented by orphan and young adults. The Nightlife/Drinking Sites tend to be places where alcohol is consumption and/or where people meet at night. The Open/Transport-related sites are

common, “everyday” places – schools, boreholes, shops, churches etc. The Events/Private or Hidden Sites were categorized together because they are private places or events that occur in private places –weddings, tea parties, etc, Sporting events are open to the public only if a ticket is purchased.

About 83% of venue representatives at the Open/Transport-related Sites and 77% of venue representatives at the Events/Hidden or Private Sites indicated that some or most of the females frequenting that site might be orphans under 18. This was far higher than the 26% mentioned by representatives at the Nightlife/Drinking Sites

Venue representatives for about half of the sites (51%) reported that they had some type of HIV/AIDS prevention activities. The most common specific activities were education talks on HIV/AIDS (56%), condom promotion (52%) and peer health education (47%). The majority of venue representatives (93%) were willing to have a HIV/AIDS prevention program at their venue. Willingness was 96%, 93% and 82% for venue representatives at the Open/Transport-Related Sites, Nightlife/Drinking Sites and Events/Private or Hidden Sites, respectively. Willingness to sale condoms was highest for venue representatives at the Nightlife/Drinking Sites at 95%.

According to interviewer observation there were few posters (22%) or HIV/AIDS brochures (7%) seen at the venues. Thus this could be a programmatic gap that could be filled based on the willingness of the venue representatives to participate in prevention activities.

Approximately 75% of males and 90% of females were aged between 15 and 29 years old. Slightly above a third of males (36%) and above half of females (56%) were aged 15-19 years old. About 25% of females were between 20-24 years of age. The median age for males was 22 years and the median age for females was 18 years. This was expected as the focus of the study was on where young people meet new partners.

Only 10% of female respondents in Nightlife/Drinking Sites were under 18. Close to half (47%) of female respondents at the Open/Transported-Related Sites were under 18. About 38% of female respondents at the Events/Private or Hidden Sites were under 18.

About 41% of the females under 24 and 54% of the males under 24 ever had sex. When looked at by single year age, reports of ever had sex were fairly low for those under-18. About 30% of the 17 year old females reported ever having sex. Sexual activity becomes more common for young women 18-24.

When the data is categorized by type of venue, it is found that ever had sex is most commonly reported among males (93%) and females (79%) at Nightlife/Drinking Sites. Ever had sex among those 15-24 is also highest among respondents in Nightlife/Drinking Sites. The majority of 15-24 year olds at the Open/Transport Related Sites reported not to have ever had sex.

For the household survey 538 girls 12-17 were interviewed. Eighteen percent were paternal orphans, 8% maternal orphans and 13% were double orphans. Only 8% of orphans and non-orphans reported that they had ever had sex so it was not possible to make comparisons between orphans and non-orphans in terms of sexual behavior.

In the overall PLACE populations 32% of men and 26% of women socializing at the venues reported a new partner in the past four weeks. About 26% of men and 11% of women reported two or more partners in the past year. Age mixing also seemed to be a high-risk behavior though not as commonly reported as in Zambia. The majority of men had a youngest partner between 1-9 years younger and the majority of women reported a partner 1-9 years older. Transactional sex was reported by 15% of men and 17% of women. These percents are lower than those in Zambia, but it must be remembered that in Zimbabwe many venues mentioned were more “ordinary” places where some people could go to meet partners and others might be going about their daily business.

In Zambia it appears a very high-risk population was reached and particular risky behaviors were age mixing, transactional sex and high rates of new partner acquisition. Comparisons with the ZSBS clearly indicated that the PLACE study was capturing a population at particularly high risk of HIV compared to the general Zambian population. In Zimbabwe the PLACE study found that reported sexual behavior was low for those under-18 and thus the importance of encouraging young people to continue to delay first sex. High-risk behaviors were more apparent for those 18-24 and perhaps this is the age group that needs the most behavioral interventions. In Zimbabwe young people are meeting partners in a variety of locations, thus the importance of not solely targeting interventions to typical meeting places such as bars etc. In both studies venue representatives indicated a willingness to have interventions and condom distributions. Thus it is important to work with the owners/managers of such venues to design appropriate interventions at these “hot spot” where people meet new sexual partners.

In each of these two place studies valuable information was obtained that could be helpful to program planners in combating the “local epidemic”.