Women’s Use of Alcohol and Experiences of Intimate Partner Violence (IPV) in Rakai, Uganda

BACKGROUND

Women’s harmful consumption of alcohol is associated with increased risk for IPV victimization and HIV infection.1 Uganda has one of the highest rates of alcohol use in the world.2 In the rural fishing villages of Rakai, Uganda, heavy consumption is common among women.1 However, there is no best practice evidence on HIV care and treatment interventions that also address experiences of violence and alcohol use. UC San Diego is collaborating with the Rakai Health Sciences Program (RHSP), an HIV service provider in Rakai, to investigate the best way to design, implement and evaluate interventions that target “most at risk” populations.

METHODS

- 17 interviews with women who reported past-year IPV victimization, and have consumed alcohol in the past 30 days
- 2 focus groups with RHSP HIV Counseling and Therapy (HCT) staff

GOALS:

Identify barriers and facilitators to participation in an alcohol and IPV screening and brief intervention (Alcohol+IPV SBI)

Generate ideas to tailor Alcohol+IPV SBI

BARRIERS TO PARTICIPATION IN AN ALCOHOL+IPV SBI:

Stress

Women drink alcohol to cope with stress related to infertility and marriage problems, children (e.g. paying school fees), and IPV.

“In most cases people over drink because of stress. I am always stressed with my child’s school fees.”

“I used to drink alcohol... because my husband used to violate me. I used to drink in order to sleep.”

Sex Work

Sex work is a common way for women to earn money. Sex workers often meet potential clients in bars, or men take them to bars to drink alcohol before sex.

“Here there are people who do commercial sex. He gets a sex worker, he takes her to a bar and they drink and then go for sex and then come back to the bar and drink again.”

Bartender Culture and Expectations

Bars are abundant in Rakai. Female bartenders are expected to drink alcohol, and customers often buy for them.

“That is what is expected of [female bartenders]. You can’t work in a bar and not drink.”

“When working in a bar, she eventually begins drinking. A customer can buy her alcohol.”

Heavy drinking is normalized

Policy makers and community leaders do not perceive alcohol to be a problem.

“The leaders here do not hold meetings to counsel or advise people about drinking. Everyone here does what he or she wants.”

“The leaders in this community don’t care that much.”
FACILITATORS TO PARTICIPATION IN AN ALCOHOL+IPV SBI:

Parents are protective toward girls. Girls live with family members until they get married, where they typically have to comply with family rules, including restrictions on alcohol consumption.

“For a girl they would have to first leave their parents homes to begin drinking. Girls can’t start drinking while they are still in their own parents’ homes.”

“IT’s hard to find girls who don’t have relatives. It’s the boys who mostly …. But the girls have mothers who control them, the boys come just to work.”

Women recognize that IPV is common, and related to alcohol use. There are few places they can turn for help.

“We would support the program because we are tired of conflicts at home.”

“So you can quarrel with someone who is hot tempered and you end up fighting or being beaten and it is all due to alcohol. For us if we have not taken alcohol we do not have any problem, we only quarrel after drinking alcohol.”

Women express support for individual or couples counseling to reduce alcohol consumption and partner violence.

“In our community, though men do not usually participate in such programs, sometimes a man can approach me and he tells me, ‘please help me and talk to my wife about this issue’.”

“Men do not participate in these health education sessions and that is the biggest challenge we have. If you want to get them, you invite them as couples.”

IDEAS FOR TAILORING AN ALCOHOL+IPV SBI:

Women would be more comfortable participating in an Alcohol+IPV SBI if they could speak with female counselors or administrators.

“There should be a woman in administration to represent women and help them if they are experiencing violence in their homes.”

“There should female and male counsellors.”

Partner with organizations and community mobilizers or leaders that have a strong positive presence in the community. This will lend legitimacy to the program. Experienced leaders will also know how to best engage men and women in the community.

“[Involve] people from Rakai project. They are the ones that come and teach people.”

“There are community mobilizers on the ground. The mobiliser should be invited so that they get informed about what is taking place. When they go back in their respective communities, they disseminate the message.”

HCT counselors support the idea of an Alcohol+IPV SBI, but first want to be trained on ways to educate the public about alcohol and IPV.

“We should prepare trainings and health education programs on alcohol use and IPV.”

References