The willingness of tavern and shebeen owners in Gqebera, Port Elizabeth to implement or strengthen existing HIV prevention efforts and measures in their establishments

by

Isobel Mary Douglas-Jones

Assignment presented in fulfilment of the requirements for the degree of Master of Philosophy (HIV/AIDS Management) in the Faculty of Economic and Management Science at Stellenbosch University

Supervisor: Mr Burt Davis
April 2014

Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

February 2014

Copyright © 2014 Stellenbosch University

All rights reserved

Abstract

Socio-economic conditions prevailing in Gqebera, Port Elizabeth, give rise to many challenges facing the community, including high alcohol use and a high HIV prevalence. Tavern and shebeen owners are uniquely positioned to play a possible role in HIV prevention efforts in their liquor serving establishments as they are obvious intermediaries between alcohol abuse and possible HIV transmission (which could result because of unprotected sex where one partner is HIV-positive). The overall aim of the research was therefore to explore the willingness of tavern and shebeen owners in Gqebera to implement or strengthen existing HIV prevention efforts and measures at their establishments.

The study was exploratory in nature. Semi-structured interviews with eleven tavern and shebeen owners in Gqebera, both male and female, were conducted. In depth interviews with two key respondents to provide contextual information about the legal and socio-economic environment in which liquor serving and selling establishments operate were also done.

The research findings indicated a high degree of concern among the tavern and shebeen owners interviewed about the possible transmission of HIV among customers and in the community. This concern also reflected in the high level of willingness to implement or strengthen HIV prevention efforts and measures in their establishments. Condoms, generally available in the establishments, were seen by all owners as central to prevention efforts both for patrons and the wider community. However, owners felt that the distribution of condoms needed to be strengthened. Owners indicated their own need for empowerment and knowledge of referral services available so that they could effectively be counsellors on HIV prevention for their clients. Respondents felt that educational materials have an important role to play. Outside support in various forms to aid prevention efforts, such as in providing training for customers, would generally be welcomed, but potential customer reaction was mentioned as an important factor to be considered in this regard.

The main conclusion emanating from this study is that the willingness of tavern and shebeen owners to be involved in HIV prevention should be maximally harnessed as a valuable resource in the fight against HIV and AIDS. The study also revealed many possibilities, and the need, for further research around the topic and related topics. This included the potential for self-regulation by owners of establishments, the provision of incentives for owners to abide by the law, and the role taverns and shebeens could play in reducing Foetal Alcohol Spectrum Disorders and HIV stigma. The study also gave rise to various recommendations directly or indirectly related to the research findings. These include promoting the female condom, the formation of partnerships between establishment owners themselves and with other stakeholders, and for clinics to better manage issues around the identification and stigmatisation of HIV+ patients.

Opsomming

Die Gqebera gemeenskap van Port Elizabeth staar vele uitdagings in die gesig vanweë die sosio-ekonomiese toestande wat tans daar heers. Hierdie uitdagings sluit onder andere in alkoholmisbruik en ‘n hoë MIV prevalensie. Taverne en sjebien eienaars is in ‘n unieke posisie om ´n moontlike rol te speel in die voorkoming van MIV-oordrag in hulle besighede aangesien hulle as duidelike tussengangers kan optree tussen alkoholmisbruik en moonlike MIV-infeksie (as gevolg van onbeskermed seks waar een seksmaat MIV-positief is). Die doel van hierdie navorsing was dus om die bereidwilligheid van taverne en sjebien eienaars in Gqebera om bestaande of nuwe MIV voorkomingsmaatreëls op hul besigheidpersele te versterk of te implementer,te evalueer.

Hierdie studie was ondersoekend van aard. Semi-gestruktureerde onderhoude met elf taverne en sjebien eienaars in Gqebera, beide manlik en vroulik, is gedoen. In-diepte onderhoude is ook met twee sleutel deelnemers gedoen om kontekstuele inligting rondom die wetlike en sosio-ekonomiese omgewing waarbinne hierdie instellings besigheid doen, in te win.

Die studie het bevind dat daar groot kommer onder taverne en sjebien eienaars heers oor die moontlike verspreiding van MIV onder hulle kliënte asook in die gemeenskap. Hierdie besorgdheid is ook weerspieël in die hoë vlakke van bereidwilligheid van eienaars om MIV voorkomingsmaatreëls in hulle instellings te versterk of te implementeer. Deelnemers het gevoel dat kondome, wat tans geredelik beskikbaar is in deelnemers besighede, ‘n belangrike rol speel in die voorkoming van MIV onder hulle kliënte en die breë gemeenskap, maar dat die verspreiding daarvan meer effektief kan wees. Taverne en sjebien eienaars het die behoefte uitgespreek om bemagtig te word oor MIV kwessies sowel as om meer inligting te bekom oor MIV-verwante ondersteuningsdienste waarna hulle hul kliënte kan verwys. Deelnemers het ook gevoel dat MIV-verwante opvoedkundige material ‘n belangrike rol kan speel in hul besighede. Eksterne hulp in die vorm van bv. opleidingssessies is verwelkom, maar deelnemers het ook gewaarsku dat kliënte se sienings hieroor inaggeneem moet word.

Die bereidwilligheid van taverne en sjebien eienaars om betrokke te raak in MIV voorkoming kan as ‘n waardevolle hulpbron in die stryd teen MIV/VIGS aangewend word. Die studie het ook vele moontlikhede vir verdere navorsing geïdentifiseer, insluitend die potensiaal vir self-regulering deur eienaars; om inisiatiewe van stapel te stuur om eienaars aan te moedig om binne die wet op te tree; en die rol wat taverne en sjebien eienaars kan speel in die vermindering van Fetale Alkohol-spektrumsteurings en van MIV stigma. Verskeie aanbevelings, wat direk of indirek voortspruit uit hierdie studie se bevindinge, sluit in: Bewusmaking rondom die gebruik van vroulike kondome, die bevordering van beter samewerking tussen taverne en sjebien eienaars en ander rolspelers,

en vir klinieke om kwessies rondom die identifikasie en stigmatisering van MIV-positiewe pasiënte meer doeltreffend te bestuur.

Acknowledgements

My grateful thanks go to the participants in the research who gave so freely of their time and insights and show such concern about the impact of HIV on their communities, and from whom I learnt a great deal about life.

I was truly blessed with two amazing research assistants whose commitment, enthusiasm, and unwavering support made the research project possible and I pay tribute to Xolani Zide and Timothy Douglas-Jones. Thank you sincerely for what you meant to the research.

Appreciation and thanks must go to the supervisor of the research, Mr Burt Davis of the Africa Centre for HIV/AIDS Management, who made himself always available to provide assistance, guidance and advice.

ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
ATICC	AIDS Training Information and Counselling Centre
DoH	National Department of Health
EC	Eastern Cape
EC DoH	Eastern Cape Department of Health
ECLB	Eastern Cape Liquor Board
FASD	Foetal Alcohol Spectrum Disorders
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
MEC	Member of the Executive Council
NGO	Non Government Organization
NMMM	Nelson Mandela Bay Metropolitan Municipality
PE	Port Elizabeth
RDP	Reconstruction and Development
SA	South Africa
SAB	South African Breweries
SAPS	South African Police Service
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
TB	Tuberculosis
UK	United Kingdom of Great Britain and Northern Ireland
WHO	World Health Organization

Page:

TABLE OF CONTENTS

TABLE OF CONTENTS	viii
Declaration	ii
Abstract	iii
Opsomming	iv
Acknowledgements	vi
Abbreviations/Acronyms	vii
List of Tables	xiv
List of Figures	xiv
CHAPTER 1 CONTEXT AND AIMS AND OBJECTIVES OF THE RESEARCH	**1**
1. CHAPTER OVERVIEW	1
2. INTRODUCTION	1
3. RATIONALE FOR THE STUDY	1
3.1 Role of alcohol in HIV transmission	1
3.2 Role of taverns and shebeens in HIV transmission	2
3.3 Motivation for research into possible role tavern and shebeen owners could play in HIV prevention	4
4. RELEVANCE OF CONDITIONS IN GQEBERA IN TERMS OF HIV TRANSMISSION AND PREVENTION	5
4.1 History of Gqebera	5
4.2 Socio-economic conditions in Gqebera	5
4.3 Potential for involvement of tavern and shebeen owners in HIV prevention in Gqebera	6
5. RESEARCH PROBLEM AND QUESTION	6
6. AIM AND OBJECTIVES OF THE RESEARCH	7
6.1 Significance of the research question in terms of the aim and objectives	7
6.2 Formulation of the aim and objectives	8
CHAPTER 2 LITERATURE REVIEW	**10**
1. CHAPTER OVERVIEW	10
2. INTRODUCTION	10

3. LEGISLATION, POLICY, AND ALCOHOL USE 11

3.1 Eastern Cape liquor legislative framework for taverns and shebeens 11
3.2 Proposed policy changes to reduce the harm caused by alcohol 11

4. HISTORICAL SIGNIFICANCE AND PRESENT IMPACT OF TAVERNS AND SHEBEENS 13

4.1 Historical significance 13
4.2 Present impact of alcohol abuse in taverns and shebeens 14

5. STUDIES RELATING TO ALCOHOL ABUSE AND HIV TRANSMISSION IN A TAVERN AND SHEBEEN CONTEXT 15

6. ALCOHOL ABUSE AND HIV TRANSMISSION IN A TAVERN AND SHEBEEN CONTEXT: CONTRIBUTORY RISK FACTORS 16

6.1 Level of alcohol use 16
6.2 Drinking patterns 18
6.3 Poverty 19
6.4 Gender inequality 20
6.5 Early exposure to alcohol 21

7. THE NEED FOR FURTHER RESEARCH: THE POTENTIAL ROLE OF TAVERN AND SHEBEEN OWNERS IN HIV PREVENTION EFFORTS 22

CHAPTER 3 RESEARCH DESIGN AND METHODS 24

1. CHAPTER OVERVIEW 24

2. INTRODUCTION 24

3. RESEARCH DESIGN AND RESEARCH TOOLS 24

3.1 Structure of research 24
3.2 Interviews with tavern and shebeen owners 25
3.3 Interviews with key respondents 26
3.4 Target population 27
3.5 Sampling method 27
3.6 Data collection 28
3.7 Data analysis 31

4. ETHICAL CONSIDERATIONS 32

4.1 Respect for participants 32
4.2 Informed consent for participation in research 32
4.3 Maintaining confidentiality and privacy 33
4.4 Avoiding exposure 34

4.5 Possible effect on income and employment 34
4.6 Incentives 35

CHAPTER 4 RESEARCH FINDINGS AND INTERPRETING OF RESULTS 36

1. CHAPTER OVERVIEW 36

2. INTRODUCTION 36

3. ANALYSIS OF KEY RESPONDENT RESPONSES IN RELATION TO HIV PREVENTION IN TAVERNS AND SHEBEENS 37

3.1 Challenges to HIV prevention 37

3.1.1. The extent of the alcohol and HIV problem in Gqebera 37
3.1.2. The need for HIV education for owners of liquor serving establishments to enable them to play a role 37
3.1.3. The large number of liquor outlets for accessing alcohol 39
3.1.4. The challenges that compliance with legislation poses 40

3.2 Review of Section 3 41

4. ANALYSIS OF OWNERS' DEMOGRAPHIC AND BUSINESS SITE RESPONSES IN RELATION TO HIV PREVENTION 42

4.1 Summary of Demographic and Business Site Data 42
4.2 Explanation and Analysis of Table 2 43

4.2.1. Gender and Other Factors 43
4.2.2. Selling Hours 43
4.2.3. Taverns and Shebeens 44
4.2.4. Type of Licence 44
4.2.5. Credit 45
4.2.6. Facilities 45
4.2.7. Services Offered 45
4.2.8. Employment 46
4.2.9. Number and Type of Customers 46
4.2.10. Review of Section 4 48

5. OWNERS' RESPONSES ON AND ANALYSIS OF FACTORS THAT COULD INFLUENCE HIV PREVENTION IN TAVERNS AND SHEBEENS 48

5.1 Introduction 48
5.2 Role Played by Taverns and Shebeens in the Community 49

5.3 Level of Knowledge of HIV of Owners and Perceived Knowledge of Customers And Community 51

5.3.1. Owners' Knowledge of HIV Transmission 51
5.3.2. Perceived Knowledge of HIV Transmission of Customers 51
5.3.3. Perceived Knowledge of HIV Transmission of Community Members 52
5.3.4. Owners' Knowledge of HIV Prevention 52

5.4 Relationship Between Alcohol and HIV and its Effect on HIV Transmission 53
5.5 Review of Section 5 54

6. POTENTIAL TRANSMISSION RISKS AND EXTENT OF PREVENTION MEASURES PRESENTLY IN PLACE IN TAVERNS AND SHEBEENS 55

6.1 Assessment of Business and Owner Practice that Contributes to Spread or Prevention of HIV 55
6.2 Arrangements for the Protection of Women 56
6.3 Compliance with the Requirements of the EC Liquor Act Pertaining to Prevention of HIV 57

6.3.1. Age Limit 58
6.3.2. Intoxicated People 59

6.4 Protecting Intoxicated People 60
6.5 Protection from Unsafe Sex 60
6.6 Controlling Violence 61
6.7 Regulation by the Eastern Cape Liquor Board 62
6.8 Availability of Condoms 63
6.9 Review of Section 6 64

7. OWNERS' RESPONSES ON THE SPREAD OF HIV AMONG CUSTOMERS AND THE COMMUNITY 65

8. OWNERS' RESPONSES ON PREVENTION MEASURES THAT CAN BE INTRODUCED OR EXPANDED ON IN TAVERNS AND SHEBEENS 66

8.1 Anticipated Customer Response a Determinant of Prevention Measures 66
8.2 Indication from Owners of Preferences of HIV Prevention Measures for Introduction 68

8.2.1. Condoms 69
8.2.2. Empowering Owners 69
8.2.3. Measures that Avoid Customer Boredom and Information Fatigue 70
8.2.4. Outside Support 70
8.2.5. HCT on Site 71
8.2.6. Using Youthful Local Talent 71
8.2.7. Review 72

9. ANTICIPATED EFFECT OF HIV PREVENTION MEASURES ON BUSINESSES 73

10. OWNERS' WILLINGNESS TO IMPLEMENT OR STRENGTHEN HIV PREVENTION EFFORTS AND MEASURES IN THEIR TAVERNS AND SHEBEENS 73

11. LIMITATIONS OF RESEARCH 74

11.1 Language 74
11.2 Generalizability 75
11.3 Setting 75
11.4 Validity of Results 75

CHAPTER 5 CONCLUSIONS, RECOMMENDATIONS AND FURTHER RESEARCH 77

1. CHAPTER OVERVIEW 77

2. RESEARCH QUESTION AND AIM OF RESEARCH FULFILLED 77

3. ALIGNMENT OF RESEARCH WITH LITERATURE REVIEWED 77

4. SIGNIFICANCE OF RESEARCH FINDING 79

5. CONCLUSIONS AND RECOMMENDATIONS 81

5.1 Principal Conclusions and Recommendations 81
5.2 Secondary Conclusions and Recommendations 81

5.2.1. Training for Tavern and Shebeen Owners and Employees 81
5.2.2. Partnerships 82
5.2.3. Self Regulation by Owners of Liquor Serving Establishments 82
5.2.4. Concerted Action by Tavern and Shebeen Owners 83
5.2.5. Maximising the Role Tavern and Shebeen Owners Play in the Community 83
5.2.6. Availability of Educational Materials 83
5.2.7. Suitability of Educational Materials 83
5.2.8. Supply of Male Condoms from Clinic 84
5.2.9. Female Condoms 84
5.2.10. Behaviour Change 84
5.2.11. Off Site Consumption of Alcohol 85
5.2.12. Local Clinic Practice 85
5.2.13. Accessibility to Support Organisations 85
5.2.14. Alternate Venues for Young People 86

6. APPLICATION OF RESEARCH FINDINGS FOR THE FUTURE 86

6.1 Quantifying and Expanding this Exploratory Research 86
6.2 Future Research options in Gqebera, PE 86

6.2.1. Perceptions of Tavern and Shebeen Owners Compared with Those of the Community 86
6.2.2. Obtaining Clarity in Communication 86
6.2.3. Effectively Reducing FASD through Taverns and Shebeens 87
6.2.4. Controversial Issues Emerging from the Research 87
6.2.5. Curbing Alcohol Abuse on Mondays 87

7. INTERVIEWEE EXPECTATIONS OF RESEARCH 87

REFERENCES 89

APPENDICES

Appendix 1 Semi-Structured Confidential Interview Protocol for Tavern and Shebeen Owners 96
Appendix 2 In Depth Interview Protocol with Key Respondent 101
Ward 4 (Gqebera) Councillor
Appendix 3 In Depth Interview Protocol with Key Respondent 102
Eastern Cape Liquor Board Official
Appendix 4 Naturalistic Observation Sheet for Tavern or Shebeen Owner Interview 103
Appendix 5 Naturalistic Observation Sheet for Key Respondent Interview 104
Appendix 6 Confidentiality/Non-Disclosure Agreement 105
Appendix 7 Letter of Introduction of Researcher 106
Appendix 8 Consent to Participate in Research 108
Owners of Liquor Serving Establishments
Appendix 9 Consent to Participate in Research 112
Key Respondents

LIST OF TABLES **Page:**

Chapter 2

Table 1 Categories of alcohol misuse 17

Chapter 4

Table 2 Information pertaining to tavern and shebeen owners interviewed 42

Table 3 Owners' descriptions of customers' drinking habits and patterns 48

Table 4 Relationship of liquor serving establishments with the community 49

Table 5 Extent of intoxication in liquor serving establishments 55

Table 6 Responses of owners on protection of women, particularly drunk women, leaving the establishment 57

Table 7 Responses of owners to requirements of EC Liquor Act 58

Table 8 Protection from unsafe sex 60

Table 9 Violence reported as occurring on site 61

Table 10 Extent of concern expressed by owners about the spread of HIV among customers and the community 65

Table 11 Guide to HIV prevention measures tavern and shebeen owners would be willing to introduce 68

Table 12 Willingness of tavern and shebeen owners to implement or strengthen HIV prevention efforts 73

LIST OF FIGURES

Chapter 1

Figure 1 Map of Gqebera (Walmer Township) 9

CHAPTER 1

CONTEXT AND AIMS AND OBJECTIVES OF THE RESEARCH

1. CHAPTER OVERVIEW

Abuse of alcohol and the consequences thereof is a global problem but this study focusses specifically on Walmer Township, also known as Gqebera, in Port Elizabeth (PE) in the Eastern Cape (EC). Socio-economic conditions in Gqebera give rise to a high level of alcohol use and an associated high HIV prevalence. There are many taverns and shebeens in Gqebera making alcohol readily available. The research problem and question arising from these conditions focuses on drinking establishments and particularly the willingness of their owners to play a role in contributing to reducing the transmission of HIV through the introduction or expansion of HIV prevention measures in their taverns or shebeens. The aim and objectives of the research are refined in terms of the relevance and significance of the study which it is hoped could possibly lead ultimately to a contribution in reducing HIV transmission through prevention interventions at the taverns and shebeens of willing owners.

2. INTRODUCTION

The abuse of alcohol is a global problem which the World Health Organization (WHO) (2011, p. 20) describes as "one of the world's leading health risks," being linked to widespread injury and both the incidence and progression of many diseases including HIV. The destructive effects of alcohol are widely felt as they impact not only on those who drink, but on society as a whole with an estimated 2,5 million deaths annually attributed to alcohol (WHO, 2011). The close relationship between the consumption of alcohol and HIV infection and progression is recognised by the WHO (2011) with alcohol playing a twofold role in the transmission of the disease: alcohol in itself weakens the immune system rendering people vulnerable to infections, while also leading to behaviour which can result in sexually transmitted infections (STIs) such as HIV which further lowers the immune system.

3. RATIONALE FOR THE STUDY

3.1 Role of alcohol in HIV transmission

The problem of alcohol abuse is widely acknowledged in South Africa (SA) which is known for its patterns of harmful drinking (WHO, 2002, as cited in Freeman & Parry, 2006) such as heavy episodic drinking. SA is among the countries with the highest intake of absolute alcohol per drinker per year in the world (Parry, Burnhams & London, 2012). The devastating impact of alcohol on society and the staggering cost to the country is summed up by South African Social Development Minister Dlamini (as cited in Sapa, 2013):

The tangible cost to the country of alcohol-related harm across government departments have [sic] been estimated at around R38 billion, while research indicates that the intangible costs could be as high as R240 billion.

The WHO in the 2010 Priority Interventions document (p.13) states that the health sector should be advocating control of the use of alcohol. Chersich, Rees, Scorgie and Martin (2009) however report that, while recognised by the WHO, the contributory role of alcohol to unsafe sex and the spread of HIV and other STIs has not been adequately emphasised or listed as one of the WHO HIV prevention priorities. The beneficial effect of addressing the problem and controlling alcohol use has been demonstrated in an anti-alcohol campaign between 1985 and 1988 in what was then the Soviet Union where there was a significant drop in deaths from infectious diseases during this period (WHO Europe, 2006). It was found that the level of alcohol consumption was an important indicator of the state of health and disease in this society. Extrapolating these results to a South African health scenario mean that addressing alcohol misuse could help to reduce HIV infection.

Chersich et al., (2009, p. 1) draw particular attention to the strong link between alcohol-related disease and HIV infection in Sub-Saharan Africa (SSA), calling them pandemics which are "inextricably linked", with alcohol use and abuse leading to lowering or loss of inhibitions, as well as impairing decision making capabilities and negotiating skills for condom use. Outcomes include unprotected sex, gender violence and crime, resulting in vulnerability to STIs, particularly HIV infection.

The concern of Chersich et al. (2009) about the effects of the misuse of alcohol is shared by Fritz, Morojele, & Kalichman (2010, p. 1) who describe alcohol as "… the forgotten drug in HIV/AIDS". Fritz et al. point out that SA, along with one of the highest rates of alcohol consumption in the world, also has almost one in five sexually active adults infected with HIV. It is because of the enormously destructive impact of alcohol on society that the current South African Health Minister, Dr Aaron Motsoaledi, plans to address the problem of alcohol abuse. Great attention is currently focused on the proposed changes to liquor legislation aimed at bringing in greater control as advocated by the WHO over the accessibility and use of alcohol. The WHO in the 2010 Priority Interventions document (p. 13) states:

Alcohol use ... is increasingly recognized as a significant contributor to risk-taking behaviour. Hazardous or harmful patterns of alcohol use are associated with unsafe sex, high partner numbers and condom accidents. Addressing this problem is now recognized as an essential part of HIV prevention.

In the EC area of SA, research commissioned by the Eastern Cape Liquor Board (ECLB) in 2012 highlighted the direct link between the abuse of alcohol and crimes of a sexual nature such as rape and domestic violence (Ellis, 2013).

3.2 Role of taverns and shebeens in HIV transmission

While there are many factors such as extreme poverty and gender imbalance in the South African context which contribute to the abuse of alcohol and the associated high prevalence of HIV, the intermediate role of taverns and shebeens has been widely identified. Taverns and shebeens play an important role in the community as meeting places, venues for socialising, and often it is here that reprieve from the hardships of daily life can be obtained. The consumption of alcohol can provide temporary respite from the socio-economic problems besetting communities and the sense of hopelessness felt by many (ECLB, 2013). However the use of alcohol comes with the risk of greatly increasing people's vulnerability to HIV infection by lowering their inhibitions and impairing discernment, as well as affecting their ability to use condoms effectively (Chersich et al., 2009).

The easy access to alcohol through the large number of taverns and shebeens sets a negative cycle in motion with increasing alcohol use potentially leading to violence with the associated health risks, and the exacerbation of poverty (Lawhon & Herrick, undated). This link between the impact of poverty, a known driver of the HIV epidemic, on people and communities and the spread of HIV is well documented (World Council of Churches, 2001). The extreme poverty in SA is reflected in the level of unemployment which stands at 24.7% for the third quarter of 2013 (South African Government News Agency, 2013). Gleason (2013, p. 10) quotes a report from a 1998 European Journal of Public Health that there is "… evidence that unemployment may play a significant part in establishing life-long patterns of hazardous behaviour in terms of alcohol consumption and cigarette smoking."

Taverns and more informal shebeens proliferate in environments of congestion and deep poverty which is the harsh reality for the great majority of South Africans. The drinking establishments provide escape for some, employment for others, or income opportunities for others, such as in the trading of sex. Drinking places are recognised as places where women, already more vulnerable to HIV infection than men (Cullinan, 2012), can negotiate transactional sex or what Wojcicki (2002, p. 1) terms "survival sex" for financial needs, or favours.

The abuse of alcohol associated with unemployment has serious implications in terms of the transmission of HIV in townships where so many people are without jobs and where alcohol is widely available in the numerous drinking establishments. In the context of the EC for example, spokesperson for the EC Department of Health (EC DoH), Kupelo (as cited in Ellis, 2013, p. 1), is quoted as complaining about " … shebeens that are mushrooming everywhere." According to Msiya, of the ECLB (as cited in Ellis, 2013), illegal shebeens are extremely difficult to locate with some also operating only periodically. Although it is difficult to estimate the

number of illegal establishments, Msiya (as cited in Ellis, 2013) states that in the previous financial year about 485 illegal taverns faced prosecution.

3.3 Motivation for research into possible role tavern and shebeen owners could play in HIV prevention

The prominent role that liquor serving establishments and their owners play in the community, coupled with the fact that they are places where widespread abuse of alcohol takes place and sexual partners are sought, makes them vital and logical targets for implementation of HIV prevention interventions in which the owners can play a crucial part. The WHO Europe (2006) stresses the importance of strengthening leadership in the community to work towards community development and giving support to Non Government Organisations (NGOs) working to reduce alcohol-related harm. The South African National Strategic Plan on HIV, STIs, and TB 2012 – 2016 also has a strong focus on the vital need for partnerships in maximising an integrated response to the HIV epidemic and dealing with the factors which exacerbate it, such as alcohol use. Thus if owners of liquor selling serving and selling establishments could be shown to be willing to partner in the general efforts to reduce the transmission of HIV through various prevention measures in their businesses, using the services of NGOs and partnering with them where necessary, they could possibly make a contribution to fighting the HIV/AIDS epidemic and to SA attaining the Millennium Development Goal 6 target of halting the spread of HIV/AIDS by 2015 (WHO, 2013).

Research to investigate how willing tavern and shebeen owners would be to implement or strengthen any HIV prevention efforts and measures they may currently have in their venues is thus opportune and relevant. Owners showing commitment and willingness to be involved in prevention efforts in drinking establishments could possibly make an impact on reducing transmission of HIV. A suitable site for such research to yield the best possible results is one where there are many taverns and shebeens resulting in a high level of alcohol abuse and where there is a corresponding high prevalence of HIV. The focus chosen for the research is thus Walmer Township, known also by its Xhosa name Gqebera (or Gqeberha), in PE, EC, where the related effects of poverty, alcohol abuse and HIV are very evident and HIV prevention interventions are desperately needed. Research for the SETYSA project, linked to the International Labour Organization, confirms that the Gqebera community has one of the highest HIV prevalence rates in the Nelson Mandela Metro (Dames, 2009) comprising PE, Uitenhage and Despatch, and purports that taverns indirectly contribute to further pushing up this high prevalence. There is an urgency therefore for HIV prevention interventions in Gqebera especially focusing on the drinking establishments.

4. RELEVANCE OF CONDITIONS IN GQEBERA IN TERMS OF HIV TRANSMISSION AND PREVENTION

4.1 History of Gqebera

Conditions in Gqebera giving rise to such high alcohol use and high HIV prevalence and thus presenting challenges to prevention, should be seen in the historical and political context. Gqebera is a congested township of about 65 000 to 70 000 people and is described as one of the most impoverished areas in the EC province (Izizwe Projects, 2013).The township is unique in that it lies in close proximity, separated only by a road, to the historically White suburb of Walmer (Map Figure 1), having escaped removal under the Group Areas Act No. 41 of 1950. The result however was institutionalised neglect of infrastructure (Lutshaba, 2011) and of provision of services to the township by the apartheid state. In spite of the lack of facilities which currently still persists, thousands of people have migrated into the township since the new political dispensation of 1994 in order to be nearer to employment opportunities and to save on transport costs. The township has expanded into the area which has become known as Airport Valley, the deprived informal settlement taking its name from the adjacent PE airport and where living conditions are such that the bucket system persists and there is a lack of a formal electricity supply (Ndamase, 2013). The influx of people into Gqebera has exacerbated stresses in an overcrowded community still largely lacking in basic amenities and recreational facilities.

4.2 Socio-economic conditions in Gqebera

Diverse problems such as deep poverty; lack of education (Lutshaba, 2011); both gender and crime related violence; unprotected sex; teenage pregnancies; and alcohol and other drug abuse, are among the factors related to and driving the HIV/AIDS epidemic in the township (Dames, 2009). The local unemployment rate in the EC has been estimated to be as high as 80% (Olive Leaf Foundation, 2008) and in Airport Valley, part of Gqebera, up to 90% (Lutshaba, 2011). According to Lutshaba, impoverished residents rely mainly on government grants and the informal sector to survive. While the prevalence of HIV in the general population in the EC is estimated at 18,5% (DoH, 2010; EC DoH, 2011), unofficial figures put prevalence in Gqebera at 34,5% (Olive Leaf Foundation, 2008). This is borne out by research in 2005 which estimated the prevalence among South Africans in urban townships or informal settlements at between 20 and 30% (Shisana, Rehle, Simbayi, Parker, Bhana, Zuma, Connoly, Jooste & Pillay, 2005, as cited in Kalichman, Cherry, Kalichman, Crawford, Cain, Simbayi, Cloete, Strebel, Henda, Shefer & Tshabalala, 2008).

Such conditions are known to drive the HIV epidemic and have resulted in highly visible service delivery protests with residents accusing government of broken promises (Ndamase, 2013). The Nelson Mandela Bay Metropolitan Municipality (NMMM) faced a crisis as the burgeoning township is “landlocked” (Spies, 2012, p. 1) with no municipal land available nearby for expansion or to tackle the enormous housing backlog. However

the press reported in August 2013 that the local government had put in an offer to purchase nearby private land but is dependent on the provincial government for financial support (Ndamase, 2013). The Gqebera community, tired of waiting for houses, is taking the initiative and the community's business plan to build their own houses, acquiring much needed skills in the process, has been approved at a local municipal level (de Kock, 2014). Nonetheless there appears to be no short term solution to the problems of congestion and poverty contributing to the high prevalence of HIV and presenting challenges to HIV prevention in the township. The spread of HIV has been described as being further compounded in Gqebera by the problem of underage drinking (below 18 years old) in liquor serving establishments where teenagers also ply a trade in sex (Dames, 2009).

4.3 Potential for involvement of tavern and shebeen owners in HIV prevention in Gqebera

In the context of Gqebera with its problems of alcohol abuse, poverty, and high prevalence of HIV, prevention initiatives although facing challenges, are essential and all possible avenues should be explored to bring about a reduction in HIV transmission. The owners of the large number of liquor serving establishments in Gqebera which make for easy access to alcohol with the potential risk of HIV infection in customers through unsafe sex are in a unique position to play a leading role in HIV prevention. While taverns and shebeens operate in the South African context of an entrenched culture of disempowerment of women, sexual abuse, and violence which may hamper any HIV prevention efforts on the part of owners, these challenges do in themselves provide educational opportunities for HIV prevention in liquor serving establishments. Hence it is important to investigate to what extent tavern and shebeen owners are willing to take responsibility and make a contribution through implementing or expanding any existing HIV prevention efforts and measures in their businesses and it is around this issue that the research problem and question is formulated.

5. RESEARCH PROBLEM AND QUESTION

It has been observed and documented that there is extensive consumption of alcohol in Gqebera, PE, and a high prevalence of HIV/AIDS that may be partly due to the large number of taverns and shebeens in Gqebera. Much has been documented about the link between HIV transmission and alcohol, and then also the role of taverns and shebeens in society. Tavern and shebeen owners in their places of business could possibly play an important role in helping to curb the spread of the HIV epidemic, but it is not generally known how willing the owners in Gqebera are to implement or strengthen HIV prevention efforts and measures in their taverns and shebeens. There also appears to be scant information available about any HIV prevention efforts in taverns and shebeens in the township of Gqebera, PE.

Therefore, the research question this study sought to investigate is: **How willing are tavern and shebeen owners in Gqebera, Port Elizabeth, to implement, or where measures do presently exist, to strengthen HIV prevention efforts and measures in their establishments?**

This research question sought to extend research by consolidating the link between alcohol and HIV with the role of taverns and shebeens, and exploring possible ways of preventing HIV transmission in these venues in Gqebera.

Introduction or expansion of HIV prevention efforts and measures in taverns and shebeens in Gqebera will be dependent on the willingness of the owners in these venues. The focus of the research is therefore exploring how willing owners are to play a role, or extend their role, in HIV prevention through various measures and efforts in their venues with a view to reducing HIV transmission among their customers and ultimately the broader community.

6. AIMS AND OBJECTIVES OF THE RESEARCH

6.1 Significance of the research question in terms of the aim and objectives

With such a high prevalence of HIV in Gqebera the impact of the disease is widely distributed throughout the community inevitably affecting everyone either directly or indirectly in some way, and therefore prevention efforts to stop the spread and effects of HIV should be a priority. Priority interventions should be based on the context of the epidemic in the particular country, taking into account prevailing social attitudes and the cultural traditions (WHO, 2009): in SA the use of alcohol in taverns and shebeens is culturally and socially firmly entrenched and closely linked with the transmission of HIV.

Therefore a study such as this which sought to establish the willingness of tavern and shebeen owners to implement or strengthen any existing HIV prevention efforts and measures in their establishments in Gqebera, could help, through harnessing or leveraging any willingness expressed by owners, to contribute to a reduction in the number of new HIV infections in the future. Willing owners of these establishments can be encouraged, supported and assisted if necessary to make their prevention efforts as effective as possible. These prevention efforts should include adherence to the legal requirements governing the sale of alcohol that relate closely to potential HIV transmission. Customers who visit shebeens and taverns where owners are willing to implement or reinforce prevention measures could benefit from the research as they will have access to prevention education and other empowering measures which could potentially reduce their vulnerability. Indirectly their sexual partners and the broader community benefit if infection is prevented and education filters through to others.

Assisting in reducing transmission of HIV could possibly be achieved creatively in such a way that business turnover is not negatively affected. Business may even be positively impacted if patrons become educated in prevention through the efforts of tavern and shebeen owners and know that condoms, for example, are always available and accessible. The potential also exists for those tavern owners identified as committed and willing to encourage HIV prevention, to influence other tavern owners through their taverners' associations so concerted action can follow.

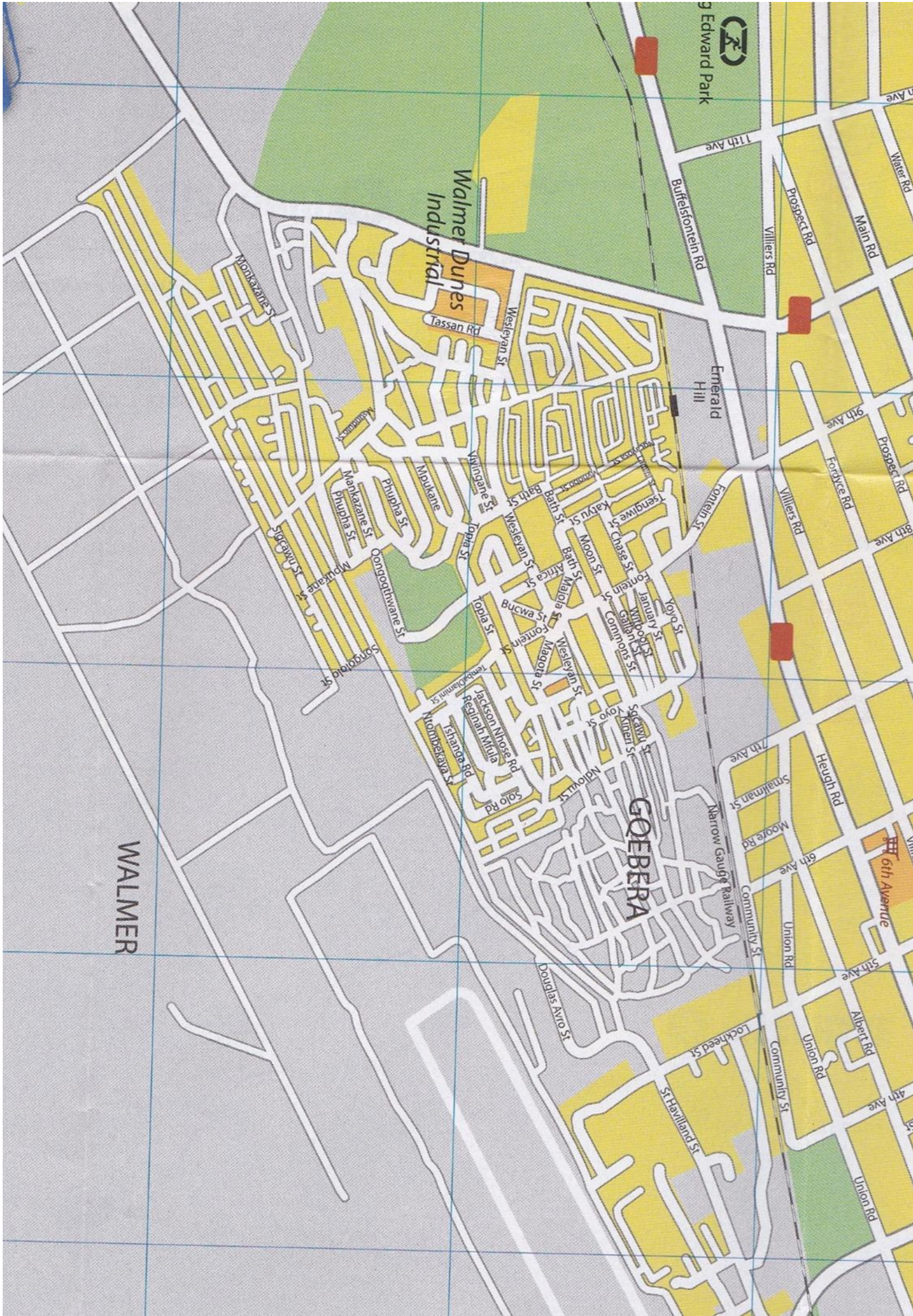
While it is hoped the results of this exploratory research done on a small scale can perhaps encourage further research in a potentially vital area for HIV prevention intervention, the research process itself should be regarded as a useful awareness raising exercise through the interaction of the researcher with tavern and shebeen owners on the topic of HIV prevention. The research undertaking has the potential for a positive educational spin off for tavern and shebeen owners, and therefore indirectly their patrons and the broader community. The owners' level of willingness shown would guide the number and type of prevention strategies they embrace or subsequently implement.

It is in this context that the aim and objectives of the study were formulated.

6.2 Formulation of the aim and objectives

The overall aim of the research was establishing **how willing tavern and shebeen owners in Gqebera, PE, are to implement, or where measures do already exist, to strengthen HIV prevention efforts and measures in their establishments** in order to promote HIV prevention and to contribute to lowering prevalence in the Gqebera community. Thus the research objectives were:

- To establish what HIV prevention measures and efforts are in place in taverns and shebeens in Gqebera
- To gauge tavern and shebeen owners' level of willingness to introduce or expand HIV prevention measures and efforts in their taverns and shebeens
- To establish what HIV prevention measures and efforts owners are willing to introduce or expand
- To establish which HIV prevention measures and efforts can be accommodated in specific owners' taverns and shebeens
- To establish what external factors impact, or could impact, on the willingness of tavern and shebeen owners to implement or strengthen HIV prevention efforts and measures.



Heugh Road forms the boundary beteween Gqebera and Walmer

Figure 1. **Map of Gqebera (Walmer Township) including Airport Valley, Port Elizabeth (Nelson Mandela Bay Tourism, undated)**

CHAPTER 2

LITERATURE REVIEW

1. CHAPTER OVERVIEW

The literature review adds value and direction to the research by providing a broad background into the legal and socio-economic context in which drinking establishments operate. An analysis of studies relating to the topic either already done or being done both locally and further afield, reveals a gap into which this research slots. The relationship between alcohol and HIV transmission, with taverns and shebeens often acting as the intermediary and generally portrayed by the media in a negative light, is confirmed in various studies. The literature describes various factors and initiatives which impact directly or indirectly on this relationship, and some prevention interventions, while at the same time it reinforces the need for exploratory research to focus specifically on the role tavern and shebeen owners could possibly play in prevention.

2. INTRODUCTION

Danzon, the WHO Regional Director for Europe, writes in the foreword to the Framework for Alcohol Policy in the WHO European Region:

> *Alcohol is a challenging topic, not only regionally and at the national and local level, but also very much at the personal and inter-personal level. The level of alcohol-related harm is too great to let these challenges prevent the taking of effective policy measures. We also know that many alcohol-related problems endanger or harm not just the person who drinks, but also others ... and the community as a whole.* (WHO Europe, 2006, p. vi).

It is mainly at the personal and inter-personal level that owners of liquor serving establishments can try to mitigate this harm with the hope that they will ultimately make a difference in the community as well. Chersich et al. (2009) stress the importance of any interventions reinforcing the explicit links between alcohol, unsafe sex and HIV.

The contexts in which taverns and shebeens operate and other legal, social, economic and cultural factors may exert an influence on the willingness and ability of owners to be involved in HIV prevention efforts, the specific types of measures they would consider, and the effectiveness of those measures.

3. LEGISLATION, POLICY, AND ALCOHOL USE

3.1 Eastern Cape liquor legislative framework for taverns and shebeens

The research encapsulated in this study is based in the EC which is one of the provinces to have promulgated provincial competency legislation in the form of the EC Liquor Act No. 10 of 2003 (p. 2) " … to provide for the registration of the retail sale of liquor in the Province of the EC; and for matters connected therewith." This means that in the EC the national Liquor Act of 1989 has been replaced by the Liquor Act No. 59 of 2003, the provisions of which dealing with large scale manufacturing and wholesaling of liquor, must also be complied with along with those of the EC Liquor Act.

The provisions of the EC Liquor Act prohibit the sale or serving of alcohol to those under 18 years old or to intoxicated people. In addition, the EC Liquor Act delegates certain responsibilities to Local Authorities and in this regard the NMMM has passed the Liquor Selling Hours By-Law No. 215 of 2005. This law, besides regulating selling hours, also specifies that the community within 100 metres of a potential liquor selling premise seeking registration must be consulted by the Ward Committee. However, no ward committees have been operational in the NMMM since 2009 and therefore have not been fulfilling their role, as the whole process of establishing ward committees has been mired in controversy (de Kock, 2013).

The ECLB in licensing taverns also makes certain stipulations as conditions of the licence to which the licence holder must adhere.

3.2 Proposed policy changes to reduce the harm caused by alcohol

On a national level in SA the government's inter-ministerial committee on substance abuse sees the necessity in terms of public health to consider policy changes regarding alcohol use to bring about a reduction in harmful and hazardous drinking in accordance with the resolutions emanating from the 2nd Biennial Anti-Substance Abuse Summit in 2011 in Durban (Parry et al., 2012). Parry et al. report that the potential measures under consideration for introduction focus on reducing the availability and accessibility of alcohol by making it more expensive through taxation, and reducing the number of outlets and hours of sale. This is in line with international advocacy for countries to reduce the harm caused by alcohol (Parry et al., 2012) and the WHO Europe 2006 recommendations which show the effectiveness of such measures in a reduction in youth drinking and other alcohol-related problems, when also coupled with local regulation and enforcement.

According to Tay (2013), the proposed changes to liquor legislation in SA are said by Health Minister Aaron Motsoaledi to be motivated by health issues and, with the exception of the proposed changes to alcohol

advertising, are still under discussion at government level before they will be released for public comment. The proposed changes include e.g. reducing the blood alcohol level allowed for motor vehicle drivers and raising the legal purchasing and drinking age of alcohol from 18 years old to 21 (Ellis, 2013; Parry et al., 2012).

The proposed policy changes under discusssion should also be viewed in the context of the draft National Norms and Standards published by the Department of Trade and Industry in December 2013 in terms of the Liquor Act No. 59 of 2003 for public comment (RSA, 2013). In setting a deadline for the repeal of the Liquor Act of 1989 in all the provinces, the draft Norms and Standards (p. 6) seek to "harmonise" the fragmented liquor legislation including laws, policies and regulations, across the provinces with the national Liquor Act No. 59 of 2003. This would enable consistent implementation and enforcement of liquor legislation throughout the country including with regard to the uniform trading hours set out in an attempt to reduce access to and availability of alcohol.

Social Development Minister, Ms Bathabile Dlamini, stated in September 2013 that the policy change proposing a ban on the advertising of alcohol contained in the draft Control of Marketing of Alcohol Beverages Bill was to be gazetted for public comment (Ellis, 2013). However at the time of this writing the gazetting appears to have been delayed over the need for a regulatory impact assessment (Legalbrief Today, 2013). Opinion is divided on the merits of the move to ban the advertising of alcohol, with support from some quarters but strong opposition from others. On the one hand, this Bill is seen as necessary to counter what is believed to be positive perceptions encouraged by advertising around the drinking of alcohol which result in situations such as young people starting to drink sooner and in large quantities (Parry et al., 2012; Sapa, 2013). Parry et al. (2012, p. 12) point to studies in different countries which show alcohol advertising "normalises" drinking in many different settings, which often results in hampering government attempts to curb alcohol abuse and its related effects. On the other hand, Gleason (2013) says that such legislation could impact negatively on the economy and would be an infringement of people's right to choose i.e. the Government is attempting to control people's private lives. Econometrix research points to the possible loss of 12 000 jobs and a loss of R1.8 billion in tax revenue should the ban be implemented (Strydom, 2013). Parry et al. (2012) argue however that any financial or job loss projections should be balanced against the financial and other gains that will result from reducing the consumption of alcohol and thus the harm related to its use.

Jeffrey of Econometrix (as cited in Strydom, 2013) has discounted a statistical relationship in SA between alcohol consumption and the amount spent advertising it and envisages a ban on advertising will favour the sector involved in the unregulated sale of alcohol. Jeffrey estimates that over a quarter of the alcohol imbibed in SA is

illegally produced, distributed and sold. In terms of how the proposed legislation might influence or affect liquor serving establishments, the apolitical non-profit organisation involved in education of the public on road safety issues, Justice Project SA, argue that banning the sale of alcohol on Sundays would lead to more illegal shebeens coming into operation (IOL News, 2013). Thorp of Life Talk recognises that alcohol abuse is out of control, but states the proposed measures could be ineffectual and could succeed in pushing the excessive consumption of alcohol underground (IOL News, 2013). Life Talk in its quest to empower young people and parents in the many challenges they face, stresses the need to rather focus on the contributory factors to alcohol abuse and the necessity for developing a culture of society taking responsibility for its actions.

4. HISTORICAL SIGNIFICANCE AND PRESENT IMPACT OF TAVERNS AND SHEBEENS

4.1 Historical significance

Historical and political factors have played an important role in the development, structure and evolution of taverns and shebeens and therefore their role in the extensive abuse of alcohol in SA. The significance and prominence of taverns and shebeens in the community today, and the part they indirectly play in the HIV epidemic, stem largely from the historical manipulation of the use of alcohol as a form of control of people under colonialism and apartheid (Freeman & Parry, 2006). The Liquor Act of 1927 prohibiting Black people from selling alcohol or entering licensed premises (South African History Online, 1962), led to the emergence of illegal outlets, or the shebeens, and extensive brewing of traditional beer mainly by women who came to be known as the “shebeen queens” (South African Tourism, 2013, p. 1; Davids, London, Louwagie, Morojele, Ojo & Olorunju, 2010). Controversial municipal beer halls, the only places where Black men at the time could legally drink alcohol, were set up in the townships by Local Authorities, but these beer halls soon became a symbol of white domination and the target of protests in the struggle for freedom such as seen in the Soweto uprisings of 1976 (Freeman & Parry, 2006).

The illegal shebeens in the days of apartheid were not only places where alcohol could be obtained, but became essential meeting places for activists to discuss the political issues confronting them, and express cultural identity (South African Tourism, 2013). These establishments played an important unifying social and political role for people living under severe repression in the townships, and understandably came to symbolise resistance to apartheid. They became an integral and permanent part of township life and this continues post-apartheid as they function as social venues. Many obtained legal status as restrictions on alcohol use by Black people were relaxed through such laws as the Liquor Laws Amendment Act of 1961 (South African History Online, 1962; South African Tourism, 2013). Herrick (2012) points out the challenges currently faced by government as many of these drinking establishments still remain unregistered and illegal, and therefore beyond regulation.

Stellenbosch University http://scholar.sun.ac.za

4.2 Present impact of alcohol abuse in taverns and shebeens

In the recently released crime statistics in SA, the increases in violent crimes in the EC were partly blamed on alcohol-related arguments near taverns (Wilson & Kimberley, 2013). The lack of legislative control in the NMMN over taverns and shebeens is evident in the numerous complaints from community members regarding illegal liquor trading and related incidents in the area (Mgwebi, 2013). To address such issues, the ECLB inspectorate has issued Responsible Drinking Guidelines (ECLB, undated), as well as launching initiatives such as the Sobriety Week Campaign in September 2013 with the aim of raising awareness about the effects of alcohol abuse including violence, risky sexual behaviour and the transmission of HIV (de Jager, 2013). However, the ECLB is extremely under resourced (ECLB, 2013) and is thus hampered in its efforts in trying to curb the overall abuse of alcohol and to enforce compliance with the relevant legislation. The ECLB has been accused by current EC Human Settlements, Safety and Liaison Member of the Executive Council (MEC), Ms Sauls-August, of not fulfilling its mandate of controlling alcohol availability resulting in very high levels of alcohol-related crime (Mukhuthu, 2012). For example, in the town of Butterworth (population 34 353) (Cybo, 2013) in the EC in 2012 there were reputed to be 87 illegal shebeens operating, while establishments which did have licences were not complying with the required standards making the town a “crime hotspot” (Sauls-August, as cited in Mukhuthu, 2012, p. 1). In view of the extent of the problems caused by alcohol, Ms Sauls-August suggested communities petition the ECLB to shut down illegal liquor outlets (Mukhuthu, 2012).

From the above, it seems likely that the lack of effective law enforcement in taverns and shebeens in the EC area could lead to an increase in the transmission of HIV. It seems that the provisions of current legislation such as not serving or selling liquor to persons under 18 years old, and not serving liquor to intoxicated people, are often flouted in the taverns and shebeens. This is evidenced by concerns of a group in PE protesting the increasing number of taverns in townships, that the youth is being destroyed with some taverns being next to schools and children as young as 14 years old “... already hitting the bottle” (Ndamase, 2013. p. 4); and in the distress caused to residents by the behaviour of drunk people in a municipal ward in PE where there are at least 15 liquor outlets trading without the required zoning consent (Davis, as cited in Wagner, 2013). This raises the question as to whether the more stringent regulation of alcohol contemplated by the South African government can actually be enforced in both legal, and particularly illegal, unregistered shebeens. It would appear thus that transmission of HIV, particularly as a result of behaviour at taverns and shebeens, will not necessarily be impeded by introducing more apparently unenforceable legislation governing alcohol use.

5. STUDIES RELATING TO ALCOHOL ABUSE AND HIV TRANSMISSION IN A TAVERN AND SHEBEEN CONTEXT

Chersich et al. (2009) state that:

Globally, drinking alcohol has been linked with an increased number of sexual partners, regretted sexual relations, inconsistent condom use, condom accidents and an increased incidence of STI. Studies in SSA, in particular, have found strong associations between alcohol consumption and unprotected sex, early sexual debut, multiple sex partners and having an STI.

Freeman and Parry (2006, p. 19) describe alcohol as a "key determinant" of risky sexual behaviour contributing indirectly to the spread of HIV in SSA. By impairing cognitive functioning and the immune system, alcohol renders people particularly vulnerable to HIV infection and in addition, the researchers are concerned that alcohol contributes to people defaulting on antiretroviral treatment (ART). This renders them likely to be more infective to others in unprotected sex incidents. The danger of alcohol abuse with its resultant likelihood of unprotected sex, is illustrated by Kalichman, Simbayi, Vermaak, Jooste and Cain (2008) in a survey of people frequenting shebeens in Cape Town. They found that one in four patrons attested to meeting partners for sex at the local shebeen. Kalichman, Pinkerton, Carey, Cain, Mehlomakulu, Carey, Simbayi, Mwaba, and Harel (2011) also in a Cape Town study in drinking establishments, illustrate this risk of HIV infection exists not only in unprotected vaginal but anal intercourse, as in the month previous to the study, 8% of men and 7% of women reported unprotected anal intercourse. The need for prevention interventions to reduce risk factors of acquiring HIV is reflected in the findings of a 2008 study across three cities in SA: the findings revealed that 78% to 87% of new sex partners met at shebeens; half the patrons had sex with two or more partners in the previous fortnight; and many who met sex partners at the shebeen, had sex on the premises (Kalichman et al, 2008, as cited in Kalichman, 2010).

The chance of raping or being raped increases with heavy alcohol intake and often both victim and perpetrator of sexual violence have imbibed alcohol (Chersich et al., 2009). Wojcicki (2002, p. 1) in her study of taverns in Gauteng, found the many women engaging in "survival sex" at drinking establishments are particularly at risk of sexual violence and HIV infection. This is because if a woman accepts drinks from a man, it is assumed that she is obliged to have sex with him and therefore she cannot rely on help forthcoming from others if she refuses sex. Wojcicki distinguishes between commercial sex workers who have a certain amount of structure and protection in their jobs, and women who come to taverns to engage in survival sex with partners found there. The latter relationship the author describes as more "ambiguous and fluid" (p. 4) as the duration of the relationship and financial rewards in cash or kind are not fixed. According to the author, these women, often desperate for the

means to feed their families, are more at risk of violence at the tavern or shebeen where there is an absence of security especially when both parties are likely to have consumed alcohol. Women who refuse to have sex run the risk of being raped, and in some cases are so drunk that they are even unaware of being raped in view of other patrons at drinking establishments. Wojcicki explains that if after accepting drinks from a man, a woman refuses to have sex with him, subsequent non-consensual sex in this context is not regarded as rape by others.

The incorporation of structural and environmental interventions in drinking establishments has been found to reduce vulnerability to HIV and Fritz et al. (2010) confirm that liquor serving establishments provide excellent opportunities for HIV prevention. Kelly, Murphy, Sikkema, McAuliffe, Roffman, Solomon, Winett and Kalichman (1997) in an innovative study recognising the importance of both structural and environmental factors in prevention efforts, used actual patrons at gay bars in the United States of America to try to bring about changes in norms and behaviour at a community level. Popular members of the homosexual community frequenting gay bars were trained to communicate behaviour change messages and recommendations in natural conversations with other patrons. The researchers found there was a reduction in risk behaviour at the population level with a reduction in unprotected anal intercourse along with more use of condoms. Morisky, Stein, Chiao, Ksobiech and Malow (2006) showed the effectiveness of a multi-level approach used among sex workers in entertainment and drinking places in the Philippines. In this study, it was found that counselling by peers brought about individual and social changes, while environment changes came through training bar managers who then actively involved themselves in implementing prevention measures such as supporting healthy sexual practices for the workers, education, and having condoms available.

6. ALCOHOL ABUSE AND HIV TRANSMISSION IN A TAVERN AND SHEBEEN CONTEXT: CONTRIBUTORY RISK FACTORS

While the strong links between alcohol misuse and HIV infection is well documented (Chersich et al., 2009; Fritz et al., 2010; Kalichman, 2010), the culture surrounding drinking in taverns and shebeens may reinforce these links and exacerbate the transmission of HIV. Various factors take on special significance in fostering the HIV epidemic in the context of drinking in taverns and shebeens and need to be taken into account in any HIV prevention efforts in these drinking establishments.

6.1 Level of alcohol use

Babor and Higgins-Biddle (undated, p. 2) explain that it is important to differentiate between the "use" of alcohol, and its "misuse" which covers the spectrum of risk from harmful to hazardous drinking to actual dependence on alcohol (Table 1). The level of alcohol use would be closely related to the risk of acquiring HIV

Stellenbosch University http://scholar.sun.ac.za

infection as cognitive and condom use skills deteriorate with increasing alcohol intake. "Use" refers to any drinking of alcohol, with "low risk use" unlikely to result in alcohol-related problems because consumption does not exceed medical advice or legal standards (Babor & Higgins-Biddle, undated). These researchers (p. 3) describe the pattern however whereby,

> *Some patients may drink in large quantities on particular occasions, but may not drink more than recommended amounts on a regular, weekly basis. Such drinking to the point of intoxication presents an acute form of risk involving injuries, violence, and loss of control affecting others as well as themselves.*

Africa has been described as having the highest proportion of such binge drinkers in the world (Health24, 2012) with its serious consequences as described. A national population based survey between 2005 and 2008 also showed the increasing prevalence of harmful and hazardous drinking patterns, including binge drinking, in SA (Peltzer, Davids & Njuho, 2011).

Table 1

Categories of alcohol misuse

Level of alcohol use	**Description**
Harmful	Drinking causes medical harm to health but dependence is not present: * physical harm may include liver damage from chronic drinking * mental harm may include depressive episodes
Hazardous	Drinking carries: * risk of harm to the physical or mental health of the drinker * risk of harmful social consequences to the drinker or others
Dependence	The dependence syndrome includes cognitive, behavioural and physiological symptoms three or more of which should have occurred in the preceding year: * a strong desire or sense of compulsion to drink * problems in controlling drinking in terms of onset, termination, or levels of use * a physiological withdrawal state when alcohol use is reduced or stopped, or use of alcohol to relieve or avoid withdrawal symptoms * tolerance necessitating increased amounts of alcohol to achieve the effects previously obtained with less * progressive neglect of other pleasures or interests because of alcohol use * continued use despite clear evidence of harmful consequences

Adapted from Babor and Higgins-Biddle (undated)

Babor and Higgins-Biddle (undated, p. 4) advise the avoidance of labelling drinkers with negative terms such as "binge drinker" or "alcoholic" but that it is more acceptable to describe the behaviour as hazardous drinking or alcohol dependence respectively. An understanding of the spectrum of alcohol use could assist owners of drinking establishments in assessing the risk profile of patrons' drinking behaviours in terms of HIV infection and what prevention interventions, such as brief interventions, could be effective. The Alcohol Use Disorders Identification Test, or AUDIT, is a useful tool either as an interview or a self- report questionnaire with ten questions, to identify excessive drinking in people (Babor, Higgins-Biddle, Saunders & Monteiro, 2001) and could be used to alert patrons in taverns and shebeens to their risk of acquiring HIV.

6.2 Drinking patterns

SSA is identified with hazardous drinking practices (Chersich et al., 2009) with SA falling into the category of countries known for the most harmful drinking patterns (WHO, 2002, as cited in Freeman & Parry, 2006), and among those countries with the highest intake of absolute alcohol per drinker per year, as well as among those in the highest category for heavy episodic drinking (Parry et al., 2012). Patterns in SA involve the consumption of large quantities of alcohol at one time, becoming intoxicated in public places, drinking without taking in food (Chersich et al., 2009) and underage drinking (Herrick, 2012) all of which relate to the high prevalence of HIV in the country. In addition, certain personality traits or behaviours, such as sensation seeking or impulsivity, may predispose people to heavy drinking and high risk sex (Chersich et al., 2009). The resultant harmful effects of such drinking patterns are related to the manner and the physical context in which alcohol is drunk (Chersich et al., 2009; Bryant, Nelson, Braithwaite & Roach, 2010) such as in taverns and shebeens. Thus coupled with these hazardous drinking practices in the widely frequented taverns and shebeens, is the fact that these venues are generally known as sources of sexual partners and places with sexual networks (Kalichman, 2010). Haw (2011), of the University of Stellenbosch Business School, emphasises the association between hazardous drinking or binge drinking and indiscriminate sex among people living with HIV.

Thus the pattern of frequent episodic binge drinking (Fritz et al., 2010) mainly over weekends (Herrick, 2012), gives rise to acute alcohol-related problems in which Chersich et al. (2009) include risky sexual behaviour and inter-personal violence. Risks of acquiring HIV infection are also exacerbated in SA because of the size of the pool with 6,1 million people already infected (2012 estimate, UNAIDS, 2014) and because gender inequality (Fritz et al., 2010) results in women being frequently subjected to domestic sexual violence. Based on the findings of more than 20 research projects conducted across Africa, Chersich et al. (2009) found that both men and women with drinking problems have a higher incidence of HIV. This high prevalence among hazardous

drinkers has widespread implications in that if on ART, their adherence is likely to be affected, rendering them more infective to others (Bryant et al., 2010).

A study commissioned in 2012 by the ECLB (ECLB, 2013) puts the percentage of women in the EC who ever drink at 12%, slightly lower than the national estimate, but women from the EC are more likely to indulge in risky or binge drinking with obvious implications for their vulnerability to HIV infection and if pregnant, increasing the chances of having children with Foetal Alcohol Spectrum Disorders (FASD). These children are in turn vulnerable to sexual exploitation and HIV infection (Centres for Disease Control and Prevention, 2010). The study suggests that 80% of mothers of these children indulge in binge drinking. The 2012 ECLB study also reveals the strong pattern of underage drinking and alcohol abuse among Grade 8, 9 and 10 children in the EC with 45% of them having ever used alcohol. The dangers of underage drinking in terms of development have been well documented by the WHO and other agencies.

One of the health promotion strategies for action on alcohol, which should also result in economic benefits for countries and which was put forward in the Framework for Alcohol Policy in the WHO European Division, states the urgent need to *foster awareness of ethical and legal responsibility among those involved in the marketing or serving of alcoholic beverages, ensure strict control of product safety and implement appropriate measures against illicit production and sale* (WHO Europe, 2006, p. 24).

Based on the results of the ECLB study and in the light of the strategy of the WHO European Division Alcohol Policy Framework, there is a moral responsibility and necessity for tavern and shebeen owners to review their stances and obey the law so that patterns of hazardous drinking in both adults and underage youth can be modified or broken.

6.3 *Poverty*

People remain economically oppressed in townships with few recreational outlets besides taverns and shebeens, and communities such as these of low socio-economic status have been shown to be at increased risk of hazardous drinking and alcohol disease (Khan, Murray & Barnes, 2002, as cited in Freeman & Parry, 2006; Davids et al., 2010). Poverty as deeply experienced in the townships is another link in the chain of alcohol abuse and HIV infection particularly with the predominance of taverns and shebeens tempting escape from troubles. Freeman and Parry (2006, p. 3) argue that alcohol consumption helps to soften “the pain of poverty” and daily hardships, and temporarily reduces stress. Research by the ECLB (2013) revealed that on average, 64% of drinkers in the EC use alcohol as an escape, as opposed to the 36% who use it to be sociable. Van Niekerk (2005)

describes the context which may explain the need for people to indulge in alcohol, while at the same exemplifying the enormous societal changes which must happen in order to bring about a reduction in the abuse thereof. With less alcohol abuse there would be a corresponding reduction of transmission of HIV through the taverns and shebeens. The author (p. 65) portrays the South African population as leading an existence "brutalised" by "continuous and unrelieved poverty". Such conditions add to the vulnerability of women and contribute to a high level of violence in society. According to van Niekerk, without hope for a better future, there appears little point for people to indulge in planning for it, and immediate gratification and pleasure take precedence.

Karnani (2007) explains that although the abuse of alcohol exacerbates the problems of poverty, the vulnerability of the poor results in choices that are often not in their best interests. Poverty and alcohol abuse is compounded when shebeens and taverns or money lenders provide credit (Herrick, 2012).

The situation of alcohol abuse and subsequent risk of HIV infection is worsened in SA with a failing education system (The Economist, 2012) affecting mainly the economically depressed who lack the resources to seek a better quality education. Poor education is associated with high-risk drinking which is an indicator in itself that other family members will follow the pattern where alcohol abuse becomes the accepted norm (Davids et al., 2010). Thus poverty, along with poor education, exacerbates alcohol use which in turn is very closely associated with risky sexual behavior which can manifest itself in the form of transactional sex in taverns and shebeens.

Wojcicki (2002) reports that women trading sex in these establishments are often so desperate for the means to survive in the light of extreme poverty, that they will accept having sex with no male condom. In such instances, the use of female condoms could provide some protection to women as they can insert these condoms without the consent of a potential sexual partner.

6.4 Gender inequality

Gender perceptions and inequalities play a large role in the transmission of HIV. Fritz et al. (2010) advocate that changing these perceptions must be part of prevention interventions along with alcohol reduction if an impact is to be made on changing unsafe sexual behaviours. Being able to consume large quantities of alcohol is associated with being strong and manly and an admirable "macho" quality (Freeman & Parry, 2006, p. 3).

Closely allied with the concept of masculinity is having many sexual partners and the use of violence (Varga, 1997, as cited in Wojcicki, 2002). In SA, violence against women has long been accepted as the norm in certain cultures (Wojcicki, 2002). The author links this acceptance to the structural violence of apartheid which was

responsible for disempowering black men, and to a strongly patriarchal black culture. She expresses concern that women reinforce the perpetuation of violence by men in the case where both genders accept that men cannot control their sexual urges with the man then having the right to take the woman to satisfy these urges. These women are usually found in taverns and shebeens where women accept that if one of them "drank his money" and she is then raped, it is not a crime and hence they are unlikely to offer assistance especially with the ever present fear and reality of guns (Wojcicki, 2002, p. 1).

While potential infection with HIV is one danger to be considered in the context of alcohol abuse at drinking establishments with customers possibly facing subsequent violence and unsafe sex, death can be the extreme outcome for women at the hands of drunken sexual partners. Such an incident recently occurred in the EC, where a man was sentenced to two life terms in jail for raping and murdering his secret lover in an attack described by the judge as "savage, brutal and prolonged" (Pickering, as cited in Carlisle, 2013, p. 6). Carlisle (2013, p. 6) reports the man's response to his sentencing as, "Jissus life? For what?" Both parties had other partners but were conducting a clandestine affair, went drinking at the tavern, and had sex before jealousy precipitated the attack on the women (Carlisle, 2013). Judge Pickering (as cited in Carlisle, 2013, p. 6) summed up the attitude towards women which goes a long way in explaining the high prevalence of HIV and dangers of infection when alcohol plays a role, as well as the challenges to owners of liquor serving establishments in preventing transmission of the virus (names omitted in this research report):

> *[The man] in raping and killing [the woman] treated her as his disposable property. Violence committed by men against women is endemic and pervasive in this country. It was a deplorable act that must be condemned in the strongest terms.*

6.5 Early exposure to alcohol

With the proliferation of shebeens and taverns in the townships, their close proximity to neighbourhood homes, and operating in some cases from homes, children can easily be exposed from a young age to alcohol and public drunkenness making drinking an acceptable norm. Research undertaken in the United Kingdom of Great Britain and Northern Ireland (UK) by Drinkaware shows that seeing their parents drunk even if only occasionally, doubles the chances of teenagers getting drunk (The Daily Telegraph, as cited in The Herald, 2013).

A prominent educator in Gqebera has expressed deep concern about his pupils visiting taverns (Educator A, personal communication, 21 October 2013). A report on the study commissioned by the ECLB (2012, as cited in Kimberley, 2013) revealed that in the EC school pupils actually drink more alcohol than adults, and that Nelson

Mandela Bay comes in second in the province in terms of alcohol abuse. Consequences are generally worse the earlier young people begin drinking and those who start at 14 years or younger are more likely to become alcohol dependent (WHO Europe, 2006). Underage drinking affects the physical and cognitive functioning of children (WHO, as cited in Kimberley, 2013). Adolescents who drink heavily have shown impaired brain development and loss of memory and other skills (WHO Europe, 2006). These effects increase vulnerability to HIV infection.

7. THE NEED FOR FURTHER RESEARCH: THE POTENTIAL ROLE OF TAVERN AND SHEBEEN OWNERS IN HIV PREVENTION EFFORTS

While stricter regulations on alcohol availability and accessibility (as proposed for SA) have shown measures of success elsewhere, evidence points to SA not having the capacity, because of the extent of the alcohol abuse problem and the limited resources of the South African Police Service (SAPS) and in the context of this study, the ECLB, to enforce more stringent laws, specifically in a shebeen and tavern context. This is especially relevant in the light of the struggle to enforce even the current less stringent regulations. Public perceptions, and therefore those of tavern and shebeen owners, and the crime statistics in SA, reinforce the general view of the ineffectiveness of the police force in dealing with the problems (Bradford, Huq, Jackson, & Roberts, 2013). Mukhuthu (2012) points to lack of police visibility resulting in many alcohol-related problems. It would appear therefore that transmission of HIV in taverns and shebeens will not necessarily be impeded by introducing more apparently unenforceable legislation governing alcohol use. Such action could even backfire and have a negative impact on curbing the HIV epidemic in these areas. Also, many of the discussed additional risk factors (e.g. drinking patterns, poverty and gender inequality) further contribute to the high level of alcohol abuse in SA, and exacerbate the HIV/AIDS epidemic.

It is in the context of these gaps therefore that individual-level interventions take on particular importance and it is here that tavern and shebeen owners can possibly play an immediate role in HIV prevention efforts both as individuals and in taking concerted action and forming partnerships to leverage efforts. Incidentally, the forming of partnerships is strongly advocated by different sources including the South African National Strategic Plan on HIV, STIs, and TB 2012 – 2016 and the success of such partnerships has already been demonstrated. Regarded as a best practice initiative, SABMiller as part of the Sensible Drinking Programme in SA partnered with Planned Parenthood Association to train taverners as peer educators (Boldrini & Trimble, 2008). The resource kits the taverners received included training manuals, educational materials for distribution and condoms together with condom demonstrators. Apart from doing individual counselling and informal education, the taverners are expected to conduct a workshop every month. The South African Breweries (SAB) distribution of 16 million condoms over the last two years through 12 000 taverns for customers (Sapa, 2013) may also encourage safer sex

particularly with the support of the owners of the establishments and their commitment not only to ensure a constant supply of condoms, but to encourage their use.

In the light therefore of possibly being able to make an impact on reducing HIV transmission, it is important to research whether owners of liquor serving establishments would be willing to play a role in this regard. As far as could be ascertained, studies relating to alcohol abuse in taverns and shebeens focus mainly on the underlying or resultant problems in this context e.g. in the studies presented here, lack of education; poverty; unsafe sex; and rape, all of which result in a high risk of HIV infection. Interventions are aimed at countering the effects of these factors. There appears however to be a paucity of information on the potential positive role that tavern and shebeen owners themselves can play in HIV prevention efforts. In other words, there seems to be a gap in researching the attitudes, and therefore the willingness, of owners of liquor selling establishments to involve themselves in HIV prevention efforts. This topic therefore remains under-researched and will form the basis of research encapsulated in this report. There is scant information available on the topic in Gqebera which is the locale of the research. This current research project therefore examines whether the owners of these establishments are willing to play a part in strengthening HIV prevention efforts as advocated.

Stellenbosch University http://scholar.sun.ac.za

CHAPTER 3

RESEARCH DESIGN AND METHODS

1. CHAPTER OVERVIEW

The methodology of the research design, which entailed the researcher conducting observed semi-structured interviews with tavern and shebeen owners as well as in depth interviews with key respondents, is discussed. The chapter goes on to describe the population targeted, how sampling of that population was done, as well as the method of the collection, collation and analysis of the data. Observation of all the interviews played a part in the methodology so as to improve validity through triangulation. As the exploratory research was not quantitative, a descriptive, as opposed to a statistical approach, was adopted in analysis of the data set.

2. INTRODUCTION

While any research method has limitations, the qualitative cross sectional design used was felt to be the most suitable and practical for this exploratory research (Christensen, Johnson & Turner, 2011). The qualitative research paradigm enabled an exploration of the willingness of tavern and shebeen owners to implement or strengthen HIV preventive measures in their establishments.

3. RESEARCH DESIGN AND RESEARCH TOOLS

3.1 Structure of research

The exploratory qualitative research was designed around semi-structured interviews with tavern and shebeen owners to obtain data directly pertaining to the purpose of the research, and in depth interviews with key respondents to add background information and context to the research. Objective observation of all the interviews was employed. The interviews with key respondents were conducted in September 2013 while the interviews with tavern and shebeen owners took place over the period October to November 2013. The interviews with key respondents preceded those of the tavern and shebeen owners so that the latter could be assured that no information obtained from them could be purposely or inadvertently passed on to the former, and also so as to obtain information from the key respondents which could impact on the subsequent interaction with tavern and shebeen owners.

The interviewees were all interviewed once and no interview lasted more that one hour. The researcher was assisted by one research assistant during the process of interviewing two key respondents, and two research assistants during the stage of interviewing tavern and shebeen owners.

3.2 Interviews with tavern and shebeen owners

Semi-structured, face to face interviews by the researcher with identified tavern and shebeen owners in their workplaces using an interview protocol (Appendix 1) enabled the accumulation of their subjective or emic data (Christensen et al., 2011) and formed the basis of the research strategy. This method was chosen as it is suitable for acquiring data on a very specific topic which does not however require information of a deeply personal nature from participants. Open ended questions relating directly and indirectly to various aspects of the topic were asked covering their business operations and types of customers; their business policies which could impact on the transmission of HIV; law enforcement; relationship with the community; their knowledge of HIV and prevention as well as the relationship between HIV and alcohol; considerations with regard to HIV transmission and prevention in the business context; and positive and negative factors that could affect the introduction of HIV prevention measures in their establishments as well as the possible impact on their businesses. More specific questions were directed towards what HIV prevention measures tavern and shebeen owners had in place at the time, and what prevention efforts and measures they were prepared to make or introduce in the future. A directed approach was used to establish and scale their level of concern about the possible spread of HIV to customers and the community. Following on from this and in close alignment with and central to the research topic, it was logical to establish and scale their level of willingness to implement or strengthen HIV prevention efforts and measures in their businesses.

The latter part of the interview allowed for discussion if desired by the tavern and shebeen owners around the critical topic of HIV, and also their feelings about the interview as a means of checking validity. To attain interpretative validity (Christensen et al., 2011), particularly as the researcher and interviewees do not share the same first language, the approach used during the interview was to an extent to reflect back to the interviewees what they had said. Open ended naturalistic objective observation of the interviews by the researcher and one assistant in the setting of the owners' establishments, and recorded after the interviews on observation sheets (Appendix 4), was done. These observations were then used to assist in assessing any perceived reactive effect from the participants, as well as for improving descriptive validity through investigator triangulation of the researcher's and the assistant's observations and data (Christensen et al., 2011). Use of more than one method to research the topic, or methods triangulation in this case employing observation and interviews, also enhanced confidence in the validity of the data (Christensen et al., 2011; Troskie-de Bruin & Albertyn, 2013). Observations of the business environment such as clients who were there and the size and layout, also served to provide data on what prevention measures would possibly be suitable and could be accommodated in the different establishments.

The researcher was assisted in the process of gaining data from tavern and shebeen owners by two assistants, one of whom is proficient in isiXhosa as his first language and English as his second language. The researcher and other assistant spoke English throughout the research process. When the interviewees, all of whose first language is isiXhosa, preferred to speak or have questions asked in their first language, the bilingual assistant acted as translator. However, most interviewees were conversant to a greater or lesser degree in English.

The assistants also provided security for the researcher in a township with high crime levels.

Tools used: **Appendix 1** Semi-structured confidential interview protocol for tavern and shebeen owners
Appendix 4 Naturalistic observation sheet for tavern or shebeen owner interview

3.3 Interviews with key respondents

Prior to interviewing tavern and shebeen owners, in depth strategic face to face interviews were conducted by the researcher, in their offices, with two purposively chosen influential and "information rich" (Christensen et al., 2011, p. 162) external role players who by nature of their jobs, could provide insights on external factors relating to the research topic and their possible effects, and the contexts in which taverns and shebeens operate. The interviews using an interview protocol were conducted around five open ended probing questions specific for each respondent. As in the case of the interviews with the tavern and shebeen owners, open ended naturalistic objective observation of these interviews by the researcher and assistant was recorded after the interviews on observation sheets (Appendix 5) to enable investigator and methods triangulation.

Firstly an official of the Compliance and Enforcement Division of the ECLB was interviewed (Interview Protocol Appendix 3) to obtain information about the taverns in Gqebera and how the work and policies of the ECLB impact on them and the topic of the study. Secondly the NMMM Ward 4 Gqebera Councillor was interviewed (Interview Protocol Appendix 2) for her knowledge and assessment of the situation with regard to taverns and shebeens in the area. This latter interview also served as a courtesy call to inform her of the research in her ward and thus to gain acceptance and credibility in the township for doing the research.

The researcher was assisted in the process of obtaining data from key respondents by one assistant. Both interviews were conducted in English as, although it was not the first language of the Ward Councillor, both interviewees were fully conversant in English.

Tools used: **Appendix 2** In depth interview protocol with key respondent
Ward 4 (Gqebera) Councillor

Appendix 3 In depth interview protocol with key respondent
Eastern Cape Liquor Board Official

Appendix 5 Naturalistic observation sheet for key respondent interview

3.4 Target population

Tavern and shebeen owners in Gqebera, both from the formal and informal sections of the township, were the target population crucial to the research. They were interviewed and observed at their places of business. Because of the researcher's inability to speak isiXhosa, the aim was as far as possible to find interviewees conversant in English, and most of those interviewed had varying degrees of proficiency in English. However one of the research assistants competent in both English and isiXhosa served as translator when necessary. While it would have been ideal for the researcher to communicate in isiXhosa to get the full richness and nuances of the interviewees' responses on occasion, because of the exploratory nature of the research this inability to speak the tavern and shebeen owners' first language was not a crucial drawback to the research. There was in fact an advantage in the interviewees exhibiting varying levels of ability to communicate in English as they were therefore not stratified (Christensen et al., 2011) into a particular literacy or educational level and could provide a broader view of the research topic. To further broaden the sources of input and for possible comparison purposes, a diversity of owners of liquor serving establishments was interviewed: interviewees included both tavern and shebeen owners, men and women, and owners from simple shebeens to upmarket taverns.

Two other external key people, the specific Ward 4 Municipal Councillor, and a high ranking official of the PE office of the ECLB, while not central to the theme of the research, were targeted in order to obtain relevant background and contextual information.

3.5 Sampling method

Because the population of interest (Christensen et al., 2011) for the research was tavern and shebeen owners and the research was exploratory and qualitative in nature, tavern and shebeen owners were purposively sampled for the semi-structured interviews (Christensen et al., 2011; Troskie-de Bruin & Albertyn, 2013). Initial efforts to establish a sampling frame (Christensen et al., 2011) through both the ECLB and SAB were unsuccessful in spite of the undertakings made by them. Thus with the assistance of two key role players in the community and a loveLife worker, a cross section of taverns and shebeens was identified, including upmarket and fairly basic establishments, and those owned by men and women. This method of convenience sampling was practical as the locality of the taverns and shebeens selected was known to those who identified them: this is particularly

important in the case of shebeens trading without a licence as, to avoid attention being drawn to them, neither of the two included in the study had any identifying feature outside.

One of the well known key figures, a lay pastor at one of the township churches and in a leadership position in the community as the Chairman of the local Gqebera Clinic Committee, took on the role of research assistant. He was invaluable in making contact with the taverns and shebeen owners in advance, giving them some background about the project, and establishing whether they were available and amenable to being interviewed, and then introducing the researcher and second assistant to them and being present at the interviews. The result was to allay suspicion about sensitive research and a researcher and the second assistant coming from outside the township. Hence the researcher was well received and felt there was trust from the interviewees, none of whom refused to be interviewed when approached or to answer any specific questions.

This sampling method thus proved successful for the purpose of the research. A total of 14 interviews was conducted in this population of interest but during the course of three interviews, it was realised that the person being interviewed was not the actual owner of the establishment but a relative or employee of the owner, and therefore these interviews did not conform to the purpose of the research. In these instances the owners held down other jobs or were out of town so were not available at the time of the interview. While the information gained from these interviews was significant and revealing as background information, particularly when it came from a young person's perspective, it was not included in the analysis of the data.

For the two in depth interviews, " … people who … are information rich and are likely to aid in the development of a theory about how and why some process works," and whose position may have an effect on the choices made by tavern and shebeen owners, were purposively chosen (Christensen et al., 2011, p. 162) because of the nature of their work and the role it bestowed on them.

3.6 Data collection

While any matter relating to HIV is a sensitive topic, the information requested from tavern and shebeen owners was not of a deeply personal nature and to avoid them feeling threatened on this score, particularly when there could have been other stress factors at play such as their possible non-compliance with the law, they were assured of this when their *Consent to Participate in Research* (for Owners of Liquor Serving Establishments Appendix 8) in the research was sought. None of the tavern or shebeen owners approached refused to participate, or chose not to answer specific questions or to withdraw from the interview, and thus the response rate to selection (Christensen et al., 2011) was total. This was due to the crucial role played by the well known and respected

isiXhosa speaking role model who grew up in the township and was prepared to devote long hours to the research, taking on the role of research assistant. His prior contact and involvement with the tavern and shebeen owners about the intended research meant that when he actually introduced the researcher and other assistant to tavern and shebeen owners, the early establishment of their acceptance and trust was enabled and a good rapport was quickly set up. Rare feelings of unease sensed in interviewees were quickly dispelled and there seemed to be no unwillingness from either male or female tavern owners to talk to a female researcher from outside the township. In a township with many political dynamics, it was also perhaps an advantage for the Ward Councillor to know of the research taking place and for this fact to be mentioned if appropriate to the interviewees of the liquor serving establishments.

The research team was aware of owners' time constraints because, although the interviews took place in the mornings and afternoons on weekdays to avoid the busy times in the evenings and weekends, there were various business matters the owners frequently needed to attend to, and in addition, in all but one or two of the establishments there were customers drinking or coming in to buy alcohol for off site consumption.

Anonymity in the resulting research report was guaranteed to the tavern and shebeen owner participants, but the nature of the research where the interviews took place in the owners' establishments, meant that they and the location of their businesses are known to the research team. It was important for the data, whether verbal or observed, to be collected in the natural surroundings (Christensen et al., 2011) of the participants' businesses to give dimension to the qualitative research and to add to the research team's understanding of how the surroundings may influence and impact on the aim of the research. It was evident that practical concerns such as a lack of space or staff, as well as the niche the establishment occupies in the market, would need to be considerations in assessing what HIV prevention measures owners could or would introduce, despite the willingness they displayed.

While interviews with key respondents were more difficult to secure and had to be rescheduled when their other commitments intruded, perseverance yielded valuable information and both respondents were very co-operative and receptive to the research, showing great concern about the abuse of alcohol and HIV. Very good rapport was established and useful contact established for any future efforts. It was explained to them that the data gathered from their interviews and used in the research report would not be regarded as confidential or presented anonymously as they are public figures, and both respondents signed the *Consent to Participate in Research* (for Key Respondents Appendix 9).

The researcher in collecting data, either from tavern and shebeen owners or external role players, made every effort to mitigate biasing in the participants' responses (Christensen et al., 2011) by appearing neutral and being consistent in approach, presentation and explanation of the research purpose to all involved with the purpose of enabling an honest flow of information. It was particularly important for the researcher not to appear to condone or condemn any breach of the law or exercise any moral judgment about possible abuse of alcohol in the owners' establishments, so that tavern and shebeen owners felt they could talk freely and openly.

A formal letter of introduction of the researcher from the University of Stellenbosch (Appendix 7) was given to all participants at the start of the interview process and this courtesy also seemingly facilitated the collection of data by giving a certain stature, authenticity and credibility to the research, helping to reduce any possible suspicion of the researcher's motives. The letter of introduction or of *Intention to conduct a research project in Gqebera, Port Elizabeth* was also a reassurance that the research, besides being genuine, was likely to be conducted in an ethical manner.

Tools Used: **Appendix 8** Consent to Participate in Research (for Owners of Liquor Serving Establishments)
Appendix 9 Consent to Participate in Research (for Key Respondents)
Appendix 7 Intention to conduct a research project in Gqebera, Port Elizabeth (Letter of Introduction of Researcher)

Fixed appointments with key respondents were set up in advance by the researcher, and flexible appointments for interviews with tavern and shebeen owners were also set up in advance by the assistant who is resident in the township, and the ensuing face to face interviews were conducted with participants according to the in depth interview protocol for external key role players (Appendix 2 and Appendix 3) and the semi-structured interview protocol for tavern and shebeen owners (Appendix 1) respectively. This non-rigid methodology with mainly open ended questions, with the exception of those questions requiring a direct answer, allowed for great freedom of the participants to express themselves descriptively and share what they felt strongly about and felt was relevant to themselves and the topic: this is an important aspect of exploratory qualitative research. The explanation of the purpose of the research, procedures, and interviewee rights, in seeking their *Consent to Participate* before commencement of the interviews, also helped to focus and reassure particularly the tavern and shebeen owners, and enabled the flow of data for collection. All the participants were amenable and gave permission for this data to be recorded. Subsequent to the interviews the researcher transcribed the data into the written form. Open ended observations by the researcher and one assistant as an additional objective observer were recorded after the interviews on an observation sheet.

3.7 Data analysis

The data collected from the different sources and methods was collated, integrated and analysed by coding and categorising them to identify themes and contradictions for interpretation.

The interview protocol for tavern and shebeen owners sought to elicit background information that could influence or affect their level of willingness to introduce or expand HIV prevention measures. This background information could thus help in identifying and explaining any themes that emerged. Demographic information about each individual establishment owner (e.g. age, gender, length of time in the business as an indicator of community knowledge); the business (e.g. size, registration, type and volume of clientele and drinking patterns, alcohol served, services offered); and the owner's knowledge of HIV and importance of prevention and methods, could be compared to see if these factors had any effect on the willingness of owners to implement or strengthen HIV prevention efforts. Analysis of the questions relating more directly to the research topic such as to any prevention measures in place; willingness to introduce or expand prevention measures and the actual measures that could be accommodated; and what external factors could impact on willingness either making prevention measures easier or more difficult to introduce or sustain, enabled the collection of subjective data which was from the owners' perspectives and reflected their inside views (Christensen et al., 2011). The data was then interpreted and analysed in an objective manner as possible by the researcher in terms of the research question and purpose (Christensen et al., 2011).

The interview schedule for the two in depth interviews with the Ward Councillor and an official from the ECLB sought firstly to explore the locality of taverns and shebeens for practical purposes. Secondly external influences that could impact on the research topic were examined and thus data about perceived community perceptions of drinking establishments; support the respondents would be prepared to render in their official capacities to any prevention efforts; and how likely action was against illegal unregistered shebeens and illegal operations in taverns, were collected. The information was analysed in terms of how the legal and socio-political structures within which taverns and shebeens operate may support or impede the owners' ability or willingness to work towards HIV prevention.

The subjective descriptive verbal responses obtained from interviewing of tavern and shebeen owners were interpreted through a system of coding of information into categories from which the important themes emerged and could be identified (Christensen et al., 2011). This information was integrated in terms of the aim of the research, with observations made at the time of the owners being interviewed; and with data obtained from the key role players. In this way the attempt was made by the researcher to produce a triangulated, objective etic perspective (Christensen et al., 2011) from the research and, in terms of the research purpose, to establish

qualitatively how willing tavern and shebeen owners are to introduce or expand HIV prevention measures in their establishments in Gqebera. It is hoped that the descriptive themes and patterns that were identified will perhaps further the critical debate on HIV prevention and that they could lead to the formulation of various theories and hypotheses that will warrant quantitative testing, and ultimately generalising to the broader population.

4. ETHICAL CONSIDERATIONS

To avoid any abuse of participants in human research, it is essential for that research to be conducted in line with accepted ethical principles and thus before commencing this research project, the design and details were submitted to the University of Stellenbosch Research Ethics Committee: Human Research. Approval to proceed was obtained and the Investigator Responsibilities clearly laid out by the Ethics Committee.

4.1 Respect for participants

Tavern and shebeen owners were the main focus in this research study and the manner in which they as research participants were treated is the "most fundamental ethical issue" (Christensen et al., 2011, p. 133), because apart from the moral responsibility to afford them respect, failure to do so will not enable their trust and co-operation to be gained. Hence honest information relevant to the study would not be forthcoming and the purpose of the research would be defeated.

Tavern and shebeen owners could well be controversial figures in communities possibly negatively affected in many ways by the presence of drinking establishments and the anti-social behaviour of intoxicated patrons. These establishments are often associated with health risks, noise, sexual liaisons, violence and crime in the vicinity (Gruenewald, 2011), and the exposure of neighbourhood children to alcohol (Freeman & Parry, 2006). The patrons at illegal shebeens avoiding any form of regulation may be particularly vulnerable to HIV infection. Nonetheless, it was important that the participating tavern and shebeen owners, who however generally did not appear to feel under censure by members of the community, not feel judged in any way by the researcher and be treated with respect by a neutral researcher neither condoning nor judging any possible non-compliance with the law. Their acceptance and trust of the researcher in an atmosphere of mutual respect, and giving of their time, was greatly appreciated.

4.2 Informed consent for participation in research

Showing respect to the participants entailed the researcher fully explaining to them verbally before the commencement of the interview, the purpose and any potential societal benefits of the study; what would be required of them and any potential risks and discomforts to them; as well as how confidentiality and anonymity in the case of the tavern and shebeen owners would be maintained, or in the case of the key respondents who are

public figures, that the information received would not be regarded as confidential. All participants were fully informed of their rights such as being able to withdraw form the study at any time or not answer particular questions. All the relevant information was covered in the *Consent to Participate in Research* form (Appendix 8 for Owners of Liquor Serving Establishments; Appendix 9 for Key Respondents), a copy of which every participant agreed to sign, thus giving their written informed voluntary consent to participate in the research. The participant and the researcher each retained one copy of the form which has both the researcher's, the research supervisor's, and Stellenbosch University Division for Research Development's contact details should the participant have subsequently had any concerns or queries.

Tools Used: **Appendix 8** Consent to Participate in Research (for Owners of Liquor Serving Establishments)
Appendix 9 Consent to Participate in Research (for Key Respondents)

4.3 Maintaining confidentiality and privacy

With the liquor industry being regulated at all three tiers of government, and taverns and shebeens generally receiving a great deal of negative publicity about their role and impact on society, it was not known prior to the interviews what proportion of drinking establishments in Gqebera were legally registered and licenced, or what their level of compliance with legislation was, such as not selling liquor to anyone under 18 years or to an intoxicated person (Section 38 EC Liquor Act No. 10 of 2003), or not selling alcohol out of the stipulated hours (NMMM Liquor Selling Hours By-Law No. 215 of 2005). In addition, owners are businessmen likely to be in competition with one another. An important ethical issue was thus assuring them that their personal and business privacy would be respected in this sensitive research and that confidentiality and anonymity in the research report would be maintained through coding so no names of owners or their establishments would be mentioned, and thus no information supplied would be able to be linked to any particular person or venue. They were assured that data supplied would be aggregated into general themes, and identities of participants would not be made known to anyone by those involved in the research. To achieve this anonymity, because of the relatively small area of Gqebera and the nature of the community, it was therefore felt necessary not to be too specific in the report about details such as how many owners of taverns and shebeens of both genders were interviewed or their actual ages. It was however beyond the control of the researcher if people observed the movements of the research team entering liquor serving establishments, or participants chose to discuss their participation with others.

Both research assistants signed *Confidentiality/Non-Disclosure Agreements* (Appendix 6): both in the roles of being a witness to the informed consent process and research assistants, and one in the additional role of interpreter.

Tool Used: Appendix 6 Confidentiality/Non-Disclosure Agreement

Participants were assured of the safe storage of information, whether on the personal computer used, or on the recording device, or in the written form. Documents are being kept in a lockable space and all the material pertaining to the research will ultimately be destroyed five years after acceptance of the research report.

Confidentiality for the key respondents as public figures was not necessary.

4.4 Avoiding exposure

Part of the research involved an in depth interview with an official of the ECLB to assess what support or assistance could be generally forthcoming from the Board for HIV prevention measures, or alternatively what obstacles could be encountered; what educational materials and public health notices about the sale and consumption of alcohol were available for premises where alcohol is sold (EC Liquor Act No. 10 of 2003 Section 45); and to possibly gain insights from the Board's perspective on the situation in Gqebera and details of the registered premises there (EC Liquor Act No. 10 of 2003 Section 35 [2]). It is hoped that interest shown by the researcher in Gqebera does not draw attention to the township or invoke any action by the Board, one of the objects of which is "… to manage and reduce the socio-economic and other costs of excessive alcohol consumption … [by taking] … appropriate steps … against those selling liquor outside the administrative and regulatory framework established in terms of this Act" (Section 2 EC Liquor Act No. 10 of 2003, pp. 10 -11). The interview with the ECLB official was purposely done before the interviews with tavern and shebeen owners so owners could be sure that none of their data could flow to the Board.

There is thus a tension between the aim and objectives of the research; the possibility of drawing attention to illegal establishments or operations; and by avoiding their exposure, the researcher possibly appearing to implicitly condone illegal actions and give a certain credibility to illegal owners or operations. The ECLB compliance official interviewed suggested contacting the police officer who is the appointed liquor inspector for Gqebera to get more specific information about taverns and shebeens there, but this was definitely not an option for this research where the trust of their owners needed to be gained.

4.5 Possible effect on income and employment

The research project had the potential to appear threatening to tavern and shebeen owners not only because of the law, but also because being willing to introduce HIV prevention efforts could be perceived as resulting in lowered sales of alcohol and thus income e.g. through stopping serving alcohol to people under 18 years old or

intoxicated people if they do in fact follow these practices, and also because patrons may object to prevention measures for various reasons. The alternate however is that the introduction of any HIV prevention efforts and measures could have longer term positive outcomes for themselves and the community.

In a climate of extremely high unemployment and poverty, taverns and shebeens provide employment and income for many, although the opposite and ironic effect is that they also potentially increase poverty for numerous patrons (Lawhon & Herrick, undated). There could well have been reluctance therefore on the part of tavern and shebeen owners to expose themselves to outside research and their right to privacy and autonomy (Christensen et al., 2011) had to be respected. However the liquor serving establishment owners were fully informed of the purpose of the research, the intention of which was not to cause any harm or maleficence (Christensen et al., 2011) to their business or to investigate or pass moral judgment on any of their actions perceived as illegal or immoral by the researcher. Subsequent to the interviews, the decision whether to make any changes with regard to HIV prevention is entirely their choice without any coercion from members of the research team who would however give reasonable support if requested to do so.

4.6 Incentives

No financial reward was made to participants but the limited locally available educational material about HIV/AIDS and about alcohol was assembled and offered to tavern and shebeen owners with the option to refuse the material. Through one of the assistant’s connection with the local clinic, boxes of condoms were also accessed and offered to all the participants who were without exception pleased to accept them (particularly with the present confusion surrounding the delivery of condoms from the clinic), along with the educational material. A commitment was made by the researcher to provide owners in the future with a referral list and contact details of some organisations to which they could refer patrons experiencing problems.

Participants were also asked at the end of the interviews if they would like to receive an abbreviated copy of the final report on completion and acceptance of the research report.

Stellenbosch University http://scholar.sun.ac.za

CHAPTER 4

RESEARCH FINDINGS AND INTERPRETING OF RESULTS

1. CHAPTER OVERVIEW

The results of the data analysis in terms of any themes or contradictions emerging are described and their significance examined within the limitations of the study and in the context of the aims and objectives of the research: many factors impact on prevention of HIV in taverns and shebeens and the success of measures, despite the willingness of owners to introduce or expand them. The information provided by the ECLB official and Ward Councillor for Gqebera clarified the legal and socio-economic environments in which taverns and shebeens operate, and the influence these may exert on interventions by owners.

NOTE: 1. As far as possible and it is understandable the data obtained from participants when quoted is done so verbatim which means that it is in a speaking style, and not necessarily grammatical where English is the second language of participants.

2. A coding system (A with a numerical indicator) is used to distinguish the different tavern and shebeen owners.

2. INTRODUCTION

The two interviews with key respondents in public positions, firstly an official from the ECLB Compliance and Enforcement Division, and secondly the Metro Ward Councillor for Ward 4 Gqebera, provided contextual data in the analysis of the information emanating from the interviews with tavern and shebeen owners. The role of the ECLB, established in terms of the Eastern Cape Liquor Act of 2003 to give effect to the law, should be seen in the context of the three strategic goals identified in the ECLB Strategic Plan 2010/11/- 2014/5: these are Social Accountability and Education; Responsible Licensing; and Compliance Enforcement and Ethical Corporate Leadership (ECLB, 2012), all of which have great potential, if achieved, to aid HIV prevention efforts.

The 11 interviews conducted with a broad cross section of owners of liquor serving establishments provided demographic information and other data pertaining directly or indirectly to fulfilling the aims and objectives of the research. It transpired that the additional three interviews carried out were not with the actual owners of establishments and hence the data from these are not included in the analysis but provide interesting insights.

3. ANALYSIS OF KEY RESPONDENT RESPONSES IN RELATION TO HIV PREVENTION IN TAVERNS AND SHEBEENS

While the Ward Councillor recognised also the positive role played by liquor serving establishments as a part of life where people meet to socialise and relax over a drink without necessarily over indulging in alcohol, both parties, the Councillor and the ECLB official, recognised the challenges faced in HIV prevention.

3.1 Challenges to HIV prevention

3.1.1. The extent of the alcohol and HIV problem in Gqebera

The ECLB official seemed convinced that taverns and shebeens play a big role in HIV transmission and that unemployment exacerbates the situation:

> *Obviously ... excessive use of alcohol contributes to HIV when people have unprotected sex due to the excessive amount of alcohol they've got in their body, and I think also maybe you could actually use unemployment also as a point because people that is unemployed, they have got more time on their hands and they then revert to consumption of liquor.*

However in this climate of high unemployment and alcohol abuse, employment can also contribute to the transmission of HIV when others are unemployed and vulnerable. One of the owners of a liquor serving establishment (A14) interviewed noted the irony of this:

> *Unemployment plays a role in HIV and AIDS because if I'm working, I've got a power over women. If I've got money, I've got power over women. So as a man you can have two or three ladies. That is normal ... Then they might be both drunk.*

The Ward Councillor concisely and emphatically acknowledged the problem of alcohol and HIV in Gqebera showing a particular concern for the young people: "It's too much, too much. Alcohol – those young ones."

3.1.2. The need for HIV education for owners of liquor serving establishments to enable them to play a role

The ECLB official interviewed recognised the value of HIV education for tavern owners in contributing to a reduction in transmission of HIV, and programmes or workshops for taverners on a variety of issues, including HIV and alcohol, are run by the Board through the taverners' structured forums. Unfortunately shebeen owners do not benefit from the educational initiatives as it is obviously only people legally registered on the ECLB

database with whom contact is made. The official also sees the possibility of using the executive members of the taverners' forums to cascade education down to the larger group of taverners. Educational leaflets are also available from the ECLB for the use of taverners in their establishments.

Although the ECLB appears to put a great deal of effort into education, it is seemingly not reaching many of the taverners interviewed, a number of whom intimated they would like to do HIV counselling and education of patrons, but felt ill equipped in terms of knowledge and information. Possibly taverners do not have sufficient staff in some cases to leave their businesses for training but it appears the ECLB could still be a valuable resource to them in their efforts to curb transmission through taverns.

The Ward Councillor acknowledged the role that tavern and shebeen owners can play, not only in HIV prevention, but also in educating people that being HIV positive "… is not the end of their life" and not to be "scared" of taking ART because in spite of its availability, people are dying. Without treatment, people are likely to be more infective to others. Interviews with tavern and shebeen confirmed that stigma is still a major deterrent in Gqebera to accessing treatment. As one owner (A15) said:

> *… the only thing be open with your disease so that we can get help. If you don't talk, you can't get help you see …. People are just closing their doors and they are sick inside, they're dying.*

One of the reasons why people are dying is put into words by one of the other owners (A06):

> *… the people don't want to go to the clinic and the reason … when the person see you there, they tell the whole community …. so other people going to be sick, sit in their houses … And then there to the clinic, they separate the people. Those ones HIV people, must sit here …*

The owner goes on to recount how someone died "yesterday" because in spite of being told to go to the clinic for ART, he would not go. Whilst such stigma prevails, prevention of HIV becomes crucial and the owners of liquor serving establishments clearly could play a vital role.

While it appears that the Metro and the Department of Social Development are involved in HIV educational workshops with the community, the initiatives are not directed specifically at owners of liquor serving establishments.

3.1.3. The large number of liquor outlets for accessing alcohol

Both key respondents pointed out that there are a large number of liquor outlets in the area which make alcohol very available and accessible and therefore could facilitate HIV transmission. In terms of the ECLB's second strategic goal, responsible licensing, the official is aware that there are illegal shebeens in Gqebera some of which do not register because they are unable to meet the legal requirements such as having adequate toilet facilities. She advised that the Board no longer registered Reconstruction and Development Programme (RDP) houses or places in informal settlements and in addition there are municipal zoning regulations, and so people resort to illegal and unregulated trading. According to the Ward Councillor there are presently few "structured" establishments and many owners operate from houses including RDP houses in Gqebera. Amendments planned to make it more difficult to get a licence may not therefore obviate the problem of illegal premises where the lack of regulation has greater implications for the transmission of HIV. The Board relies on the police to locate the illegal premises but they may also be located when the community or licenced competitors complain. Because there are "so many places already" in PE (the ECLB official estimates there are about 1 500 liquor outlets), the ECLB official would welcome the changes proposed by Health Minster Motsoaledi to restrict availability and access to alcohol.

The effect of so many establishments impacts also on the owners, some of whom are suffering the effects of competition. Declining income could affect willingness and the type of HIV prevention measures they would be prepared to introduce or expand if these are seen as possibly contributing to further loss of income. These measures include their level of compliance with legal requirements which, if fully adhered to, would also help in reducing transmission. The cause of the overabundance of outlets is explained by an owner (A04) as being because unemployed people see the "success" of owners of liquor serving establishments and so they go into the same business. The result is too much competition and declining income in some establishments as, "Business is very scarce now" (A10). The situation is exacerbated by lack of disposable income in the community (A17).

The absence of functioning Ward Committees in the NMMM for many years (de Kock, 2013) does not appear to have been an obstacle in the licensing process for new liquor serving establishments in Gqebera. The Ward Councillor, who would serve as chairman of that committee, and her office, have according to her, taken on the function of gathering and consulting the community which should include residents, school governing bodies, and places of worship, within a 100 metre radius of the proposed new site (NMMM: Liquor Selling Hours By-Law No. 215 of 2005). The information obtained through this process is then forwarded to the ECLB. However the Ward Councillor expressed the reluctance to allow new taverns because of the number of outlets and associated problems,

> *... because we said we don't do [licences] for the new ones now. We said no more because it's enough. It's so many, but you know people trying to come, Councillor please. We said, No, it's enough. We've got many taverns. We've got few churches, few schools, but we've got lots of taverns, so we said we just ...renew those ones. But in other areas they [the community] said no, we don't want because they close at 2 o'clock or half past three. Noise ... and our people are raped ...*

This reluctance to have more licensed premises opening in Gqebera is not however a deterrent to those who operate illegally.

3.1.4. The challenges that compliance with legislation poses

The ECLB official recognises that there is definitely a lot of non-compliance by owners of liquor serving establishments with the law but also the difficulties associated with the third goal of compliance enforcement. There are 11 ECLB inspectors for the whole EC Province and 200 police officers whose focus is liquor related issues and who also serve as inspectors. The official stated that there is great dependence on assistance from the police with whom there is a close relationship as most of the time non-compliance takes place after hours at night and, apart from not being familiar with the places, as a woman it is difficult for her to go out alone at night. Otherwise in dealing with non-compliance issues, she does not see her gender as a disadvantage as …

> *there's always ways to sort it out. You walk away. And then obviously come back to your office and you make paper work of it. You don't have to fight with them [owners]. There are channels.*

The Councillor also confirmed that compliance is a problem when the police carry out raids ("not too frequently, but sometimes"), and close illegal establishments, only to find that after a few weeks they open again.

The official from the ECLB explained that the enforcement officers have monthly inspection targets to be met. However by the admission of the ECLB leadership, the Board operates with "enormously limited resources" and thus seeks to strengthen its partnerships and leverage on the resources of these partnerships (ECLB, 2013, p. 1). It is apparent however that communication and "partnering" between the ECLB and the Ward Councillor, who seems to have a good relationship with owners of liquor serving establishments and their association or "stokvel" called Walmer Taverners' Association, has not occurred. The Councillor says she never sees people from the ECLB:

I wish I can see them. I'd like to see them. As ... councillors when we are having a meeting, we know we've got a problem with this Liquor Board because what they've done ... they said the people [tavern owners] they must close at 2 o'clock. How can you close the shebeen, the tavern at 2 o'clock, 2 am in the morning! It was right when they said 11 o'clock, 12 ...

The taverners response to the concerns was that their licences stated their selling hours ceased at 2 o'clock (Friday and Saturday). This is according to both the ECLB licences and the NMMM By-Law 215 of 2005 which states the selling hours for on and off site consumption of alcohol at taverns as 10h00 to 22h00 Sunday to Thursday; and 10h00 to 02h00 Friday to Saturday. The Councillor at some stage met with the taverners and "begged" them to close their places at 11 pm or 12 am, and both from what she and the owners of establishments said on being interviewed, they are generally co-operating except they asked for leeway in December for the festive season. Of the interviews done, only three interviewees (A11, A13, A17) mentioned trading beyond 12 am. One owner (A12) said although her licence allows her to be open till 2 am, "But I can't do that".

Another initiative undertaken by the Councillor which shows some willingness on the part of owners to involve themselves in HIV prevention, is getting their co-operation in removing pool or snooker tables from their establishments, although of 11 tavern and shebeen owners interviewed, four still had pool tables (A04, A10, A13, A16) and one (A06) had a broken one. The Councillor's experience was that small children would go to play pool and see the bottles of alcohol and, "They will grow up and think it is right to go to the shebeen," and thus the use of alcohol would be normalised. Two owners (A11, A12) said they had removed their pool tables because it caused fighting, with one (A05) mentioning stabbings and echoing the Councillor's words that pool brings the "young kids" to the business. Removal of the pool tables removes some of the attraction for teenagers to be in the drinking establishments where they are exposed to the temptation of alcohol. The ECLB commissioned research has revealed the extent of drinking by school pupils (Kimberley, 2013).

3.2 Review of Section 3

Recognition by both key respondents of the extent of the problem in Gqebera of alcohol abuse coupled with HIV transmission, and the challenges faced in preventing transmission, would indicate there is common ground and a need for communication, discussion and co-operation between them as well as other stakeholders such as the owners and SAPS. In the context of a scarcity of resources and daunting challenges faced because of the easy availability and accessibility of alcohol, optimal use of the limited resources is needed if an impression is to be made in reducing the transmission of HIV. Partnerships could result in effective and practical interventions, for example, in education outreaches to those owners who are unable to leave their establishments but have indicated

their willingness to be involved in prevention efforts. A concerted joint effort is needed to find ways to reduce stigma. In a competitive environment only close co-operation between all stakeholders could have the positive result of generally motivating and encouraging self-regulation by owners of liquor serving establishments with regard to compliance with the law. Skills training to equip people for other income generating opportunities could help to reduce the number of liquor outlets, the need to indulge in alcohol, and vulnerability to exploitation and unsafe sex.

4. ANALYSIS OF OWNERS' DEMOGRAPHIC AND BUSINESS SITE RESPONSES IN RELATION TO HIV PREVENTION

4.1 Summary of demographic and business site data

Demographic and business site data of the individual tavern and shebeen owners is summarised in Table 2 and this is followed by an analysis of the relevance of the information in terms of HIV prevention.

Table 2

Information pertaining to tavern and shebeen owners interviewed

Interviews Total Number 11

Tavern Owners Interviewed (Licensed) 9	***Shebeen Owners Interviewed (Unlicensed) 2***
Taverns Licensed for On and Off Site Sale of Alcohol 8	***Taverns Licensed for On Site Consumption of Alcohol Only 1***
Male representative sample	***Female representative sample***
Credit Given 3	***No Credit Given 8***
TV on Site 10	***No TV on Site 1***

Services Offered	***Food – Meat, Braai, Meals***	***Pool Table***	***Juke Box***	***Music***	***Live Music/ DJs***	***Darts***
	9	***4***	***2***	***3***	***2***	***1***

Ranges Shown in Tavern and Shebeen Owners Interviewed	
Age of Interviewees	***Late 20 to late 50 years old***
Years in Business of Present Owner	***1 to 20 years***
Selling Hours Weekdays	***06h00 to 24h00***
Selling Hours Weekends	***06h00 to 02h00***
Number of Employees Including Casuals	***Owner assisted by family, up to 16 people***
Number of Customers on Weekends	***20 to 300***

4.2 Explanation and analysis of Table 2

4.2.1. Gender and other factors

The total number of establishments owned by women in the township is not known to the researcher and hence being too specific about the exact number of males and females involved in the research could possibly lead to speculation as to which establishments are represented. There was a general uniformity of responses from the participant owners, male and female, with regard to the level of concern about the transmission of HIV, and their willingness to be involved in prevention efforts. Although not statistically analysed, judged on face value the type of measures owners would be prepared to introduce also did not appear to follow a pattern according to gender. However, further research is needed to pursue the effect of gender. Similarly, there were no apparent differences in responses between the age of respondents and the length of time in business on the one hand, and their willingness to be involved in HIV prevention efforts on the other hand.

4.2.2. Selling hours

While one tavern (A05) opened at 6 am, this is the exception with most opening at 9 or 10 am, closer to the legally stipulated time. The NMMM By-Law 215 of 2005 allows selling hours from 10h00 to 22h00 Sunday to Thursday for taverns and shebeens and 10h00 to 02h00 on Fridays and Saturdays. Closing at 11 pm (A13), or 12 am (A12) during the week is also exceptional with most establishments closing at 10 pm or earlier. Weekends (Friday, Saturday and Sunday) are without doubt the busiest times for all establishments with Friday less so in some venues, but Sundays are consistently part of the busiest times with one tavern (A13) being open until 12 am on a Sunday in contravention of the municipal by-law. Mondays are mentioned in 4 cases (A05, A06, A14, A17) as being included in the busiest times, with it being “sometimes” busy and “not too much” in this category in

another two establishments (A11 and A12 respectively). The implications for HIV transmission of any non-compliance with the licence requirements and municipal by-laws with regard to selling hours, is that access to and availability of alcohol is increased with the resultant deleterious consequences.

Owners (A06, A14, A16, A17) said HIV prevention measures such as educational DVDs or talks would not be welcomed or appropriate at the busy times when people are socialising, drinking, or when there is a big sports match like soccer on the TV. Busy times appear to include Sundays and often Mondays which may be surprising and possibly indicative of over indulgence in alcohol the previous day. Patrons come to relax, socialise and have fun (A17) particularly over weekends and the customers are not necessarily receptive or wanting to be exposed to educational input at these times. Thus it is important to identify when and which prevention efforts may be acceptable in the less busy times as well as the busy times. The need for condoms as a prevention measure is always there however both for patrons and often for members of the community: owners in all establishments highlighted their importance.

4.2.3. Taverns and shebeens

While only two shebeen owners (A14, A15) were interviewed, both restricted their alcohol sales to wines and malts with one also having a very limited supply of spirits. All the taverns however served spirits in addition to wines and malts. One of the establishments (A05) in addition served umqombothi, or traditional beer, which is said to have a low alcohol content. This would seem to indicate that there is a culture of drinking spirits and Devine (undated) draws attention to the fact that different drinks have different alcohol contents with the high content in spirits causing greater levels of intoxication more quickly.

It may help their HIV prevention efforts if owners educated patrons that their level of intoxication is dependent not only on the number of drinks consumed, but the type of alcohol drunk. (Devine, undated). The level of intoxication will impact on their vulnerability to the potential consequences of alcohol misuse.

4.2.4 Type of licence

All the legal establishments except one which has seemingly been classified in a category other than that of taverns (which allows it to sell alcohol for on site consumption only but over longer selling hours), have licences which permit alcohol for sale both on site and off site. Apart from people drinking in the taverns and shebeens during the day while interviews were taking place, there were people frequently coming in to buy alcohol to take away. With such extended selling hours and early opening (officially 10 am), alcohol is very accessible and available.

While prevention efforts may be focussed on what HIV prevention measures are possible in liquor serving establishments for patrons consuming alcohol on site, great attention should also be paid to people who buy alcohol to take away as these customers also provide opportunities for HIV prevention education. According to the ECLB (2012), over 60% of registered outlets in the province are licensed for the retail sale and consumption of liquor both on and off the premises.

4.2.5. Credit

While only three owners (A04, A11, A14) gave credit to "loyal", "trusted" or well known customers, the practice does encourage heavier drinking and people drinking beyond their means which sets up a vicious circle of increasing poverty rendering them in turn more vulnerable to HIV infection. As one owner (A17) who is against the practice said, "… it's not something I encourage. Doesn't help with the business… You can't have it especially when you've got young people … having debt because of booze or something." Lwanga- Ntale (2007) describes the abuse of alcohol as a key driver of chronic poverty.

The reluctance of owners to potentially estrange regular customers may impact on their willingness to eliminate credit.

4.2.6. Facilities

All the venues with the exception of one (A15) had TVs, with some having more than one, thus providing a useful resource for owners willing to show educational DVDs about HIV and prevention. Many of the owners who expressed a need to improve their knowledge about HIV to equip themselves better to foster prevention, could possibly show DVDs in the quieter times ostensibly to educate themselves. Hopefully a wider audience would be attracted without people feeling that education is being forced on them.

4.2.7. Services offered

Most of the establishments with the exception of one or two (A15, A16), offered meals e.g. a braai. Offering meals with serving alcohol may help to delay the detrimental effects of alcohol. However, some establishments also sold suckers, chips, fruit and bread which may attract children to the premises, as do pool tables. Children of the owners and friends having access to and being present in these establishments similarly presents the potential issue of normalising alcohol use and abuse, particularly when seeing adults drunk.

Music also seems to play an important role in the culture of drinking establishments and the type of music played was a strong feature in many establishments. Apart from attracting clients generally, the type of music obviously attracts a certain age group of customers. The possibility of the subtle use of musical HIV prevention messages may add to prevention education efforts.

4.2.8. Employment

The ECLB recognises that " … liquor trading is another form of business enterprise though which registered persons are able to maintain their households and provide much needed employment to members of the community" (ECLB, 2012, p. 1). Employment, or lack of it, and putting "food on the table" (A04, A11) is a recurring theme from the owners in the research. In many instances family members assist in the businesses. One shebeen owner (A14) lamented that there is no work in SA:

> *To work, you must have a joint so you can feed your kids. Otherwise what you must do, you must rob people, you must kill. We don't want to do that …. Give us jobs, we'll stop selling liquor.*

This is echoed by a tavern owner who states (A04), "… my intention to run a business to earn a living for myself and my family. Not contributing to HIV and AIDS ... I'm not employed."

This seemingly indicates that an improvement in the socio-economic and structural conditions in society with more job opportunities created could result in fewer liquor selling outlets and less accessibility to alcohol. However in the present economic conditions the crux of the matter as expressed (A04) would seem to be running a responsible liquor selling business that can provide a livelihood while not facilitating conditions conducive to the transmission of HIV.

4.2.9 Number and type of customers

It was found that the various taverns and shebeens, which vary in size from small to extremely large, in many instances appeal to a particular clientele e.g. young people or mature people, and thus occupy a specific niche in the market which needs to be taken into account with regard to the need for and type of HIV prevention initiatives. Establishments varied from functional to upmarket which aim to attract a more sophisticated clientele. One establishment (A14) plays soft music which does not appeal to young ladies and it does not serve their kind of drinks (Savannah and Redds), so they go on after a brief stay to the bigger places with juke boxes, leaving a small group of men who regularly drink together. As the owner says, "We don't have new guys here". These patrons who "want to be very close" to the establishment, stay within a 50 metre radius. In another venue (A15),

women do not stay because the place seems to also cater for a tightly knit small group of men, but just come and buy alcohol to take away to their homes. The owner describes the small venue (A15) as a place for "quiet people who want to be alone … to just enjoy themselves, to drink, then they go". He also says, "There are people here not who are going anywhere". Customers are transient as they stop over on their way home from work and drink "one bottle", not spending a long time at the venue. These may be people who are afraid of being robbed at the bigger places, or they may go later in the evening to the bigger places.

Four of the larger places (A05, A06, A11, A13) describe themselves as having around 100 customers on weekends with another (A17) having even more which must make for a very different atmosphere or "vibe" in the establishment from the smaller, more intimate places. In most instances places are frequented mainly by men with only two owners (A06, A10) saying their clientele consisted mostly of women. Age may be a defining factor of the clientele generally: in some cases customers were described as being "my age group" (middle aged) (A04), to mixed old and young (A06, A16) to "old" (A11) which seems to usually indicate that they are not under 18 years! In one place (A13) which is described as "full, full, full, full" over weekends, the clientele is young but they like to move around and not drink in one place, so, "This weekend here, that weekend there". In this case the owner does not get to know the customers unlike in by far the majority of venues where the owners said their patrons are regular customers: "I know them for so long some of them" (A11). It is assumed that these differences in the type of establishments may also give rise to varying degrees of risk of HIV transmission, and the different relationships between owners and customers may also be a factor in what prevention efforts would be suitable. Young people may be most vulnerable to HIV, or women selling sex may target venues with a large male clientele.

While the age and social standing of patrons may vary between establishments, there appears to be a universal theme of establishments having relatively few customers during the week and then being very busy over weekends with binge drinking being the norm. It would seem to present a good opportunity to reach many people with HIV prevention education when places are busy but before patrons become intoxicated. However the intuition of owners about not timing prevention interventions when people are enjoying socialising and the mood is not right needs to be taken into account. As people get drunk they are unreceptive and at least what owners can do then is try to ensure that condoms are readily available for their customers. The fact that so many patrons are regular customers, some of very long standing, means it is going to be difficult for them to change drinking habits or patterns particularly in the context of grinding poverty (van Niekerk, 2005), and prevention efforts also need to take this into account. Table 3 describes some of these drinking habits, as perceived by the owners of establishments, which will influence the timing and effectiveness of prevention measures.

Table 3

Owners' descriptions of customers' drinking habits and patterns

Examples of customers' drinking patterns as described by owners of establishments
On weekdays, "It depends if it was a soccer game, they drink up until they're drunk rather than prefer to leave before they're drunk".
"Some of them they drink a lot." [Until they're drunk?] "Yes."
"They're coming on weekends and get drunk. … Then I never had a problem a person where he's too much drunk and then had to be carried out of my tavern."
"Ah, they were not drinking too much. They were just mild drinkers."
[They get drunk?] " … but not in the way as if they can't see the door, can't go to the toilet.
"Some of them … because some of them are coming from those joints that are closing at 4 o'clock in the morning and then they will come around [here] at 5, 6, 7.
"They are not staying a long time here. They come from work, dropped off from taxi so don't get drunk here."

4.2.10. Review of Section 4

Based on the findings in this section, cognisance needs to be taken of many factors with regard to introducing appropriate HIV prevention measures and the timing of them. Thus what prevention measures owners are willing to introduce will likely be dependent on the clientele they cater for and how they think their customers will react. The relationships built up between owners and regular customers may have a positive effect on efforts to counsel or refer patrons for assistance. Upmarket places attract a more sophisticated clientele who are more knowledgeable about HIV/AIDS (A17) and therefore the focus should not necessarily be on basic HIV/AIDS education but on other prevention and awareness initiatives. Education should be appropriate and geared for the target group, particularly with young people, for maximum impact.

5. OWNERS' RESPONSES ON AND ANALYSIS OF FACTORS THAT COULD INFLUENCE HIV PREVENTION IN TAVERNS AND SHEBEENS

5.1 Introduction

The interview protocol for tavern and shebeen owners sought to elicit data that could aid in clarifying the role and impact certain factors could have, directly or indirectly, on transmission of HIV in the context of the taverns and shebeens and their owners, and the challenges and opportunities therefore for prevention. The information obtained aims to shed light on which factors could influence not only the willingness, but the ability of the

owners to introduce or supplement existing prevention efforts, and the potential effectiveness of those measures in light of challenges faced.

5.2 Role played by taverns and shebeens in the community

The owners of the nine taverns interviewed are very aware of the community's role in them obtaining licences e.g. the community "gave" them their licences (A11), and all 11 owners are aware of their dependence on the community for their income. The community is described as "my neighbours" (A11) and "my employers" (A11). There is a strong feeling that one cannot "distance" oneself and that one is part of the community in which the business operates and with whom it is important to co-operate and share their burdens (A13). This is summed up in the words of one owner (A15):

> *... because you see we serve the very poor people you see, and if poor people is only the people who use you ... that is only now the problems we are facing every time. We used to help them. That's why we're always good to them because they know that we are the only people next to them and next to their problems... Ja, because we serve the very poor people, and this is a very poor place.*

Amidst such poverty, the taverns and shebeens are a valuable resource for the community and play a positive role, apart from being a place to socialise and drink where, if you are a regular customer, you are known and comfortable. In Table 4, owners describe aspects of the role they play in the community and also how they perceive the community relates to their establishments.

Table 4

Relationship of liquor serving establishments with the community

Role of establishments in the community or support given by owners to the community	Owners' assessment of community perception of establishments

A place to socialise A decent place to have fun Sponsorships e.g. sport teams A place to watch sport (satellite dish) even if not drinking Convenience e.g. selling meat to avoid travel Collection and distribution of items such as clothes Assistance with floods e.g. blankets, food, money for groceries Assistance with funerals e.g. money, transport Assistance with fires e.g. rebuild burnt home, give clothes Attend community functions e.g. funerals Donations to community e.g. school A place for community to come with problems and get help Crime prevention, help in tracing criminals Giving the community a vision for Gqebera with opportunities Supply condoms not only to customers but the general community and sometimes having to ensure the supply	Community has no complaints about noise, crime, violence, drunk people Plays no negative role Community sees positive role Not causing problems Depends on people frequenting place Does not affect school nearby Angry when owner away as danger of being robbed when having to go far Community very happy Some negativity when applying for licence Odd person complains after an event Community has embraced the establishment Complaint in the past about fighting

It would seem that the community derives great support from the owners of the liquor serving establishments who appear to be community minded. The negative impacts of the establishments appear to be minimised and the positive effects emphasised which may indicate a degree of social desirability bias on the part of the owners although it was not apparent in the interviews. The broad community does definitely on occasion seem to be taken into consideration by owners e.g. stopping the music and closing "early" on a Sunday because people work the next day (A12); not putting up the volume of music over weekends (A13); and being aware of customers driving cars (A12).

The relationship exhibited between the owners and the community is meaningful because the owners as business people and philanthropists must have a certain stature and play some leadership role, whilst still being regarded as part of the community. Thus with their credibility and obvious concern, they can potentially play an important part in HIV prevention efforts through their taverns and shebeens. However it became very apparent that with

their dependence on the community for their income, they feel the need to find a balance between HIV prevention efforts and not alienating their customers.

5.3 Level of knowledge of HIV of owners and perceived knowledge of customers and community

The interviewees' level of knowledge about HIV and its transmission, and how they perceived their customers' and the community's level of knowledge, was explored.

5.3.1. Owners' knowledge of HIV transmission

The interviewees all had the basic knowledge that the direct route of transmission of HIV is through sex and that alcohol abuse plays a role in people "forgetting" (A13) about condoms. Two people also mentioned the alternate route of transmission through contact with blood if someone was cut (A16), or there was fighting and violence which could particularly affect women (A06). What emerged as a strong theme however was most of the owners' thirst for more knowledge to supplement the " … bit, a little bit" (A10) known to them. One owner (A12) summed it up: "I have no knowledge, no knowledge at all. I want to know. I want to have knowledge about how it is spread."

W hat also emerged strongly as a factor in transmission are some of the indirect contributors to HIV infection which should be borne in mind in prevention efforts e.g. cultural practices and expectations, stigma that stands in the way of people seeking testing and treatment, unemployment that causes people to indulge in risky behaviour, and overcrowding and exposure in public health facilities.

The importance of equipping the owners with the knowledge they desire about HIV and AIDS and the skills to pass it on became very apparent. Empowering the owners in this way could enable them to play an educative, supportive or encouraging role with their customers in terms of HIV prevention.

5.3.2. Perceived knowledge of HIV transmission of customers

According to information from the owners, it appears that the degree of knowledge about HIV varies greatly amongst their customers. The interviewees' response to whether their customers knew how HIV is spread, ranged from "I don't think so" (A05), to "They know" (A06), to customers being "very aware" (A17) at an upmarket establishment. The assessment by owners of customers' knowledge about HIV transmission appears however to be based almost exclusively on whether customers asked them for condoms. One owner (A04) summed up the situation by saying everybody knows but,

... people take things light, very light especially maybe when they are under the influence of liquor or when they are in the mood for sex ... [and] there's no condom. [They] just take it light because awareness campaigns have been here but ... someone thinks that, Ag, I'm in the mood. I can't reverse this. You see I can't reverse this. Drive on.

5.3.3. Perceived knowledge of HIV transmission of community members

Although the community did not necessarily do what it should, community knowledge was generally judged by the owners to be high. Awareness campaigns (A04), radio (A13) and television (A10), giving of condoms by the clinic (A14), and teaching by nurses at the clinic (A13) and caregivers in the community (A10), all contribute to community knowledge. However the fact of our "top leaders" having unprotected sex was seen as undermining education efforts in the communities (A04).

It appears prevention efforts need a fresh and innovative approach if community knowledge is good but the HIV prevalence remains high. The need for escape from problems and instant gratification with alcohol, and the extent of its abuse, appear to override the knowledge of the dangers it poses in terms of HIV transmission as well as the ability to change behaviour. This problem is reflected in the words of an owner (A11) who says customers know about condoms but, "Because some of them they don't take because they're under liquor." Another owner (A05) confirms the extent of the problem, which is indicative of the challenges facing HIV prevention when there is what appears to be alcohol dependence, with people continuing to drink even though they are aware of the harmful consequences (Babor & Higgins-Biddle, undated):

They [customers] don't care about their lives. They don't care about their lives. I don't know why. ... Or maybe they get what he want or what she want that time ... and not worry about tomorrow. I get that beer, I want it now. Or that guy buys Storm. ... Storm is too expensive .... Then he must go to pay and she don't care about her life. As long he get that Storm ...

Interventions are needed to reduce chronic alcohol dependence. Patrons however would need referral to agencies or NGOs who specialise in this field, incentives to stop drinking that give them hope for their lives and futures, and possible exclusion from drinking establishments in co-operative arrangements between owners.

5.3.4. Owners' knowledge of HIV prevention

The owners' universal response as to their knowledge, their customers' and the community's knowledge about preventing HIV, was that all knew that it was prevented through using condoms. Although the knowledge of

using (male) condoms for prevention was strongly emphasised by owners with no other prevention strategy being mentioned except for two cautionary references (A06, A16) when dealing with another person's blood, this did not necessarily translate into action. The owners' concern was that people did not necessarily use condoms for reasons such as wanting "flesh to flesh" (A05), and because they do not care about their lives (A05, A10, A11). This would seem to indicate that there is room for broad education around the issue of prevention besides persuading people of the necessity of using a condom. While comments from interviewees, such as, "There's nothing else but condoms" (A04), and "To use a condom, the easiest way, the best way" (A05), show that owners are well aware of the need for them, this knowledge needs to be transmitted to patrons. While condoms are seen as the only and "the best way," when people are drunk the likelihood is they do not use them, or use them incorrectly. Thus challenges in bringing about prevention of transmission of HIV through behaviour change are great.

Only one establishment has female condoms (A17) and they are described as being "scarce" (A16) although people do ask for them sometimes and at least two owners would like to keep them (A12, A16). Efforts to increase the availability of the female condom of which a stock was seen at the AIDS Training Information and Counselling Centre (ATICC) in PE, although more expensive, could empower women to be more in control particularly if it is inserted prior to visiting a liquor serving establishment. The New Mexico Department of Health (2007) advises that the female condom can be inserted up to eight hours in advance of sexual activity or immediately when needed. There appears to be a great need for education of owners about female condoms so they can pass information on to customers. This is reflected in their comments, "I don't know a female condom" (A12), that there is no call for them (A10), that ladies are "scared" of them (A15), and that they are not wanted because they must be inserted about an hour before they are needed (A05). Interestingly one owner (A12) reported that some "guys" ask for female condoms but they are not available in that establishment.

Female condoms should be accessible particularly in places that women frequent. The one establishment (A17) which does currently keep them appears to get them through their "partnership" with the clinic and this availability should be encouraged.

5.4 Relationship between alcohol and HIV and its effect on HIV transmission

With all the problems and risks associated with intoxication mentioned by the owners, such as patrons being robbed when they leave the establishment (A05, A10, A11, A15) or facing the possibility of being hit by a car (A10); quarrels arising (A04, A10), and customers causing trouble to the extent that if it cannot be controlled, in the extreme case the owner (A13) closes the establishment for safety reasons; unruly behaviour creating a

nuisance to other customers (A17); and customers passing out and "sleeping" (A11, A12), none mentioned the associated risk of acquiring HIV. However ironically when asked directly, there was generally strong affirmation of the relationship with alcohol and HIV described as being "brother and sister" (A14) and the comment that "… the alcohol spread the HIV" (A06). Men "need a woman" (A04) when drunk but then do not know what they are doing, are careless (A16), "deny" (A15) or "forget" about condoms (A13), and take chances. Alcohol dependence results in a woman going home with a man when he meets her in the drinking place, buys alcohol and suggests they go home to drink it, because she wants that alcohol and neither party is going to ask the other about their HIV status (A05). The situation is summed up by one owner: " … when you drunk, most of the people they like to do sex but they don't care. Alcohol can cause a lot of trouble and problems especial to HIV" (A11). Interviewees differed widely on whom they felt is most vulnerable to HIV because of alcohol use e.g. from everyone, to men, to women, to young people, to not sure, and mostly women especially if they are "drunk over" (A16).

Two slightly different standpoints about the relationship between alcohol and HIV emerged: while drunk people take chances by not using a condom, sober people also do not necessarily use condoms either (A10); and the more educated people frequenting an upmarket establishment, although they have been drinking, " … know what's important to them" and come to the counter to get condoms (A17). Only one interviewee (A15) drew attention to the serious impact on transmission of HIV when people default on ART because they are drunk. The owner hears clients talking in the establishment about not taking their tablets on the weekends, so suggests they be educated on what and how much one can drink, or preferably on not drinking at all, as well as on the critical importance of taking their treatment. Defaulting on ART renders people more infective to others, often with resistant strains of HIV.

5.5 Review of Section 5

From these findings, it appears that the credibility and positive role tavern and shebeen owners play in their establishments and the community could be used and expanded to enable them to act as intermediaries to stop patrons reaching a state of intoxication that could endanger their lives through the acquisition of HIV. The owners feel the need however to be adequately equipped for this challenging role in terms of knowledge about HIV, and with skills. They could then make use of the tools available such as the Alcohol Use Disorders Identification Test, or AUDIT, to demonstrate to patrons when their drinking is excessive and therefore carries risks (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001).

Owners could also play a role as peer educators in other prevention initiatives: as one owner (A15) explained, people must really know why they need to use a condom because "… to use condom takes time" and drunk people "… don't want to waste time." Chersich et al. (2009) advocate the use of brief interventions by owners focussing on behaviour change and the empowerment of patrons. The difficulties of bringing about behaviour change are however apparent in that firstly, the use of condoms appears to be almost exclusively regarded as "… the easiest way, the best way" (A05) or only way of prevention, but there is still resistance to using them. Attention in all cases was focussed on the male condom but encouraging the use of the female condom and dispelling the hesitancy and unfamiliarity around it could empower women and go some way to preventing HIV transmission. Secondly there is the entrenched drinking pattern of drinking to intoxication, although people's level of knowledge of the associated danger of it resulting in unsafe sex and transmission of HIV may be high.

Owners can also play a role at an individual level in educating patrons and changing attitudes on societal issues which impact on HIV transmission, such as gender inequality and stigma.

6. POTENTIAL TRANSMISSION RISKS AND EXTENT OF PREVENTION MEASURES PRESENTLY IN PLACE IN TAVERNS AND SHEBEENS

6.1 Assessment of business and owner practice that contributes to spread or prevention of HIV

The potential risk of HIV transmission in the liquor serving establishments through the abuse of alcohol leading to drunkenness is reflected in Table 5.

Table 5

Extent of intoxication in liquor serving establishments

Total number of liquor serving establishments	11
Number of establishments having drunk customers	10

The main finding based on the responses to the questions posed here, was that interviewees do not seem to consider what happens and what they do in their businesses as contributing significantly to the transmission of HIV despite the extent of drunkenness occurring in their establishments. Most owners said they are largely unaware of women trading in sex or sex happening on the premises, and they do not serve alcohol to teenagers or to intoxicated people. The contradiction or anomaly however is that the vast majority of owners, ten of the eleven, say people do get drunk in their establishments. There seems to be a disconnection on the owners' part between allowing people to get drunk and then saying they do not serve alcohol to intoxicated people (the judgment of which appears to be subjective), and the potential consequences such as vulnerability to HIV

infection. A recurring sentiment is that the owner cannot control or take responsibility for what customers do after they leave the drinking establishment although behaviour is obviously affected by their level of intoxication. Section 59 (1) (b), (c) of the EC Liquor Act No. 10 of 2003, however puts the onus for behaviour not only on customers, but on owners of registered premises not to allow violent or drunk and disorderly behaviour on their premises.

To quote one owner's response to the question of what happens in your business that could help to spread HIV (A04):

> *... that's a difficult one to answer because it depends ... you cannot say because of someone is drunk, it's easy to spread HIV. There are people who are behaving like that, but there are people who are not behaving like that. It depends on the individual.*

In response to the same question of what happens in your business that could help to spread HIV, another owner (A16) said,

> *I wouldn't say much, because what happens as I have said, that people they come and drink here, but they might be, they careless when they go out that I wouldn't actually tell what really happens. So I wouldn't say my business contributes to that. But it does happen when people they are drunk, they careless. ... because they go outside and then what happens, I don't know what happens.*

6.2 Arrangements for the protection of women

Women are known to be more vulnerable to HIV than men for physiological and physical reasons, particularly in countries such as SA where gender inequalities and gender violence are so prevalent, and alcohol abuse exacerbates the problem. In some cases, owners who previously made special efforts to protect women, particularly drunk women, when they wanted to leave the establishment, have stopped these efforts. Reasons given are that business being bad and having no extra help, the owner (A04) is not able to keep taking women home when they want to leave; and the owner (A11) who allowed women to sleep over in the establishment rather than having to leave, stopped the practice when it was felt they were taking advantage. The responses of owners to any effort they currently make to protect women leaving the establishments is summarised in Table 6.

Two of the establishments (A12, A13) had noticeable signs stating *No pregnant women.* While every attempt to protect unborn children from FASD is welcome, prohibiting entrance to pregnant women into drinking establishments is extremely difficult to achieve and the question is whether barring entrance to them is an

infringement of their rights, or a protection of the child's rights. One of the owners (A13) says the ladies working in the establishment help in this endeavour by identifying pregnant women and then it is explained to them why they may not come in. Judging which women are pregnant based on appearances is a flawed approach as women in the early stages of pregnancy might not show any visible signs at all. One of the alcohol policy issues recommended for debate is however the prohibition of liquor sales to "visibly pregnant" women (RSA, 2013, p. 4). This would appear to be recognition of the difficulties of identifying pregnant women in the early stages of pregnancy and taking the precaution of not serving them alcohol.

It is hoped that such practices will contribute in some way to educating about the dangers of alcohol in pregnancy and breaking the cycle of vulnerability when children are born with FASD. Williams (2012) reports on a recent study which warns that, "Any drinking during pregnancy increases the odds of fetal alcohol syndrome, but the risk to the fetus is highest if a pregnant woman drinks during the second half of her first trimester of pregnancy." According to the study, no drinking at all should take place during pregnancy (Chambers, as cited in Williams, 2012).

Table 6

Responses of owners on protection of women, particularly drunk women, leaving the establishment

Reaction	Number of Owners
No special arrangements for women	2
Women do not take time at the establishment, they purchase alcohol for take away	1
Call one of the guys to go with her	1
Must not leave late at 1 am but leave at 10 pm or even 12 am when still lots of people outside	1
Leave with friends; friends take drunk one home, come back and carry on drinking; come and go in groups; no one goes alone but in groups from the same area	4
Ensure don't get drunk that much, drink very nicely and soft	1
Owner's son takes people home when they are "drunk over"	1

6.3 Compliance with the requirements of the EC Liquor Act pertaining to prevention of HIV

The EC Liquor Act No. 10 of 2003 Section 38 prohibits, amongst other things, the sale of alcohol to any person under the age of 18 years or to an intoxicated person, vulnerable categories of people in terms of HIV infection. Table 7 indicates the owners' level of awareness and their stated compliance with these provisions of the Act. What constitutes a state of intoxication however is seemingly open to interpretation and therefore response. The

subjective interpretation of the term is shown in the variety of descriptions of drunkenness given by owners e.g. “drunk that much” (A14), “drunk over” (A16), “too drunk” (A10, A13). No definition of intoxication is given in the Act but intoxication has been described as the “state in which a person’s normal capacity to act or reason is inhibited by alcohol or drugs” (The Free Dictionary). This definition is in itself open to wide interpretation.

Table 7

Responses of owners to requirements of EC Liquor Act

Interviews total number 11

Legal requirement	**Awareness**	**Owners’ stated compliance**
Not selling alcohol to people under 18 years old	11	11
Not selling liquor to intoxicated people	High	9

6.3.1. Age limit

While all interviewees were aware of the age limit and adamant that they do not serve or sell alcohol to teenagers, with many owners saying they “chase” (A10) under 18 year olds away from their establishments, it seems the judgment of age was sometimes subjective. Many of the establishments have signs up stating that under 18 year olds are not allowed but owners generally only asked for ID or sent the young people to fetch them if they suspected underage. Only a few of the owners said they do not ask for identification (ID books) at all but “just see” (A15) and send the young people away if there is doubt. Many of the young people in the area are known to the owners: “ …mostly there are people who are staying around here and then I know them so I can identify when someone is young” (A16), but IDs will be asked of new customers who look young (A12). There are problems of parents sending young children to buy alcohol and the owner feeling threatened and giving in (A05); some teenagers are “chancers” (A17); one owner said teenagers were chased away because they caused fights and passed out on the tables (A11); and children come in to buy “… some chips … and then they go – not to buy liquor here” (A15), but in the process they are exposed to a drinking environment. The police’s role in trying to combat underage drinking was acknowledged as they come in to the establishment to "emphasise … about the age” (A13) so the owner must ensure there are no underage drinkers inside, or in dealing with the problem, the help of the police can be engaged by the owner (A17).

On the one hand, the level of awareness and stated compliance with the law in terms of disallowing teenage drinking seemed high among the owners interviewed which could be an indication of social desirability bias (Christensen et al., 2011) in the owners' responses. On the other hand, it could also be that more compliant and respected owners were sampled for taking part in the research. The responses generally do not align with the growing concern on a wide scale about teenage alcohol abuse and related pregnancies as reflected in the recent warning that "Bay teens as young as 14 admit they drink" (de Jager, 2013), or with the concern expressed by a prominent local educator in Gqebera about school learners visiting liquor serving establishments. Teenage girls falling pregnant, in addition to the risk of HIV infection, face the risk of death as shown in the high death rate of young girls during pregnancy or childbirth, as described by Health Minister Motsoaledi recently (Williams, 2013). Physical appearances can be misleading and a stricter policy of identification should perhaps be followed at the venues to exclude those who are under 18 years of age. The problem is possibly exacerbated with some learners being over 18 years old while their school friends may be younger and subject to peer pressure.

Trying to keep teenagers out of liquor serving establishments may be a temporary stop gap measure which appears in any event not to be effective judging by reports, and neither does it address the reasons or causes of extensive teenage drinking and hence the risk of HIV infection. Owners of liquor serving establishments can act as intermediaries and play an important role to help break the cycle of alcohol abuse by teenagers.

6.3.2. Intoxicated People

The different establishments have various methods of dealing with the issue of intoxicated people but the extent of the problem is revealed in that it seems to be the accepted norm for people to drink to intoxication. Owners carry the responsibility not to allow violent, drunk and disorderly behaviour on registered premises (EC Liquor Act No. 10 of 2003 Section 59 (1) [b] and [c]). Using "tough love" and "red carding" an unruly customer so they know they are not welcome because of bad behaviour, works at one venue (A17). While many owners (e.g. A04, A13) said they do not let already intoxicated people coming from outside into their establishments, and owners with the exception of only two (A06, A14) said they did not serve alcohol to intoxicated people although in an apparent contradiction ten actually said they had drunk customers, the question is raised what constitutes "intoxication." By letting people get "drunk" the potential for risky behaviour is already present, so serving or not serving them more drinks appears to be is a matter of semantics. One owner's subjective interpretation (A15) of what constitutes being intoxicated depends on experience: if the owner feels the patron will still remember the next day what happened, then the owner is at liberty to serve more alcohol to the customer.

6.4 Protecting intoxicated people

While allowing patrons to get intoxicated, the owners do on the whole seem to show some concern by either persuading drunk patrons to leave (A04); or go home (A05) and getting friends or someone to accompany them (A11); or even in one case (A16) the owner's son transporting them home; or looking after their money and other belongings (A05, A10) until they come back to reclaim them when sober. In what is perhaps safer for preventing further risky behaviour, one establishment (A10) looks after them and their belongings by letting them sleep on the benches and another (A12) directs them to the other side of the venue where there is a quiet place where they can sit, or lie on the tables. Only one small establishment (A14) intimated that no action was needed as the "class" of customers means they understand one another: "They don't fight – joke, smoke, think, talk about rugby, soccer. So it's hard to detect if there's a drunk someone. No problem with drunk people around here."

While awareness of the restriction on serving intoxicated people was high, there was a sharp contrast between the attitudes of, "No, I don't take money [from intoxicated people]. We are not allowed to do that (A11)," and the owner who sometimes went on serving drunk people, "Because I want money. …. It's not the rules of my licence because the licence says you must not sell alcohol to the drunk person," but friends can take that intoxicated person home when it's time (A06). The problem is two fold in that people drink to intoxication at their chosen place, but also already intoxicated people come from other venues having possibly been chased away because of fighting, and then they bring "... that violence to new place" (A15). The owners generally refuse entrance to such people for that reason.

6.5 Protection from unsafe sex

Liquor serving establishments are generally known to be places where sexual partners are sought with sex happening on site in some instances. With the involvement of alcohol, there is the possibility of risky behaviour as in unsafe sex occurring. Table 8 sums up the owners' responses as to whether sex occurred amongst patrons on their premises.

Table 8

Owners perceived extent of sexual liaisons occurring on the premises

Total number of liquor serving establishments	11
Number of establishments with sex occurring on site	1

The EC Liquor Act No. 10 of 2003 Section 59 (1) (i) states that no person may allow "prostitution and drug-trafficking on registered premises". While it happens that both males and females may come to look for members

of the opposite sex in the establishments (A10, A11); that women come to find men to sell sex to (A05, A16); and that women are bought drinks by men (A04, A06, A12, A13), ten of the 11 owners are adamant that they are generally unaware of sex happening on the premises. The feeling is that the customers "… do whatever they do, not in these premises" (A10), and that the owners' responsibility ends when the customers leave and they then cannot control what happens. According to one owner, women trading in sex does not seem to be a big issue as it has not come up for discussion in the taverners' association (A17). One owner (A05) in a perhaps more realistic response does however say that patrons go around the back of the house to have sex and customers report going to the toilet and finding people there, for example: two people

> *... were sleeping or doing this and this there ... Yes, it happens more especially those girls who didn't come with their money here. They have to pay after ... those guys they buy beer for them*

(by having sex). One owner (A13) says he is just selling the liquor, but he cannot say what happens after that. The issue was also raised of women, fewer of whom are employed than men according to one owner, targeting men in the drinking establishments on pay days.

Some owners and designated people keep a watchful eye on what is happening on the premises, for example at the toilets, and one of the bigger places has security people patrolling. Owners may intervene if the situation results in quarrels (A04) or if a woman complains that a man expects favours after buying her drinks (A17).

6.6 Controlling violence

Violence plays a role in HIV transmission and hence the owners were asked about violence occurring on site. A minority reported the occurrence of violence (See Table 9).

Table 9

Violence reported as occurring on site

Total number of liquor serving establishments	11
Number of establishments reporting violence	3

Although violent incidences do occur, for the most part owners seemed to be proactive in controlling and maintaining an internal environment relatively free of any serious violence or fighting, but they cannot control the vulnerability of drunk patrons outside when they leave. Owners can hear when a quarrel is "growing up"

(A15) in the drinking establishment, or there is a scuffle, which will "always" happen when people drink (A17), and the situation is quickly controlled by the owner or "controllers" mandated to look out for any potential violence especially over busy weekends (A05). These people may have the skills needed to quash the violence (A11). If unsuccessful, the police are called and the general consensus, with a couple of exceptions, is that they respond quickly. Violence is usually attributed to people coming into Gqebera from other townships (A11) or already intoxicated people arriving at a drinking place (A15).

The awareness of the danger of weapons is a recurring theme and one of the bigger places has security at every gate to search people coming in for firearms (A13). The police are supportive in efforts to eliminate weapons and owners say police come into establishments often over weekends especially, sometimes at the request of the owner, to check for knives and firearms (A11, A12). They may also come to see if they can find someone they are looking for (A15). Most establishments seem to have a valuable resource in the police in dealing with situations that have the potential to result in violence which could render people vulnerable to HIV infection, and foster a co-operative arrangement (A14) with them. The owner (A13) of a tavern a distance away from the police station maintains a good relationship and communication with the police so they will come quickly if needed. Another (A17) appreciates that the police are encouraging rather than confrontational and they help to get the customers out when they are slow to leave at closing time. Only one owner (A04) said police cannot manage to curb crime and he appealed for more visibility, while intimating the police only "want to get there when there's nobody who's doing something wrong," meaning the police delayed until the perpetrator of the problem had already gone. Most owners were aware of police patrolling even all night, especially at the busy times like the festive season, and according to one owner (A15) the police are aware of closing time and pick up drunk people taking them to the cells for the night from where they are released the next day when sober and not so vulnerable. Both the shebeen owners (A14, A15) seemed to indicate that since there were no problems like fighting or crime coming from their small establishments, the police did not come and ask to check for licences.

6.7 Regulation by the Eastern Cape Liquor Board

With the close link between alcohol abuse and HIV, the ECLB has a vital role to play in the licensing and regulation of liquor serving establishments and in education around alcohol-related issues such as Responsible Drinking (ECLB, undated) and foetal alcohol syndrome. As discussed earlier, the Board is short of resources and owners of establishments intimated that inspections were sparse and sporadic (A10, A11) which can impact severely on HIV prevention if establishments, both taverns and shebeens, are not forced to comply. There is the perception however that the Board will come if there are problems such as fighting in one's tavern (A06). One owner, promoting co-operation, advocated inspections by the Board more than once in a while so as " … to get

people to do the right things all the time" (A17). Besides a check on the validity of licences and the state of the buildings including the toilets, important changes in terms of HIV prevention efforts have nonetheless been precipitated in establishments after the Board has done an inspection: a combined tavern and shop in the same space was split into two separate entities so that young people coming to the shop would not be exposed to a drinking environment and potential violence (A05); and in another case (A13) customers were stopped from drinking outside the demarcated consumption area (ECLB, 2012).

6.8 Availability of condoms

When tavern and shebeen owners were asked the direct question of what prevention measures they have in place presently to prevent the spread of HIV, the overwhelming response was condoms, summed up by, "Prevention – it's condom" (A11). All had in mind the male condom and it is apparent that the female condom has not been adequately promoted or supplied. "Beside these [male] condoms" (A04) though, there is little else with no educational visits apparently from clinic staff. Two of the owners (A12, A14) explained that used to happen a long time ago but not anymore. In any event education during the week when the venues are relatively quiet would not reach a large number of people and as one owner (A17) said, to put educators in the situation like on a Saturday evening when people are "in the mood" for other things, would make it very difficult for the educators.

While the owners recognise the vital importance of having condoms to supply to customers, of encouraging their use (A17), and playing a positive role by supplying the broader community as well (e.g. A10, A12, A14, A16), there appears to be confusion presently over the delivery and acquisition of state supply condoms resulting in an erratic supply with the clinic in one case delivering "last month" and the owner (A05) not going to collect because the clinic used to bring them, while another (A12) goes to ask at the clinic for condoms so there is a supply available for the "cautious" customers. One of the owners (A04) says,

> *They [the clinic] used to deliver condoms. Now they've changed. You have to go there by yourself to get some condoms. So I haven't been for condoms for quite a while because of the new method they are using.*

However to add to the confusion, some of the owners (A10, A16) say that the volunteers working at the clinic as caregivers do bring condoms while another (A13) appears not to have received condoms from the clinic and is "trying" to keep them by obtaining condoms commercially and selling them (R5) to customers and other people from the community. This owner suggests that somebody takes responsibility to ensure a supply from the State every weekend so they are always available. This could help in HIV prevention as people would have access to a regular supply of the free condoms as they cannot necessarily afford to buy condoms themselves. The other

suggestion (A13) is that SAB delivers condoms, as they are doing in some places (Sapa, 2013), with the liquor orders.

Another concern expressed by two of the owners (A11, A12) is the wastage of condoms resulting in condoms being kept behind the counter where people have to ask for them as opposed to their being freely available for people to help themselves. This may prejudice people who may forget to ask for or take condoms after drinking if they are not in sight. However people "play" with them (A11) and according to one of the research assistants, there are other uses for them from apparently cleaning CDs to soothing itchy skin! A recent news24 report tells that "Gogos snap up free condoms for joint pain" and Mpumalanga Health and Social Development MEC Mashego-Dlamini has made an appeal to the pensioners to stop taking the condoms "non-stop" from the clinics to use the gel inside (Sengwayo, 2014, p. 1). To quote one of the owners (A11):

> *... I don't put them [condoms] there [in the body of the establishment] because some of them they don't care. They take them to play outside ... There are people who really need these condoms, so that's why I decide to take them over the counter so that when someone need, really need it, they going to have it. ... trying to keep for them because I get worried if somebody ask condom and I said I don't have it.*

This may be in conflict with the spirit of the draft Norms and Standards Section 4.8 (RSA, 2013, p. 8) which states that the person in charge must "take steps to ensure that free issue condoms are easily available in an easily accessible area at the liquor premises at all times."

With such a strong focus on condoms seemingly to the exclusion of any prevention alternatives, one of the interviewees (A17) hinted that a certain type of behaviour is actually being encouraged. This highlights the importance of tavern and shebeen owners, in addition to supplying condoms, using their position and influence to fill the gap in attempting to encourage behaviour change as well.

6.9 Review of Section 6

It seems there are many facets in the culture of taverns and shebeens that could give rise to risks of HIV transmission, but also present opportunities for prevention initiatives. It was found that some respondents have HIV prevention structures in place at their establishments (e.g. condoms onsite, measures of protection for drunk women) while others did not. While these individual efforts are important because they may have some effect on reducing HIV transmission, findings suggest that for a major impact to be made certain fundamental challenges involving behaviour change will need to be met. It is in this context that the alcohol policy changes under

consideration in SA making alcohol less available and accessible may help to control the extent of hazardous drinking and dependency on alcohol, along with interventions to enable patrons to control their drinking and take responsibility. The contentious and seemingly contradictory issue of owners not serving alcohol to intoxicated people but allowing people in the establishments to get drunk, needs to be clarified in the light of the EC Liquor Act of 2003 which puts responsibility in terms of avoiding violent, drunk and disorderly behaviour on both customers and owners. It could be interpreted therefore that if the owners' allow patrons to get drunk at the establishments they should not absolve themselves of responsibility of what happens afterwards.

The extent of the pattern of drunkenness in establishments has been highlighted as well as the ECLB's lack of resources. In view of these issues, possibly the focus should shift from legally enforced compliance to include incentives both for patrons and owners to self regulate themselves in the amount they drink and the amount of alcohol they supply respectively.

7. OWNERS' RESPONSES ON THE SPREAD OF HIV AMONG CUSTOMERS AND THE COMMUNITY

The levels of concern verbalised by owners about the spread of HIV among customers and the community was important in that it helped to focus their feelings and attitudes upon which action could be based. This is summarised in Table 10 together with some of the reasons given for a particular response.

Table 10

Extent of concern expressed by owners about the spread of HIV among customers and the community

<table>
<tr><th>Level of Concern</th><th>Number of owners</th><th>Notable comments</th></tr>
<tr><td>Extremely concerned</td><td>10</td><td rowspan="2">(A04) I'm concerned because it's a disease, it's a disease. It's killing people.

(A11) They are my friends. They are my everything. I'm worried. … They are the ones … who give me food on the table.

(A13) No, you see the problem of HIV and AIDS is not the problem of someone. It's our problem. If ever someone came with a solution … I see that will be important … because at the end of the day, it's killing our community.</td></tr>
<tr><td>Concerned</td><td></td></tr>
</table>

<table>
<tr><td>Not concerned</td><td></td><td rowspan="2">(A15) … I'm getting worried everyday when I see somebody who do as if he doesn't know about that [HIV].

(A17) It's not even about my customers, it's about the community, it's about the growth of our country, it's about the future. … You can't take it to that small thing about your space you know. It's a huge concern and I think everyone who loves this country should be concerned.</td></tr>
<tr><td>Not my responsibility</td><td>1</td></tr>
</table>

Note: One response of *Very Concerned* counted as *Extremely Concerned.*

Based on the findings presented here, it is fair to say that there is a high level of concern shown by tavern and shebeen owners, with one exception, about the spread of HIV among customers and the community. This relates to the general concern and help given to the community in times of crisis The positive sentiments expressed could be utilised to promote HIV prevention efforts in respondents' establishments Extrapolating these findings, it would be logical for this concern to be aligned with a willingness on the owners' part to introduce or expand HIV prevention measures in their establishments, as discussed later.

8. OWNERS' RESPONSES ON PREVENTION MEASURES THAT CAN BE INTRODUCED OR EXPANDED ON IN TAVERNS AND SHEBEENS

8.1 Anticipated customer response a determinant of prevention measures

There appears to be an incongruity or tension between the owners' willingness to introduce or bolster prevention efforts and the actual putting into practice of some of the measures. Owners generally state with hardly an exception that in terms of HIV prevention, they do not serve alcohol to teenagers or intoxicated people as a matter of course. However, the fact that they do have drunk people who are therefore vulnerable to HIV infection would seem to be a contradiction which runs counter to HIV prevention. Because the establishments operate in a climate of competition and poverty with limited disposable income (A17) available in the community, what the owners (A04, A07, A10, A12, A13, A16) are prepared to do with regard to prevention efforts, besides supplying condoms, is largely dependent on the anticipated customer response. Their patrons may possibly not like the introduction of particular measures and therefore their custom may be lost. The proposal (A13) was made for concerted action so that customers could be told that people would be travelling to all the taverns for educational

purposes and that customers are invited to come and listen: "But it will be easy for me if I can just say all the taverners, all the taverns, they doing this." An alternative (A13) would be to give customers a relevant phone number that they can phone and make an appointment to discuss HIV prevention and issues. One owner (A04) summed up the feelings of many of the others in risking the introduction of educational measures:

> *That's what I cannot answer for, to answer for customers. I can't answer that one. They can get bored and leave. You see, I don't know ... because it depends on the customers. It's not about me myself. I don't know how they are going to feel. Some maybe, may go for that; others they say, No, so it depends ... I can't answer for people.*

Consultation with the customers however could resolve the problem of assuming what the customers may object to (A13):

> *...what I can do, I can just talk with the customers first you see. No, we're planning to do this and this and this and this and this. Then just hear the information what is the answer. You see, yes, I think it will be easy like on that way. Not I just can I decide by myself.*

However in contrast some owners (A11, A13, A17) did feel the seriousness of HIV and urgency of prevention overrode possible customer resistance and that one should not be "scared to do the right things in life" (A17). Describing the importance of prevention, one of the interviewees (A11) said maybe some customers may not like the introduction of prevention measures but,

> *... yes, [I'm] going to be happy because we dying of these things, so we must know how to prevent it whether we like it or not. Yes, they must know. I'll not mind if you come and teach my customers, you see ... most of all the carelessness when they are drunk ....You see they do these things whether we like it or not.*

In some instances prevention efforts such as educational talks, DVDs, or plays would be "fine" for customers with the hope these will get them to move from denial to going earlier to the clinic to access treatment (A05) which would not only be of enormous benefit to the HIV-positive patient, but to the community as the person's infectivity would be reduced. In the owner's words:

> *Because maybe someone she's scared or he's scared to say I'm HIV but he keeps on drinking. Drinking and not using a treatment. You see, because most of them, they are HIV they are scared to say that. ... Some of*

them they are not [going to the clinic and getting treatment]. Maybe it [treatment] started when she's very, very, very sick.

It seems that the nature and effectiveness of prevention initiatives is again dependent on the type of clientele frequenting the establishment and on the individual owner, although some initiatives like educational material, but in different formats, would serve a purpose in all establishments. Customer response may vary from venue to venue. In one of the more upmarket venues, unlike what was expressed for some of the other places, the owner (A17) explains that the customers know all about HIV and that it is in their face all the time. The challenge is thus that

… it's what you do then…. I don't think it's information is the issue. It's about just people being always constantly aware and I think valuing the lives, valuing their being, taking care of the families, being around …

and the owner goes on to stress the importance of making the right choices. Individual owners (A17, A15) who are particularly aware of community issues or people's personal issues already play a regular informal counselling role and "… you do what you have to do and show them [people] the support and love, and that it's not the end of the world, that life goes on and we'll support" (A17). Another owner involved with community issues recounts that "… sometimes a guy got a quarrel with his girlfriend, said he want to beat her. I said, no, don't beat. Just talk, yes, just talk you see" (A13).

8.2 Indication from owners of preferences of HIV prevention measures for introduction

Owners of establishments indicated what prevention measures they would be willing to introduce (Table 11). All the owners showed willingness to be involved in various prevention efforts to a greater or lesser degree. It is suggested that these positive sentiments be utilized so to facilitate the implementation of appropriate HIV prevention measures and efforts at these establishments.

Table 11

Guide to HIV prevention measures tavern and shebeen owners would be willing to introduce

Total 11 owners

Prevention measure	**Number of owners willing to introduce/use**
Quiz	**2**
DVD	**4**

Drama	**3**
Educational material e.g. pamphlets, booklets, posters	**11**
Referral/referral list	**10**
Counselling by owner	**9**
Counselling by outside supporter including on subjects such as gender violence	**6**
Outside support which may include: awareness training for customers and owners talk to customers teaching customers mobile clinic in the area for HIV Counselling and Testing (HCT) enabling owners to counsel customers through knowledge acquisition	**8**
HCT on site	**3**
Security for women going home	**1**
Other e.g. campaigns using local talent to educate peers through the media such as poetry partnering	**1**

8.2.1. Condoms

Condoms are seen as central in all cases to prevention efforts and the establishments are all aware of the necessity of keeping them, whether sourcing them personally (the exception) or mostly from the local clinic. However confusion around their acquisition seems to result in an erratic supply. All premises need a permanent organised supply and delivery so none is ever out of stock: as one owner (A15) said, "… everybody who's serving … alcohol must have boxes of condoms": The importance of this is seen in light of the fact that many of the owners (A05, A10, A11, A12, A14, A15, A16) indicated that they supply condoms not only to customers but also to the broader community around the establishments as many people go there to collect condoms even though they may not be drinking there. From these findings, it is suggested that prevention efforts could be expanded to ensure a more efficient and consistent supply of condoms to drinking establishments.

8.2.2. Empowering owners

Owners showed great willingness to counsel their customers about HIV and alcohol abuse and related issues but felt they needed more education and knowledge themselves (A04, A10, A12, A13, A16) to do this effectively. As one of the owners (A04) explains:

I don't have any problem educating someone with something I know but the problem is to try to educate someone with something that you don't know. That's the thing, because you going to lie talking something that you don't know.

Having expressed the need for education and training, the owners should be encouraged in this endeavour and a suitable provider sought who can supply the relevant training and accommodate their needs. SABMiller have for example been involved in training taverners as peer educators and supplying training manuals (Boldrini & Trimble, 2008).

8.2.3. Measures that avoid customer boredom and information fatigue

A recurring concern on the part of owners (A04, A12, A14) was the fear that their customers would be bored with the prevention measures introduced. This is closely tied to fatigue around the subject of HIV and AIDS e.g. if posters are put up, after a couple of days, customers will not notice them anymore, and hence the importance of keeping on trying to do things in different and innovative ways (A17) to make an impact must be emphasised. However, while nearly half the owners felt posters would be striking and effective and some wanted only posters, booklets were sometimes seen as serving no purpose. Comments on this theme of customer boredom and fatigue and therefore the need to choose more effective prevention measures include:

(A14) *… how can you counsel … if you boring them … They don't care about this thing [HIV] anyway.*

(A12) *I would love to have it [DVDs] but it will also depend on the customers … The customers they get bored with always telling them about the same thing, same thing, same thing.*

(A14) Leaflets are described as being a waste of time and money and being thrown away in the street, as, *They [customers] don't want to read man. …No, waste of time. …Ja, just wasting money if you going to bring them.*

(A15) *People they don't like to read. They want to just to see ... You are not to give them a book. Definite. They throw that book, throw it away …*

8.2.4. Outside support

While owners are willing to help in prevention efforts, comments indicate that the resources to do this in some cases will need to come from outside e.g. the "implements" (A14), or the provision of security for women (A06). Generally support from outside in different forms such as awareness training for owners (A04); or teaching to give "some knowledge" (A10); or someone from outside, like one of the research assistants, coming to talk to and teach the customers about HIV and how "wrong" it is to spread it (A05), would be welcomed. However, the opposing (A15) viewpoint is that when you say,

OK, you're going to teach them [customers] here, they won't listen. They going to say, Whoa, whoa, whoa, we go, we go then. ... Because you see to remind you or to talk about that to them… they take it different. You are just trying to bring them stress you see. You give them that they must think about that [HIV] all the time.

The owners showed wariness about customer response to plays (A12, A13) and DVDs (A07, A13) because the customers may think their time for socialising was being taken up (A16), and DVDs would compete with the sport that people wanted to watch on the TV so live talks would be preferable (A06). However individual responses of owners differ as shown in a contradictory view taken by another interviewee (A13) who also feels customers may not like people coming in to talk.

8.2.5. HCT on site

Again divergent views were expressed with some owners willing to have HCT on site even though people do not want to test (A06, A10); some do not want to know their status (A16); and " … people they want to hide themselves for testing for no one wants to just test public because they take that as a secret" (A15). Another response (A13) to the possibility was amusement because if HCT was on site, "On that day they [customers] will not come. No one will get on the tavern. No one will come on the tavern on that day!" A mobile clinic in the vicinity especially on weekends when it is busy, could be an alternative to on site testing (A11). It seems there is great need for education and encouragement around HCT.

8.2.6. Using youthful local talent

In view of the extent of alcohol abuse, high HIV prevalence, and the information fatigue factor, different possibilities for innovative approaches should be examined and partnerships formed (A17) to achieve maximum results. One interviewee (A17) is willing to make his place available for the talented young people, of whom there are many in Gqebera, to use their creativity and do performances e.g. of song and poetry, in the "language" of their peers to get the message across that, "You know what, maybe, maybe I should be careful". This would serve the dual purpose of nurturing local talent while encouraging safe behaviour. A partnership of owners with the One Big Family arts troupe from the local high school could be impactful as, for example, the film the learners have written and acted in depicting the "tragedy" of underage drinking, could be shown in the establishments (One Big Family, 2013). The group has a focus on HIV, underage drinking, and teenage pregnancy.

8.2.7. Review of Section 8

The contradictory views expressed over various prevention efforts would seem to indicate that willing owners would need to test what initiatives are most acceptable and impactful for their particular establishments and customers. A "short time" venue (A15), for example where people sojourn briefly, would not be suitable for possibly lengthy presentations according to the owner. There was generally a lack of private space in all the venues for conducting interviews and this would also present a problem for doing counselling. "I don't have a private place" (A10) remarked one of the interviewees. The timing of interventions is also important as summed up by one interviewee (A14): "Like on a Tuesday when it's quiet I can play it [DVD] but not on the weekend," and when the customers are not drunk. This restricts not only the timing of interventions but the number of people reached with the prevention message. Comments expressed about the educational material would seem to indicate that a fresh approach and design is needed to overcome the boredom factor and make an impact. Posters, the material of choice for some owners, could not be accessed by the researcher in PE. Discussions should be held with people from various interest groups to get input on what could constitute effective new prevention material.

During the course of the interviews there were many demands on the owners and therefore interruptions, particularly where the owner was the only staff member present. Thus one owner's response that awareness training would be acceptable, "As long as it's not going to take a lot of my time" (A04), is a valid concern for the owners whose primary function is running a business. What motivates both owners and customers may also impact on prevention efforts. One owner (A15) depends on God for guidance in the role to be played while traditional ideas (A17) and culture were mentioned as possible impediments to the acceptance of HIV prevention efforts by customers. Top leadership with more than one wife came in for criticism (A15): if people "mirror" this behaviour, " … how can we protect [from] HIV and AIDS? …. it is wrong in this present time of these diseases."

A theme that emerged was that clinics should stop separating the people who are HIV infected (A06). This can be seen as a barrier to others seeking treatment because their status then becomes known and it means these people not on treatment remain highly infective. Compounding the problem is the perception that workers at the clinic, especially those with the NGOs, do not maintain confidentiality but disclose people's status (A06). An alternative suggestion (A06) made was that workers should go door to door dispensing treatment for patients so confidentiality is maintained.

It is evident that many factors could impact on the choice, practicality and effectiveness of HIV intervention measures in taverns and shebeens. Compliance with the law alone would go a long way to preventing HIV

transmission and this could be supplemented with additional prevention efforts and measures by willing owners for added impact.

9. ANTICIPATED EFFECT OF HIV PREVENTION MEASURES ON BUSINESSES

There was a mixed assessment of what effect prevention efforts might have on business, ranging from uncertain, to no change, to could be positive or negative, but the overall tendency was anticipating a positive effect. The anticipated effect on business was however closely related to particular prevention measures in the owners' minds. One owner (A13) made a significant response when asked about possible effects of prevention efforts on his business: "No, no, I don't mind because at the end people must know what is right and what is wrong, you see, about the HIV."

10. OWNERS' WILLINGNESS TO IMPLEMENT OR STRENGTHEN HIV PREVENTION EFFORTS AND MEASURES IN THEIR TAVERNS AND SHEBEENS

The final question posed to respondents required them to directly respond to whether they are willing to implement or strengthen existing HIV prevention efforts and measures in their establishments. Owners were also asked the reason or their motivation for their particular response about their willingness. These responses follow in Table 12.

Table 12

Willingness of tavern and shebeen owners to implement or strengthen HIV prevention efforts

Level	Very willing	Willing	Not willing	Not interested
Number of owners	**6**	**5**	**0**	**0**
Reason or motivation for willingness to implement or strengthen HIV prevention measures				
(A04) Willing: It's part of helping the community and my customers. (A05) Very willing: Because those people are dying. And most of the time it's the new generation, this one is dying. They don't have dreams or vision about their lives you see. And then when you just go the graveyards you will see that you'll notice that it's 1985, 87, 89. Those are the youngsters. … so all of them they are dying because of this. And if someone get that, maybe you go to the clinic and the clinic they said you are HIV, and she thinks that it's the end of the road and she's trying to commit suicide maybe some of them. (A06) Willing: Well, maybe because I help other people.				

(A10) Very, very willing: It's going to help me with the knowledge and I'm also going to help my customers and the other people - not only the customers because it also will be helping the community at large.

(A11) Very willing: I know there is a high rate of HIV especially here in Walmer, you see. So I would like them to know about the spread of HIV. They do know but they are careless sometimes – know mos when people they are drunk …

(A12) Very willing: Especially to the youth. Our children are dying before time so I wouldn't love them to die very soon and very early so it's part to prevent that.

(A13) Willing: People they dying you see. That is people they need more information … Maybe if they can get more information then it will be right … Because some of the people they know nothing … but they hear there is HIV and AIDS … but they don't know more about it … so they needed to be teached, yes.

(A14) Willing: Just to, in the community, just to say I've done something for the community. Even if they don't take it right, I've given it a chance …

(A15) Willing: No, no, no have to tell people. … Want to tell because it's happening. Even our communities, that's also where we fail. Because sometimes if someone is dying, is dead of AIDS, the priests who are the ones who are preaching, they won't tell that, OK, this one is here because of HIV, so please let us be careful… They only say, No, he was good in life, now he's dead so hamba kahle.

(A16): Very willing: Exactly because what I could say is that I know the rate is very high so I would love to help people to get more knowledge.

(A17): 100%: But anything that would help because everything we do is about helping people … and making sure and getting them to understand that they've got better things to live for. …. Allowing the space for that to happen could change minds…

The high level of willingness exhibited by owners, coupled with the high level of concern shown earlier about the well-being of their customers and the community with regard to the transmission of HIV, shows there might be great potential to enlist the support of tavern and shebeen owners in prevention efforts in the fight against HIV and a concerted effort should be made to harness this resource.

11. LIMITATIONS OF THE RESEARCH

11.1 Language

While the key respondents were fully conversant in English, the tavern and shebeen owners all of whose first language is isiXhosa, exhibited varying degrees of proficiency in English. Regrettably the researcher is unable to communicate in isiXhosa and the services of one of the assistants were used to translate when necessary. Inevitably with limited command of language, communication is affected with descriptions possibly restricted,

nuances of language lost in translation, and questions perhaps misunderstood although body language can be of assistance in assessing the situation. Ideally both interviewer and interviewee should be fully conversant in the same language, but nonetheless rich descriptive data were obtained. Despite limitations, the researcher felt good rapport was established with all the interviewees and communication was good.

11.2 Generalizability

While there is no reason to believe the results of the study could not be shown to be applicable in other township areas in PE, and possibly throughout the country, because of the generally devastating impact of HIV/AIDS on communities and the levels of concern raised, it must be borne in mind that Gqebera is historically and geographically, and possibly therefore socially, unique in many ways. Christensen et al. (2011, p. 54) point out the difficulties of generalization with qualitative data which are “based on local particularistic data.” In addition such data are subject to different interpretations by different researchers and it is hoped therefore that the ecological validity (Christensen et al., 2011) of this research will be tested in different settings in the future.

11.3 Setting

Interviewing and observing the tavern and shebeen interviewees actually in their establishments was an integral part of the research but it was hoped in each case for a degree of privacy particularly for the sharing of sensitive information and for the interview to remain focussed. However, it was realised that there was a lack of suitable private space generally in the establishments and that particularly where owners did not employ or have other staff in attendance, there were interruptions and distractions even though it was daytime, as they could not neglect the management of their businesses or the customers who were there. Drinking customers created extremely high noise levels which intruded on interviews.

11.4 Validity of Results

While every effort was made to counter a reactive or social desirability response from tavern and shebeen owners in their interviews, the responses received with regard to compliance with the law do not align with general public concerns or the extensive literature on the extent of alcohol abuse and intoxication in taverns and shebeens with all the resultant problems both for the patrons and the surrounding communities affected by anti-social behaviour and the impact of HIV transmission. Perceptions of an educator in Gqebera and some young people spoken to about alcohol abuse are also in conflict with the views of the tavern and shebeen owners. Teenage drinking is acknowledged to be of enormous concern as de Jager (2013) describes, with teenagers as young as 14 years old drinking. In this research all the owners strongly denied selling or serving alcohol to teenagers although methods of identifying those under 18 years old were in some cases subjective. In addition 9 of the 11 owners

responded that they did not serve alcohol to intoxicated people the definition of which is in itself a grey area open to subjective interpretation.

The purposive sampling process using known owners of liquor serving establishments may have contributed to the results obtained. Neither the researcher nor the assistant playing an observer role however detected any socially desirable responses. It is hoped that this exploratory research will provide a basis for further research into this topic.

CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND FURTHER RESEARCH

1. CHAPTER OVERVIEW

Conclusions are drawn from this research which is examined in the context of the literature reviewed. The findings give rise to recommendations and opportunities for further qualitative and quantitative studies both directly and indirectly related to the topic of this research.

2. RESEARCH QUESTION AND AIM OF RESEARCH

The answer to the research question this study sought to investigate is **that the tavern and shebeen owners interviewed in Gqebera, Port Elizabeth, have shown a high level of willingness to implement, or where measures do presently exist, to strengthen HIV prevention efforts and measures in their establishments.**

In terms of the aims and objectives of the study, besides establishing the owners' willingness to involve themselves in HIV prevention, the HIV measures they presently have in place and what specific measures they are willing to introduce and can be accommodated have been ascertained, along with a variety of factors that can influence or impact on the introduction of HIV prevention measures. Overall it appeared that prevention efforts could be managed in such a way to avoid a negative impact on business.

3. ALIGNMENT OF RESEARCH WITH LITERATURE REVIEWED

The research results were in line with the findings of other studies about the extent of general alcohol abuse and the disquiet around the related transmission of HIV, as well as the impact of many of the contributory factors that exacerbate the situation and create obstacles to effective HIV prevention. These are discussed next.

Drunkenness seemed to be the stated norm in 10 of the 11 drinking establishments and people were present drinking in the establishments during the morning and afternoon when the interviews with tavern and shebeen owners took place. Unemployment in the area is extremely high and the link between unemployment and alcohol was emphasised by the official from the ECLB. This is in line with findings by Gleason (2013) who provides confirmation of the synergistic relationship between alcohol abuse and unemployment.

Studies show that drinking is encouraged by the easy availability and accessibility of alcohol (Parry et al., 2012; WHO Europe, 2006) and this study would appear to corroborate this with drinking establishments opening as early as 6 am in one instance. Research has shown the necessity and effectiveness of stricter control over alcohol (Gruenewald, 2011; WHO Europe, 2006) such as reducing the number of outlets and selling hours. The results of

this study therefore appear to be justification for the proposed changes to the liquor laws by Health Minister Motsoaledi in an attempt to reduce the overwhelming harmful effects of alcohol abuse. Researchers point out the particular dangers of hazardous or binge drinking (Babor & Higgins-Biddle, undated; WHO, 2010) in terms of unsafe sex and sexual violence with the consequences of transmission of HIV. Tavern and shebeen owners confirmed the prevalence of this drinking pattern in their establishments particularly over weekends. The abuse of alcohol continued into Mondays in some drinking places adding to the impact costs to the State and the economy which is of great concern to many, including Social Development Minister Dlamini (as cited in Sapa, 2013). This could indicate a high level of alcohol dependence with serious implications for the health services in the EC which are already under severe pressure.

With regard to teenage drinking, this research focussed in the context of HIV prevention on owners not admitting teenagers to their establishments or serving them alcohol. While all 11 owners stated their compliance with this aspect of the law, underage drinking was nonetheless revealed as a big problem in Gqebera. The reality of teenage drinking in Gqebera became apparent through conversations with young people and the writings of teenagers themselves, as well as in interaction with a prominent local educator and the Ward Councillor for Gqebera. These pronouncements seem to be in line with studies by Dames (2009), the ECLB (2013) and the WHO Europe (2006), revealing the extent of the teenage drinking problem which is globally recognised and has potential consequences of HIV infection, pregnancy and death of young mothers (also see Williams, 2013, discussed earlier).

This research confirms that concern is justified over the extent of alcohol abuse and the need for interventions as recommended by various researchers. Whereas enforcement of legislation related to alcohol abuse may be more possible in first world countries, the constraints on the effectiveness of the enforcement agencies in SA such as the ECLB and SAPS, are well documented in the literature (Bradford, Huq, Jackson, & Roberts, 2013; ECLB, 2013). In addition many of the factors described in the literature which contribute to alcohol abuse and the transmission of HIV, such as poverty and unemployment, are present particularly in the context of SA, and specifically in Gqebera. Lutshaba (2011) describes the extent of poverty and unemployment in Gqebera and, apart from the conditions of deprivation observed by the research team in Gqebera, the tavern and shebeen owners also made reference to the deep poverty (A15) and the role the owners play in assisting the poor in times of crisis. The cyclical links between poverty and alcohol abuse are well documented (Karnani, 2007; Lawhon & Herrick, undated; WCC, 2001). HIV infection is a close partner.

In conditions of such congestion and with the extent of alcohol abuse in Gqebera, children are inevitably exposed to alcohol, as was observed by the research team, making them vulnerable to becoming abusers of alcohol themselves. This perpetuation of vulnerability when children are exposed to adults drinking was also illustrated in the recent Drinkaware research in the UK (The Daily Telegraph, as cited in The Herald, 2013).

Fritz et al. (2010) stress that unless the issue of gender violence resulting from gender imbalance is addressed, efforts to educate on the dangers of unsafe sex will only have limited success. The Ward Councillor referred to the problem of rape in the township, and to a case of a women being killed by her sexual partner when both were drunk. Chersich et al. (2009) describe this link between alcohol and gender violence. Owners are aware of the vulnerability of women (A13, A15) and that alcohol fuels gender violence, and to an extent encourage them to take precautions for their protection. As one owner (A15) explains though, the violence generally happens in homes but the police are taking a strong stand against it.

One of the main barriers to prevention efforts appears to be the culture that is confirmed in this research of binge drinking in taverns and shebeens to a state of intoxication which renders patrons unreceptive to prevention messages, often forgetful of condoms, or unable to use them effectively. Babor and Higgins-Biddle (undated) regard such a pattern of drinking as extremely risky. There also appears to be a grey area around what constitutes “intoxication” according to the EC Liquor Act 2003 which prohibits owners of liquor serving establishments from serving alcohol to intoxicated people.

4. SIGNIFICANCE OF RESEARCH FINDING

Taverns and shebeens are generally portrayed in a negative light in society and often as the cause of many of society’s ills because of the noise, drunkenness and antisocial behaviour, crime and violence associated with them. However these effects are manifestations of society’s ills as opposed to the causes of them and the global problem of alcohol abuse and the factors which contribute to it, including poverty, need to be tackled on a macro scale. SA is one of the most unequal societies in the world with the “widest gap between rich and poor” according to a University of Cape Town study (Mannak, 2009). This gap is perpetuated by a highly deficient education system (The Economist, 2012), and in addition SA with an estimated (2012 estimate) 6,1 million people living with HIV (UNAIDS, 2014) has the highest number of infected people in the world. Thus while drinking eases the pain and hopelessness of poverty, besides the other devastating effects resulting from alcohol abuse, there is the added risk of contracting HIV in a country such as SA. One of the interviewees (A14) put the overwhelming HIV epidemic in the South African context:

> *I think it's only God who can prevent that [HIV], not humans … condom or AIDS means nothing to us … It's difficult to educate somebody who don't know what's education … You can tell somebody this thing can hurt you … then how can you explain to them. [Lack of] education, starvation, hungry and I blame [lack of] work. Lousy not have a proper family, not have a good family. All these things contribute, ja, contribute a lot … It's only God, not people.*

The magnitude of the problems of HIV and its contributory factors, as expressed by the owner (A14), shows that there will be no "quick fix" and thus every effort and resource should be brought to bear in fighting the disease. In this context individual efforts assume importance, as per suggestion of Kalichman, Simbayi, Vermaak, Jooste and Cain (2008) who emphasised the need for prevention interventions in drinking venues such as shebeens where many people at the greatest risk of HIV infection can be reached. Tavern and shebeen owners are individuals who seem to play a prominent role in community life and have also shown in this research that they are willing to play a role in HIV prevention, and are in a good position to combine the two roles for the ultimate protection from HIV of their customers and the broader community. In view of the recommendations emanating from this study (see Sections 5.1 and 5.2 to follow) it is important that owners are aware of possible interventions which are feasible and manageable in their establishments. These could include the use of brief interventions which involve counselling alcohol abusers over a limited time so they become aware of the drinking problem, and are motivated and empowered to control it through behaviour change (Peltzer et al., 2011; Chersich et al., 2009; Babor and Higgins-Biddle, undated). An intervention proposed in the draft National Liquor Norms and Standards which could also be considered as feasible and manageable, is that free drinking water should be easily available in the onsite liquor serving establishments (RSA, 2013). Having free drinking water onsite has already proven to work well in a similar context: in a study done in gay bars in San Francisco, installing free water dispensers (along with posters showing the link between alcohol and HIV) were effective in slowing down the process of becoming intoxicated (Charlebois, 2013).

For maximum prevention effect the willingness shown by owners to be involved with prevention measures should be combined with an ethical responsibility by people serving liquor, as emphasised by WHO Europe (2006), to obey the requirements of the law. In so doing they look after the best interests of their customers.
Exercising a strong moral commitment and responsibility for HIV prevention will do much to improve the general image of drinking establishments. The positive role they play in the community as shown in the help they render in times of crisis and in the distribution of condoms generally to the broader community, will be enhanced. The ensuing recognition and respect potentially afforded them may in turn lead to increasing responsibility on their part to curb drunkenness in their establishments.

Stellenbosch University http://scholar.sun.ac.za

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Principal conclusions and recommendations

- **The concern and willingness shown by owners of taverns and shebeens to implement or expand HIV prevention efforts and measures in their establishments is to be welcomed and should be put to maximum use,** hopefully contributing to a reduction in HIV transmission so that ultimately an impact, no matter how small, can be made on reducing the prevalence of HIV.

- Every effort should be made to encourage and support tavern and shebeen owners who have shown goodwill and commitment to HIV prevention efforts, and to help facilitate their efforts where desired and appropriate, bearing in mind that they were informed that there would be no coercion from the research team. The owners did however generally indicate they would welcome outside support in various initiatives.

- In the context of SA with high HIV prevalence and extreme poverty, and where alcohol abuse is rife, the focus should also extend beyond individual HIV prevention efforts valuable as they are, to include macro interventions which are urgently needed to bring about the necessary structural changes in society and improve the underlying conditions which continue to drive the HIV epidemic.

5.2 Secondary conclusions and recommendations

One of the owners (A17) indicates that the use of alcohol is a reality in our society and therefore the aim should be to manage it as effectively as possible and make its use as safe as possible:

> *You want to create a space where people can come and have fun and ... because people will always have fun. You can say, No, you don't want it [taverns] in your communities. What they going to do? They going to go here, go to wherever, and it's going to get worse for them because at least here they within the same community, they can go around and go home and whatever.*

It is in this context that various recommendations flowing directly or indirectly from the research follow.

5.2.1. Training for tavern and shebeen owners and employees

- Tavern and shebeen owners expressed willingness to counsel and educate customers on alcohol and HIV prevention but generally felt they themselves were not sufficiently knowledgeable or equipped to do so. Appropriate training for them would enable them to possibly play an important role in HIV prevention.

- Informal comments picked up from young employees in establishments indicated their distaste on occasion for events in liquor serving establishments. Training of all employees prior to commencing work in such premises on the legal requirements and other issues pertaining to alcohol, could empower them to act in accordance with the law and their consciences.

Recommendation: The Taverners' Association, with the assistance of the ECLB and the Ward Councillor, source suitable HIV/AIDS training for the employees, and also the owners of taverns and shebeens, bearing in mind the constraints on owners' time and difficulty sometimes of leaving their establishments. Training materials could serve the dual purpose of providing education for the owners and the customers as well as employees. Production of a "Taverners' Manual" could serve as an information resource about HIV, prevention, referral agencies, and legal requirements. SABMiller would be a useful resource.

5.2.2.Partnerships

The extent of alcohol abuse in the country and globally requires interventions on a macro scale, but to make an impact on alcohol abuse and the associated spread of HIV in Gqebera, the limited resources of different agencies need to be brought together in a co-ordinated and co-operative way for a leveraging effect. The Ward Councillor for example said she would welcome communication with the ECLB. Communication and an awareness of the difficulties under which each role player operates would increase understanding and enable maximum use of resources.

Recommendation: The Taverners' Association (stokvel), ECLB, SAPS, and Ward Councillor meet on a regular basis to provide a forum for communication and discussion of issues related to alcohol use and HIV prevalence in Gqebera, and to plan strategies.

5.2.3. Self regulation by owners of liquor serving establishments

The enforcement agencies tasked with enforcing compliance of the tavern and shebeen owners with the liquor legislation are short of the necessary resources. This is evidenced in the high level of intoxication and teenage drinking in the township. Therefore if owners could be encouraged to regulate themselves to comply with the legislation that pertains to them, an impact on reducing HIV transmission could be made. Incentives could be used to compensate owners for potential loss of income as a result of compliance with the law.

Recommendation: Role players with a high level of authority including members of the SAPS, ECLB, and taverners´ association, meet with government officials and the Ward Councillor to devise a system of self regulation by the owners coupled with incentives.

5.2.4 Concerted action by tavern and shebeen owners

Individual owners are wary of introducing certain HIV prevention educational measures because customers may not find them acceptable. However if owners could act in unison so innovative, dynamic and short presentations could become a regular but accepted feature of interest, possibly in the daytime or early in the evening, in as many establishments as possible, then no establishment would lose custom to another because of customer avoidance or "boredom".

Recommendation: The Taverners' Association (stokvel) explores the possibility of taking concerted actions for HIV education and prevention, and running programmes. This should be inclusive of those establishments which do not belong to the Association.

5.2.5. Maximising the role tavern and shebeen owners play in the community

It appears that owners may have a certain standing in the community as they are a source of resources and have business skills. Using them to educate the broad community on the dangers of alcohol abuse may be ironic but could be impactful if they stress the link between alcohol, unsafe sex and HIV.

Recommendation: Tavern and shebeen owners be given incentives to run educational workshops in the community on the dangers of abuse of alcohol and its association with HIV. Incentives would compensate for any loss of income they envisage as a result of such educational outreaches.

5.2.6. Availability of educational materials

Great difficulty was experienced by the researcher in locating any, or suitable, educational materials in the local African language e.g. ATICC could not supply material in isiXhosa but had materials in another African language not spoken locally. Many interviewees expressed a preference for posters as suitable for taverns and shebeens to display but none could be sourced.

Recommendation: The relevant section in the DoH ensures that appropriate educational materials in terms of language and design are easily available and accessible.

5.2.7. Suitability of educational materials

The boredom factor and high prevalence of HIV would seem to indicate that an innovative approach and design is needed to make educational materials more effective in spreading the message of HIV prevention and to prevent them being thrown away e.g. owners may be more amenable to showing DVDs which pass as "entertainment" but carry a subtle HIV prevention message, during the busy times. This would serve a dual

purpose: a wider audience would be reached and people could possibly drink more slowly with the distraction of entertainment.

Recommendation: A task team be convened by the DoH to investigate the effectiveness of prevention materials, as well as new designs and initiatives that could make a fresh impact on reducing HIV transmission. Materials should be designed in consultation with other stakeholders including owners of liquor serving establishments and other community members. Production of materials could also contribute to skills acquisition for community members as for example in the case of the Gqebera learners producing films.

5.2.8. Supply of male condoms from the clinic

At present there appears to be confusion over the policy of condom distribution from the local clinic to taverns and shebeens which seems to result on occasion in an erratic supply, or establishments not being on the receiving end, or possibly running out. It is particularly important that all drinking establishments maintain a constant and reliable supply because they are a source of condoms, not only to their own customers, but to the broader community.

Recommendation: The chairman of the Gqebera Clinic Committee clarify the policy of condom distribution from the local clinic and whose responsibility it is, and ensure tavern and shebeen owners are aware of the procedure but also that they can access condoms themselves from the clinic if needed.

5.2.9. Female Condoms

There appears to be a scarcity and lack of knowledge generally about female condoms which could be a valuable resource in HIV prevention efforts and which could empower women and reduce their vulnerability to infection particularly if they were inserted prior to visiting liquor serving establishments.

Recommendation: The chairman of the Gqebera Clinic Committee together with the clinic manager investigate a regular supply and distribution of female condoms to the drinking establishments through the EC DoH and ATICC, who should promote and teach on their use to the community, with the support of the Ward Councillor, clinic, and tavern and shebeen owners.

5.2.10. Behaviour Change

Various practices, behaviour and attitudes are recognised as impeding prevention efforts in taverns and shebeens. These include cultural or traditional issues such as disempowerment of women and the concept of masculinity; stigma; and alcohol dependence. Mitigating the effects of these will require more than knowledge which does not necessarily translate into the behaviour needed for protection from HIV.

Recommendation: A review of harmful practices and behaviours in terms of HIV transmission be discussed in forums across the community and tavern and shebeen owners receive training on best practice in dealing with such issues. Suitable role models should be identified and encouraged to play a part in bringing about behaviour change.

5.2.11. Off site consumption of alcohol

A large proportion of alcohol is sold in taverns and shebeens for off site consumption which also carries potential risk of resulting in HIV infection.

Recommendation: The ECLB and the Taverners´ Association educate owners on the opportunity for prevention counselling when alcohol for off site consumption is purchased.

5.2.12. Local clinic practice

Stigma and its impact emerged as a burning issue during the course of the research with it being said the clinic practice of separating the HIV positive patients from the others caused people to isolate themselves in their houses and get sick rather than access ART at the clinic. The appeal was made to stop this practice. Death from AIDS is still very much a reality in Gqebera with many interviewees referring to it. It was stated that people do not want to risk being seen among the HIV positive patients at the clinic and that confidentiality is further compromised by workers, resulting in the community becoming aware of one’s status.

Recommendation: The chairman of the Gqebera Clinic Committee with the clinic manager examine the possibility of integrating HIV patients with the other patients and not treating HIV patients separately, and reinforce awareness among workers of the need for confidentiality.

5.2.13 Accessibility to support organisations

- There appears to be a lack of information about any NGOs working in Gqebera in the field of HIV and/or alcohol abuse.
- The researcher found it extremely difficult trying to make contact with government agencies working in the field of HIV and AIDS as telephone numbers were generally inaccessible or incorrect, or telephones remained unanswered.

Tavern and shebeen owners proved enthusiastic about knowing where to refer customers for problems they may be experiencing either directly related to alcohol and HIV, or also to other broader problems possibly causing them stress and contributing to a need for alcohol.

Recommendation: Researcher to compile a list of agencies and contact details e.g. NGOs and state departments, and their field of expertise, and distribute the referral list to the taverns and shebeens visited. SANCAD (South African National Council on Alcoholism and Drug Dependence) and AA (Alcoholics Anonymous Eastern Cape Area) for example could be useful resources.

5.2.14. Alternate venues for young people

A recurring theme is that children and teenagers are attracted to liquor serving establishments that have pool playing facilities and are thus exposed to a culture of drinking from an early age.

Recommendation: The Ward Councillor, NGOs, and youth structures motivate for more recreational facilities for young people in Gqebera. These could include pool tables and other games but must have no association with drinking establishments.

6. APPLICATION OF RESEARCH FINDINGS FOR THE FUTURE

6.1 Quantifying and expanding this exploratory research

This exploratory research has shown high levels of concern about HIV on the part of tavern and shebeen owners as well as willingness from them to be involved in HIV prevention efforts. Further research should determine if the findings presented here are generalizable beyond the current research setting and if so, explore which specific functions tavern and shebeen owners can fulfil in HIV prevention efforts.

6.2 Future research options in Gqebera, PE

During the course of the study various questions and issues directly or indirectly related to the research arose and would appear to warrant further investigation.

6.2.1. Perceptions of tavern and shebeen owners compared with those of the community

Tavern and shebeen owners interviewed were generally of the opinion that their establishments had minimal negative impact on the community. While this is very positive, one wonders if there is not an element of social desirability bias in the responses made by the owners on this issue and research would reveal if this perception does actually align with that of the community.

6.2.2. Obtaining clarity in communication

Certain terms may have different nuances or connotations in different language or cultural groups. It appeared in this research that “old” may mean over 18 years in age, the legal drinking age. Terms such as “drunk” or “intoxicated” may have different interpretations and need quantification. A variety of terms such as “drunk that much” (A14), or “drunk over” (A16) are used by interviewees and need clarification.

Stellenbosch University http://scholar.sun.ac.za

6.2.3. Effectively reducing FASD through taverns and shebeens

Two of the establishments had *No Pregnant Women* signs but this is extremely hard and questionable to enforce. Research is needed on how to effectively reduce the number of pregnant women wishing to drink in taverns and shebeens.

6.2.4. Controversial issues emerging from the research

Controversial comments made in certain instances by tavern and shebeen owners warrant further investigation:

* *There are girls who don't want condoms. If you use a condom then you are out*. (A14)

* *I would say 1992, people were very, very, very scared of AIDS, but now, since we've got these tablets, they not scared anymore.* (A14)

* *Other peoples use condoms; others they want to spread it [HIV].* (A06)

6.2.5. Curbing alcohol abuse on Mondays

Mondays appear to be busy days in a number of taverns and shebeens with obvious implications for productivity and the economy particularly where people are in formal employment. Research could reveal ways of reducing drinking to intoxication on Sundays and Mondays and investigate whether Health Minister Motsoaledi's proposed interventions of reducing accessibility to alcohol will have an effect.

7. INTERVIEWEE EXPECTATIONS OF RESEARCH

The fact that all the interviewees wanted feedback once the research report was completed is an indication of their interest and their concern about HIV but also that they have expectations that the research will achieve some practical results. The main response from interviewees (A11, A16, A15) when asked at the end of the interview whether they had any questions, was what was going to be done with the information gathered and what follow up would there be. One interviewee (A15) questioned, "It's only [I] want to know where you going to take this information. Maybe how does, can, this information bring help to our people?" Another (A11), after the process of submitting the research to Stellenbosch University was explained, asked hopefully, "Maybe there's something they [University of Stellenbosch] going to do?" The need for research and what seemed an appreciation of the interest shown in the community was expressed in the words (A17):

> *This is the first meeting about HIV I've ever had sitting in Walmer, through a researcher. What about the local organisations? What about local government? I think we custodians of this thing. They need to engage more and find out more.*

This places a big responsibility on all stakeholders to involve themselves in identifying with the community and the problems leading to such high alcohol use and the associated high prevalence of HIV, and to engage with the owners of liquor serving establishments. Whatever the final outcome of this research, it is believed that in the short term it has raised or refreshed awareness about HIV and its prevention among the interviewees and created another avenue for the distribution of educational materials in Gqebera. It is hoped this will also be of benefit to customers and the broader community.

What did seem to make the project worthwhile was the words of one of the owners (A05) who saw value in the research: "I gained something. Maybe one day I'll go to Stellenbosch."

REFERENCES

Babor, T.F., & Higgins-Biddle, J. C. (Undated). Brief Intervention For Hazardous and Harmful Drinking. AddictionInfo. WHO, Department of Mental Health and Substance Dependence. Retrieved December 18, 2013 from http://www.addictioninfo.org/articles/3463/1/Brief-Intervention-For-Hazardous-and-Harmful-Drinking/Page1.html

Babor, T.F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M.G. (2001). The Alcohol Use Disorders Identification Test. Guidelines for Use in Primary Care. 2nd Edition. Retrieved December 18, 2013 from http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf

Boldrini, F., & Trimble, C. (2008). Beyond Big Business: Guidelines to support your supply chain against HIV/AIDS. World Economic Forum Global Health Initiative in co-operation with UNAIDS, Sida.

Bradford, B., Huq, A., Jackson, J. & Roberts, B. (2013). What Price Fairness when Security is at Stake? Police Legitimacy in South Africa. Regulation & Governance. *Academia.edu.* Retrieved May 8, 2013 from http://www.academia.edu/1886909/What_Price_Fairness_When_Security_is_at_Stake_Police_Legitimacy_in_South_Africa

Bryant, K.J., Nelson, S., Braithwaite, R.S., & Roach, D. (2010). Integrating HIV/AIDS and Alcohol Research. *Alcohol Research & Health, 33*(3), 167-178. Retrieved May 8, 2011 from 6&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=cin20&AN=2010908366 http://web.ebscohost.com.ez.sun.ac.za/ehost/pdfviewer/pdfviewer?sid=19aac487-c758-4392-83da-c4f1a9074478%40sessionmgr104&vid=2&hid=126

Carlisle, A. (November 12, 2013). Cradock man shocked at life sentence for rape, murder. *The Herald,* p. 6.

Centres for Disease Control and Prevention. (Last updated 2010). Fetal Alcohol Spectrum Disorders (FASDs). Secondary Conditions. Retrieved May 11, 2103 from http://www.cdc.gov/ncbddd/fasd/secondary-conditions.html

Charlebois, E.D. (2013). Structural Alcohol/HIV Risk Intervention in Gay Bar Patrons. California HIV/AIDS Research Program. Retrieved January 31, 2014 from http://globalprojects.ucsf.edu/project/structural-alcoholhiv-risk-intervention-gay-bar-patrons

Chersich M. F., Rees, H.V., Scorgie, F., & Martin, G. (2009). Enhancing Global Control of Alcohol to Reduce Unsafe Sex and HIV in sub-Saharan Africa. *Globalization and Health 2009, 5*(16). [Electronic Version]. Retrieved April 1, 2013 from http://go.galegroup.com.ez.sun.ac.za/ps/i.do?action=interpret&id=GALE%7CA212816280&v=2.1&u=27uos&it=r&p=AONE&sw=w&authCount=1

Christensen, L.B., Johnson, R.B., & Turner, L.A. (2011). Research Methods, Design, and Analysis. 11th Edition: Pearson.

Cullinan, K. (2012). In Africa, AIDS often has a woman's face. *United Nations Africa Renewal,* Special Edition on Women, 30. [Electronic Version]. Retrieved May 10, 2013 from http://www.un.org/africarenewal/magazine/special-edition-women-2012/africa-aids-often-has-woman%E2%80%99s-face

Cybo. (2013). The Global Business Directory. Retrieved June 14, 2013 from http://en.cybo.com/south_africa-postal_code/butterworth,_eastern_cape/

Dames, R. (ILO & SETYSA). (2009). Community level research on the potential for Social Enterprise Development in three targeted communities in the Nelson Mandela Metropole. SETYSA & Belgian Embassy. [Electronic Version]. Retrieved April 2, 2013 from http://www.ilo.org/public/english/region/afpro/pretoria/pdf/pubs/soc_ent_mand_bay.pdf

Davids, A., London, L., Louwagie, G., Morojele, N., Ojo, O.A., & Olorunju, S. (2010). Factors associated with female high-risk drinking in a rural and urban South African site. *South African Medical Journal, 100*(3), 180-182. Retrieved April 24, 2013 from http://go.galegroup.com.ez.sun.ac.za/ps/infomark.do?sPage=180&userGroupName=27uos&prodId=AONE&searchType=AdvancedSearchForm&queryId=Locale%28en%2CUS%2C%29%3AFQE%3D%28sp%2C3%29180%3AAnd%3AFQE%3D%28iu%2C1%293%3AAnd%3AFQE%3D%28sn%2C9%290256-9574%3AAnd%3AFQE%3D%28vo%2C3%29100%24&type=DIourl&version=1.0&source=null

De Jager, S. (December 19, 2013). Bay teens as young as 14 admit they drink. *The Herald*, p. 3.

De Jager, S. (September 9, 2013). B'dorp area subject of alcohol study. *The Herald,* p. 7.

De Kock, R. (September 20, 2013). Anger as ward committee vote pushed through. *The Herald*, p. 6.

De Kock, R. (January 22, 2014). Walmer housing plan given the green light. *The Herald*, p. 4

Devine, J. (Undated). Alcohol Content in Different Drinks. EzineArticles.com. Retrieved December 16, 3013 from http://ezinearticles.com/?Alcohol-Content-in-Different-Drinks&id=3394143

Eastern Cape (EC). (2003). Eastern Cape Liquor Act (Act No. 10 of 2003). [Electronic Version]. Retrieved May 2, 2013 from http://www.eclb.co.za/wp-content/media/ec-liquor-act-2003.pdf

Eastern Cape Department of Health. (2011). Annual Report 2010/11. [Electronic Version]. Retrieved April 1, 2013 from http://www.ecdoh.gov.za/uploads/files/131011145700.pdf

Eastern Cape Liquor Board. (2012). Compliance and Enforcement Manual & non Compliance Directive.

Eastern Cape Liquor Board. (2013). Research Findings on Socio-economic impact of liquor abuse. [Electronic Version]. Retrieved May 4, 2013 from http://www.eclb.co.za/2013/news/eastern-cape-liquor-board-releases-research-findings-on-socio-economic-impact-of-liquor-abuse-in-the-province/

Eastern Cape Liquor Board. (Undated). Responsible Drinking Guidelines. [Electronic Version]. Retrieved May 2, —2013 from http://www.eclb.co.za/about/public-education/

Ellis, E. (March 19, 2013). Alcohol Abuse Costing Province R6bn a Year. *The Herald,* p.1.

Ellis, E. (September 23, 2013). Alcohol abuse costs East Cape R6bn. *The Herald*, p. 2.

Freeman, M., & Parry, C. (2006). Alcohol Use Literature Review. Prepared for Soul City. Retrieved May 5, 2013 from http://frayintermedia.com/blog/wp-content/uploads/2010/02/Alcohol-Use-Literature-Review.pdf

Fritz, K., Morojele, N., & Kalichman, S. (2010). Alcohol: The Forgotten Drug in HIV/AIDS. *Lancet, 376*(9739), 398-400. [Electronic Version]. Retrieved April 23, 2013 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3015091/

Gleason, D. (October 19, 2013). Trouble brewing over state's bid to ban the advertising of alcohol. *Weekend Post,* p. 10.

Gruenewald, P.J. (2011). Regulating availability: how access to alcohol affects drinking and problems in youth and adults. *Alcohol Research & Health, 34*(2). Retrieved April 24, 2013 from http://go.galegroup.com.ez.sun.ac.za/ps/i.do?action=interpret&id=GALE%7CA275974735&v=2.1&u=27uos&it=r&p=AONE&sw=w&authCount=1

Haw, P. (2011). Alcohol advertising: To ban or not to ban. University of Stellenbosch Business School. Retrieved December 13, 2013 from http://www.leader.co.za/article.aspx?s=2&f=1&a=3260

Health24. (2012). Binge drinking in Africa a crisis. Retrieved January 31, 2014 from http://www.health24.com/Medical/Addiction/News/Binge-drinking-in-Africa-a-crisis-20130210

Herrick, C. (2012). The political ecology of alcohol as "disaster" in South Africa's Western Cape. *Geoforum, 43*(6), 1045-1056. [Electronic Version]. Retrieved May 1, 2013 from http://www.sciencedirect.com.ez.sun.ac.za/science/article/pii/S0016718512001625

Intoxication. In The Free Dictionary on line. Retrieved January 31, 2014 from http://legal-dictionary.thefreedictionary.com/intoxication

IOL News. (March 19, 2013). Under-21s face drinking ban. Retrieved May 1, 2013 from http://www.iol.co.za/news/south-africa/under-21s-face-drinking-ban-1.1488588

Izizwe Projects. (2013). About Walmer Township. [Electronic Version]. Retrieved April 1, 2013 from http://www.izizweprojects.co.za/about/township-life/

Kalichman, S.C. (2010). Social and Structural HIV Prevention in Alcohol-Serving Establishments. *Alcohol Research and Health, 33*(3), 184-194. Retrieved April 24, 2013 from http://web.ebscohost.com.ez.sun.ac.za/ehost/pdfviewer/pdfviewer?nobk=y&sid=de57da4B-23a5-44d1-t

Kalichman, S.C., Cherry, C., Kalichman, M. O., Crawford, M., Cain, D., Simbayi, L.C., Cloete, A., Strebel, A., Henda, N., Shefer, T., & Tshabalala, M. (2008). HIV/AIDS Risk Reduction and Domestic Violence Prevention Intervention for South African Men. *International Journal of Men's Health*, September 22, 2008. [Electronic Version]. Retrieved April 5, 2013 from http://www.thefreelibrary.com/HIV%2FAIDS+risk+reduction+and+domestic+violence+prevention+intervention...-a0189486239

Kalichman, S.C., Pinkerton, S.D., Carey, M.P., Cain, D., Mehlomakulu, V., Carey, K.B., Simbayi, L.C., Mwaba, K., & Harel, O. (2011). Heterosexual anal intercourse and HIV infection risks in the context of alcohol serving venues, Cape Town, South Africa. *BMC Public Health, 11*(807). Retrieved April 24, 2013 from http://www.biomedcentral.com.ez.sun.ac.za/1471-2458/11/807

Kalichman, S.C., Simbayi, L.C., Vermaak, R., Jooste, S., & Cain, D. (2008). HIV/AIDS Risks among Men and Women Who Drink at Informal Alcohol Serving Establishments (Shebeens) in Cape Town, South Africa. *Prevention Science, 9*(1), 55-62. Retrieved May 1, 2013 from http://search.proquest.com.ez.sun.ac.za/docview/222774842/fulltextPDF?accountid=14049

Karnani, A. (2007). Eradicating Poverty through Enterprise. Retrieved January 31, 2014 from http://www.bing.com/search?q=karnani%20eradicating%20poverty%20through%20enterprise&FORM=TSHMLB&PC=MATM&QS=n

Kelly, J.A., Murphy, D.A., Sikkema, K.J., McAuliffe, T. L., Roffman, R.A., Solomon, L.J., Winett, R.A., & Kalichman, S.C. (1997). Randomised, controlled, community-level HIV-prevention for sexual-risk behaviour among homosexual men in US cities. Community HIV Prevention Research Collaborative. *Lancet, 350*(9090), 1500-1505. Retrieved January 31, 2013 from http://www.ncbi.nlm.nih.gov/pubmed/9388397

Kimberley, M. (May 17, 2013). 'Kids drink more than adults'. *The Herald*, p. 5.

Lawhon, M., & Herrick, C. (Undated). Working Paper 1- Shebeens in the news. Alcohol, Development and Poverty in South Africa. *Journal of Health Politics, Policy and Law.* UCT. [Electronic Version]. Retrieved April 5, 2013 from http://alcoholsouthafrica.wordpress.com/working-papers/

Legalbrief Today. (November 29, 2013), Regulatory impact assessment on liquor advertising Bill. Retrieved January 31, 2014 from http://www.legalbrief.co.za/article.php?story=20131129052520489

Local Authority Notices. (2005). Nelson Mandela Metropolitan Municipality: Liquor Selling Hours By-Law (No. 215 of 2005). [Electronic Version]. Retrieved April 24, 2013 from http://www.nelsonmandelabay.gov.za/Content.aspx?objID=151#PROMULGATED BY-LAWS

Lutshaba, U. M. (2011). The role of the Nelson Mandela Bay Municipality in Alleviating Poverty in the Walmer Township. Unpublished master's thesis, Nelson Mandela Metropolitan University, Port Elizabeth. Retrieved April 1, 2013 from http://dspace.nmmu.ac.za:8080/jspui/bitstream/10948/1598/1/Unathi%20Lutshaba.pdf

Lwanga-Ntale, C. (2007). Drinking into deeper poverty. The new frontier for Chronic Poverty in Uganda. Chronic Poverty Research Centre, Uganda. Retrieved February 1, 2014 from http://www.chronicpoverty.org/uploads/publication_files/CPRC-UG_PB_2007-1.pdf

Mannak, M. (September 28, 2009). Report: South Africa most unequal society. *Digital Journal*. Retrieved January 9, 2014 from http://www.digitaljournal.com/article/279796

Mgwebi, M. (November 21, 2013). Report any illegal trading in liquor. *The Herald,* p. 19.

Morisky, D.E., Stein, J.A., Chiao, C., Ksobiech, K., & Malow, R. (2006). Impact of a social influence intervention on condom use and sexually transmitted infections among establishment-based female sex workers in the Philippines: a multilevel analysis. *Health Psychology, 25*, 595-603. Retrieved February 15, 2014 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2435363/

Mukhuthu, Z. (May 18, 2012). MEC Lashes EC Liquor Board. *Bizcommunity.com.* Retrieved April 8, 2013 from http://www.bizcommunity.com/Print.aspx?1=196&c=307&ct=1&ci=75457

National Department of Health. (2010). The 2010 National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa. Directorate of Epidemiology and Surveillance. Retrieved April 1, 2013 from

http://www.doh.gov.za/docs/reports/2011/hiv_aids_survey.pdf

Ndamase, M. (September 26, 2013). Church group gather in protest at city hall. *The Herald*, p. 4.

Ndamase, M. (May 27, 2013). Ex-premier sings the praises of the DA. *The Herald*, p. 2.

Ndamase, M. (August 2, 2013). Offer to buy land in Walmer. *The Herald*, p. 4.

New Mexico (NM) Department of Health Family Planning Program. (Last modified July 20, 2007). Condoms – Male and Female. Retrieved December 31, 2013 from http://www.health.state.nm.us/phd/fp/condoms.htm#advan

Olive Leaf Foundation. (2008). Eastern Cape/Port Elizabeth. Retrieved April 1, 2013 from http://www.olf.org.za/page/eastern-cape-port-elizabeth/

One Big Family. (2013). Tragedy of Underage Drinking (film). Walmer High School. Retrieved January 31, 2014 from http://www.bing.com/videos/search?q=tragedies+of+underage+drinking+one+big+family&docid=5008237998901124&mid=76C685307ABA92C2292976C685307ABA92C22929&view=detail&FORM=VIRE1#view=detail&mid=76C685307ABA92C2292976C685307ABA92C22929

Parry, C., Burnhams, N. H., & London, L. (July 6, 2012). Alcohol adverts must go. *The Herald*, p. 12.

Parry, C., Burnhams, N. H., & London, L. (2012). A Total Ban on Alcohol Advertising: Presenting the Public Health Case. *South African Medical Journal, 102*(7). Retrieved April 5, 2012 from http://www.samj.org.za/index.php/samj/article/view/5945/4280#

Peltzer, K., Davids, A., & Njuho, P. (2011). Alcohol use and problem drinking in South Africa: findings from a national population based survey. *African Journal of Psychiatry, 14*(1), 30-37, Retrieved January 31, 2013 from http://www.ajol.info/index.php/ajpsy/article/viewFile/65466/53154.pdf

Republic of South Africa (RSA). (2013). National Liquor Norms and Standards. *Government Gazette, Notice 1194* (37110). Retrieved January 31, 2014 from 37110_gen1194.pdf (SECURED)

Sapa. (November 29, 2013). Condoms and beer go together. *The Herald,* p. 6.

Sapa. (September 21, 2013). Public comment sought on new alcohol ad bill. *Weekend Post*, p.2

Sengwayo, N. (January 5, 2014). Gogos snap up free condoms for joint pain. *news24*.. Retrieved January 6, 2014 from http://www.news24.com/SouthAfrica/News/Gogos-snap-up-free-condoms-for-joint-pain-20140105

South African Government News Agency. (2013). Unemployment rate eases to 24,7% in third quarter. *SAnews.gov.za.* Retrieved December 6, 2013 from http://www.sanews.gov.za/south-africa/unemployment-rate-eases-247-third-quarter

South African History Online. (1962). The Liquor Laws Amendment Bill comes into effect. Retrieved May 5, 2013 from http://www.sahistory.org.za/dated-event/liquor-laws-amendment-bill-comes-effect

South African National AIDS Council. (2011). South African National Strategic Plan on HIV, STIs and TB 2012 -2016. Retrieved January 31, 2014 from http://www.hst.org.za/sites/default/files/hiv_nsp.pdf

South African Tourism. (2013). Toasting South Africa's Township Taverns. Shebeens. Retrieved April 5, 2013 from http://www.southafrica.net/za/en/articles/entry/article-southafrica.net-shebeens

Spies, D. (November 2, 2012). Walmer land for township expansion to cost R300 million. Retrieved April 6, 2013 from http://www.metronewspaper.co.za/2012/11/02/walmer-land-for-township-expansion-to-cost-r300-million/

Strydom, T. J. (June 12, 2013). Alcohol ad ban will cost R1.8bn. *The Herald,* p.1.

Tay, N. (March 19, 2013). Motsoaledi Defends Proposed Liquor Laws. *Eyewitness News*. Retrieved May 1, 2013 from http://ewn.co.za/2013/03/19/Motsoaledi-defends-proposed-liquor-laws

The Herald. (December 16, 2013). Half of UK kids see parents drunk. *The Herald*, p. 8.

The Economist. (October 20, 2012). South Africa. Over the rainbow. [Electronic Version]. Retrieved May 11, 2012 from http://www.economist.com/news/briefing/21564829-it-has-made-progress-becoming-full-democracy-1994-failure-leadership-means

Troskie-de Bruin, C., & Albertyn, R. (2013). Planning and Writing a Research Proposal. Unpublished Workshop Notes (Industrial Psychology), University of Stellenbosch.

UNAIDS. (2014). New HIV report finds big drop in new HIV infections in South Africa. [Electronic Version]. Retrieved February 10, 2014 from http://www.unaids.org/en/regionscountries/countries/southafrica/ and http://www.unaids.org/en/resources/presscentre/featurestories/2014/january/20140117southafrica/

Van Niekerk, A.A. (2005). Moral and social complexities of AIDS in Africa. In A.A. van Niekerk & L.M. Kopelman (Eds.), *Ethics & AIDS in Africa* The *Challenge to our Thinking* (4th imp., pp. 53-70). Cape Town: David Philip Publishers.

Wagner, L. (June 24, 2013). 'Central liquor outlets illegal'. *The Herald*, p. 4.

Williams, D. (October 31, 2013). Teen mom death rate alarms. *The Herald,* p. 2.

Williams, S. C. P. (January 17, 2012). Alcohol Risk to Fetus Is Highest at End of 1st Trimester. *MyHealthNewsDaily*. Retrieved January 7, 2012 from http://www.livescience.com/17971-drinking-pregnancy-worst-trimester.html

Wilson, G., & Kimberley, M. (September 20, 2013). Banks safer but homes at risk. *The Herald*, p. 1, 4.

Wojcicki, J.M. (2002). "She Drank His Money": Survival Sex and the Problem of Violence in Taverns in Gauteng Province, South Africa. *Medical Anthropology Quarterly*, *16*(3), 267-293. [Electronic Version]. Retrieved March 30, 2013 from http://search.proquest.com.ez.sun.ac.za/docview/205203367?accountid=14049

World Council of Churches. (2001). Plan of Action: The Ecumenical Response to HIV/AIDS in Africa. Report arising from the Global Consultation on the Ecumenical Response to the Challenge of HIV/AIDS in Africa. Nairobi, Kenya. [Electronic Version]. Retrieved November 24, 2012 from http://moodle.sun.ac.za/mod/resource/view.php?id=4266 and http://moodle.sun.ac.za/file.php/73/References/Module_19/1_Plan_of_Action.pdf

World Health Organization. (2013). MDG 6: Combat HIV/AIDS, Malaria and Other Diseases. Retrieved April 6, 2013 from http://www.who.int/topics/millennium_development_goals/diseases/en/index.html

World Health Organization. (2011). Global status report on alcohol and health. Retrieved January 15, from http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf

World Health Organization. (2009). Priority Interventions. HIV/AIDS Prevention, Treatment and Care in the Health Sector 2009). Version 1.2. Retrieved May 10, 2013 from http://www.who.int/hiv/pub/priority_interventions_web.pdf

World Health Organization. (2010). Priority Interventions. HIV/AIDS Prevention, Treatment and Care in the Health Sector 2010. Version 2.0. Retrieved May 10, 2013 from http://whqlibdoc.who.int/publications/2010/9789241500234_eng.pdf

World Health Organization Europe. (2006). Framework for alcohol policy in the WHO European Region. Retrieved December 14, 2013 from http://www.euro.who.int/__data/assets/pdf_file/0007/79396/E88335.pdf

Stellenbosch University http://scholar.sun.ac.za

APPENDIX 1
SEMI-STRUCTURED CONFIDENTIAL INTERVIEW PROTOCOL FOR TAVERN AND SHEBEEN OWNERS

1. BACKGROUND INFORMATION PERTAINING TO ESTABLISHMENT

Date	**Owner of Establishment**	Y	N	**Gender**	M	F	**Interview No.**
Owner's Name (Optional)		**Age**		**Tavern**		**Shebeen**	
Establishment Name		**Licensed**		Y	N	**No. of Employees**	
Address		**Telephone**				**Years in Business**	
		Size of Establishment				**Hours of Operation**	
Type of Alcohol Served	Wine/Malts	Traditional	Spirits				

2. BUSINESS OPERATION

2.1 Please describe your business patterns and practices e.g.

- When are your busiest times?
- What services are offered besides serving of alcohol?
- Do you sell alcohol for customers to take away or is alcohol for drinking on site only?
- Do you give customers credit and what happens if they cannot pay their account?
- Do you have any arrangements for the protection of women when leaving, especially if they are drunk?
- Roughly how many customers do you have in a week?

2.2 Please describe the type of customer e.g.

- type and age of people?
- regular customers that you get to know?
- proportion of women to men?
- drinking patterns such as moderate; regular drinking to intoxication; or infrequent binge drinking?

3. BUSINESS POLICIES

What is your policy with regard to:

3.1 Serving teenagers? e.g.
- What is the legal drinking age?
- Do you serve alcohol to people you suspect may be below 18 years old or what do you do?
- Do you ever ask for IDs or proof of customer ages?

3.2 Serving intoxicated people? e.g.
- Do you serve alcohol to people who are already drunk?
- What do you do when people are intoxicated?

3.3 Customers acquiring sexual partners and possibly having sex on the premises?
- Are you aware of women trading in sex here and why?
- What happens if a woman accepts drinks from a man?
- What happens to women who get drunk?
- How do women who are drunk get home?

3.4 Any violence on the premises?
- What type of violence happens?
- How frequently does violence erupt?
- What do you do?

4. LAW ENFORCEMENT

Have you ever been inspected by someone from the Eastern Cape Liquor Board or visited by the South African Police?
If so, describe their reason for coming and what happened please.

5. THE COMMUNITY

5.1 What role do you play or could you play in the community? e.g.
- A social meeting place or information sharing place?
- Any upliftment role?
- Any negative role?

5.2 What does the community think of your business? e.g.
- Playing a positive role?
- Having a bad effect such as contributing to drunkenness, harming teenagers, noise, crime and violence?

6. TRANSMISSION AND PREVENTION OF HIV

6.1 What is the level of knowledge about HIV and how HIV is spread? e.g.

- How knowledgeable are you about how HIV is spread?
- Do you think your customers know how HIV is spread?
- How aware do you think the community is about how HIV is spread?

6.2 What is the level of knowledge about how HIV is prevented? e.g.

- Your knowledge – How can one prevent the spread of HIV?
- Do you think your customers know how to prevent the spread of HIV?
- How aware do you think the community is about how to prevent the spread of HIV?

6.3 What do you know about the relationship between alcohol and HIV?

- How does alcohol relate to the spread of HIV?
- Who is most vulnerable and why?

7. HOW CONCERNED ARE YOU ABOUT THE SPREAD OF HIV WITH REGARD TO YOUR CUSTOMERS AND THE COMMUNITY?

Extremely Concerned	Concerned	Not Concerned	Not My Responsibility

8. CONSIDERATIONS WITH REGARD TO HIV TRANSMISSION

8.1 What happens in your business that could help to SPREAD HIV? e.g.

- People getting drunk?
- People getting violent?
- People trading in sex?

8.2 What do you do in your business that could help to SPREAD HIV? e.g.

- Serve alcohol to teenagers?
- Allow customers to get intoxicated?

8.3 What do you do in your business to PREVENT the spread of HIV? e.g.

- Refuse to serve alcohol to people who are drunk?

9. HIV PREVENTION

9.1 What, if any, HIV prevention measures do you have in place now to prevent the spread of HIV? e.g.

- Condom dispensers?
- Visits from clinic professional nurses/counsellors?

9.2 What HIV prevention measures would you be willing to introduce?	**Yes**	**And can accommodate**
Counselling on site on issues related to alcohol abuse and HIV		
Counselling on site to prevent gender violence		
HIV Counselling and Testing on site		
Referral service e.g. for poverty alleviation, skills training etc		
Condom dispensers		
No serving alcohol to underage people		
No serving of alcohol to intoxicated people		
Security to prevent violence mainly against women		
Educational input and materials on site including		
Posters		
Leaflets		
Talks and Quizzes (with prizes)		
DVDs (TV & DVD Player needed)		
Drama		
Any other		

NOTE: A private area would be needed for counselling services.

	Yes	**No**
9.3 Would you be prepared to be personally involved in prevention measures		
Counselling on site		
Referrals		
Educating		
Restricting illegal alcohol sales		
Any other		

10. FACTORS IMPACTING ON HIV PREVENTION

10.1 What would help you in your business to implement or expand HIV prevention measures? e.g
- Support from outside?

10. 2 What would hinder you in your business to implement or expand HIV prevention measures? e.g
- Negative such as customer resistance?

10.3 What effect do you think the introduction of HIV prevention measures may have on your business?
- Positive?
- Negative?

11. IN CONCLUSION

11.1 How willing are you as the owner of a tavern or shebeen to implement or strengthen HIV prevention efforts and measures in your tavern or shebeen?

Very Willing	Willing	Not Willing	Not Interested

11.2 Please give a reason for your answer to 11.1.

Do you have any questions or is there anything you would like to discuss?

Are you satisfied with the interview?

Would you like any educational materials and contact numbers of organisations that could give support in HIV prevention or alcohol abuse? (Hand over if required).

Would you like to receive a brief summary of this research report when it is completed? (it will take some months)

Thank you for your time and participation.

APPENDIX 2
IN DEPTH INTERVIEW PROTOCOL WITH KEY RESPONDENT Date …………………..
WARD 4 (GQEBERA) COUNCILLOR

Name of Interviewee ………………………. Name of Interviewer …………………………………

1. How extensive are the problems of alcohol abuse and HIV infection in Gqebera?
What role does alcohol play in the HIV epidemic?
What effects does alcohol abuse have on the community?
How many taverns and shebeens, legal an illegal, would you estimate there are in each section of Gqebera and where are they situated (town planning, maps)?

2. What formal and informal efforts are being made in Gqebera to curb the abuse of alcohol and the associated transmission of HIV?
Does the Nelson Mandela Metropolitan Municipality have a strategy or policy in this regard?
Is the Ward Committee active and fulfilling its function with regard to alcohol regulation?
What Non-Governmental Organisations or Non-Profit Organisations are active in Gqebera in this field and what are they doing?
What are the Departments of Health and Social Development doing?
What are the authorities (SAPolice or Eastern Cape Liquor Board) doing about infringements of the law at taverns or shebeens?

3. What role do you see taverns and shebeens playing in the community generally?
Are taverns and shebeens regarded as places where sex partners can be found and sex can be traded?
What negative effects do taverns and shebeens have on the community?
What positive effects are there? e.g. employment, social outreach?
What is the community response to taverns and shebeens generally?
Are there many non-residential sites from where liquor serving places can operate?

4. What role do you think taverns and shebeens can play in the transmission of HIV?
How compliant do you think tavern and shebeen owners are generally with legislation?
Are you aware of any liquor establishments serving alcohol to teenagers?
Are you aware of any HIV prevention measures in taverns and shebeens?
Do you know of any tavern or shebeen owners who would be willing to play a role in HIV prevention?
What would help them if they were willing to introduce HIV prevention measures?
What would the obstacles be to introducing HIV prevention measures?

5. What support can you and others give to owners of taverns and shebeens in any efforts to curb HIV infection?
Would you play an active role in educating tavern and shebeen owners and their clients about the dangers of alcohol?
Can owners contact you (Ward Councillor) to get educational material for their establishments?
What interventions can be made particularly for the protection of women?

Page 1 of 1 Appendix 2 Thank you.

Stellenbosch University http://scholar.sun.ac.za

APPENDIX 3
IN DEPTH INTERVIEW PROTOCOL WITH KEY RESPONDENT **Date …………………..**
EASTERN CAPE LIQUOR BOARD OFFICIAL

Name of Interviewee ………………………. **Name of Interviewer …………………………………**
The Eastern Cape Liquor Board is mandated to reduce the socio-economic impact of excessive alcohol consumption in the province and based on the study commissioned in 2012 by the board, strategic interventions have been designed.

1. Do interventions by the Eastern Cape Liquor Board have a specific focus on the link between alcohol abuse and HIV? .
Is the role of alcohol in the transmission of HIV recognized by the Board in the socio-economic impact?
What interventions are envisaged particularly with education about the link between alcohol and HIV?
What role do you think taverns and shebeens play in the transmission of HIV and what specific interventions target them?

2. What is the policy of the Board in dealing with non-compliance with the law by taverns and shebeens?
Are the number of liquor selling or serving establishments limited in suburbs/townships?
How often and on what basis are inspections carried out?
Is a period of amnesty given for unregistered establishments?
Does the Board or the SA Police act on community complaints?
Is the emphasis on educational rather than punitive measures for non-compliance with legislation?

3. How many taverns and shebeens are there in Gqebera and how compliant are they?
How many registered establishments are there in Gqebera and are their addresses available? (not on web site).
How many unregistered establishments do you think there are in Gqebera?
What factors do you think prevent owners from registering and operating legally?
What obstacles do you face in enforcing compliance?

4. How could tavern and shebeen owners be encouraged/forced to play a role in contributing to lessening the socio-economic impact of alcohol on communities and hence the transmission of HIV?
Are there any incentives that could be used?
What effect do you think the proposed new legislation limiting access to alcohol will have on tavern and shebeen owners and on curbing alcohol abuse?
What role can the community play in reducing the impact of alcohol and HIV in the taverns and shebeens?

5. What support can you give to owners of taverns and shebeens in any efforts to curb HIV infection?
Would you assist illegal establishments to register without penalty?
Would you play an active role in educating tavern and shebeen owners and clients about the dangers of alcohol?
Can owners contact the Board to get educational material and copies of the legal requirements for their establishments?

 Thank you.

APPENDIX 4
NATURALISTIC OBSERVATION SHEET FOR TAVERN OR SHEBEEN OWNER INTERVIEW
Name of Observer …………………………… Date ……………………………. Interview No. …………
Please record your observations from any field notes on completion of the interview:
1. Interviewer

	Yes	**No**
Did the interviewer appear neutral and impartial at all times?		
Did the interviewer establish a good rapport and trust with the interviewee?		
Did the interviewer speak clearly?		
Any comments:		

2. Interviewee

	Yes	No
Did the interviewee respond well to the demographic characteristics of the interviewer?		
Did the interviewee appear stressed at any time?		
Do you think the interviewee tailored answers to make them appear socially desirable?		
Was the interviewee able to understand all the questions in English and speak freely?		
Any comments:		

3. Environment
Please describe the environment in terms of space to possibly accommodate prevention measures, observed HIV prevention measures, any clients, and any other comments.

4. Overall impression of interview:

Page 1 of 1 Appendix 4 Thank you.

Stellenbosch University http://scholar.sun.ac.za

APPENDIX 5
NATURALISTIC OBSERVATION SHEET FOR KEY RESPONDENT INTERVIEW

Name of Observer …………………………… Date ……………………………. Interview No………………..

Please record your observations from any field notes on completion of the interview:
1. Interviewer

	Yes	**No**
Did the interviewer appear neutral and impartial at all times?		
Did the interviewer establish a good rapport and trust with the interviewee?		
Did the interviewer speak clearly?		
Any comments:		

2. Interviewee

	Yes	No
Did the interviewee respond well to the demographic characteristics of the interviewer?		
Did the interviewee appear stressed at any time?		
Do you think the interviewee tailored answers to make them appear socially desirable?		
Was the interviewee able to understand all the questions in English and speak freely?		
Any comments:		

3. Overall impression of interview and comments:

Thank you.

APPENDIX 6

CONFIDENTIALITY/ NON-DISCLOSURE AGREEMENT

I ____ (full names) am involved in the following research project:

An exploration of the willingness of tavern and shebeen owners in Gqebera, Port Elizabeth to implement or strengthen existing HIV prevention efforts and measures in their taverns and shebeens,

In the role of:

- ☐ An interpreter
- ☑ A witness to the informed consent process
- ☑ A research assistant

I confirm that I will not discuss or disclose any of the information obtained during the research process with anyone other than the researcher(s). I will not reveal the identity, names or contact details of research participants or any information provided to me by research participants to anyone other than the researcher Isobel Douglas-Jones. (name of researcher)

I acknowledge that legal action may be taken against me if I breach this non-disclosure agreement

___________________________________ ___________________________________

Signature Date and place

1. ______________________________
   (Witness)

2. ______________________________
   (Witness)

Stellenbosch University http://scholar.sun.ac.za

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

APPENDIX 7 LETTER OF INTRODUCTION OF RESEARCHER

(one page)

SEE FOLLOWING

9 May 2013

To Whom It May Concern

Dear Sir/Madam

Intention to conduct a research project in Gqebera, Port Elizabeth

This letter serves to introduce Mrs Isobel Douglas-Jones to you.

Isobel Douglas-Jones from Port Elizabeth is currently a Master of Philosophy student in HIV and AIDS Management (Student Number 16856333) at the Africa Centre for HIV/AIDS Management at Stellenbosch University, Western Cape Province.

Because the close links between the use of alcohol and the spread of HIV are well recognised, she is conducting research into the role the owners of taverns and shebeens could possibly play in their establishments in reducing the transmission of HIV. The topic of the research is *An exploration of the willingness of tavern and shebeen owners in Gqebera, Port Elizabeth to implement or strengthen existing HIV Prevention Efforts in their taverns and shebeens.*

The researcher seeks to interview up to twenty tavern and shebeen owners in Gqebera to assess what HIV prevention measures are in place in their establishments and how willing they would be to either introduce, or expand, various HIV prevention measures. The interview should not last more than one hour. She will be accompanied by an assistant and possibly an interpreter if necessary for translating between isiXhosa and English and vice versa. Both will undertake to maintain confidentiality.

The data collected from tavern and shebeen owners will be presented anonymously in the research report on completion of the project. The data will be stored in such a way that no one besides the researcher can access it. After a reasonable period of time it will be destroyed.

In addition it is intended to conduct interviews with external key respondents to obtain data relevant to the study. Permission is hereby sought for an in-depth interview with an official from the East Cape Liquor Board and the Ward Counsellor for the area. The bona fide research is mainly for academic purposes, but the completed research report will be accessible to others. We request that you assist this student in this study which is to be carried out over the period from August 2013 until January 2014. The student will apply for ethical clearance from the Stellenbosch University Ethics Committee in July 2013.

Please do not hesitate to contact me if you have any queries.

Kind Regards,

Burt Davis
Lecturer
Africa Centre for HIV/AIDS Management
STELLENBOSCH UNIVERSITY | Private Bag X1 | Matieland 7602 | RSA
T: +27 21 808 3006 | F: +27 21 808 3015
E: burt@sun.ac.za | W: www.aidscentre.sun.ac.za

APPENDIX 8 (four pages)

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

An exploration of the willingness of tavern and shebeen owners in Gqebera, Port Elizabeth to implement or strengthen existing HIV prevention efforts in their taverns and shebeens.

Consent sought from owners of liquor serving establishments.

You are asked to participate in a research study conducted by Isobel Douglas-Jones from the Africa Centre for HIV and AIDS Management at Stellenbosch University. The results of the research study will contribute toward the researcher's Master's level thesis as part of a requirement for the completion of the MPhil in HIV/AIDS Management programme. You were selected as a possible participant in this study not for any personal reason but because you fall into the category of being an owner of a place where alcohol is served in Gqebera, Port Elizabeth which is to be the focus of the research, and because the use of alcohol is closely linked to the spread of HIV.

1. PURPOSE OF THE STUDY

Gqebera, Port Elizabeth is known to have a high number of people infected with HIV with serious effects on the well being of the community. The use and abuse of alcohol is known to be a big contributing factor to the spread of HIV because it often leads to people having unsafe sex. Taverns and shebeens are places where people come to drink alcohol and it is believed they often find sex partners here. Efforts and prevention measures in taverns and shebeens to help to stop the spread of HIV, where people have access to alcohol, would help customers and therefore the broader community to protect themselves from being infected with HIV. This study wishes to assess how willing owners would be to put efforts and measures in place, or expand them, in their taverns and shebeens to try and help prevent the spread of HIV. The information from the study is not to be used in any personal way about you particularly, but by interviewing many owners of taverns and shebeens, the researcher hopes to understand how most owners feel about having HIV prevention measures in their businesses. Because of language constraints, those tavern and shebeen owners who are conversant in the English language will be asked to participate in the study.

2. PROCEDURES

If you voluntarily agree to participate in this study, we would ask you to do the following things:

2.1 Agree to the researcher's request for an appointment for an interview with the researcher and an assistant/observer. The researcher may initially be accompanied by a credible person who can introduce her to you and she also has a letter of introduction from the University of Stellenbosch.

2.2 Sign this CONSENT TO PARTICIPATE IN RESEARCH form after the project has been explained to you and you are willing to be part of the research.

2.3 Take part in one individual interview in English with the researcher who would like to gain information relating to the issue of whether you would be willing to have or extend HIV prevention measures in your tavern or shebeen. The interview will take place at your business at a time suitable for you and should not last more than about an hour.

It is hoped the interview can take place in a private place in your establishment.

An assistant/observer will accompany the researcher and will be part of the exercise to gather information from you and about your environment.

2.4 Agree to the tape recording of the interview to enable accurate data collection, with the understanding that the information and tapes will be kept private and confidential always.

2.5 If you think there are other tavern or shebeen owners in the vicinity who could contribute to the research and you do not mind identifying them, and they do not mind being identified, give their contact details to the researcher if requested.

3. POTENTIAL RISKS AND DISCOMFORTS

3.1 HIV and AIDS is often a difficult topic to discuss but the focus of the research is on trying to prevent the spread of HIV in places where alcohol is served and therefore does not require any personal information relating to sexuality or HIV status from you. You will be asked about your willingness to have HIV prevention measures in your business and your opinions on items relating directly or indirectly to the research. It is important to know about the extent of your knowledge about HIV especially about how HIV is linked to alcohol, as well as something about your business and general details about yourself, because these may influence how you feel about prevention measures in your business. Again you are assured of the privacy and confidentiality of any information you provide.

3.2 While the topic of your possible non-compliance with aspects of the law as it impacts on the spread of HIV may be discussed, it is only because it may be important to the research, the purpose of which is not to agree or disagree with such actions. A neutral stance is important in research and the researcher requests honest responses as your privacy and confidentiality is assured and no risk to your income or the employment of your staff is intended.

3.3 Before interviewing you, the researcher hoped to also interview others who are important to the research, such as an official from the Eastern Cape Liquor Board and your Ward 4 Councillor. Because these interviews happen before yours and before the researcher knows finally which tavern and shebeen owners will be interviewed, it is impossible to pass on any personal information about tavern and shebeen owners or their businesses to these interviewees.

3.4 It is also necessary to interview other tavern and shebeen owners to try and get an overall opinion. Your privacy and confidentiality however is assured and your name or the name of your business will at no stage appear in the research report or be mentioned to other tavern and shebeen owners interviewed, unless you choose to introduce the researcher to other tavern and shebeen owners if the researcher makes the request.

3.5 The research is to try and find out how willing tavern and shebeen owners are to have HIV prevention measures in their businesses. At no stage will there be coercion from the researcher for you to implement or strengthen measures although possibilities may emerge during the interview. The researcher may offer you contact information about organisations working in the field of HIV and AIDS education and prevention, as well as educational materials. You have the option to refuse these if offered. Any action you may wish to take after the interview is entirely your choice.

3.6 The interview will be arranged with you at a convenient time so as not to impact too badly on business and you are free to withdraw from the interview at any stage.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

It is hoped that the study may increase or refresh your awareness of HIV/AIDS and through you that this awareness may potentially extend to the community so people are reminded to protect themselves from HIV infection. It is difficult to judge the effect on your business if you choose to play an active role as a tavern or shebeen owner in HIV prevention and in so doing also possibly comply with related legal requirements, if not already doing so. Potential lost sales such as not serving more alcohol to already intoxicated people or people under 18 years old, could possibly be offset to an extent by more customers visiting your business because they know there are prevention measures in place. However these possibilities are unknown and dependent on any actions you may voluntarily take. If you choose to be proactive about HIV prevention, personal satisfaction and community respect may be gained.

If the research reveals that many tavern and shebeen owners are willing to aid in the fight against HIV and AIDS, further research could be done to facilitate the process on a broad scale. At the local level, there are many organisations that can assist you in implementing prevention measures should you voluntarily wish to do this.

5. PAYMENT FOR PARTICIPATION

No payment will be made to you for taking part in this research study.
However, if you want to get educational materials about HIV and prevention, and condoms, the researcher will try and facilitate the process if asked to do so.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. The meaning of this and how confidentiality will be maintained follows.

The purpose of the study is not only to investigate a potential avenue for HIV prevention, but is to complete a M Phil degree in HIV and AIDS Management, a requirement of which is a thesis for publication. Any information that is obtained in connection with this study will be combined with information received from other people interviewed and collated, analysed and interpreted to be reported on as a research thesis to the University of Stellenbosch where it will be available to other people on the internet.

However your name and the name of your business will remain confidential because at no time will your name or the name of your business appear in the thesis, or be told to anyone unless with your permission or required by law. The name of the township, Gqebera, will appear in the thesis but not the area of Gqebera designated for research. In fact there is no compulsion for you to even provide your name to the researcher.

Information obtained in this study will therefore not be able to be linked to you personally and you will not be able to be identified. You will be anonymous to anyone reading the research, although not to the researcher and assistant/observer. If after this study, you wish to be in contact with people or organisations involved in HIV prevention, their names will be given to you to make contact. Your name will not be given to them.

This confidentiality will be maintained by means of the safe storage in a lockable space of data relating to the study. Only the researcher and assistant/observer will have access to the data, and the study supervisor if requested. The computer used in the research is a personal computer and the data will be protected. As mentioned, interviews will be tape recorded for transcription purposes and if you prefer not to have your name recorded, a coding system will be used for the interviews. You may contact the researcher if you wish to listen to or edit the recording of the interview. The tapes will not be used for any purpose other than getting information for the study. The tapes and any written information will be locked away and erased or destroyed about one year after the completion and acceptance of the thesis.

At all times the need for privacy, confidentiality and anonymity for you will be respected.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you voluntarily agree to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact the researcher, Isobel Douglas-Jones at telephone 041 5811261 or 084 6077 029 during the day, or on email timandisa@gmail.com or 16856333@sun.ac.za. You may also contact the supervisor of this research, Mr Burt Davis at telephone 021 8083006 or 082 8322 828 during the day, or on email burt@sun.ac.za if you still need further information.

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation in this study without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me as a participant in the research by the researcher Isobel Douglas-Jones in English and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

____

Name of Subject/Participant

____

Name of Legal Representative (if applicable)

______________________________________ ______________

Signature of Subject/Participant or Legal Representative **Date**

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to ____________________ ______________________________ (participant). The participant was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

______________________________________ ______________

Signature of Investigator **Date**

Stellenbosch University http://scholar.sun.ac.za

APPENDIX 9 (three pages)

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

An exploration of the willingness of tavern and shebeen owners in Gqebera, Port Elizabeth to implement or strengthen existing HIV prevention efforts and measures in their taverns and shebeens.

Consent sought from key respondents.

You are asked to participate in a research study conducted by Isobel Douglas-Jones from the Africa Centre for HIV and AIDS Management at Stellenbosch University. The results of the research study will contribute toward the researcher's Master's level thesis as part of a requirement for the completion of the MPhil in HIV/AIDS Management programme. You were selected as a possible participant in this study for the position you hold and the information and insights you may have acquired related to your position and which may be relevant to the study and will clarify the context in which it takes place.

1. PURPOSE OF THE STUDY

Gqebera, Port Elizabeth is known to have a high number of people infected with HIV with serious effects on the well being of the community. The use and abuse of alcohol is known to be a big contributing factor to the spread of HIV because it often leads to people having unsafe sex. Taverns and shebeens are places where people come to drink alcohol and it is believed they often find sex partners here. Efforts and prevention measures in taverns and shebeens to help to stop the spread of HIV, where people have access to alcohol, would help customers and therefore the broader community to protect themselves from being infected with HIV. This study wants to assess how willing owners would be to put efforts and measures in place, or expand them, in their taverns and shebeens to try and help prevent the spread of HIV.

2. PROCEDURES

If you voluntarily agree to participate in this study, we would ask you to do the following things:

2.1 Agree to the researcher's request for an appointment for an interview.

2.2 Sign this CONSENT TO PARTICIPATE IN RESEARCH form after the project has been explained to you and you are willing to be part of the research.

2.3 Take part in one individual interview in English with the researcher who would like to gain information from your perspective on the research topic and which will help to contextualize the research. The interview will take place at your premises at a time suitable for you and should not last more than an hour. An assistant will accompany the researcher as an observer.

2. 4 Agree to the tape recording of the interview to enable accurate data collection and for any information to be used at the discretion of the researcher, together with your name if relevant in the thesis.

3. POTENTIAL RISKS AND DISCOMFORTS

3.1 HIV and AIDS is often a difficult topic to discuss but the focus of the research is on trying to help prevent the spread of HIV in places where alcohol is served and no information of a personal nature is required from you. The interview will focus on background information you can provide directly or indirectly related to the research.

3.2 While the topic of non-compliance with aspects of the law as it impacts on the spread of HIV may be discussed in general, it is only because it may be important to the research the purpose of which is not to agree or disagree with such actions. A neutral stance must be taken by the researcher.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

It is hoped that the study may increase awareness of HIV/AIDS in tavern and shebeen owners and because of the big role that alcohol serving establishments play, that this awareness may potentially extend to the community so people are reminded to protect themselves from HIV infection. Through increased awareness, ultimately it is hoped that tavern and shebeen owners may become motivated and willing to play a proactive role in HIV prevention efforts. It is hoped that this exploratory research may lead to further research in the field and also that business owners will become more knowledgeable about organisations working in the HIV/AIDS field that they can partner with in their HIV prevention efforts if they wish.

5. PAYMENT FOR PARTICIPATION

There are no financial benefits to you or whom you represent in agreeing to participate in this research project.

6. CONFIDENTIALITY NOT REQUIRED

Any information that is obtained from you will be used at the discretion of the researcher in the research report if relevant and will not be treated as confidential. This is because you are a key person who can supply background information to the research.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be interviewed in this study or not. You may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not wish to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact the researcher, Isobel Douglas-Jones at telephone 041 5811261 or 084 6077 029 during the day, or on email timandisa@gmail.com or 16856333@sun.ac.za. You may also contact the supervisor of this research, Mr Burt Davis at telephone 021 8083006 or 082 8322 828 during the day, or on email burt@sun.ac.za if you still need further information.

9. **RIGHTS OF RESEARCH PARTICIPANTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was described to me as a participant in the research by the researcher Isobel Douglas-Jones in English and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

Stellenbosch University http://scholar.sun.ac.za

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

____
Name of Participant

_____________________________________ ______________
Signature of Participant **Date**

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to __________________ [*name of the participant. [He*/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

____ ______________
Signature of Investigator **Date**