

Alcohol, violence and HIV risk

among adolescent girls and young women in South Africa

SUMMARY

- Adolescent girls and young women (AGYW) in South Africa remain at disproportionate risk of HIV acquisition, despite overall declines in national prevalence, while harmful alcohol use is widespread and increasingly normalised in the same age group.
- We examined how alcohol use, sexual violence, condomless sex and HIV risk intersect in high HIV-burden communities
- The study used a mixed-methods design: a household survey of AGYW aged 15–24 years across 24 sub-districts in eight provinces with dried blood spot (DBS) HIV testing, combined with qualitative interviews with 68 AGYW
- Hazardous drinking was common, but it did not show a direct statistical association with being DBS-confirmed HIV positive in this study. However, alcohol use was clearly associated with sexual violence, condomless sex and the broader social contexts that increase HIV vulnerability.
- Policy responses should go beyond individual

Authors

Duby Z., Bergh K., Petersen Williams P., Kuo C., Mathews C., De Man J., Ebrahim N., Lombard C. & Jonas K.

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behaviour change to consider the policy environments that shape risk, including alcohol availability and marketing, enforcement of age restrictions, safety in drinking venues and surrounding transport spaces, and coordination between alcohol-harm reduction, gender-based violence and HIV-prevention services

THE ISSUE / CONTEXT / SCOPE OF PROBLEM

- South Africa's per capita alcohol consumption is considerably higher than the global average.
- While alcohol consumption amongst youth is declining in high-income countries, evidence suggests that alcohol use, particularly binge drinking, may be increasing among adolescents in lower socio-economic communities in South Africa and elsewhere in sub-Saharan Africa. Binge drinking is generally defined as consuming five or more drinks on one occasion.
- Young South African women aged 18-24 years are increasingly vulnerable to harmful patterns of alcohol use, including binge drinking.
- Young people living in lower socioeconomic communities may be especially vulnerable to alcohol related sexual risk behaviours.
- In South Africa, alcohol use among women is closely linked to socio-economic pressures, emotional stressors and gender inequalities. Many women drink as a coping mechanism to manage emotions and navigate social interactions amid challenges such as poverty, unemployment and gender-based violence (GBV).
- Problematic alcohol use among young women is increasingly accepted as part of social life, recreation and peer identity. But there are sexual health consequences that need to be addressed concurrently
- In many communities, alcohol is easy to access, age restrictions are weakly enforced, and drinking is embedded in taverns, shebeens, social events and family settings.



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RESEARCH OVERVIEW

- HERStory3 was a mixed-methods study that evaluated the My Journey Programme, a combination HIV prevention intervention for AGYW implemented in 12 intervention sub-districts across eight provinces of South Africa.
- Between January and May 2024, researchers conducted a post-intervention household survey with AGYW aged 15–24 years and collected DBS specimens to confirm HIV status. The survey sample included 5,025 participants, of whom 4,932 had HIV test results.
- We assessed whether hazardous drinking (AUDIT-C score ≥ 2) was associated with HIV status and sexual risk indicators, including sexual violence, condomless sex, transactional sex, wellbeing, condom counselling. The analysis accounted for participants' demographics characteristics and the clustering of participants within households and study sites.
- In parallel, 68 AGYW participated in follow-up interviews. These explored how peer influence, family context, culture, coping and the wider social environment shape alcohol use.

WHAT WE FOUND

- Overall, 10% of survey participants were living with HIV and 35% met the study definition of hazardous drinking.
- Quantitative analyses found no statistically significant direct association between hazardous drinking and HIV status. However, hazardous drinking was associated with sexual violence, condomless sex and condom counselling, indicating that alcohol use sits within a wider risk environment rather than functioning as a simple stand-alone predictor of HIV infection.
- Hazardous drinking was also associated with transactional sex, but this relationship was no longer statistically significant after other risk behaviours were included in the model.



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WHAT WE FOUND *continued*

- In qualitative interviews, AGYW described alcohol use as a social practice shaped by peer pressure, the desire to fit in, family drinking norms, cultural events and coping with stress. Participants described alcohol as readily available through taverns, older adults, boyfriends and informal arrangements, despite age restrictions. Some participants also reported that AGYW seeking alcohol from older men could be expected to have sex in return, increasing the likelihood of coercion, violence and condomless sex.
- The absence of a direct statistical association with HIV status does not mean that alcohol is unimportant. Rather, the findings suggest that alcohol-related HIV vulnerability may be indirect and cumulative, mediated by violence, age-disparate relationships, unequal sexual power and socioeconomic vulnerability. This strengthens the case for integrated prevention approaches.

IMPLICATIONS FOR PRACTICE

- Integrate alcohol harm reduction into AGYW HIV prevention and youth-friendly services. This should include screening for hazardous drinking, brief support and referral pathways linked to sexual and reproductive health and GBV and mental-health services.
- Consider policy and environmental measures that reduce alcohol-related risk, including enforcement of age restrictions, alcohol availability and marketing controls, and safer drinking, nightlife and transport environments. Community actions should challenge the normalisation of sex-for-alcohol exchanges.
- Align HIV, GBV and alcohol-harm policies and services. Responses should be gender-responsive and designed around the realities of AGYW's lives, including sexual violence, unequal sexual power and socioeconomic vulnerability.



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IMPLICATIONS FOR PRACTICE *continued*

- Use non-judgemental, harm-reduction approaches that acknowledge alcohol's social and pleasurable role while supporting AGYW to recognise harmful drinking patterns, assess consequences and challenge misperceptions about peer drinking norms.
- Provide contextually appropriate alternatives for coping with stress, including mental-health support, positive emotion and coping skills, and opportunities for safe social connection. Interventions should build self-esteem, social skills and the ability to resist harmful peer pressure while recognising the influence of social belonging and status.

INTERESTED TO READ MORE?

This research brief is based on the following journal papers:

- Bergh K, Duby Z, De Man J, Ebrahim N, Kuo C, Lombard C, Petersen Williams P, & Jonas K. (2026) "We do anything to get alcohol": A mixed methods approach to explore the intersections between alcohol use and HIV risk and infection amongst adolescent girls and young women from high HIV-burdened communities in South Africa. PLOS ONE 21(5): e0341299. <https://doi.org/10.1371/journal.pone.0341299>
- Duby, Z., Petersen Williams, P., Bergh, K., Jonas, K., Kuo, C. & Mathews, C. (2025). "I drink for vibes": Applying social theories to understand alcohol use amongst South African adolescent girls and young women. African Journal of Drug and Alcohol Studies, 24(1), 53–73. <https://doi.org/10.4314/ajdas.v24i1.4>

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Links to Published papers that this brief is based on:

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