

EXPLORING
INTERSECTIONS
BETWEEN GENDER
AND DRUG USE IN
EAST AND SOUTHERN
AFRICA

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CONFLICT OF INTEREST DECLARATION

- No conflict of interest to declare



METHOD / METHODOLOGY

- A desktop review of existing research and data on the challenges of women who use drugs in the region was conducted, with a specific focus on southern and Eastern Africa. Due to the paucity of data on women who use drugs in the region, key informant interviews were conducted to supplement the desktop research with informants from two countries: Kenya and South Africa. The choice of these countries was due to the availability of participants within the short timeframe that was available to complete this work. Included are also quotes from a community consultation with women who use drugs that took place a few days prior to the commencement of the development of this advocacy brief.



OVERVIEW

Highlight

- Highlight the challenges that women who use drugs face in Eastern and Southern Africa

Outline

- Outline specific intersectional issue that women who use drugs face

Provide

- Provide clear recommendations for community-based advocacy



CONTEXT OF WOMEN WHO USE DRUGS IN AFRICA

"I do not feel comfortable going to the clinics because I am not treated with respect and often asked to leave and only come back when I have stopped using"- Mary

"Sometimes we can't go to the clinic because we need to skarrel because I have a child, the child is my responsibility not his and if I come home without food or drugs, my partner will hit me or throw me out of the house and the same with my mother and my family" - Cindy

"I can't go look for help because I am afraid of abuse and rape from my partner"- Natasha

"Sometimes the family tell me not to go to the clinic of they ask me to do something in the time that I need to go to the clinic and they tell me I don't need those pills" - Monique

"People at the clinic sometimes tell us "You're a Tikkop, GO". This just makes me continue with the drug use because I can't share or work with someone like that because you get humiliated." - Candice

"No one tells us how use medication while we are on drugs. We have to first stop using drugs then we can get medication" - April



CONTEXT OF WOMEN WHO USE DRUGS IN EAST AND SOUTHERN AFRICA.

Drug use in East and Southern Africa is criminalized as such, access to healthcare services for women who use drugs is very limited within the region.

Because men comprise the majority of people who use drugs within the Southern and East African region, national drug policies predominantly focus on men.

In many cases, women who use drugs are socio-economically marginalised and have “intersecting identities or belong to specific marginalised groups” such as sex workers, undocumented migrants, and/or women living with HIV/AIDS. This intersectionality further exacerbates the exclusion and inequality they face



CONT.

Gender inequality has had a profound impact on the lives of women and girls in southern and East Africa. Women and girls carry the majority of the care and domestic burden in every country in the region. Women and girls are vulnerable to medical, legal, economic and social consequences, including the loss of custody of their children. As such, gender inequality is largely magnified among women who use or inject drugs.

Although there are no clear estimates of the percentage of women incarcerated for drug-related offences in East and Southern Africa, there are more women coming into contact with the law in the region for drug use, or possession of small amounts, with the number of incarcerated women and girls increasing by 24% in Africa between 2010 and 2020.

In the context of Africa, women who use drugs are more stigmatised than their male counterparts as the prevailing cultural norms see such women as contravening their 'expected' gender roles.



WHY SHOULD WE FOCUS ON WOMEN WHO USE DRUGS

- Growing drug using population
- Harm reduction coverage is already low in Africa and remains insufficient to reduce the prevalence of HIV, and hepatitis among women who use drugs
- “Poverty has a women’s face”



CONT.

East and Southern Africa comprises the highest HIV rates in the world with a growing prevalence of HIV among young women. Additionally, the prevalence of HIV, STIs and other blood-borne diseases is very high among women who use drugs. It should be noted that there is a very strong link between the criminalisation of drug use across the region and the prevalence of HIV, especially among women who use drugs

African cultural and traditional practices have had a profound impact on women. Harmful gender norms, the social constructs of masculinity, and unequal power dynamics promote men's control and dominance over women. It places men in control of sexual and physical relationships and legitimises the use of physical and sexual violence against women. In southern and East Africa, around 20% of those aged 15-24 have experienced intimate partner violence. Women who use drugs experience higher levels of violence than their male counterparts.



WHAT PROGRAMMES EXIST FOR WOMEN WHO USE DRUGS?

- In South Africa, STAND Action (<https://standaction.co.za/>) works with all vulnerable and displaced individuals with a specific focus on women, homeless and youth who have been victims of gender based violence, those who use drug and those who come from impoverished rural, peri-urban, semi-urban and urban gang and drug-ridden communities.
- In Kenya, Women's Nest (www.womennest.org/) is an organisation that was established due to the limited numbers of women and girls who use drugs in existing harm reduction programmes, and the little attention that was given to their unique needs.
- In Tanzania, SALVAGE, is the sister organisation of Tanzania Network of People Who Use Drugs (TANPUD) (<https://www.facebook.com/tanpud.tanzania>). SALVAGE is a women and youth-led organisation for women and children who use drugs and was established from the need to create a safe space for women and children and the need for an organisation that would address the needs of women and children who use drugs in Tanzania who were being 'ignored' in the broader discussions around drug use.
- In addition to these organisations, harm reduction organisations in the region have attempted to make services available for women who use drugs but are not accessible to women because they are largely male-led and are not sensitive towards the needs of women who use drugs.



PRIORITY AREAS

- Lack of data
- Lack of gender-specific harm reduction interventions
- Lack of gender-mainstreaming in harm reduction services
- There is a need for the mobilisation of resources



RECOMMENDATIONS / WAY FORWARD

- Collect gender disaggregated data
- Mainstream harm reduction interventions for women who use drugs
- Strengthen capacity and increase resources
- Create an enabling policy environment
- Offer sensitization training to drug using community members to eliminate stigma and discrimination
- Offer mental health counselling for women who use drugs
- Advocate to address harmful gender roles
- Capacitate female outreach workers to work with women



support don't punish



HIDDEN GEMS

Addressing the needs of women who use drugs in southern and East Africa

FULL REPORT





THANK YOU

