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Gender based violence and HIV risk behavior among zambian women

Sekauke, Zinhle Zanele

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Researcher's Name**:** **ZINHLE ZANELE SEKAUKE**

Student No: **0711483A**

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Supervisor's Name: **PROFESSOR CLIFFORD ODIMEGWU**

Date: 31st August 2018

Declaration

I Zinhle Zanele Sekauke, declare that this research report is my own work. It is being submitted to the School of Social Sciences, Faculty of Humanities, University of Witwatersrand, Johannesburg. It is being submitted for the Master of Arts degree in Demography and Population Studies. I declare that to the best of my knowledge, the research has not been submitted before for any other degree or examination in any other university.

Zinhle Zanele Sekauke

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Abbreviations

AIDS Acquired Immunodeficiency Syndrome
CI Confidence interval
CSO Central Statistical Office
DHS Demographic and Health Survey
GBV Gender based violence
HIV Human Immunodeficiency Virus

STATA Statistical Software Analysis

STI Sexually Transmitted Infection

TGP Theory of Gender and Power

UNAIDS Joint United Nations Programme on HIV/AIDS

ZDHS Zambia Demographic and Health Survey

Abstract

Background: The question of the inextricable link between gender based violence and HIV/AIDS has been widely debated in the social sciences, with researchers arguing that indeed violence is associated with increased risk of HIV/AIDS. This study investigates the association between gender based violence and HIV risk behavior (inconsistent condom use and sexual partner concurrency) among ever-married Zambian women of child bearing ages (15-49).

Methods: This research used the nationally representative sample from the Zambia Demographic and Health Survey, 2013-14 data. The population sample under study consisted of 6,125 ever-married women of child bearing ages (15-49) who participated in the domestic violence module during this survey and reported on their sexual relationship that occurred in the twelve months preceding the national survey. The study applied, binary logistic regression at both the bivariate and multivariate levels of analysis in examining the relationship between HIV risk behavior (inconsistent condom use and sexual partner concurrency) and gender based violence.

Results: The results of the binary logistic regression models after adjusting for other potentially contributing variables indicated a positive significant relationship between gender based violence (combined) and HIV risk behavior. Women that had experienced any of the three forms of violence were about 3 times (OR: 3.32; 95% Cl: 1.74- 6.32, p<0.001) more likely to have been engaged in a concurrent sexual partner relationship as compared to women that had not experienced any form of violence. The odds of inconsistently using condoms among previously abused women increased by 35% (OR: 1.35, 95% Cl: 1.03-1.76, p<0.027) for these women as compared to those of women who had not experienced any form of violence.

As postulated by the Theory of Gender and Power, the results of the adjusted binomial logistic regression odds ratios indicated that, not working, significantly increased the odds of being involved in concurrent sexual partnerships by 91% (OR: 1.91, 95% Cl: 1.04 – 3.50) among Zambian ever-married of child bearing age (15-49) as compared to their currently working counterparts. Surprisingly though, the likelihood for concurrent sexual partner relations was about 2.5 times higher (OR: 2.47; Cl: 1.07-5.71, p<0.05) for women in the middle wealth quintile as compared to their counterparts in the poor quintile. Rich women were also more likely (OR: 2.37; 95% Cl: 1.03-5.41, p<0.05) to report being involved in concurrent sexual partnerships relative to their counterparts in the poor quintile.

The adjusted odds ratios for inconsistent condom use among women who reported being unable to request a condom increased by about 5.6 times (OR 5.63, 95% Cl: 3.18 – 9.95, p = 0.000) as compared to those of women who reported being able to request condom use during sexual intercourse. The results of the binary logistic regression also indicated a strong positive relationship (p-value < 0.05) between women's attitude towards wife beating if she refuses to have sex with him and inconsistent condom use. For women who believed that wife beating was justified if she refused her husband sex, the odds for inconsistent condom use increased by 43% (OR 1.43, 95% Cl: 1.04 – 1.98, p<0.05) as compared to those of women who did not condone such an act. Women who perceived themselves at high risk for HIV were less likely to practice inconsistent condom use (OR: 0.47, 95% Cl: 0.34 – 0.64, p =0.000) also interestingly, women who were not sure of their risk (don't know) were less likely to practice inconsistent condom use (OR: 0.41, 95% Cl: 0.28-0.57, p = 0.000).

Self-reported sexual partner concurrency among Zambian ever-married women of child bearing ages (15-49) was found to be less than 1%. The prevalence of inconsistent condom use was extremely high among this group

of women, with 96% reporting inconsistent condom use in the 12 months prior to the survey. The prevalence of gender based violence among this group of women was about 41% (2,482), with physical violence being the most commonly reported form experienced (39%). Emotional violence (19%) and sexual violence (13%) were the least reported forms of violence experienced by these women.

Conclusion: This study has contributed to the literature on gender based violence and HIV risk behavior among Zambian ever-married women of child bearing ages (15-49) and further provides empirical and scientific evidence of the link between gender based violence and HIV risk behavior. Specifically, it contributes to understanding the possible link between women's experience of gender based violence and their inconsistent use of condoms. It also contributes to the understanding of the possible link between gender based violence and sexual partner concurrency among ever-married women. The study further highlights the need for interventions that will discourage any form of gender based violence against women as a strategy to reduce HIV risk behavior among and consequently the prevalence of HIV/AIDS among this group.