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RELATIONSHIP BETWEEN ECONOMIC WELLBEING AND RISKY SEXUAL BEHAVIOUR AMONG 14-35 YEAR OLD WOMEN IN LIMPOPO PROVINCE, SOUTH AFRICA

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ABSTRACT

Objective

The study examined the relationship between socioeconomic status (SES) and risky sexual behaviour in young women living in the Limpopo Province of South Africa.

Methods

Quantitative data were drawn from the 2001–2005 Intervention with Microfinance and Gender Equity Study. The analyses were restricted to 705 sexually active young women aged 14–35 years. Logistic regression models were employed to assess the effect of socioeconomic status (estimated from household asset index and employment status, on risky sexual behaviours). Odds ratios (OR), adjusted odds ratios (AOR) and 95% confidence intervals (CI) are reported.

Results

After controlling for the potential confounding effects of wealth perception, age, level of education, marital status, birth control and HIV knowledge; there was no statistically significant association between asset index, or employment status and most of the risky sexual behaviours. However, students were significantly more likely to have experienced first sex at or before age 17 years (AOR: 3.80, 95% CI: 2.63, 6.11), and significantly less likely to have had more than three lifetime sex partners (AOR: 0.47, 95% CI: 0.29, 0.78).

Discussion

Given that age had emerged as a definite predictor of the sexual behaviours that were significantly associated with being a student, and that 75% of the students were aged 14-19 years, it is possible that the associations may be due to an age effect, or a cohort effect. That aside, the results suggest that women in general are equally at risk of HIV infection, hence further research is needed to determine other factors that enhance young rural women's vulnerability to HIV/AIDS.

Conclusion

The study did not show any strong evidence to suggest that socio-economic status is associated with risky sexual behaviour. The findings underscore the need to re-examine the assumption that poverty drives risky sexual behaviour so that efforts to ensure that HIV prevention messages get across all strata of society. However, it is possible that SES as used in this study did not differentiate people well enough to be able to identify factors associated with risky sexual behaviour. It is recommended that more research be done to establish how other major factors besides wealth may enhance the vulnerability of women to HIV/AIDS. The current study however contributes to the growing evidence that the relationship between wealth and HIV/AIDS is either exaggerated or is very complex and should be considered when designing new policies, programs and interventions to alleviate the growing HIV incidence.