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Babalola, Olukemi Solabomi

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PREVALENCE AND ASSOCIATED FACTORS OF MULTIPLE SEXUAL PARTNERSHIPS, GERT SIBANDE DISTRICT, SOUTH AFRICA, 2010



by

Babalola Olukemi Solabomi

(669557)

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ABSTRACT

Background

Gert Sibande District has the highest HIV prevalence among women attending public antenatal health clinics. Multiple sexual partnerships (MSP) enhance heterosexual HIV transmission, which is the main form of transmission in South Africa. There is need, therefore, to identify important factors associated with MSP for the development of strategic intervention policies and programmes.

Objectives

To determine the prevalence and associated factors of multiple sexual partnerships (MSP) in men and women in Gert Sibande District (GSD) in 2010.

Methods

This is a secondary data analysis of data collected through a cross-sectional multi-stage study using cluster probability sampling technique in GSD in 2010. The study collected data on 750 adult men and women aged 16 to 55 years through an interviewer-administered standardised questionnaire. Simple descriptive statistics and chi square analysis were used to determine the prevalence and patterns of the MSP in the study population. Multiple logistic regression models were built to determine factors that were independently associated with MSP.

Results

The analysis included 592 sexually active respondents: 200 men and 392 women. A fifth of the respondents had had their first sexual encounter before the age of 16 years. Condom use was higher among men than women. Condom use was lowest with most recent partners

(56.6%) than in second (74.6%) and third sexual partners (78.6%). Alcohol use was high, with more men (72.0%) than women (33.2%) having ever consumed alcohol ($p<0.001$) and among these alcohol users, more men (44.5%) than women (8.7%) were involved in risky drinking.

The overall reported MSP prevalence was 22.0%, 95% CI: 19 - 25%. Men (44.0%, 95% CI: 37 - 51%) reported significantly higher levels of MSP than women (10.7%, 95% CI: 8 - 12%). Levels of MSP decreased with age and were highest among young adults, men (20 to 24 years) and women (15 to 19 years), those who were never married, and among men in the intermediate socio-economic group.

There were significant associations between MSP and underlying socio-demographic factors (age, socio-economic status and marital status), and with intermediate sexual behavioural factors (age at first sex, condom use at last sex), sex under the influence of alcohol and transactional sex in the past 12 months). Among men, young age (AOR 3.0, 95% CI: 1.0 - 9.3) socio-economic status (AOR 3.1, 95% CI: 1.7 - 5.6) predicted having MSP. The strongest positive correlation of MSP among men occurred with the sexual behavioural factors, particularly age at first sex (AOR 9.7, 95% CI: 2.3 - 41.4) and having sex under the influence of alcohol (AOR 4.5, 95% CI: 1.9 - 9.7). There was a 4.5 times likelihood of MSP with transactional sex in the past 12 months. Among women, being never married (AOR 10.9, 95% CI: 1.3 – 90.3), condom use at last sex (AOR 2.4, 95% CI: 1.1 – 5.6), transactional sex in the past 12 months (AOR 12.0, 95% CI: 3.9 – 37.1) and having sex under the influence of alcohol (AOR 9.3, 95% CI: 4.4 – 19.6) were significantly associated with increased odds of MSP.

Conclusion

The findings of this study showed a high prevalence of MSP compared to the reported prevalence of MSP in the South African national and sub-national surveys (SABSSM, NCS and DHS). The prevalence was ever higher across some sub-groups of the population. The findings highlight the need for interventions that will address socio-economic factors influence MSP in GSD, especially among young adults and unmarried adults of GSD. Among this largely black population, the occurrence of several sexual risk factors, including early age at first sex, transactional sex, and high alcohol use, indicate the need for group-specific interventions. This study also provides a basis for future research to allow for the comparison of changes in MSP levels among adults of GSD and for prevention interventions targeting partner reduction.