

Are Female Youth who experience Gender-based violence less likely to test for HIV/AIDS?

Evidence from Haiti and Dominican Republic Demographic and Health Surveys

Background: The gendered nature of the HIV epidemic has begun to receive critical attention in the empirical literature among developed countries (Jewkes et al, 2003). Gender based violence is recognised as one of the critical factors which facilitate the spread of HIV especially among young women in the Caribbean (Bomberaux and Allen, 2008), however little research has been undertaken examining the possible influence of gender based violence on HIV prevention in developing Caribbean nations. The Caribbean has the second largest prevalence rate of HIV after sub-Saharan Africa. While HIV testing is considered the gateway to effective treatment and control of the epidemic, the expansion of testing facilities and services has been challenged by the low uptake rates as observed in other regions. Further it is recognised that preventive behaviours promoted during HIV testing and counselling can trigger violence, and knowledge of serostatus can lead to negative outcomes such as abandonment, stigma and discrimination. The association between the experience of gender based violence and uptake of HIV testing and other prevention mechanisms remains unexplored in the Caribbean context. The objective of the present study is to describe the prevalence of gender based violence and examine the association between experiences of gender based violence and HIV testing among female youth aged 15-24 years in two Caribbean countries Haiti and Dominican Republic. The analysis seeks to answer the following two research questions- First, what is the prevalence of gender based violence among female youth in Haiti and Dominican Republic? Secondly - is there an association between the experience of violence and the likelihood of being tested for HIV and what is the direction of the association?

Country backgrounds

Haiti and Dominican Republic share the island of Hispaniola but have different social, historical and cultural. While Haiti is mainly French in socio-cultural background, the Dominican Republic is mainly of Spanish heritage. While the two countries share geographical land mass their socio-demographic and economic situation is significantly different. Both have similar population sizes- Haiti 9.5 million and Dominican Republic -9.7million. However Dominican Republicans enjoy a higher standard of material and social welfare as evidenced by their higher life expectancy at birth (70 v 61), lower human poverty ranking (26 v74) and higher per capita gross national income (\$5550 v \$1070). Both countries have stabilized HIV epidemics with adult prevalence rates of 1.1% and 2.2% in Dominican Republic and Haiti respectively (UNAIDS, 2009). Similarly in both countries HIV prevalence is higher among female youth compared to male youth. In Haiti females HIV rate among female youth is 1.4% compared to 0.6% among males and in Dominican Republic the rates are 0.6% and 0.3% among females and males respectively (UNAIDS, 2009)

Methodology

Data Sources: The data used to examine potential associations are drawn from nationally representative survey data from the Demographic and Health Surveys (DHS) of Dominican Republic and Haiti. The DHS are household based surveys which traditionally have examined topics on fertility behaviour and preferences, contraceptive use, maternal and child health, sexual behaviour, HIV/AIDS. Within recent years the DHS has expanded the scope of issues investigated and now includes questions on domestic violence for selected adults 15 years and over in the household.

Data analysis: This study examines the outcome ever tested for HIV which is a dichotomous variable with categories 'yes' and 'no'. The main independent variables comprised indicators of violence which are captured in the DHS. Currently married and cohabiting women who were selected for the domestic violence module of the DHS were asked about their experiences of gender based sexual and

non-sexual violence. Six single item questions of relevance to young adult females were selected for analysis: ever experience any emotional violence; ever experience any sexual violence, ever experience any severe and less severe violence, whether their first sex was forced or not and whether the respondent was forced to perform sexual acts in the last 12 months. Data analysis comprised univariate, bivariate and multivariate analyses. Univariate analyses were used to report the prevalence of gender based violence among female youth in the two countries. Bivariate logistic regression models were derived to report the unadjusted odds ratio of the association between the measures of violence and ever being tested for HIV. Multivariate logistic regression analysis which adjusted for confounding socio-demographic variables (age, marital status, education, household wealth, urban-rural residence and partner's education level) was conducted. Only females aged 15-24 years are analysed. All analyses account for the multistage design of the sample including the clustering, stratification and the weighting in order to produce accurate standard errors for coefficients and were conducted using STATA statistical programme. Unadjusted (UOR) and adjusted odds ratios (AOR) and 95% confidence intervals are presented.

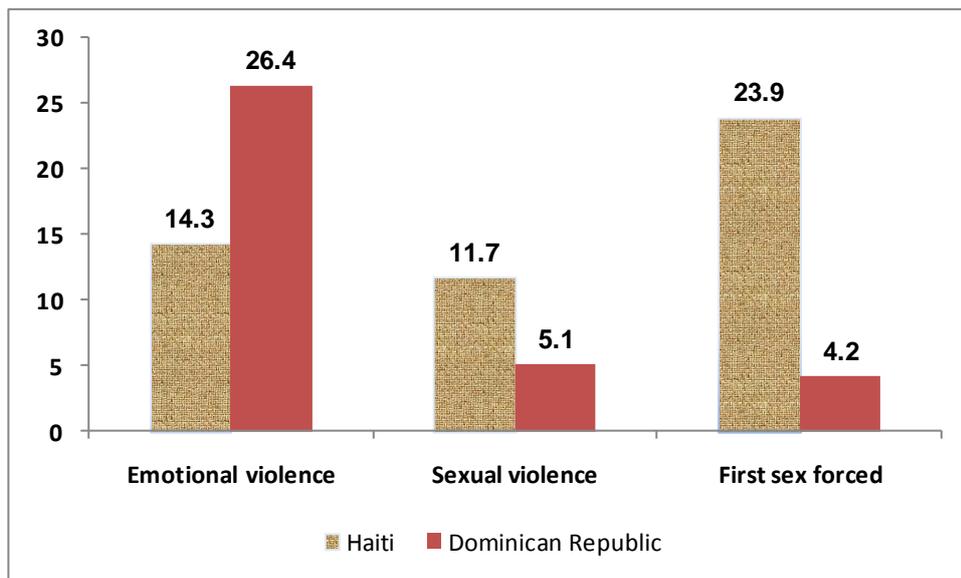
Findings:

As seen in Figure 1 the results indicate that the prevalence of sexual violence was generally higher among Haitian young women than Dominican women but emotional and less severe violence showed a higher rate among Dominican female youth. More than twice as many (12%) female Haitian youth reported sexual violence than among Dominicans (5.1%). Similar proportions of severe violence were reported in both countries (5-6%).

Uptake of HIV testing was associated with some measures of violence in Dominican Republic but not in Haiti. Bivariate analyses showed that the unadjusted odds of ever being tested for HIV were higher among young women who had experienced emotional (UOR=1.59, 95% CI 1.18-2.14), sexual (UOR=2.23, CI: 1.08-4.62) and less severe violence (UOR=1.79, 95% CI: 1.25-2.56) in the

Dominican Republic. After adjusting for confounding socio-demographic and partner characteristics variables the relationship attenuated but remained significant only for the emotional violence and less severe violence measures.

Figure 1: Prevalence of selected measures of Gender-based violence among females 15-24 years in Haiti and the Dominican Republic



Conclusion:

This provided exploratory evidence of a positive association between uptake of HIV testing and some measures of gender based violence after controlling for confounding factors. This is the first study to quantify the relationship using data for the Caribbean region. High levels of self-reported gender based violence and intimate partner violence were reported among female youth in both countries but moreso in Haiti. Young women who had experienced violence were more likely to test possibly because of health providers may have recommended testing or to ensure that they were not at risk of HIV infection since some studies have shown that women who experience partner violence were more

likely to be HIV positive (Dunkle et al, 2004, Campbell et al, 2008). Coercive sexual experiences during adolescence and young adulthood is a serious public health problem and have been found to be associated with adverse reproductive health outcomes in some studies (Speizer et al, 2009). Young women who experience abuse and violence may be at increased risk of STI infection which facilitates HIV transmission and so would be more likely to be tested especially if symptomatic. There is a need to reduce intimate partner and gender based violence among women in these Caribbean countries as this study provides exploratory evidence of the need to integrate HIV prevention into issues of abuse, gender power and other social imbalances. The main limitations of the study are the cross-sectional nature of the data which cannot be used to infer causal links, the use of self-reported measures which may be subject to bias and small samples in the Haiti datasets which did not have the power to detect significant differences. However despite these limitations the study produced findings which have implications for the integration of gender based violence into programmes designed to reduce the HIV epidemic among young women. Further research is required investigating causality between violence and HIV prevention strategies such as implementing condom use, reducing number of partners as well as qualitative research is needed to understand the impact of violence of young women's ability to protect themselves from HIV infection.

Knowledge contribution: The study findings contribute to knowledge that provides insights into how the gender based violence epidemic intersects with the HIV epidemic among an oft neglected at vulnerable and high risk population – female youth. The results would contribute to the development and implementation of both HIV and violence prevention programmes as well as provide evidence base for design of public health interventions aimed at reducing both epidemics.

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