Intimate partner violence (IPV) after disclosure of HIV test results among pregnant women in Harare, Zimbabwe

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Background

- HIV is an infectious disease and status disclosure to affected and potentially infected sexual partners is a central strategy in HIV prevention and treatment (Simoni and Pantalone 2004). However, HIV disclosure is a gendered phenomenon as women test disproportionately in pregnancy and are asked to disclose.
- Disclosure is highly emotionally charged - it is more than just conveying medical information – issues of IPV, trust, and loyalty are raised.
- Research on disclosure shows negative (stigma and discrimination) and positive (social support, risk reduction) outcomes (Maman et al 2003; Medley et al 2010).
• Limitations of previous reviews and individual studies on disclosure:
  - 26/31 studies reported negative outcomes after disclosure but not precisely measuring IPV (Maman & Medley 2003)
  - no data on previous state of relationships before disclosure
  - no analysis of IPV dynamics after disclosure
• In Zimbabwe both IPV and HIV are high but the relationship after disclosure is not known
• This paper presents prevalence of HIV disclosure, IPV after disclosure, compares pre and post disclosure IPV and factors associated with IPV after disclosure in HIV + and - women
Postnatal women with known HIV results (1951) in 6 clinics

HIV +

Disclosure

IPV

NO IPV

Negative reaction

Positive reaction

No Disclosure

HIV -

Disclosure

IPV

NO IPV

Negative reaction

Positive reaction

No Disclosure

Methods
• Study was conducted between May and September 2011 among low income urban women at 6 clinics in Harare
• 2101 women were approached:
  – 2042 interviewed (97% response rate)
  – 1951 with known HIV status were included in this paper
• Assessed immediate partner reaction (+/-)
  – Positive=“he was happy” or “supportive”
  – Negative=threat to end relationship, blaming woman’s past sexual life, labelling her a prostitute, experiences of and threats of violence, etc
• Adapted WHO violence questionnaire to measure IPV (physical, sexual & emotional) during pregnancy
• Other factors assessed include:
  – past violence, child abuse, sexual risk factors, woman’s abuse attitudes & partner’s controlling behaviours
Data Analysis

• Logistic regression model assessed the association between partner's reaction after disclosure (0 = positive response, 1 = negative response) and women's HIV status.

• Generalised ordered multiple, stepwise regression analysis assessed factors associated with IPV adjusting for demographic factors, past violence, past HIV test, previous pregnancies, research design – compared the effect of medium (2 types) to higher (3 or more types) with no or lower (0-1 type) IPV.

• Ethics approval was obtained from the Medical Research Council of Zimbabwe and the University of the Western Cape.
Findings

Women with known HIV results = 1951

HIV+ 299 (15.3%)
  Disclosure 259 (89.3%)
    Abused 105 (40.5%)
    Not Abused 154 (59.5%)
  Negative reaction 141 (58.3%)
  Positive reaction 101 (41.7%)
  No disclosure 31 (10.7%)

HIV- 1652 (84.7%)
  Disclosure 1558 (96.5%)
    Abused 490 (31.5%)
    Not Abused 1068 (68.6%)
  Negative reaction 279 (18.4%)
  Positive reaction 1239 (81.6%)
  No disclosure 57 (3.5%)
• Over 93% (1817) disclosed the HIV results to their partners (96.5% HIV- vs. 89.3% HIV+, p<0.0001).
• HIV prevalence among women who did not disclose (35.2%, 95% CI: 25.0-45.4) was more than double that among women who disclosed (14.3%, 95% CI: 12.6-15.8)
• Of those abused after disclosure (n=595, 32.8%), 68 (11.4%) women reported IPV for the first time after disclosure and a significant proportion of them (22.1%) had tested HIV positive
IPV before and after disclosure

- Physical, sexual or emotional: 32.8%
- Physical or sexual: 25.3%
- Emotional: 18.1%
- Sexual: 22.6%
- Physical: 5.8%
- Negative reaction: 20.9%

IPV after disclosure: 60.6%
## Associations between IPV and demographics & past violence

<table>
<thead>
<tr>
<th>Variables</th>
<th>IPV episodes(%)</th>
<th></th>
<th></th>
<th></th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No IPV</td>
<td>1 event</td>
<td>2 events</td>
<td>3+ events</td>
<td></td>
</tr>
<tr>
<td>Couple lives with woman's family</td>
<td>74.5</td>
<td>14.5</td>
<td>6.2</td>
<td>4.8</td>
<td>&lt;0.000</td>
</tr>
<tr>
<td>Couple lives with partner’s family</td>
<td>73.4</td>
<td>14.2</td>
<td>6.6</td>
<td>65.8</td>
<td>&lt;0.000</td>
</tr>
<tr>
<td>Age - under 25 years</td>
<td>69.1</td>
<td>16.2</td>
<td>6.7</td>
<td>8.07</td>
<td>0.014</td>
</tr>
<tr>
<td>Married women</td>
<td>67.3</td>
<td>18.6</td>
<td>7.8</td>
<td>6.3</td>
<td>0.064</td>
</tr>
<tr>
<td>Only primary education</td>
<td>58.9</td>
<td>22.5</td>
<td>10.9</td>
<td>7.8</td>
<td>0.201</td>
</tr>
<tr>
<td>Partner controlling behaviours</td>
<td>54.9</td>
<td>16</td>
<td>11.0</td>
<td>18.1</td>
<td>&lt;0.000</td>
</tr>
<tr>
<td>Endorsing sexual abuse attitudes</td>
<td>60.4</td>
<td>23.3</td>
<td>9.9</td>
<td>6.5</td>
<td>0.002</td>
</tr>
<tr>
<td>Partner fought with another man</td>
<td>60</td>
<td>10.9</td>
<td>13.3</td>
<td>15.8</td>
<td>&lt;0.000</td>
</tr>
</tbody>
</table>
## Associations with sexual risk factors

<table>
<thead>
<tr>
<th>Variables</th>
<th>IPV experiences</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No IPV</td>
<td>1 event</td>
</tr>
<tr>
<td>Woman stopped from accessing prenatal care</td>
<td>51.3</td>
<td>16.9</td>
</tr>
<tr>
<td>Woman ever had transactional sex</td>
<td>50.2</td>
<td>19.1</td>
</tr>
<tr>
<td>Partner ever tested STI positive</td>
<td>49.5</td>
<td>18.2</td>
</tr>
<tr>
<td>Experienced violence in the last 12 months</td>
<td>52.1</td>
<td>26.3</td>
</tr>
<tr>
<td>HIV positive</td>
<td>59.5</td>
<td>18.9</td>
</tr>
</tbody>
</table>
Relationship between HIV and disclosure outcomes (IPV and reaction)

- IPV after disclosure was associated with HIV serostatus (partially AOR: 1.88, 1.32-2.68) but the relationship disappears after adding behavioural and sexual risk factors in the full model (AOR: 1.09, 0.78-1.52)

- HIV positive women were nearly six times more likely to report a negative reaction from the partner compared to HIV negative women (AOR: 5.83 95% CI: 4.31-7.90)
## Factors associated with IPV after disclosure

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Adjusted Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couple lives with woman's family</td>
<td>0.68 (0.52, 0.89)</td>
</tr>
<tr>
<td>Couple lives with partner’s family</td>
<td>0.56 (0.43, 0.73)</td>
</tr>
<tr>
<td>Partner’s controlling behaviours</td>
<td>1.91 (1.33, 2.73)</td>
</tr>
<tr>
<td>Endorsing sexual abuse attitudes</td>
<td>1.58 (1.22, 2.03)</td>
</tr>
<tr>
<td>Partner fights in community</td>
<td>2.31 (1.57, 3.40)</td>
</tr>
<tr>
<td>Ever injured by a partner</td>
<td>2.39 (1.44, 3.97)</td>
</tr>
<tr>
<td>Child abuse</td>
<td>1.66 (1.25, 2.20)</td>
</tr>
<tr>
<td>IPV in the last 12 months</td>
<td>6.18 (3.84, 9.93)</td>
</tr>
<tr>
<td>Woman prevented from accessing ANC</td>
<td>1.92 (1.28, 3.23)</td>
</tr>
<tr>
<td>Had transactional sex</td>
<td>1.82 (1.30, 2.55)</td>
</tr>
<tr>
<td>Partner tested STI positive</td>
<td>2.03 (1.28, 3.23)</td>
</tr>
</tbody>
</table>
Conclusions

• IPV after disclosure was high though lower than before pregnancy and was associated with behavioural and sexual risk factors.

• High levels of IPV after HIV-status disclosure may be related to previous IPV experiences but qualitative studies may be needed to explain this.

• Experiencing IPV for the first time after disclosure implies that disclosure may be a risky process that requires health care workers to carefully guide clients through it.

• Assessing presence of other people in household may be an important strategy to predict safe disclosure.

• Addressing gender inequality and safe sex through strengthening efforts to meaningfully involve men in ante and postnatal natal care is needed for IPV and HIV prevention.
Further research

• First study to precisely measure violence after HIV disclosure
• Study was cross sectional and interviewed only postnatal women in clinics and results may not be generalised to women not attending post natal care
• Further studies must ask direct questions to ascertain if violence was triggered by disclosure
• Longitudinal (and qualitative) studies are needed to track participants before pregnancy until after postnatal care to document changes in IPV with HIV disclosure
• There is need to review current counselling practices informed by VCT protocols to match the provider initiated testing strategies to prevent IPV after disclosure
Acknowledgements

• VLIR-UOS, Belgium
• African Pop & Health Research Centre-ADDRF
• University of the Western Cape, South Africa
• Medical Research Council, South Africa
• Harare City Health, clinics and staff, Zimbabwe
• University of Zimbabwe, Zimbabwe
• Research participants
• Research assistants