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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

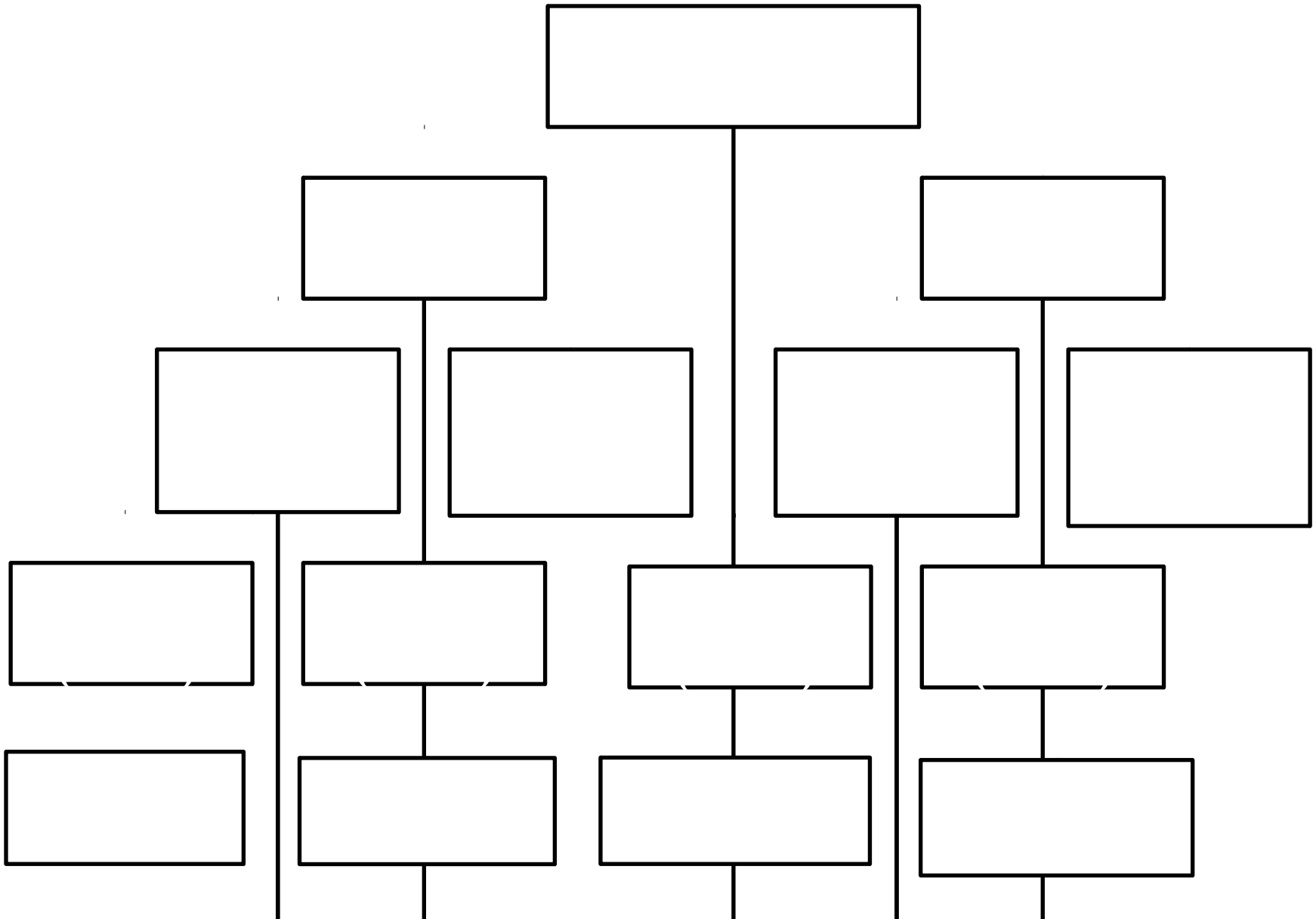
Methods

- 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

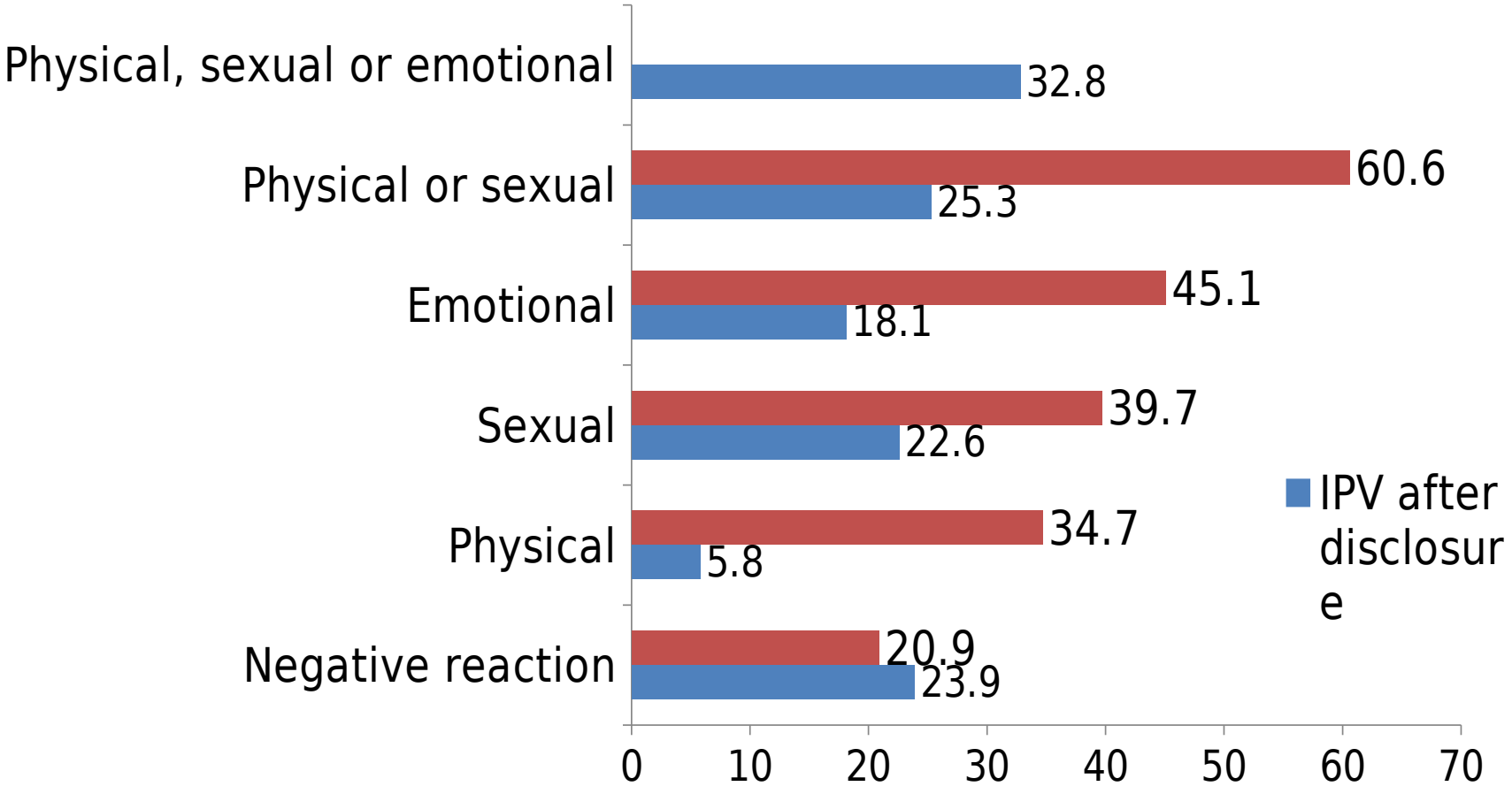
- Logistic regression model assessed the association between partner's reaction after disclosure (0 = positive response, 1= negative response) and women's HIV status
- generalised ordered multiple, stepwise regression analysis assessed factors associated with IPV adjusting for demographic factors, past 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



- 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



Associations between IPV and demographics & past violence

Variables	IPV episodes(%)				
	No IPV	1 event	2 events	3+ events	p-value
Couple lives with woman's family	74.5	14.5	6.2	4.8	<0.0001
Couple lives with partner's family	73.4	14.2	6.6	65.8	<0.0001
Age -under 25 years	69.1	16.2	6.7	8.07	0.014
Married women	67.3	18.6	7.8	6.3	0.064
Only primary education	58.9	22.5	10.9	7.8	0.201
Partner controlling behaviours	54.9	16	11.0	18.1	<0.0001
Endorsing sexual abuse attitudes	60.4	23.3	9.9	6.5	0.002
Partner fought with another man	60	10.9	13.3	15.8	<0.0001

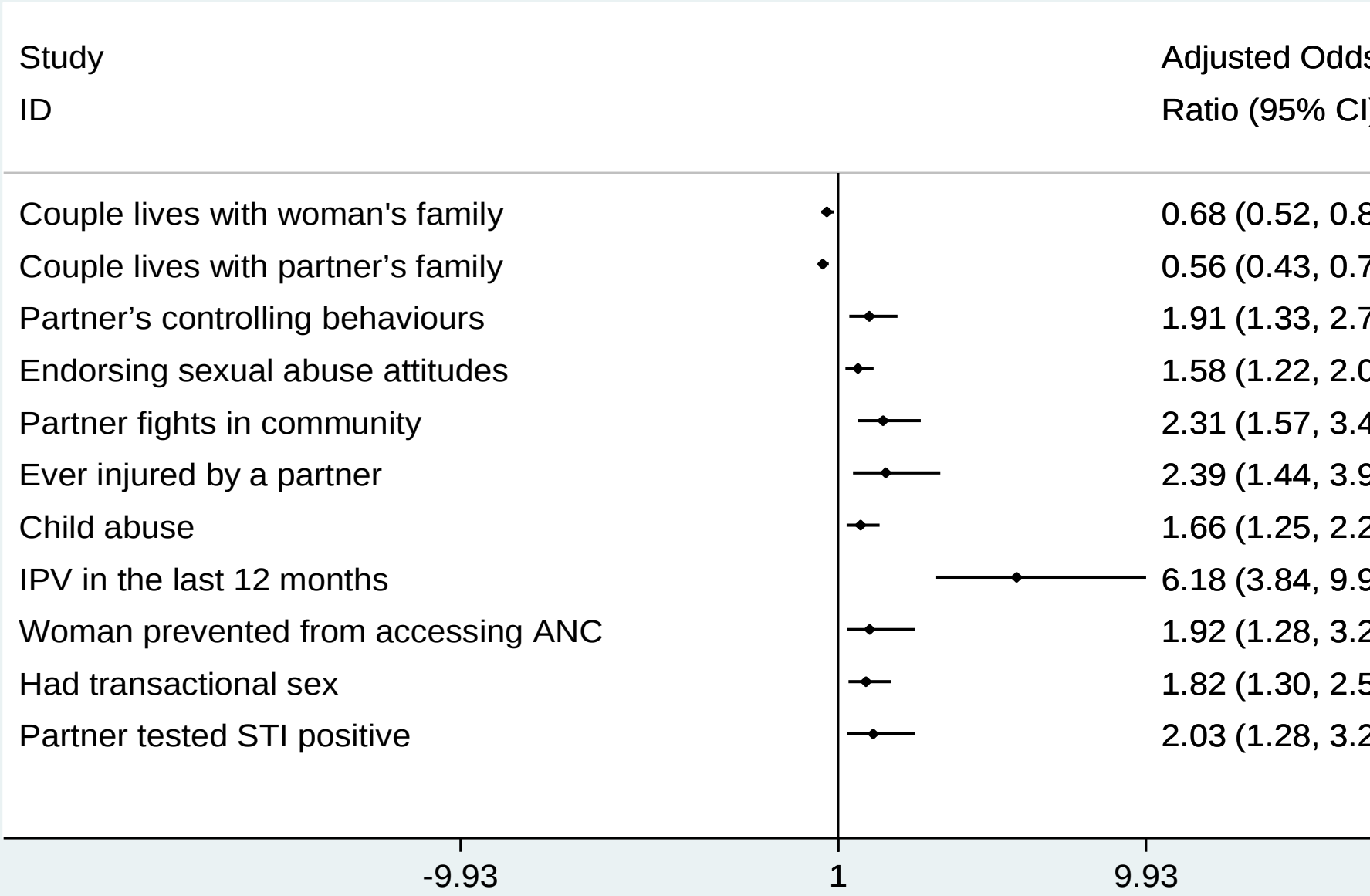
Associations with sexual risk factors

Variables	IPV experiences %				
Variables	No IPV	1 event	2 events	3+ events	p-value
Woman stopped from accessing prenatal care	51.3	16.9	13.8	18.0	<0.0001
Woman ever had transactional sex	50.2	19.1	15	15.7	<0.0001
Partner ever tested STI positive	49.5	18.2	15.2	17.2	<0.0001
Experienced violence in the last 12 months	52.1	26.3	11.8	9.7	<0.0001
HIV positive	59.5	18.9	12.0	9.7	0.004

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



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

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