

The risk of HIV infection among married women in Zimbabwe. Does living arrangement really matter?



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Introduction

.The epicentre of HIV pandemic is believed to be in Southern Africa (Ndlovu, 2004), and Zimbabwe is among the countries from this sub region of Africa.

.Since around 2000, it is believed Zimbabweans have been more active participants in migrations in this sub region, possibly because of economic challenges the country has been going through.

.Such a practice is expected to contribute towards increased levels of spousal separations.

.It is possible that spousal separation may increase risk of HIV infection; as such living arrangement can be associated with poor spousal monitoring.

Methods

Data

Zimbabwe Demographic Health Survey of Zimbabwe (ZDHS) 2005 provided the data. The study population was married women of reproductive age.

Variables

Outcome variable was HIV status, with a binary outcome; HIV positive or negative.

Main Explanatory variable was living arrangement, also with a binary outcome; residing with spouse under one roof or not.

Covariates controlled for were level of education, wealth status, religion, age, place of residence, condom use, multiple-concurrent partnership practice, and husband has STI.

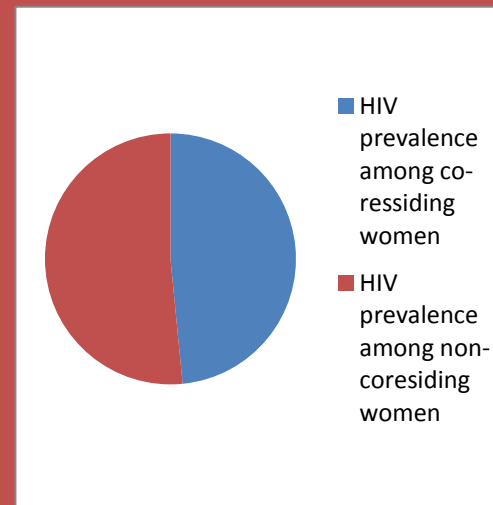
Analysis

Cross tabulation produced patterns describing HIV prevalence by living arrangement. Ordinary logistic regression was used for both bivariate and multivariate analysis.

Interpretation was by odds

Results

Descriptive Statistics



Bivariate & multivariate analysis

Non coresiding women had 1.08 higher odds of HIV infection than coresiding women, Confidence Interval (CI), 0.89-1.30. Association remained non significant, after controlling for all covariates OR; 1.11, CI; 0.90-1.36. However, all covariates were significant save for place of residence, and husband has STI.

Conclusion

Conclusiveness of such cross sectional studies is often hindered by temporal limitation.

Suggestions are however that:

. Living arrangement has insignificant effect on HIV infection among married women in Zimbabwe.

. Covariates, were rather more influential, especially education, and age. Increase in both was related with decrease in odds of HIV infection.

. Recommendation of further studies is encouraged.