

Poverty and Sexuality in Africa: An Empirical Evaluation

Yanyi K. Djamba
Assistant Professor of Sociology
Southeastern Louisiana University
SLU 10686
Hammond, LA 70402

Tel. (965)-549-2108

Fax: (985)-549-5961

E-mail: ydjamba@selu.edu

Extended abstract

The purpose of this study is to determine whether poverty is associated with sexual activity and AIDS risk among young women in Africa. All available data show more AIDS cases in Africa than elsewhere. Unlike what is observed in other parts of the world, more than 93 percent of adult HIV infections in Africa are transmitted through heterosexual intercourse. Also, the majority of African AIDS patients are young women. Many scholars have explained this African AIDS pattern under the economic thesis. Their basic argument is that poverty causes women to exchange sexual favors for money or other commodities. In doing so, women increase their risk of HIV/AIDS, especially in societies where condom is not widely used. However, any review of literature will show that the economic thesis has not yet been sufficiently tested, due in part to the lack of appropriate data. This study will empirically test the relevance of the economic thesis as a model for explaining sexual behavior and AIDS risk in Africa. The analysis will be based on data being collected this fall through face-to-face interviews with a random sample of unmarried women aged 14-24 years in the African city of Kinshasa. This study, which is funded by the American Sociological Association with additional support from Southeastern Louisiana University, collects data that will help determine the relative impact of poverty versus culture on young women's sexual behavior as explained below.

The AIDS epidemic has highlighted the need for research in the area of sexual behavior in Africa, where heterosexual relations constitute the main route of HIV infection. It is estimated that more than 10 million persons are infected with HIV in Africa (Bongaarts, 1996), representing more than half of the world's HIV infected population. Moreover, the prevalence of HIV/AIDS is higher among women than men, with younger women being at greater risk of infection. This female vulnerability to infection is the results of both biological and social factors. Biologically, women are more likely to be infected with HIV and other sexually transmitted diseases during intercourse because of the fragility of the vaginal track, especially in younger girls. In addition, unlike the male sex organ, which is external, the female sex organ is internal and facilitates prolonged exposure to infected secretions. The risk of becoming infected with HIV during unprotected vaginal intercourse is 2 to 4 times higher for women than men (Avert, 2002).

Socially, the risk of HIV infection is also disproportional for women as compared to men. One of the most important factors is gender relations, and how such relations are shaped by social and economic conditions. Drawing from the assumptions of the exchange theory and related rational economic models, many scholars have argued that African women's vulnerability to HIV/AIDS is rooted in the existing of strong gender inequalities in the distribution of resources (Philipson & Posner, 1995; Weiss, 1993). Keeping women poor, it is said, gives prosperous men ready access to multiple sex partners because the "price" of women's sexual services will be low (Barker & Rich, 1992). Hence, proponents of the female poverty hypothesis argue that the current sexual behavior of women, especially the unmarried ones, is economically motivated.

Others have argued that poor people, especially women, are so stressed out by common life problems that they pay less attention to AIDS epidemic. For such people, HIV risk is listed below several other life problems in seriousness (O'Leary & Jemmott, 1995: 2-4). This thesis is consistent with the health belief model, which suggests that HIV/AIDS risky behaviors are less likelihood to occur when people have good knowledge of the means of HIV transmission, the consequences of contracting HIV, their vulnerability to infection, and if they are able to clearly establish that the benefits of performing preventive acts outweigh the costs and efforts required to do so (Steers et al. 1996). However, the health belief model has not yet been applied in Africa where poverty and gender inequality are widely spread.

Though the female poverty perspective seems a promising avenue to the study of sexuality in Africa, its hypothesis has not yet been empirically tested. In fact, much of the literature on female poverty and sexuality in Africa derives from anthropological work and other narratives from on anecdotal reports. Such reports claim that "adolescents from poor families are especially vulnerable to offers of gifts" (Schoepf, 1995, p. 31), because they are lured by "sugar daddies" - wealthy older men offering money or material goods to younger women in exchange for sexual intercourse (Barker & Rich, 1992). Although such accounts stimulate debate on the interrelation among poverty, sexuality, and HIV/AIDS, they do not provided appropriate information for taking pragmatic actions to curtail the spread of the sexually transmitted diseases for two reasons. First, anthropological research has usually emphasized the exotic aspects of sexuality in describing sexual relations. Second, such analyses are mostly based on small number of units of observations and do not offer any possibility for hypothesis testing.

Despite the actual major development in survey design and methodology, quantitative analysis of the relationship between poverty and sexuality in Africa is virtually inexistent. The only exception is the study I conducted with a national probability sample of 1379 never married women aged 15-19 years interviewed in Zambia (East Africa) during the 1992 Demographic and Health Survey (Djamba, 1997). The results showed that respondents who were living in wealthier families were less likely to engage in premarital sexual intercourse than their counterparts who lived in less wealthy families. However, the Zambian study measured poverty (wealth) indirectly through household amenities, and with no data on money and gifts exchanged in sexual relations, we really do not whether poverty account for sexual permissiveness.

Although it is true that women have limited access to economic resources in many African countries, their entry into sexual relations may not be merely the result of poverty. For example, many African countries (e.g., Democratic Republic of Congo, Ghana, Zambia, etc.) are organized along two distinct kinship systems (patrilineal and matrilineal), which define gender and family relations. Anthropological literature suggests that female premarital sex and female extramarital sex are more restricted and more controlled in patrilineal societies than in matrilineal (Eckhardt, 1991; Goethals, 1978). This is partly because in matrilineal system, a woman remains part of her family of origin even after marriage; under such circumstances, children of a matrilineal woman also belong to their mother's family and they consider their maternal uncle as their male authority figure more than their biological father (Bloor, 1995). As a result, matrilineal women have more control over their lives than their counterparts in patrilineal systems. Known as the patrilineal bias hypothesis, this thesis has not yet been sufficiently tested.

This study is the first quantitative research to focus on the interrelation among poverty, sexuality, and AIDS risk in Africa. The goal is to determine factors that motivate young women to engage in sexual intercourse, and what kinds of sexual practices they are involved in which may increase their risk of HIV infection. The main research hypothesis is that poverty is less important than kinship system in explaining female sexual activity in Africa. This hypothesis will be tested on quantitative data being collected this year through face-to-face interviews with women aged 14-24 in the city of Kinshasa, the Democratic Republic of Congo. The fieldwork will be completed in December 2003, and the preliminary analysis will be conducted in February 2004. The present paper will focus on testing the hypothesis that poverty is less significant than cultural factors when it comes to sexual behavior.

Respondents are selected in two stages. In the first stage, 3 survey areas were purposively selected to include neighborhoods that represent the three socio-economic levels in the city: lower, middle, and upper. Then, a household screening will be conducted in the selected study areas to construct a list of all eligible households. Eligible households will be those with at least one never married woman in the age group 14-24 years. The lists of these households will constitute the sampling frames for each stratum (lower, middle, and upper classes).

In the second stage, respondents will be selected through stratified sampling to ensure adequate representation of subjects from the three economic strata. In this process respondents will be selected using a systematic sampling design, a technique in which only the first sampling unit is randomly selected and subsequent units are drawn by adding a constant sampling interval to that number until the desired sample size is achieved. The final (global) sample will be composed of one third of each economic class. One practical advantage of systematic sampling is that it can be conducted while the sampling frame is under construction, allowing the researcher to stop household screening once the desired sample size is achieved. In addition, systematic sampling generally leads to similar results as simple random sampling.

Data will be collected during face-to-face interviews with never married women aged 14-24 years, for a targeted sample of 500. Although many variables are available from this survey questionnaire, the present paper will utilize only the following set of information: 1)

socio-demographic variables (age, education, religion, household size and structure, parents occupation, kinship system (patrilineal or matrilineal); 2) sexual behavior variables (age at first sexual intercourse, age of first sex partner at respondent's first sexual intercourse, characteristics of first and last sexual experience - coercive & rape, free consent, money & gifts exchanged - , number of sex partners, number of intercourse; 3) HIV/AIDS variables (condom knowledge and use, AIDS awareness); 4) marriage and fertility experience and aspiration (pregnancy, abortion, and birth histories; marital aspirations - desire for marriage, ideal age at marriage, mate selection and preference).

There will be two dependent variables in this study: sexual behavior (measured as sexual activity) and risky sexual practices (measured by condom use). After providing the profile of the sample (univariate analysis), this study will examine the bivariate relationships between each of the dependent variables and the covariates listed above (socio-demographic – including poverty measurement, kinship system – patrilineal, matrilineal, partner characteristics, conditions under which sexual intercourse occurs – rape/free consent, regular versus occasional partner, etc...). The statistical significance of the strength of these bivariate associations will be determined through chi square values in the contingency tables. Multivariate analysis will be conducted in forms of logistic regression models predicting the likelihood of having sexual intercourse (two models: never versus ever; one time versus and many times), and for sexually active respondents, the likelihood of using condom during sexual intercourse (two models: never versus ever, less often versus more often), based on the covariates listed above. In all these models, kinship system and poverty level, as well as money and gift exchange, will be the key explanatory variables.

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