

Risky Sexual Behaviour and Condom Use in Malawi

Authors: Channon A, Madise, N

The HIV pandemic in sub-Saharan Africa has highlighted the need for accurate identification of specific sub-groups of the population who place themselves at most risk due to their sexual behaviour. Research has indicated that exposure to risk from infections during sexual relations in both men and women are closely related to a number of demographic, socio-economic and socio-cultural factors. Condom usage during sexual intercourse within marriage and within casual relationships has also been seen to be related to a number of different variables. However, research into the factors influencing risky sexual behaviour and condom use has usually targeted specific sub-groups within the population and not a nation as a whole. Also, the spatial variation between groups of individuals within a country has rarely been taken account of in models developed to investigate risky behaviour and condom use.

The definition of the behaviour which constitutes risky sexual intercourse has varied between studies, with the obvious result of difficulty in comparisons between investigations. A number of definitions of higher risk sexual intercourse are overly harsh in applying the classification, with all sexual intercourse outside of a cohabiting relationship being classified as higher risk. Other definitions are more prescriptive in that unmarried partners in an exclusive relationship are not classified as risky. Risky sexual intercourse also needs to be defined to take account of infidelity by one partner, who then exposes the faithful partner to sexually transmitted infections (STI) that have been transmitted from other partners. Passive exposure is therefore important to include when modelling those who have engaged in risky sexual behaviour.

Condom usage is highlighted as one of the best methods of HIV and STI transmission prevention. Consistent use of condoms is vital for prevention and it is seen that consistency of use decreases as a relationship progresses. Due to problems with measurement however, data relating to condom use at last sexual intercourse is usually collected. Condom use in sub-Saharan Africa remains low. Explanations for this include a lack of knowledge about condoms and their benefits, problems with

obtaining condoms, religion and a perception that condoms reduce sexual enjoyment and may be dangerous. Due to widespread gender inequality women are not usually in a position to negotiate condom use in a relationship, even if the woman knows that the partner has been taking other partners.

The objectives of this investigation are:

1. To identify the determinants of high-risk sexual behaviour for both males and females in Malawi.
2. To identify the factors that influence condom use for males in Malawi with:
 - i. A marital partner
 - ii. A girlfriend or fiancée
 - iii. A casual partner

The data for use were those collected during the 2000 Malawi Demographic and Health Survey (DHS). Multilevel logistic regression was conducted on the data investigating variation at both the sample cluster and the district levels. If neither level was seen to explain a significant proportion of the variation ($p < 0.05$) simple multivariate logistic regression was conducted taking account of the complex survey design.

Risky sexual behaviour for males was identified as:

- Having more than one sexual partner, unless in a polygamous marriage.
- Having a sexual partner described as a 'Casual Acquaintance', 'Other Friend', 'Relative' or a 'Commercial Sex Worker'.
- Having a sexual partner described as a 'Girlfriend or Fiancé', yet knowing them for less than two weeks at first intercourse.
- Having an STI in the previous 12 months.
- If in a polygamous marriage having more partners than wives.

Risky sexual behaviour for females was identified using the same criteria as for males, except for that which relates to polygamous marriages. Therefore an extra criterion was included:

- Having more than one partner and not using a condom with each partner.

This definition is acknowledged to be subjective, but is thought to be precise in the identification. The two week cut off for partners described as boy or girlfriends was used as it is thought that progression to intercourse in this timescale is risky.

It was seen that 23.7% of sexually active males had engaged in risky sexual activity in the last 12 months. The multilevel logistic model showed that age, age at first intercourse, drunkenness, ethnicity and marital status were all significantly related to risk ($p < 0.05$). Significant variation was viewed at the district level. Younger never married adults, who were under 15 years of age at first intercourse and who had been drunk in the previous 12 months were most likely to engage in risky sexual intercourse. The proportion of male risky behaviour is lower than expected, which might reflect under reporting of risky behaviour.

12.6% of sexually active females were seen to have had risky sexual intercourse. Most were classified as risky due to the presence of an STI in the last 12 months indicating large levels of passive exposure. The multilevel model showed that many variables were significantly related to risk, including drunkenness, religion, ethnicity, age at first intercourse, marital status and the attitude to wife beating. Wife beating attitude is a composite variable from a number of questions questioning if the individual believes that it is acceptable in certain circumstances to hit a wife. Significant variation was seen at the cluster and district levels.

Condom use with a marital partner, a girlfriend or fiancée or a casual partner showed no variation at the cluster or district level, possibly due to insufficient numbers of men in the analysis. 5.9% of men used a condom at last sexual intercourse with their wife. Logistic regression indicated significant relationships between condom use and ethnicity, age and region. 37.7% of men used a condom with a girlfriend or fiancée at last sexual intercourse. This was seen to be significantly related to exposure to radio, ethnicity, wife beating attitude and working status. 42.1% of men used a condom at last sexual intercourse with a casual partner. Use was significantly related to urban/rural classification, highest educational level, age and wife beating attitude.

Ethnicity was seen to be important in all models relating to risky sexual behaviour and condom use, except for condom use with a casual partner. Most differentiation between ethnic groups was seen to be related to the matrilineal/patrilineal demarcation and therefore the associated status of females in the ethnic group. Matrilineal ethnicities were, in general, seen to be more likely to engage in risky sexual intercourse and less likely to use a condom. More research needs to be conducted on the characteristics of each ethnic group in Malawi so links to condom use and risky sexual behaviour can be fully understood.

The gender inequality intrinsic to the society and the effect on risky sexual behaviour and condom use can also be seen in the significance of wife beating attitude in female risky sexual intercourse and condom use with a girlfriend and casual partner. Therefore it represents the individuals' view of equality in a relationship. Those who believe that it is not acceptable in any circumstance to beat a wife are more likely to use a condom or not have engaged in risky sexual intercourse.

Exposure to radio was seen to be related to increased condom use during sexual intercourse with a girlfriend or fiancée. This is likely to be due to a campaign to raise awareness of condoms by the Malawian government in the nineties, although more investigation is required to fully confirm this link.

Wide under reporting of sexual activity and socially unacceptable behaviours was thought to have occurred in the DHS survey. Levels of drunkenness were thought to be lower than expected, with 27.3% of males and 3.8% of females admitting to ever having been drunk.

This research has highlighted some sub-sections of the population that need to be targeted in order to reduce risky sexual intercourse and increase condom use. Self-efficacy in women needs to be encouraged through educational campaigns for both males and females in order that the gender imbalance in society becomes less pronounced. Males need to be informed about the consequences of high risk behaviour and the benefits of male condoms to halt the spread of STIs and HIV.