

HIV Risk and STI Outcomes of Intimate Partner & Non-Partner Violence in Democratic Republic of the Congo: PRIORITIZING RESOURCES IN THE WAKE OF CONFLICT



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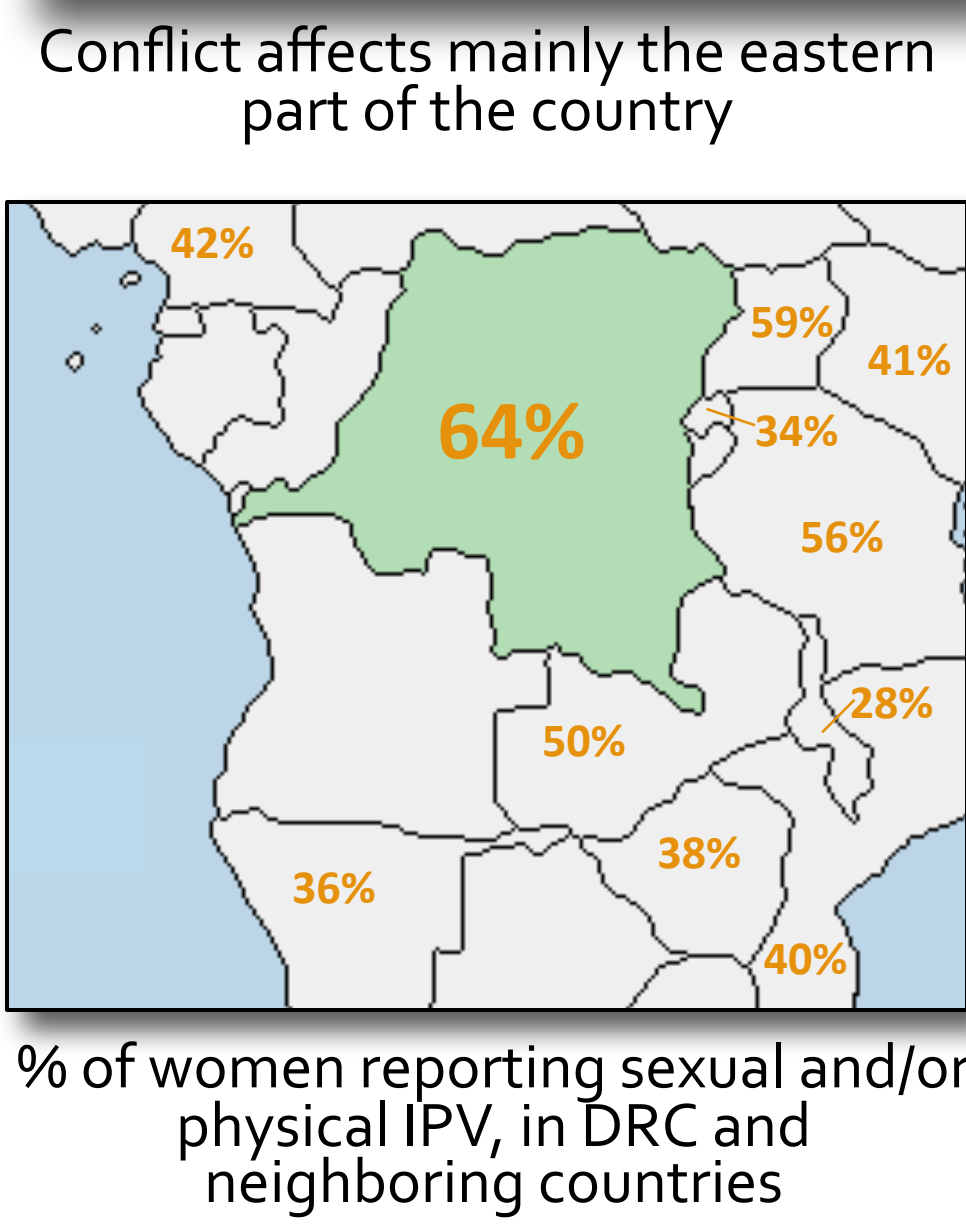
1. Introduction & Background



Sexual and physical violence is related to numerous HIV risks and adverse reproductive health outcomes among women.

Previous research on violence and health outcomes in DRC has focused mainly on **conflict-related sexual violence** and is mainly limited to the **eastern provinces**.

Although the national prevalence of intimate partner violence (IPV) in DRC is among the highest in the world, there is currently very little research and programmatic attention being focused on this widespread type of violence and its HIV risk and health outcomes for women.



Conflict affects mainly the eastern part of the country

2. Research Question

How do HIV risk & STI outcomes of **intimate partner violence** compare to HIV risk & STI outcomes of **non-partner violence** for women in the DRC?

3. Methods and Variables

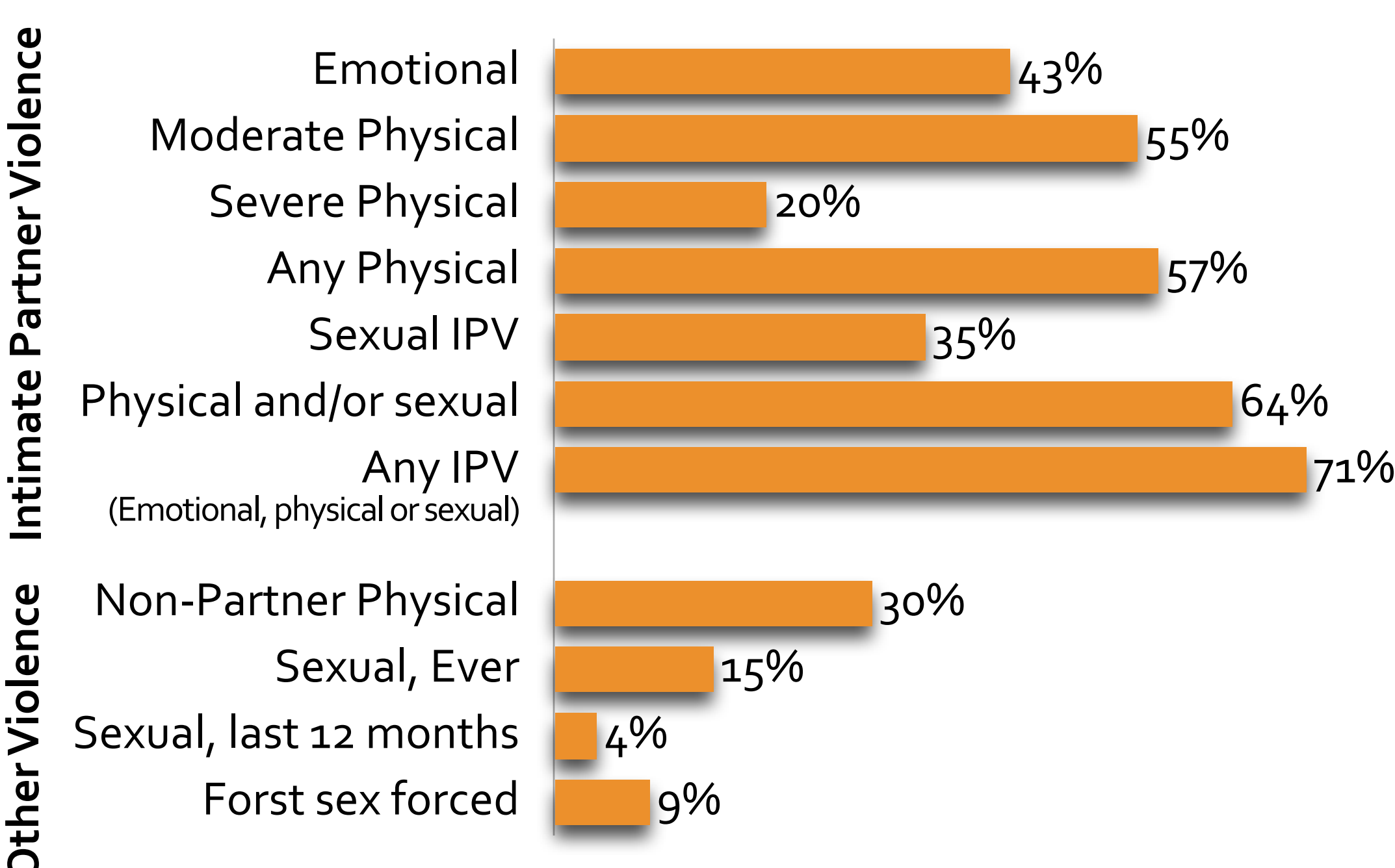
Population & Data

- DHS 2007: Nationally representative sample of women who participated in the 2007 Demographic and Health Survey and answered a subset of question on history of violence.
- 2, 859 women responded to all violence questions.
- Only currently or ever married women, or women who were currently or had ever lived with a man as though married, were asked full set of questions

Independent Variable :: Violence

- There are many types of violence that can affect women's health. Intimate partner violence refers to violence committed by a husband or boyfriend, while non-partner violence could refer to violence committed by a family member, teacher, employer, police or military.
- DHS history of violence questions included different types of **intimate partner** violence, **non-partner** violence, and general questions on sexual violence that **do not specify** a perpetrator

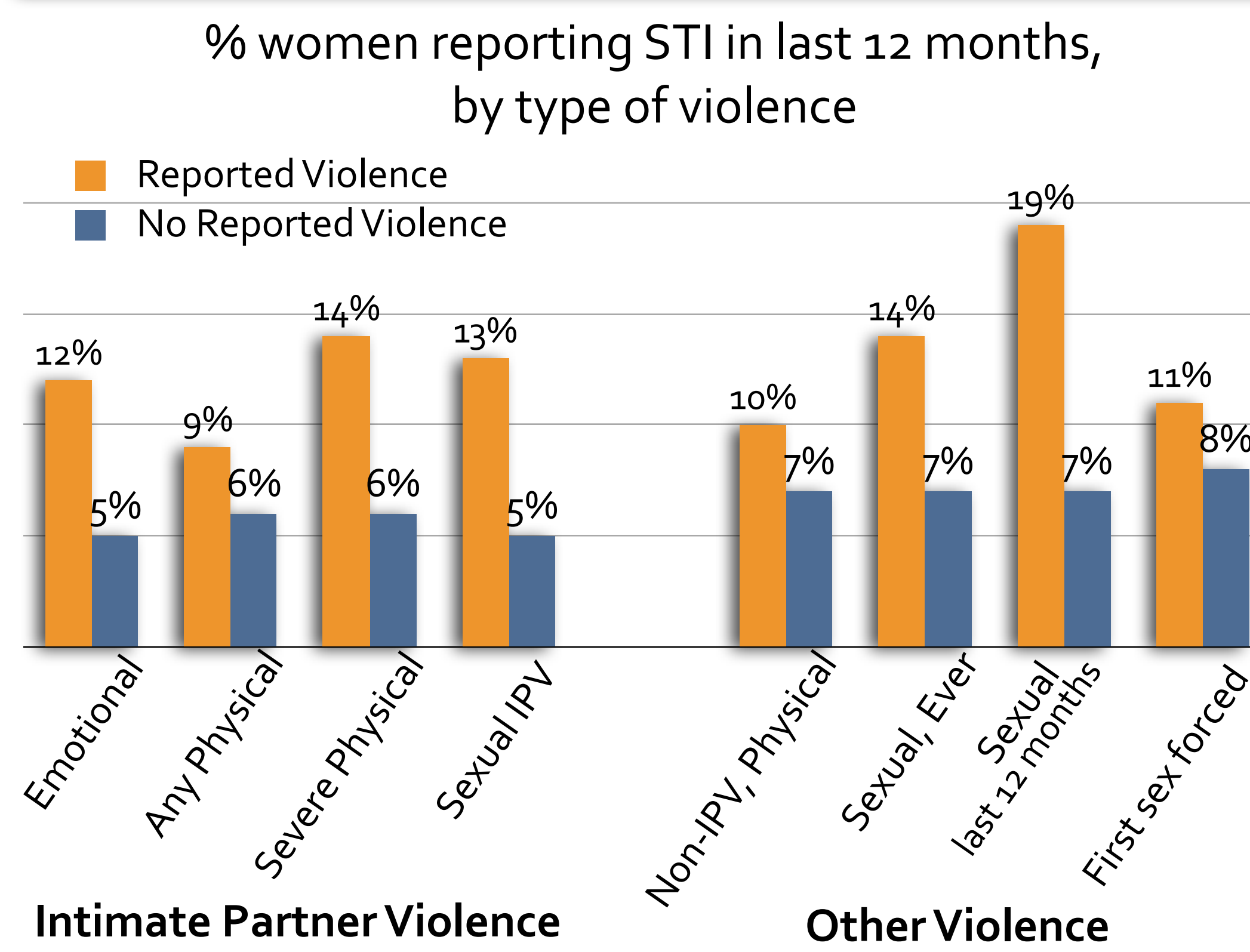
% of married women reporting violence in DRC, DHS



Dependent Variable :: Sexually Transmitted Infections (STIs)

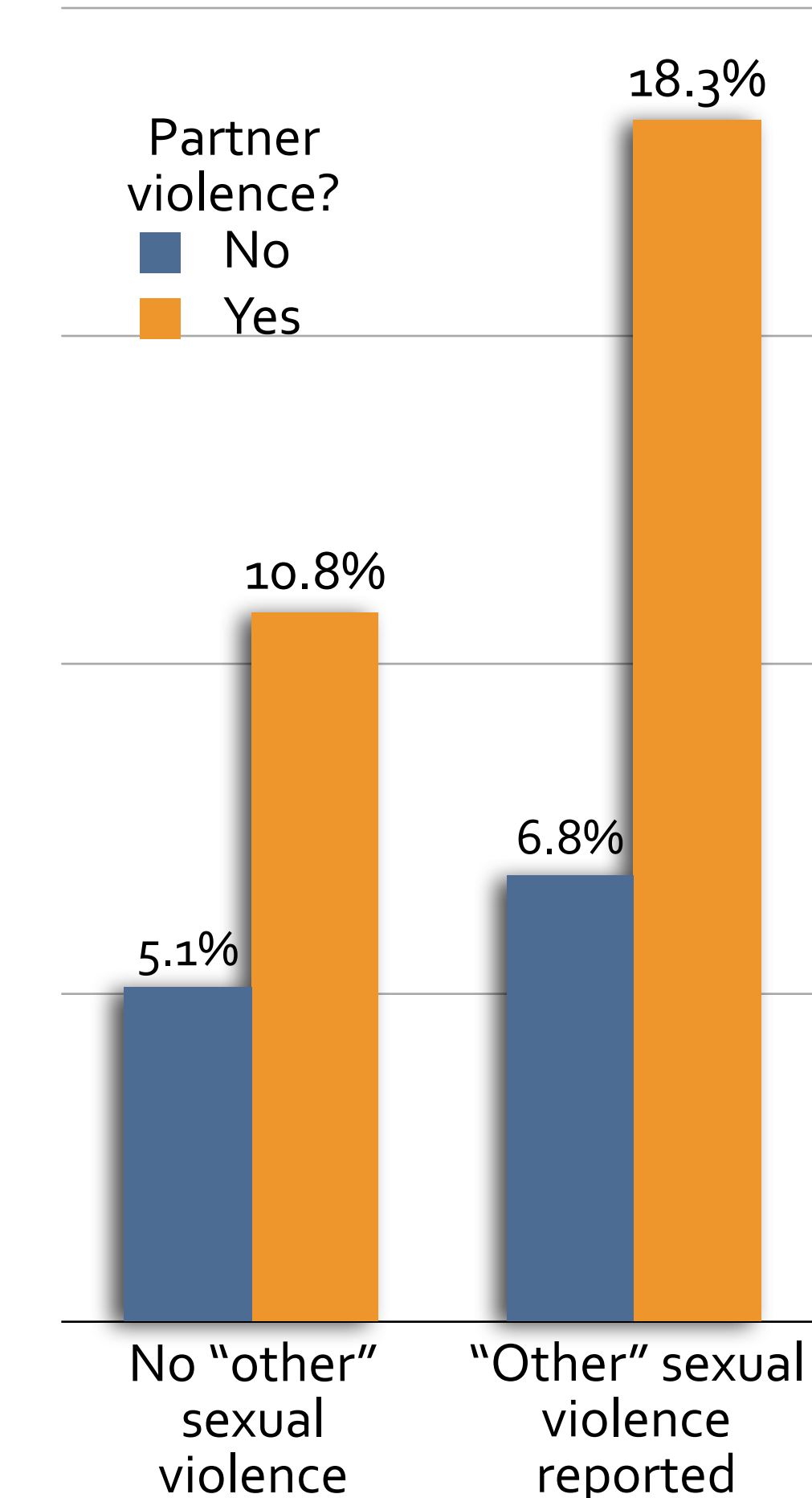
- Related to **infertility, poor birth outcomes, and HIV risk**
- Future analysis for HIV risk will include **condom use, condom negotiation and HIV testing**.
- Respondents were counted as having had a sexually infection if they answered "yes" to any of the following questions. During the last 12 months,
 - have you had a disease which you got through sexual contact?
 - have you had a bad smelling abnormal genital discharge?
 - have you had a genital sore or ulcer?

4. Women who experienced violence of any kind had higher rates of STIs



5. When stratified, the correlation between "other" sexual violence and STIs is only significant for the 35% of women who also report sexual intimate partner violence

% of women reporting STIs and "other" sexual violence, by intimate partner sexual violence



For women who have **not** experienced sexual intimate partner violence, the % who report STIs is **statistically the same** whether or not they report "other" sexual violence.

Conversely, the correlation between intimate partner sexual violence and STIs is significant for **all women**, regardless of their experience of "other" sexual violence.

5.1% -> 10.8% * p<0.001
6.8% -> 18.3% * p=0.002
10.8% -> 18.3% * p=0.004
5.1% -> 6.8% p>0.05

P value calculated with Chi-Squared test

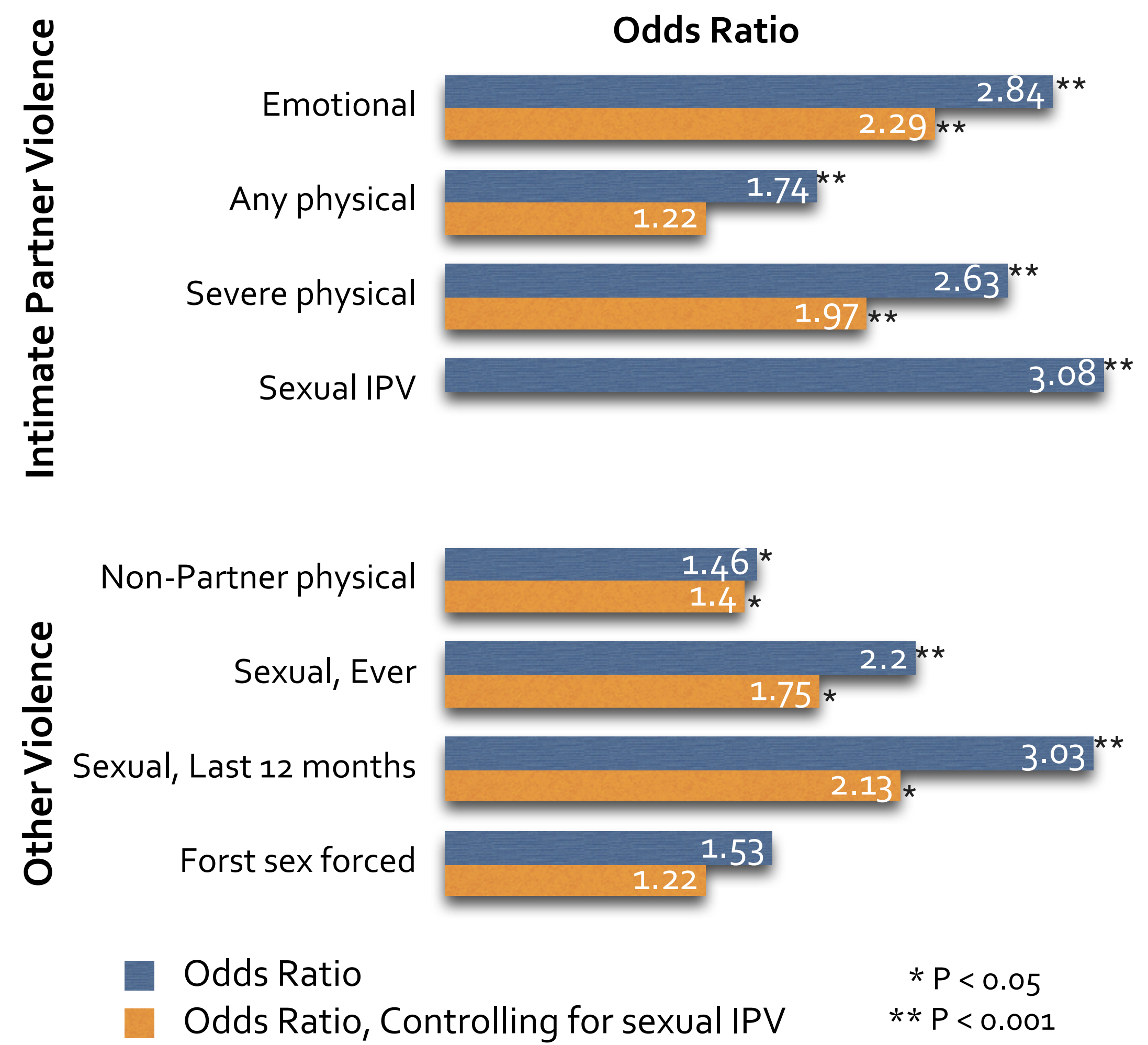
Logistic regression for correlation between "other" sexual violence and STIs, stratified by intimate partner sexual violence

| | No partner violence n=1576 | Experienced partner violence n=848 |
|------------------------------|-------------------------------|---------------------------------------|
| | Odds Ratio (95% CI) | Odds Ratio (95% CI) |
| Ever been forced to have sex | 1.16 (0.53-2.50) 0.706 | 2.23 (1.36-3.64) 0.001* |

*statistically significant

6. Sexual IPV explains some (but not all) of the STI risk associated with other types of violence

Adjusted Odds Ratio for STIs in past 12 months, with and without adjustment for sexual IPV, by type of violence



All logistic regression models are adjusted for respondent's age, highest level of education, geographic province, urban/rural, household wealth quintile, total number of children and marital status.

7. Conclusion: Sexual intimate partner violence is more strongly correlated with STIs for women in the DRC than other types of violence

Emotional and severe physical intimate partner violence are also strongly correlated with STIs, independent of the effect of sexual IPV. The strong correlation with emotional violence suggests that there is something besides physical or sexual violence within relationship power imbalances that puts women at risk for STIs and possibly HIV.

Although both IPV and non-partner violence are associated with STIs (and therefore risk of HIV), the alarmingly high rate of IPV in DRC affects significantly more women than does non-partner violence, a fact that may be overshadowed by the current research and programmatic focus on conflict-related sexual violence in only certain regions in the country.

Investing in violence prevention on all levels, **not just conflict-related**, contributes not only to the prevention of HIV and general health of women, but also to the health and stability of the entire country.

KEY MESSAGE

For GBV resources to have the greatest **impact** on HIV prevention and treatment in DRC, they must be allocated to include **intimate partner violence** on a **national** level

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