Perception of risk of HIV infection in marital and cohabiting partnerships

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The purpose of this paper is to understand how married and cohabiting men and women define risk and to identify the factors that influence risk perceptions in a setting with a high prevalence of HIV infection. A combination of qualitative and quantitative methods was used during a cross-sectional survey conducted among 248 men and 289 women in KwaZulu-Natal, South Africa. Forty in-depth interviews were conducted with sexually-active men and women in the same population. The majority of men and women perceived themselves at risk of HIV infection. Women were more likely than men to report a higher risk of HIV infection. Nearly 46% of women and 28% of men perceived themselves at medium or high risk of HIV infection. The qualitative and quantitative data show that perception of risk of HIV infection was influenced both by a person’s own sexual behaviour and a partner’s sexual behaviour. Men were significantly more likely to perceive themselves at risk because of their own risky sexual behaviour (P < 0.01). In general, few women reported engaging in risky sexual behaviour. However, women were more likely to report that their partners had other sexual partners. Thus, women were significantly more likely to perceive themselves at risk because of their partner’s sexual behaviour (P < 0.05). Also, rural women were significantly more likely than urban women to perceive a high risk of HIV infection (P < 0.05). Prevention programmes have an important role to play in creating awareness of the risk of HIV, especially among men. The belief that they are not at risk of HIV infection may result in their failure to adopt self-protective behaviour.

Keywords: awareness, behaviour, marriage, prevention, South Africa

Introduction

Several studies have found that perception of risk is strongly related to an increase in self-protective behaviour (Adih & Alexander, 1999; Akwara, Diamond & Madise, 2001). This is largely because the adoption of protective behaviour is unlikely to occur unless the person is aware of the risk of HIV infection. A growing number of studies show that men and women do recognise their risk of HIV infection (Cleland, 1995; Meekers, 2000). However, sometimes people who are at risk of HIV infection may not perceive their risk and are therefore less motivated to protect themselves, or they may perceive themselves at risk but feel unable to influence their situation (Wilson, Dubley, Msimanga & Lavelle, 1991; Varga, 2001).

Most studies report that women are more likely than men to feel that they do not have control over their situation (Lindan, Lindan, Allen, Caraël, Nsengumuremyi, Van de Perre, Serruflilia, Tice, Black, Coates & Hullery, 1991; Varga, 2001). Studies have shown that individuals who feel that they have little or no influence over what happens to them are more likely to engage in risky sexual behaviour (Gueye, Castle & Konate, 2001; Varga, 2001). The risk of HIV infection may also appear vague and distant (Gardner, Blackburn & Upadhyay, 1999). For instance, in South Africa, underground workers on the gold mines did not use condoms because they perceived the risk of developing AIDS as minimal compared with the risk they face living and working on the mines (Campbell, 1997).

Risk perception varies by types of partnerships. The perceived risk of HIV infection is lower in long-term than in short-term relationships (Klepinger, Billy, Tanfer & Grady, 1993). A number of studies suggest that in long-term relationships familiarity with sexual partners is accompanied by a decreased perception of risk, especially among men (Temin, Okonofua, Renne, Coplan, Heggenhougen & Kaufman, 1999; Rutenberg, Biddlecom & Kaona, 2000). In their study in Zambia, Rutenberg et al. (2000) found that the main reason men felt that they were not at risk was because ‘they were “well-behaved”, they trusted themselves or they and their partner trusted each other’ (p. 128).

Most studies on risk have focussed on groups that are assumed to be at a high risk of HIV infection, such as sexually-active single people. In some contexts, marriage is being popularly advocated as an AIDS prevention measure (Bracher, Santow & Watkins, 2003). In Malawi, for instance, Schatz (2002) found that marriage is seen as a highly desirable state because those who are not married are more likely to seek sexual partners and thereby place themselves at risk of HIV infection. However, an increasing number of studies conducted in sub-Saharan Africa show that the level of HIV infection is greater among married than unmarried individuals (Caraël, Ali & Cleland, 2001; Glynn, Caraël, Auvert, Kahindo, Chege, Musonda, Kaona & Buve, 2001). In fact, some studies have shown that marriage is a risk factor for HIV (Glynn et al., 2001; Clark, 2004). In severe generalised HIV epidemics, many infections occur within marital and cohabiting unions, either because of prior infection by one partner or because of infidelity (De Zoyas, Sweat & Denison, 1996; Bracher et al., 2003).
Several studies have shown that the risk of HIV infection increases with the number of one’s sexual partners (Hunter, Maggwa, Mati, Tukei & Mbugua, 1994; De Zoyza et al., 1996). Men and women who engage in multiple sexual partnerships are directly at risk of HIV infection because of their own sexual behaviour. However, a significant and growing proportion of all HIV infections are transmitted through unprotected sexual intercourse with a stable sexual partner (De Zoyza et al., 1996). A study in Uganda has shown that men are twice as likely as women to bring an HIV infection into a marriage, emphasising that the risk of HIV and other STIs for married women is more likely to come from their husbands’ behaviour than from their own (Kengeya-Kayondo, Carpenter, Kintu, Nabaitu, Pool & Whitworth, 1999).

Such studies illustrate that a range of factors may influence the risk of HIV infection. This study uses data from a household survey and in-depth interviews conducted in KwaZulu-Natal to investigate how men and women in marital and cohabiting partnerships define risk and also to explore the factors that influence risk perceptions. Understanding the factors that influence perception of risk of HIV infection in marital and cohabiting partnership could assist interventions aimed at encouraging safer sexual practices.

The context

Located on the country’s eastern seaboard, KwaZulu-Natal is one of the most populated of South Africa’s nine provinces, with a population of almost nine million people. An amalgamation of the former African homeland of KwaZulu and the province of Natal, the population is predominantly rural and African, with Zulu being the main home language (Development Bank of South Africa, 1998). KwaZulu-Natal has one of the highest rates of HIV infection in South Africa. According to the 2002 national HIV survey, 37% of women attending state antenatal clinics in the province were HIV+ (Department of Health, 2003). Several socio-economic and political factors make KwaZulu-Natal particularly vulnerable to HIV infection. These include rapid urbanisation, a highly mobile work force, an international port and high levels of poverty and unemployment (Whiteside & Sunter, 2000).

This study was conducted in an urban and rural site in KwaZulu-Natal. Both the rural and urban sites are inhabited primarily by Zulu-speaking people of low socio-economic status. The rural site is situated approximately 80 kilometres south-west of Durban. Many parts of this area are not readily accessible by public transport and a large proportion of the households do not have access to electricity or piped water. The urban site is situated approximately 15km from the city of Durban and is similar to other African townships in South Africa. Homes, roads and schools are in need of repair and electricity and water supplies are constantly interrupted (Leclerc-Madlala, 1997). Both areas were selected because of the high prevalence of HIV infection.

Methodology

Data collection

A combination of qualitative and quantitative methods was used. This allows for exploration of some of the main areas of interest from a variety of angles, and it benefits from the unique insights offered by each approach (Simmons & Elias, 1994). Since numerous factors may influence the reliability of survey data on sensitive issues, a mix of methods is beneficial in order to compare methods as well as substantiate results (Dare & Cleland, 1994).

The quantitative data was derived from a household survey. In both sites, 20 enumeration areas and 23 households in each area were randomly selected for the study. In each household, one index adult respondent was randomly selected using a Kish grid, a simple device that ensures random selection (Kish, 1995). In order to be eligible for the interview men had to be aged 20–49 years and women had to be aged 18–39 years and they had to be a resident of the household. The study excluded men younger than 20 and women younger than 18 as it was felt that they were more likely to be in more short-term, less stable relationships. The partners of married or cohabiting index respondents were also selected. At the beginning of the study, it was decided that only sexual partners that were formally married to or living with index respondents would be eligible to answer the questionnaire. If the index person selected had more than one sexual partner in the household, the partner who had borne a child most recently was interviewed. There were no age limits for the partner of the index person selected for the interview. The participation rates for all eligible respondents were 70% and 87% for men and women, respectively. All the interviews were conducted by specially-trained field staff of the same sex as the respondent. Data collection took place from August 1999 to January 2000.

A total of 1 145 interviews were held: 622 with women and 523 with men. The under-representation of men in our sample reflects difficulties in locating eligible male respondents at home in the selected households. Of the total sample, 28% were married and 19% cohabiting. As might be expected, older men and women were more likely to be married or living with their partner. The mean age of this sub-sample of men and women was 35 years. For the purpose of the paper, the analysis was limited to married and cohabiting respondents: 289 women and 248 men. Marriage is a long and complex process in Zulu culture, involving the payment of lobola (brideprice), and is thus often preceded by prolonged periods of cohabitation. The majority of cohabiting respondents had lived together for several years and most had at least one child. Polygamous marriages do not appear to be very common in the study areas. In the household survey, only one man reported having more than one wife.

The qualitative data for the study was obtained from in-depth interviews (IDI). A total of 40 in-depth interviews were conducted to gain more insight into the needs and perceptions of users and non-users of contraception and their perceived risk of HIV infection. The sampling frame was limited to respondents who had agreed at the end of the
survey to be interviewed in a follow-up phase. As far as possible, an attempt was made to obtain an equal distribution of men and women across both geographical areas. Broadly, the in-depth interviews were used to assess the validity of data collected from the survey. More specifically, the purpose of the in-depth interviews was to increase clarity and the depth of response. The in-depth interviews were conducted in the local language and tape-recorded.

Analysis

The data was analysed using SPSS, a statistical package. The analysis was conducted separately for men and women. In the analysis, the survey data was weighted to conform to the rural-urban proportions of KwaZulu-Natal as recorded in the 1996 population census. In order to assess own (general) perceived risk of HIV infection, respondents were asked the following question: ‘Considering all things, do you consider your chance of getting HIV to be high, medium, low or no chance at all?’ For the purpose of analysis, respondents are divided according to their answer, into the categories ‘medium-high’ and ‘no or low risk’.

The explanatory or predictor variables that influence perceived risk of HIV infection were selected on the basis of the literature review. Some of these factors are self-explanatory but the derivation of others requires explanation. To measure direct risk of HIV infection, respondents were divided into two groups according to their own reported behaviour: those who were at elevated risk because they had had sexual intercourse with more than one partner in the last three years and those who were not at such risk. To measure indirect risk of HIV infection, respondents were asked if they were concerned about contracting HIV from their married or cohabiting partner. The low-risk group was composed of respondents who did not report concern that they might contract HIV from their partner, and the high-risk group was composed of respondents who reported various degrees of concern about contracting HIV from their partner.

In order to investigate the association between perception of risk of HIV infection and the major explanatory variables, bivariate analysis was first used. The chi-square test was used to determine the statistical association between perception of risk of HIV infection and the explanatory variables. The relationships between these factors and perception of risk of HIV infection were also explored using a standard multivariate logistic regression model.

All the tape recordings of the in-depth interviews were transcribed and translated into English. A considerable amount of time was spent reading and developing preliminary codes according to particular themes. The analysis was conducted following the principles of grounded theory, in which categories within the data were identified, coded and analysed (Glaser, 1992). After initial coding, all the data was assembled under particular themes. In the final analysis, the codes were modified and recurrent themes that emerged across the transcripts were identified. The computer package Ethnograph was used to assist with data analysis.

Qualitative results

Men and women with multiple sexual partners have an elevated risk of HIV infection and are therefore defined as ‘high risk’. Some of the male respondents who were at a high risk of HIV infection stated that they were very concerned about HIV and were forthright in declaring that they felt at risk because of their own sexual behaviour. Most men at high risk of HIV infection admitted in the in-depth interviews to having more than one sexual partner. It would seem that it is relatively common for men in the study areas to have multiple sexual partners. In some cases, these relationships are short-term in nature. This is most graphically illustrated in the following comments:

‘A week or three… then I am through with her…. It proves my manhood, as it is no use eating the same kind of food every day’ (rural male, IDI #29).

‘I am worried because I am attracted to other women. I may get AIDS in this way. I cannot guarantee that I will not get AIDS’ (urban male, IDI #2).

Some men were not worried about the risk of HIV infection because they did not have other sexual partners and they did not perceive their regular partner as presenting a risk. Some men also reported restricting sexual intercourse to their regular partners because of the fear of contracting HIV. Men with multiple sexual partnerships are seen as endangering their lives. Having unprotected sex with multiple partners increases the risk of contracting HIV; by decreasing the number of partners the risk of infection is decreased. This is significant and represents a clear departure from earlier studies, which found that men with many sexual partners were characterised as successful and were given high status in the community (Varga, 1999).

Some men were not worried about the risk of HIV infection because they used condoms consistently with their casual partners. Condoms protect them not only against unwanted pregnancy but also diseases.

‘I do not know what to say because I do not have casual relationships. I do not have casual relationships because I am afraid of AIDS’ (rural male, IDI #20).

‘I am not worried because I stay with my wife and I use a condom if I have a sexual relationship outside of marriage’ (urban male, IDI #9).

These statements suggest that men are changing their sexual behaviour. However, this is certainly not the impression that is given by female respondents. In contrast to men, few women reported having other sexual partners. Most of the women stated that they were faithful to their regular sexual partner but felt at risk of HIV infection because of their partner’s sexual behaviour. This is because they know or suspect that their partner has other sexual partners, therefore they do not trust their partner to remain faithful to them. Men with multiple sexual partners may not use a condom and may infect their regular partners.

‘I have a regular partner but he has other girlfriends. When I am not around, he sleeps with his other women. I am scared that I might get a disease from him’ (rural female, IDI #17).

Men and women do not evaluate their risk of contracting HIV simply on the basis of their own sexual behaviour. Other...
factors, such as whether the person perceives themselves at risk because of the sexual activities of their partner, may also influence risk of HIV. In general, men were more likely to report that they were not concerned about contracting HIV from their partner, while women were more likely to report that they were concerned about contracting HIV from their partner. At this juncture, it may be worthwhile observing that it seems to be more socially acceptable for the man than the woman to have other sexual partners. This gender inequality may have contributed on occasion to husbands' reticence to state that their wives had other sexual partners.

Sometimes women may rely on men for financial support and this increases their risk of HIV infection. Some women also pointed out that their precarious financial situation placed them in a difficult negotiating position with their sexual partners. It was mostly rural women who reported that they were financially dependent on their husbands, and as a result felt at risk of HIV infection. These women were afraid to confront their partners because they feared endangering their relationship, perhaps resulting in the disintegration of their marriage.

‘Some women have sex with men for money. Women like to have sex with men who can support them financially. These women sleep with men, not because they love them but because of their money’ (rural female, IDI #17).

Some of these women were worried because they felt that there was nothing they could do to change their situation. Some women were therefore relatively powerless to refuse sexual intercourse or to convince their partners to use a condom even when they suspected their husbands of having other sexual partners. In these relationships, women lack the power and autonomy to negotiate safer sexual practices.

‘If the husband does not want to use a condom she can refuse to have sex but men are all the same. The man might beat her or demand sex. You end up having sex eventually’ (urban female, FGD).

‘You cannot refuse because he might leave you and go for other women’ (rural female, FGD).

Many women often submit to their partner’s wishes for sex because refusal to engage in sexual activity was likely to trigger physical violence. For women the threat of violence constitutes a major obstacle to sexual negotiation; men sometimes use physical violence in their sexual relationships in order to force their partners to submit to them.

### Quantitative results

Overall, 63% of men and 72% of women perceived some risk of HIV infection. In general, however, women were considerably more likely than men to report themselves at any risk of HIV infection. Almost 46% of women perceived themselves at medium or high risk of HIV infection, compared with 28% of men. Table 1 shows the relationship between perceived risk of HIV infection and selected characteristics of men and women. The bivariate analysis presented in terms of percentage shows that perceived risk of HIV infection was higher among cohabiting than married respondents, although this association was significant only for men. For both sexes, perceived risk of HIV infection was

| Table 1: Percentage of married and cohabiting respondents who reported themselves at risk of HIV infection, and odds ratios from logistic regression |
|---------------------------------|------|-------|-------------------------------|
|                                | Men  | Adjusted odds ratio | Women | Adjusted odds ratio |
| **Age**                        |      |                   |       |                   |
| Under 35                       | 82   | 35.4              | 1.00  | 168               | 47.6  | 1.00  |
| 35+                            | 166  | 24.1              | 0.76  | 118               | 42.4  | 0.91  |
| **Marital status**             |      |                   |       |                   |
| Married                        | 149  | 21.5              | 1.00  | 118               | 43.9  | 1.00  |
| Cohabiting                     | 99   | 37.4*             | 1.49  | 118               | 47.5  | 1.02  |
| **Place of residence**         |      |                   |       |                   |
| Urban                          | 92   | 17.4              | 1.00  | 89                | 34.8  | 1.00  |
| Rural                          | 156  | 33.8*             | 2.06  | 197               | 50.5* | 2.08* |
| **Level of education**         |      |                   |       |                   |
| Less than secondary            | 87   | 32.2              | 1.00  | 133               | 48.9  | 1.00  |
| Secondary or more              | 161  | 25.3              | 0.91  | 153               | 42.5  | 0.93  |
| **Two or more sexual partners**|      |                   |       |                   |
| Yes                            | 44   | 47.7*             | 2.47* | 19                | 63.2  | 2.00  |
| No                             | 202  | 23.4              | 1.00  | 266               | 44.4  | 1.00  |
| **Indirect risk of HIV infection from partner** | | | | |
| Yes                            | 56   | 57.1*             | 4.39* | 163               | 60.3* | 4.56* |
| No                             | 190  | 18.9              | 1.00  | 123               | 24.6  | 1.00  |
| **Total % who perceived themselves at risk** | 27.7 | 45.5 |

Sample size 248 289

Note: totals may not tally due to missing data items for some variables

* Significant at P < 0.05
significantly higher among rural respondents than urban respondents. Men and women with other sexual partners would be expected to have a higher perceived risk of HIV infection. The results conform to this expectation, although it was not significant for women. Respondents consider the sexual behaviour of their partners when they evaluate their risk of HIV infection. For both men and women, the indirect risk of HIV infection from their partners significantly heightened their perceived risk of HIV infection, although fewer men believe that they are at risk from their partners.

In the multivariate model, the adjusted results (presented in terms of odds ratios) for men and women show that the indirect risk of HIV infection from a partner was significantly associated with perceived risk of HIV infection. Men and women who were concerned about their partner’s sexual behaviour were significantly more likely to perceive themselves at risk of HIV infection. Perceived risk of HIV infection does heighten the resolve to use a condom; men and women who perceived themselves at risk of HIV infection because of their partner’s sexual behaviour were more likely to use a condom to protect themselves (results not shown). An important finding is that reported risk behaviour was significantly associated with perceived risk of HIV infection among men. Men who reported two or more partners in the last three years were significantly more likely to perceive themselves at risk of HIV infection than were other men.

In contrast to men, no significant link is observed between perceived risk of HIV and reported risk behaviour in women. The difference was large but the standard errors are also large due to the small number of women reporting having an extramarital sexual partner. Place of residence was a significant predictor of perceived risk of HIV infection for women but was of borderline significance for men. After adjusting for other variables, marital status is no longer significant for men or women. Furthermore, perceived risk of HIV infection was not significantly related to age and level of education for either men or women.

**Discussion**

The HIV pandemic has prompted massive efforts to increase awareness of the risk of HIV infection, but the emphasis has been on high-risk behaviours, including premarital and extramarital sexual relationships. However, the relationship between marriage (or cohabitation) and key risk variables has never been investigated (Clark, 2004). This is somewhat surprising given that ‘marriage, as a fundamental social and cultural institution and as the most common milieu for bearing and rearing children, profoundly shapes sexual behaviours and practices’ (Caraël, 1995, cited in Clark, 2004, p. 149). One reason risk of HIV infection associated with marital and cohabiting unions has remained largely unexplored is the widespread perception that marital and cohabiting unions are relatively safe (Bracher et al., 2003; Clark, 2004; Maharaj & Cleland, 2004). In order to develop appropriate HIV interventions within marital and cohabiting unions, a greater understanding of risk perceptions is important. The focus of this paper is to redress this imbalance by examining perceived risk of HIV infection in marital and cohabiting partnerships.

A large proportion of the respondents have considered their risk of HIV infection. However, women were more likely than men to perceive a higher risk of HIV infection. It is indeed disturbing to note that large proportions of men did not feel at risk of HIV infection. Less than one-third of men perceived themselves at risk of HIV. It is interesting to note, however, that men were significantly more likely to consider themselves at risk of HIV infection because of their own risky sexual practices. Men with extramarital sexual partners were significantly more likely to perceive a greater risk of HIV infection. The findings indicate that men consider their number of sexual partners when they evaluate their risk of HIV infection.

Consistent with other studies, men were more likely than women to report extramarital partners (Glynn et al., 2001). Overall, however, few men and women reported extramarital sexual partners. This is indeed encouraging but should perhaps be interpreted with some caution. In many surveys substantial proportions of men and women report that they had already changed their behaviour in response to the threat posed by the AIDS epidemic, but there is little or no evidence to support these findings (Cleland, 1995). It is highly probable that reports of behavioural change are exaggerated and men are merely giving socially desirable responses. The high levels of HIV infection in South Africa suggest that a great deal of sexual networking is occurring. Indeed, the in-depth interviews suggest that, among men, sexual networking is fairly common. This prompts concern about the veracity of self-reports of behavioural change. Numerous factors may serve as barriers to accurate reporting of sexual behaviour. It is highly possible that social desirability could have led men and women to report fewer sexual contacts. Catania, Kegeles, Chitwood and Coates (1990) point out that privacy, embarrassment and fear of reprisals are some reasons that may motivate people to conceal their true sexual behaviour. Moreover, it is possible that some respondents have trouble recalling how often and with how many people they have had sexual relationships (Catania et al., 1990). Obviously, there is difficulty in obtaining information about sexual partners, particularly from married respondents. Koenig, Simmons and Misra (1984, p. 281) argue that ‘because of the personal nature of this issue, responses are likely to be intricately tied to perceived cultural norms and taboos’. These results may therefore suffer from under-reporting and therefore should be regarded as lower-bound estimates.

Men and women may perceive themselves at risk not only because of their own behaviour but also because of ‘the past or current, perceived or real behaviour of their sexual partner’ (UNAIDS, 1999, p. 11). In the present study, a large proportion of women reported that they were concerned about the risk of HIV infection from their marital or cohabiting partner. This is because they know or suspect that their partner has other sexual partners. There are strong cultural and religious taboos against female extramarital relationships, particularly for currently married women. This pattern of results is similar to that reported in other studies (Gregson, Anderson, Ndlovu, Zhuwau & Chandiwana, 1998; Clark, 2004). In their study in Zimbabwe, Gregson et al. (1998) found that among married women there were no reports of extramarital relationships.
However, the primary risk of HIV infection for women in stable unions appears to be infection via a regular partner. In her study, Clark (2004) found that in Kenya married women were more likely than single women to suspect their partners of infidelity. These married women were also more likely to engage in frequent unprotected sex and, also, to have partners who were infected.

In the survey and in-depth interviews, few men reported that they were at risk of HIV infection because of their partner’s sexual behaviour. The belief that they are not at risk of HIV infection may result in their failure to adopt preventive behaviour and therefore increase their susceptibility to HIV infection. Interventions have an important role to play in improving men’s perceptions of risk. Men and women may be faithful to their regular partner but their partner may not be faithful to them. It is also important to note that perception of risk is also likely to be influenced by condom use. The use of condoms may reduce the perceived risk of HIV infection but it is also likely that men and women use condoms because of their perceived risk of HIV. Men and women need to be encouraged to limit risky sexual behaviour, which places them directly at risk of contracting HIV. Those who have unprotected sexual intercourse should be made aware that their behaviour carries some risk of HIV infection.

Several studies describe the cultural barriers faced by women in negotiating safer sex because of the general acceptability of the risky sexual practices of men (McGrath, Rwabukwali & Schumann, 1993; Novmana & Watts, 1996). Other studies have also found that men are permitted and even encouraged to have multiple sex partners; women may feel powerless to change this situation despite concern over HIV infection (McGrath et al., 1993; Varga, 1999). This severely constrains women from communicating their preferences and, as a result, their ability to protect themselves against the risk of HIV infection. For many women, broaching the subject of sex with a partner is taboo and attempting to negotiate condom use with sexual partners seems almost impossible. Women attempting to initiate a discussion of condoms in the context of such relationships are usually perceived as non-conformist, overly dominant and sexually available (Lear, 1995; Varga, 1999).

Place of residence is an important predictor of risk of HIV infection. After controlling for the effects of risk behaviour, the influence of place of residence on risk perception is pronounced for women. Women living in rural areas were significantly more likely than women living in urban areas to perceive a greater risk of HIV infection. This is probably because they are less likely to feel that they may be able to take action to protect themselves against the risk of HIV. In rural areas, women generally have less access than men to education, training and resources and, as a result, are less likely to control social interactions and sexual decision-making (Abdool Karim, Abdool Karim & Nkomokazi, 1991; Kesby, 2000). A study among rural women and women in informal settlements aimed at assessing the power of women to reduce the risk of HIV infection showed that about half felt that they had no right to insist that their partner use a condom and they had no right to refuse sex if their partner objected to using a condom (Abdool Karim et al., 1991). Many women in the rural areas face financial hardships that severely constrain their ability to adopt risk-reducing strategies and this contributes to their risk of HIV infection in sexual relationships. As suggested by a recent study, future HIV research needs to focus on some of the barriers women face in adopting protective behaviour (Kesby, 2000).

References


