Intimate Partner Violence among Adolescent Girls and Young Female Sex Workers in Kampala, Uganda

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Background

The World Health Organization defines adolescents and young people as individuals 10-24 years. Despite their involvement in risky behavior, adolescent friendly research and interventions are still limited, notably among those at highest risk of HIV and other sexually transmitted infections (STIs). An increased risk of HIV and STIs has been associated with intimate partner violence (IPV) and yet data on IPV among adolescent girls and young women (AGYW) is limited. We describe baseline characteristics, IPV and its associated factors among AGYW involved in sex work in Kampala, Uganda.

Methods

Study setting and design: We performed a retrospective cohort analysis of participant records for 15-24 years old FSWs enrolled at a research clinic (Good Health for Women Project) from 2013 to 2018. The clinic, established in 2008, is located in a peri-urban community in southern Kampala and employs both project field workers and community peer leaders to mobilise potential participants for research. At enrolment, data on HIV and STI syndromes, socio-demographics, sexual behavior, reproductive health, substance use, and IPV were collected.

Study Participants, Eligibility criteria
We selected 15-24 years old participants enrolled at the clinic, those <18 years were included if identified as emancipated/ mature minors.

Study outcome
The main study outcome was reported intimate partner violence (IPV) defined as experience of any form of violence from a sexual partner in the past 3 months. IPV was a binary outcome (Yes/ No).

Independent variables collected at enrolment included: socio-demographic variables (age, marital status, education level, number of children). Behavioural variables included number of paying sexual partners in the past month, substance use, condom use with paying partners one month prior to enrolment, history of ever testing for HIV and duration since the last HIV test. We collected data on HIV status as a clinical variable. We classified alcohol use disorders into two categories: low risk drinkers: score 0-7 and high risk drinkers: score 8+.

Data collection
Data on socio-demographics, behaviour, and HIV status was collected interviewer administered questionnaires during one on one private sessions held in clinic rooms with trained study counsellors. We assessed alcohol use disorders using the Alcohol Use Disorders Identification Test (AUDIT) questionnaire.

<u>Laboratory methods:</u> We performed HIV testing on serum using ≥2 serial rapid diagnostic tests for antibodies to HIV.

<u>Statistical Analysis</u>
Data was analysed using STATA 14.0 (StataCorp, College Station, TX, USA). Participants' categorical demographic and behavioural characteristics were summarized by counts and percentages. Continuous characteristics were summarized by means and standard deviations (SD). The proportion who reported experiencing IPV was further analysed by the different soxio-demographic and behavioural characteristics using chi-square tests. Logistics regression models were fitted to find factors associated with IPV at unadjusted analysis; those for which the association attained statistical significance on log likelihood ratio test (LRT), p<0.10 were selected for the multivariable regression model. We used complete case analysis to run our final model. We considered age as a priori confounder. Factors were retained in the final multivariable logistic regression model if their inclusion did not make the model significantly worse at p<0.05. Results are presented as adjusted odds ratios (aOR) with 95% confidence intervals (CI).

Results

Of the 1,898 AGYW analysed, mean age was 21 years (SD ±2.2), 53% had lower than secondary education and 42% were separated/ divorced. Mean age at first pregnancy was 17 years (SD ±2.2); 69% had at least one child and 36% reported using reliable contraception the most common method being injectable depot medroxy progesterone acetate (DMPA).

HIV prevalence was 21%, 19% had at least one STI syndrome. Majority (92%) engaged in paid sex with 49% reporting consistent condom use with paying sexual partners. Fifty seven percent were high-risk alcohol drinkers and 34% reported ever using illicit drugs.

Baseline characteristic of participants are in the table on page 3.

IPV was reported by 44% and was more likely among <18 years (aOR 2.06; 95% CI 1.21-3.49), high-risk drinkers (aOR 1.44; 95% CI 1.13-1.84), and those who reported ever being married, the risk being 46% higher among the currently married compared to the widowed and separated. IPV was less likely among those who also reported consistent condom use with paying partners (aOR 0.55; 95% CI 1.19-1.54).

Baseline characteristics of 15-24 year old FSWs enrolled at a Research Clinic in Kampala, Uganda between 2013 and 2018.

Variable*	Categories	Frequency (N=1898)	Percent (%)
Age			
	<18 years	127	6.7%
	18-24 years	1771	93.3%
Education level			
	lower than secondary	1558	82.1%
	Secondary of higher	340	17.9%
Marital status			
	Single (never married)	1012	53.3%
	Married	86	4.5%
	Separated / Widowed	799	42.1%
Number of children			
	None	567	31.4%
	one	739	40.9%
	>1	501	27.7%
Contraceptive use			
	Yes	1134	66.1%
	No	582	33.9%
Ever tested for HIV			
	Yes	1738	91.7%
	No	157	8.3%
HIV status			
	Positive	385	20.9%
	Negative	1459	79.1%
Duration since last HIV test			
	≤6 months	1249	71.8%
	>6 months	490	28.2%
Paying partners in past month			
	<10 partners	402	22.7%
	≥10 partners	1370	77.3%
Condom use with paying partners in past month			
	Inconsistent	889	51.3%
	Consistent	844	48.7%
Reported IPV in past 3 months			
	Yes	825	43.7%
	No	1064	56.3%
Alcohol use (AUDIT Tool)			
	Low risk drinker	808	42.7%
	High risk drinker	1086	57.3%

* N is not equal to 1898 for all variables

Conclusions

Prevalence of IPV was high. Structural interventions are needed to empower younger FSWs, improve condom use with paying partners and reduce excessive alcohol use.