"I Feared He Might Slap Me:" Implications of Domestic Violence on HIV Voluntary Counseling and Testing in Uganda

Aliza Monroe-Wise, MSc[1]; Yvonne Maldonado, MD[1]; Edwin Charlebois, MPH, PhD[2]

[1]Stanford School of Medicine, [2]UCSF Center for AIDS Prevention Studies

Abstract

Domestic violence (DV) has been associated with increased HIV risk and may influence healthcare seeking behaviors, including HIV testing or referring others for testing. The aims of this study were to describe DV in Uganda and explore the relationships between DV and decision to test or refer others for testing among TB patients, a group at high risk for HIV.

Patients at a TB clinic in Kampala, Uganda were offered voluntary counseling and testing (VCT) for HIV. Regardless of decision to test, all participants were interviewed regarding factors behind the decision to test or not, domestic violence screening, and willingness to refer others for testing.

A total of 140 participants were enrolled, including 117 testers (84%) and 23 non-testers. Lifetime DV prevalence was 39.2%. Prevalence differed significantly between women (51.7%) and men (30.0%, p-value 0.01). DV history tended to increase likelihood of testing, although this was only significant among the subtype "threatened" violence (p-value 0.05). DV was found to decrease participants' willingness to refer family members for testing at home (p-value 0.07), but not in the clinic.

Prevalence of DV against men in this population was high, indicating a possible unrecognized pattern of violence against men. The association between threatened DV and HIV testing may reflect distrust within relationships, as well as the unique history of the HIV epidemic in Uganda. Decreased willingness to refer others for testing may expose a fear of disclosure, and holds implications in areas where personal referrals constitute a large percentage of VCT participants.

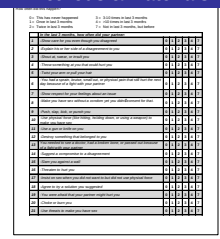
Background

- Domestic violence (DV) has been associated with increased risk of HIV
- Voluntary counseling and testing (VCT) for HIV is effective for risk reduction and providing care
- DV may affect healthcare-seeking behaviors, including testing for HIV or referring family members for testing
- History of DV may be a barrier to VCT and, therefore, to HIV care

Methods & Materials

Instrument Development

- Conflict Tactics Scale and Abuse Assessment Scale: merged, revised for cultural appropriateness
- Pilot tested among staff



Study Population

- Patients being evaluated for TB recruited from NTLP TB clinic
- Inclusion criteria: 18+ years of age, evaluation for TB infection, not currently receiving treatment for TB or HIV, in primary relationship

Initial Study Visit

- Testers and non-testers complete baseline questionnaire with demographic questions
- "Partnered" testers and non-testers complete DV screening
- HIV testing by 2 rapid tests on-site

Statistical Methods

- Baseline prevalence: DV, VCT, HIV, & willingness to refer
- Unadjusted odds ratios between DV & VCT, DV & HIV, and DV & willingness to refer
- Logistic regressions with DV & HIV outcome

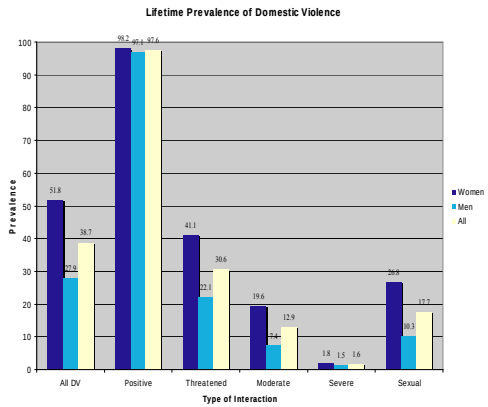
Quantitative Results

Patient Characteristics (N=124)

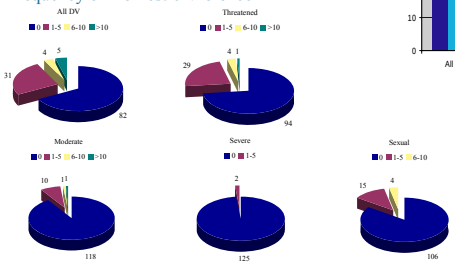
	Any DV	No DV	Total
Male	19 (27.9)	49 (72.1)	68 (54.8)*
Female	29 (51.8)	27 (48.2)	56 (45.2)*
Married	41(37.6)	68 (62.4)	109 (87.9)
Education level (average)	4.90	5.25	5.11 (1-11)
Age (average)	29.8	34.4	32.6 (18-70)†
Testers	42 (41.6)	59 (58.4)	101 (81.4)
Non-testers	6 (26.1)	17 (73.9)	23 (18.6)
HIV +	8 (47.1)	9 (52.9)	17 (16.4)
HIV -	35 (40.2)	52 (59.8)	87 (83.6)
Total	48 (38.7)	76 (61.3)	124

*χ^2 p-value <0.05, †T-test p-value <0.05

Prevalence of Domestic Violence



Frequency of Domestic Violence



Unadjusted Associations

	Testers	Non-Testers	Total	OR (95% CI)
Any DV	42 (41.6)	6 (26.1)	48 (38.7)	2.01 (0.73-5.55)
None	59 (58.4)	17 (73.9)	76 (61.3)	
Threatened DV	35 (34.6)	3 (13.0)	38 (30.6)	3.54 (0.98-12.7)*
None	66 (65.4)	20 (87.0)	86 (69.4)	
	Any DV	**None**	**Total**	**P-value**
Referral to Clinic	1.62 (1.26-1.97)	1.42 (1.21-1.63)	1.51	0.31†
Referral to Home	2.03 (1.60-2.47)	1.52 (1.25-1.80)	1.74	0.05†
HIV+	9 (52.9)	8 (47.1)	17 (16.4)	0.60‡
HIV-	35 (40.2)	52 (59.8)	87 (83.6)	

*Fisher's exact test p-value <0.10, †T-test p-value, ‡χ^2 p-value

Regression Models (outcome = not testing)

Parameter	OR Estimate (95% CI)	P-Value
Model 1		
Age	1.02 (0.98 - 1.07)	0.36
Male Gender	1.97 (0.70 - 5.62)	0.21
Any DV	0.57 (0.20 - 1.68)	0.31
Education	1.20 (1.01 - 1.43)	0.04
Married	0.70 (0.16 - 3.08)	0.58
Model 2		
Age	1.02 (0.98 - 1.07)	0.36
Male Gender	2.01 (0.71 - 5.79)	0.19
Threatened Violence	0.30 (0.08 - 1.14)	0.08
Education	1.20 (1.01 - 1.44)	0.04
Married	0.65 (0.14 - 2.96)	0.58

Qualitative Results

Partners' Responses to Decision to Test

- "He said that where could he get HIV/AIDS from?"
- "She welcomed the idea and we went together for a test."
- "He didn't like [the idea]. He even told her, in case she tests she will have to leave his house."

Reasons for Not Discussing with Partner

- "He just comes to my home for a very short time and goes to another wife."
- "It was not necessary because both of us are too old."
- "My husband is not easy, I feared he might slap me."
- "Because we trust one another."

Fear of Disclosure

- "If negative it will go well, but if otherwise I don't know."
- "He has already made up his mind, if I am positive that will be the end of our relationship"
- "I don't think of anything bad to come out because we know each other so well"

Conclusions

- High prevalence of DV among both women (51.8) and men (27.9)
- DV associated with being female, being younger
- Overall DV not associated with decision to test; however, "threatened" DV associated with increased likelihood of testing
- DV not associated with HIV status
- Adjusted for age, gender and marital status, threatened violence increases likelihood of testing, while higher education decreases likelihood of testing
- Qualitative data suggest evidence of both trust in some relationships and fear of disclosure in others

University of California San Francisco

UCSF AIDS Research Institute