Recent evidence has found a positive association between wealth and HIV prevalence, thus challenging the belief that poverty is a driver for risky sexual behaviour and HIV/AIDS. In this paper, we analyse data of adolescents aged 12-19 years from Burkina Faso, Ghana, Malawi, and Uganda to examine differentials, using wealth quintiles, of the average age at sexual debut, number of sexual partners, and condom use at last sex after adjusting for factors such as ethnicity, religion, rural/urban residence and age. The results show that a positive association between poverty and early sexual debut is observed in Burkina Faso but not in the other countries and the mean number of sexual partners in Ghana is highest among the wealthiest and lowest among the poorest. The results underscore the need to re-examine the assumption that poverty drives risky sexual behaviour so that policies/programs to halt the spread of HIV/AIDS are evidence-based.
**Background**

Much of the literature on the relationship between poverty and risky sexual behaviour from sub-Saharan derives from studies on young people’s sexual behaviour in South Africa, where early sexual debut and multiple sexual partnerships have been linked to poverty but elsewhere there have been mixed results (Zulu et al. 2002; Akwara et al. 2003; Richens et al. 2003; Channon and Madise, 2004). A recent study, using nationally representative data from Tanzania has shown that wealth has a positive association with HIV prevalence, thus challenging long-held assumptions that poverty reduction is the key to the fight against AIDS (Shelton et al., 2005). A plausible explanation for this positive association between wealth and HIV prevalence is higher risky sexual behaviour by wealthier sub-groups, which is why a better understanding of the risks between poverty and sexual behaviour is important for improving policies and programmes to combat the spread of HIV/AIDS.

Cross-country or cross-site comparisons of evidence on the association between wealth and risky sexual behaviour are made difficult by different measures of risky sexual behaviour and of wealth status that are used. Typically, composite measures are used to determine risky sexual behaviour but it is possible that some components of risky sexual behaviour may be more closely related to wealth status than others; thus a more comprehensive picture may be obtained by examining individual components of risky sexual behaviour. In this study we examine the association between three individual components of risky sexual behaviour and socio-economic status using wealth quintiles (Filmer and Pritchett, 1998). The three sexual behaviour components are: age at first sexual intercourse (where early sex before the age of 16 years is regarded as ‘risky’); having multiple sexual partners; and non-use of condom at last sexual act.

**Data and Methods**

The data come from four nationally representative surveys of adolescents aged 12-19 years that were conducted in Burkina Faso, Ghana, Malawi, and Uganda in 2004. These data were collected under the auspices of a project on understanding HIV/AIDS risks among young people in sub-Saharan Africa popularly known as ‘Protecting the Next Generation’ project. The surveys were conducted in early 2004 in collaboration with Macro International Inc. and organizations in Burkina Faso (Institut National de la Statistique et de la Démographie), Ghana (Institute of Statistical, Social and Economic Research, University of Ghana), Malawi (National Statistical Office), Uganda (Uganda Bureau of Statistics) and Kenya (the African Population and Health Research Center). A first-stage systematic selection of enumeration areas was made in each country, and a second stage selection of households within the selected enumeration areas was made from a household listing. Between 3,000 and 5,000 male and females were enumerated in the three countries and information on their sexual experiences, partnerships were collected including household-level information on ownership of durable goods which are used to derive wealth quintiles. Life table cumulative probabilities of not having sex up by the age of 19 by wealth quintiles will be applied to the data. For the multivariate analysis, discrete-time hazards models of the age at first sex for unmarried male and female adolescents will be conducted and logistic regression for use or non-use of condoms will be used and multinominal logistic regression will be used for the number of sexual partners to examine differentials by wealth status while controlling for background variables such as ethnicity, age, and rural/urban residence. A unique feature of these data is
that we will be able to identify the type of partnerships (e.g. boyfriend, husband, casual acquaintance) that adolescents of different wealth groups are having.

Preliminary Results

The preliminary results show that the average ages of sexual debut in the four countries are quite low averaging around 15 years. In Burkina Faso, and to a lesser extent in Malawi and Uganda, there is almost a linear relationship between the average age at first sex and wealth status with those in lowest quintile having their first sexual experience much earlier than those in the highest quintile. In Ghana the pattern is less clear cut with the highest and lowest quintiles showing higher likelihood of initiating sexual activity early. The results on the mean number of partners show highest mean numbers among those in the wealthiest group in Ghana and the lowest mean number of partners among the lowest quintile (a reversal of what would be expected) while in Burkina Faso and in the other two countries those in middle and fourth quintiles exhibit risky behaviour by this index.

Conclusion

The results suggest that the association between wealth and risky sexual behaviour is not straight-forward and that by examining components of risky sexual behaviour, unexpected patterns emerge that challenge the long-held belief of poverty as a driver for risky sexual behaviour. This cross-country study using rich, nationally representative data from four countries at various points of the HIV/AIDS epidemic contributes to the growing evidence that the wealth-HIV/AIDS association is complex and hence more local evidence is needed when designing policies and programs to halt new HIV infections.

References


