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GLENROSE POYAH: SAFE SEX PRACTICE IN THE CONTEXT OF HIV/AIDS: AN ANALYSIS OF THE 1988 AND 1994 ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEYS. THESIS ADVISORS: SAIRUDEE VORAKITPHOKATORN, Ph.D., URAIWAN KANUNGSUKKASEM, Ph.D.  
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Safe sex practices in Zimbabwe between 1988 and 1994, and the respective relationship between these and the factors that have influenced them were assessed. Secondary data from the Zimbabwe Demographic and Health Surveys (ZDHS) for the years 1988 and 1994 were used as data sources. The 1988 ZDHS had 4,201 women and the 1994 ZDHS had 6,128 women, all within the ages 15-49. Logistic regression was used to assess the factors affecting safe sex practice.

Multivariate analysis for the 1988 sample showed that socio-economic power and AIDS knowledge reliably predicted a woman 'doing something to avoid AIDS'. However, due to the fact that only 20 % of the total sample did something to avoid AIDS, this suggests low levels of safe sex practice in 1988. For the 1994 sample, gender-relations was the only predictor significant for 'stopped all sex', while for 'only one sex partner' knowledge of AIDS, perceived self-risk, socio-economic power and gender relations were significant. However, for 'started using condom', gender-relations was the only non-significant predictor. 'Reducing the number of partners' was reliably predicted by perceived self-risk to infection. For the 1994 sample, 90 % of women reported practicing at least one type of safe sex practice. This would suggest increased likelihood of safe sex practice in 1994.

The results from the bivariate analysis on the 1988 sample showed that, for women who did something to avoid AIDS, socio-economic power had an incremental effect with the practice of staying with one partner and was an important factor in condom use and avoiding multiple partners. The relationship between knowledge and staying with one partner suggested the presence of other factors that determined staying with one partner. The relationship with condom use seemed to indicate that the more and varied the AIDS knowledge, the more the women reported condom use. AIDS knowledge had an incremental effect with avoiding multiple partners. The sample of women who didn't do anything to avoid AIDS had a high risk profile to HIV infection, with 40 % of them saying they were not at risk, 21 % not knowing how to avoid AIDS and 0.3 % already using condoms.

Overall, the practice of safe sex seems to have increased between 1988 and 1994, although at a lower rate than the currently rising levels of infection. However, it was not possible to quantify this safe sex increase because of the non-availability of base line data for comparisons between the data sets. The study does highlight however, the importance and complexity related to effective systems and tools for tracking health developments, especially for a long lasting and evolving epidemic such as HIV/AIDS. The study also shows the complexity of interactions that can hinder or facilitate safe sex practice; the importance of equal health opportunities for both rural and urban areas; and the influence of societal cultures and norms. All these factors still have a bearing on how current approaches to HIV prevention in Zimbabwe can be further strengthened.