

# Moving beyond single-issue priority setting: associations between gender inequality & HIV infection, early pregnancy and higher fertility in Malawi



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## Background

- The HIV, reproductive health and maternal and child health fields all recognize the need to address gender equality and violence against women
- However, there has been relatively limited health or development investment in changing gender norms and preventing violence
- Current priority setting discussions often prioritize 'down-stream' interventions over promoting more 'upstream' structural change
- This may lead to missed opportunities to achieve multiple MDG benefits

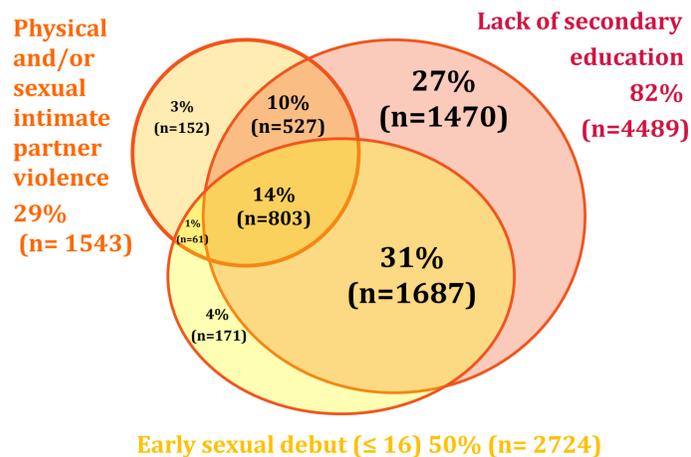
Using population data from Malawi, we explore:

- the extent to which different indicators of gender inequality are borne by the same women.
- whether different indicators of gender inequality are associated with HIV infection, early pregnancy (< 17) & high fertility ( $\geq 3$  children)
- whether different indicators of gender inequality are associated with unplanned pregnancy, home birth and poor child health (diarrhea and fever in the last 2 weeks)

## Results

- There are many overlaps between the different indicators of gender inequality. For example, 14% of women experience all three forms of gender inequality (Figure 1)
- HIV positive women are significantly more likely to report physical and/or sexual intimate partner violence, to have had their sexual debut before the age of 17 and to lack of secondary education compared to HIV negative women (Figure 2).
- Even after controlling for levels of poverty, age, urban rural differences and region, indicators of gender inequality are significantly associated with early pregnancy, high fertility, unplanned pregnancy, home delivery and indicators of poor child health.

Figure 1: Distribution of the co-occurrence of different indicators of gender inequality among women

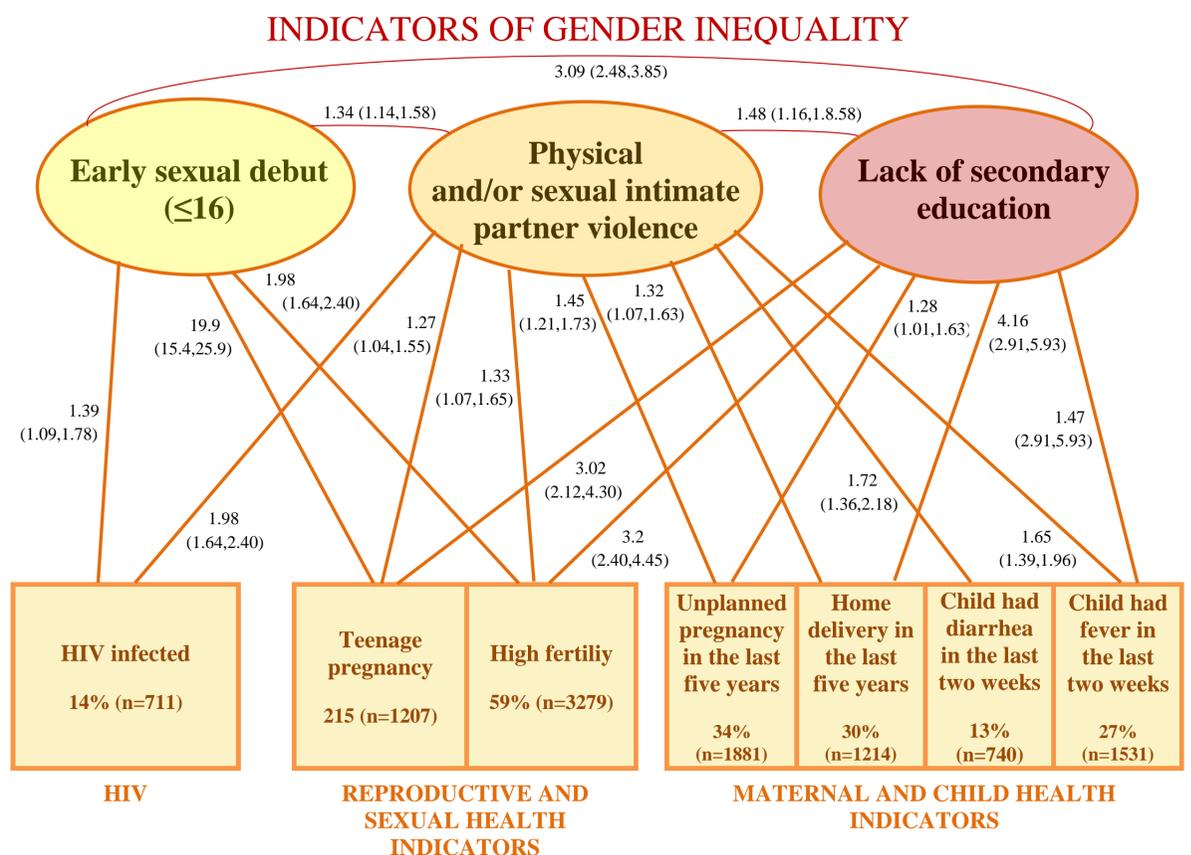


## Methods

- Bi-variate and multi-variate analysis of the 2010 Malawi Demographic and Household Survey
- Analysis restricted to 5,838 sexually active women who participated in the HIV testing section of DHS & selected for the domestic violence module.
- Main outcome variables include women's HIV status (blood test results), high fertility ( $\geq 3$  children), unplanned pregnancy in the last 5 years, teenage pregnancy (aged 16 or younger), delivery at home in the last five years, and having had a child under the age

- of five that suffered from diarrhoea or fever in the last two weeks.
- Measures of gender inequality used:
  - lifetime experiences of physical and/or sexual intimate partner violence,
  - lack of secondary education
  - sexual debut aged 16 or younger
- Limitations include the cross-sectional design of the survey, lack of comprehensive instruments for maternal and child health, and the measurement of gender inequality by selected, indirect measures.

Figure 2: Adjusted OR and 95% Confidence Intervals between indicators of gender inequality issues on different developmental outcomes, adjusting for women's age, urban-rural differences, region and poverty; only significant associations are reported



## Conclusions

- This study found significant inter-connections between the different indicators of gender inequality, emphasising the multiplicity of vulnerability that many women face.
- The findings highlight the many interconnections between HIV and poor maternal and child health, and the fundamental need to address gender-inequality as part of MDG investments, including the HIV MDG.
- Discussions around priority setting and the efficient use of resources need to move away from single outcome comparisons, and consider the multiple benefits of gender focused interventions



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