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Labor migration, spousal communication, and HIV/STD risk perceptions and prevention

(Extended abstract)

Introduction

Despite the important role that spousal communication may play in marital partners' navigation of HIV/STD risks and negotiation of prevention, studies on this issue in Sub-Saharan Africa are scarce. Moreover, the few studies that have examined spousal communication and perception of HIV infection risks and prevention in the region have not considered the social context created by the separation of husband and wife due to labor migration (Zulu and Chepngeno, 2003). At the same time, there exists a large body of literature on spousal communication on reproductive and family planning (Klomegah, 2006; Musalia, 2003; Bawah, 2002; Kimuna and Adamchak, 2001; Feyisetan, 2000; Wolff, Blanc, and Ssekamatte-Ssebuliba, 2000). This literature shows that spousal communication is pivotal on adoption of family planning and that it is mediated, among other factors, by gender, cultural norms, and education of the marital partners. This literature can usefully inform research on spousal communication regarding HIV/AIDS.

Social networks are important for shaping spouses' views and perceptions (Bühler and Kohler, 2003; Kohler, Behrman, and Watkins, 2007; Watkins 2004) and making them initiate communication (Musalia, 2003; Miller *et al.*, 2001). Labor migration may

separate spouses across different social and environmental settings (e.g. rural versus urban) putting them in social networks more likely to have different understandings about HIV/STD risks and prevention strategies. This aspect, together with widespread beliefs that migration raises HIV/STD risks makes spousal communication potentially more valuable. However, prolonged physical separation and social distancing that typically accompany men's labor out-migration hinder it further. Building from research work that has been done on social networks and spousal communication, this study examines: a) the context and nature of spousal communication on sexual and HIV/STD matters between labor migrants and their non-migrating wives; b) cultural norms and social constraints that circumscribe such communication; and c) the influence of such communication on women's perceptions of HIV/STD risks and preventive actions.

We are particularly interested in examining the relative importance of education, gendered cultural norms, and social networks in shaping spousal communication on HIV/STDs. We expected that in that rural setting education will be a relatively less important factor compared to norms and social networks. We also examine the connection between spousal communication and HIV/STD prevention. We anticipated that women such communication will increase the likelihood of preventative actions.

Setting

This study was carried out in four districts (Chibuto, Chokwe, Manjacaze and Guijá) of Gaza Province of Mozambique (figure 1), a country located in Southern Africa. With a predominantly Changana-speaking population, the economy of these districts is heavily

dependent on subsistence agriculture, and to some extent, on labor migration remittances. The area is characterized by a high rate of male out-migration mainly to South Africa and Maputo city (capital of Mozambique). HIV prevalence among adult population is estimated at c. 20%. Access to testing and AIDS treatment is limited but growing.



Data and methods

Data used for this study come from a survey of 1,680 married women, aged 18-40 (420 in each district). Each district had independent sampling process; 14 villages were selected with a probability proportional to the size of its population. In each village (or randomly selected ward of the village, if its size is big), a list of all households with at least one women in current marital union was made. Selected households were divided into two groups according to husband's work and place of stay – migrant and non-migrant. A total of 15 women were randomly selected from each group for interview (30 per village). Among other questions, the survey questionnaire included questions on marriage and women's relationship with husband; social networks, HIV/AIDS and women autonomy.

Data collection also included qualitative interviews with 72 survey respondents. A total of 8 villages were selected (two per district) to provide interviewing women. In each

village, 9 women were selected from the 15 women married to migrant men. All interviews were recorded with the permission of interviewed women.

Preliminary results

Our preliminary analysis shows that more than three quarters of respondents are very worried about the possibility of getting infected from their husbands, but notably this worry is significantly more common among wives of migrants than among wives of non-migrants (82.3% and 76.3%, respectively). However, only about 57.7% of women married to migrant men talked to their husbands about HIV matters, compared to 62.5% of women married to non-migrants. Although the difference is not large it is statistically significant. Husbands' concern about the possibility of getting HIV, as reported by their wives, is also relatively high for non-migrants (63.0%) than for migrants (57.4%). Importantly, a woman's knowledge of her husband's worries about HIV infection is also an indirect indicator of spousal communication. In contrast to the noticeable difference between migrants' wives and non-migrants' wives in spousal communication on HIV matters, we found no statistically significant difference in the likelihood of having talked about HIV/AIDS with other women. The differences in shares of those women who had taken an HIV test and in shares of those women whose husbands had taken an HIV test were not significant either.

Table: Responses of women married to migrant men on different HIV/STD issues

Responses	Percent (%)	
	Migrant husband	Non-migrant husband
Knows or suspect that husband has sex with other women	36.6*	27.3*
Very worried about the possibility of getting HIV from husband	83.2*	76.3*
Talked to husband about AIDS	57.7*	62.5*
Husband worried with the possibility of getting HIV	57.4*	63.0*
Had a talk with other women about AIDS	62.0	58.1
She took HIV test	18.5	17.1
Husband took HIV test	9.6	9.6
Have ever refused to have sex with husband	18.5*	28.8*
Have ever used condom with husband	9.2	7.1

* Statistical association significant at the level of $p < .05$.

The in-depth interview analysis reaffirmed the overwhelming concern of women about the possibility of getting HIV from their migrant husbands. This concern is reinforced by widespread beliefs in the area that HIV/AIDS is brought there by returning migrants. Despite this strong concern about the possibility of getting HIV from migrant husbands, the survey data show that few women have refused to have sex with their husbands, and the share of such women is significantly lower among women married to migrants than among women married to non-migrants (18.5% vs. 28.8%). Qualitative interviews suggest that it is culturally unacceptable that women refuse to have sex with their husbands after the culturally-mandated postpartum period is over. In relation to married

partners' communication, some women said that they could talk to their husband about HIV/AIDS if they initiated that communication. Apart from cultural norms preventing women from initiating conversations on sexual matters with their husbands, this is associated with the fear of being suspected of infidelity inappropriate conduit.

Next steps

We are currently expanding on these initial results to include multivariate analyses of determinants of spousal communication on HIV/AIDS. In particular we are looking into statistical associations between women's informal communication with their peers and their communication with their spouses. We also further explore qualitative data for evidence and examples of spousal communication about HIV/STD.

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