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**The Prevalence and Factors Associated with Sexual  
Violence among Women Seeking HIV Services at  
Kyabugimbi Health Center IV in Bushenyi District,  
Western Uganda**

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**ABSTRACT**

Sexual violence occurs throughout the whole world with about 35.6% women have experienced intimate partner violence and/ or non-partner sexual violence especially those in low-income countries. This study determined the prevalence and forms of sexual violence among women seeking HIV services at Kyabugimbi health center in Bushenyi district, Western Uganda. This was a cross-sectional study among 96 HIV positive women at Kyabugimbi health center Bushenyi district, Western Uganda. I used a researcher administered questionnaire to collect data on sociodemographic characteristics, burden and forms of sexual violence, services sought by the victims and sexual violence screening by health workers. Data were analyzed with Chi square and logistic regression using SPSS version 20 at 95% level of significance. A total of 96 women participated in the study with a mean age of  $35.05 \pm 12.212$  years and majority had primary level of education. The prevalence of sexual violence among the study participants was 31.3% (30/96). The most common forms of sexual violence were forced genital touching and sexual humiliation. Husbands of the victims were the most common perpetrators, less than a quarter of the victims of sexual violence disclosed the incidents and only 1\*5% of the victims sought medical help. The common medical help sought included post-exposure prophylaxis (4.9%), HIV test (9.3%) and emergency contraception (5.6%). Being married ( $p = 0.035$ , 95%CI 0.069-0.905) was protective against sexual violence. A third of HIV women seeking care from Kyabugimbi health center in Bushenyi district experience sexual violence, more than three quarters of the victims do not disclose the incidents to other people and very few seek medical help. The most common forms of sexual violence include forced genital touching, sexual humiliation and insertion of an object into genitalia.

**Keywords:** prevalence, sexual violence, women, HIV.

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## INTRODUCTION

Sexual violence occurs throughout the whole world with about 35.6% women have experienced intimate partner violence and/ or non-partner sexual violence [1-2]. The World Health organization (WHO) defines sexual violence as 'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any other person regardless of their relationship to the victim, in any setting, including but not limited to home and work [2]. In Sub-Saharan Africa, about 44% women experience intimate partner violence and 14% non-partner violence; with 18.75% attributed to sexual violence alone [3]. The chances of women experiencing sexual violence are more than two times compared to men. Although they may not disclose the event itself, victims of sexual violence usually seek medical help [4-5]. Health workers who come into contact with victims of sexual violence are critical to recognize and respond to individual cases of sexual assault. Victims of sexual assault require comprehensive, gender-sensitive health services in order to cope with the physical and mental health consequences of their experience and to aid their recovery from an extremely distressing and traumatic event. The types of services needed include pregnancy testing, emergency contraception, testing for sexually transmitted infections (STI) and HIV and/or prophylaxis, treatment of injuries and psychosocial counseling. In most countries, however, there is a gap between the health care needs of victims of sexual violence and the existing level of health services provided in such cases [6-12]. Sexual violence can directly lead to HIV infection due to the trauma involved that may increase the risk of transmission [13-17]. Women with history of lifetime partner violence are 1.97 times chances of having HIV compared to non-victims [18-22]. Therefore, research about association of sexual violence and HIV/AIDs is important as it can shift the practice priorities and ensure victims of sexual violence can receive comprehensive services in addition to the services specific to persons at risk or suffering from HIV/AIDs.

## METHODS

### Study design

Quantitative cross-sectional study using a researcher administered questionnaire to collect data on socio-demographic characteristics, experiences and forms of sexual violence, services sought by the victims and sexual violence screening by health workers.

### Study setting

The study was carried out at Kyabugimbi health center antiretroviral therapy clinic in Bushenyi district, Western Uganda.

### Study population

The study was conducted among women aged 15 years or older seeking HIV services at Kyabugimbi health center IV in Bushenyi district.

### Inclusion criteria

Women aged 15 years and above, seeking HIV care services at Kyabugimbi health facility in Bushenyi district and who are able to consent to take part in the study.

### Exclusion criteria

Women in the same age group seeking other services other than HIV-related at Kyabugimbi health center in Bushenyi district.

### Sample size determination

To determine minimum sample size, I used 22% prevalence of sexual violence among women obtained from Uganda Demographic Health survey (UDHS), 2016.

### Sample size formula:

The quantitative data sample was calculated using Cochran's formula for calculating sample size;

$$N = \frac{Z^2(p(1-p))}{e^2}$$
$$= Z^2pq/E^2$$

Where; N= sample size estimate of adults seeking HIV care services at Kyabugimbi health center in Bushenyi district,

Z = standard normal deviate corresponding to 95% confidence level (=1.96)

P = Estimated prevalence of sexual violence among women in Bushenyi district; therefore p= 0.22

Q = 1-p= the probability of not seeking HIV care services at the health center, so q=1- 0.22 = 0.78

E= margin of error on p (set at 5%) E= 0.05

The calculated sample size

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$$N = \frac{1.96^2(0.22(1-0.22))}{0.05^2} = 264 \text{ participants}$$

### Data collection methods and management

I used a researcher administered questionnaire. Questions about sexual abuse were adapted from the Norvold Abuse Questionnaire (NorAQ), a tool with good reliability and validity. The questionnaire was structured into two sections; socio-demographics and questions about sexual violence and services to victims of sexual violence. The participants were selected using consecutive sampling on the specific days when they attended the HIV services. They were approached and given information about what the study was about and were allowed to ask questions. Participants were requested to sign the written, informed consent before data was collected. The questionnaire was prepared in English and was translated into Runyankole during data collection for those who did not understand English well. In the field, data was checked for completeness and the questionnaires were coded. Data entry screen was created in Epi-data V3.0 using checks; data was entered in duplicate; then exported and merged in the data analysis software; Data were then entered into a google sheet using a google form programmed not allow progression if specific information was not entered. Out of range and missing values were omitted at data analysis.

### Data analysis

Data analysis was done using SPSS software. Categorical variables were analyzed using Chi-square and logistic regression at 95% level of confidence. Model goodness of fitness was tested using the Hosmer-Lemeshow test at  $p > 0.05$ . Results were summarized in percentages, means, frequencies and presented using tables and figures.

### Ethical considerations

Ethical approval was sought from Kampala international university western campus Faculty of clinical medicine in form of introductory letter to district health to the in-charge Kyabugimbi health center. The participants were briefed about the purpose of the study, privacy was provided and confidentiality ensured. A written and verbal consent was sought from the respondents before they participated in the study.

Participant identifiers such as names and initials were not included at data entry and were kept confidential.

## RESULTS

A total of 96 participants completed the study tools, response rate 36.4% (96/264). Mean age was  $35.05 \pm 12.212$  years; the age range was 18-68 years and the median age was 34 years. Majority (76.0%) of the participants had primary level of education (Table 1).

**Table 1: Sociodemographic characteristics of 96 HIV positive women at Kyabugimbi health center in Bushenyi district, Western Uganda**

Variable	Description	Frequency N (96)	Percentage
Age (years)	18-30 yrs	43	44.8
	31-59 yrs	48	50.0
	60+ yrs	5	5.2
Marital status	Single	8	8.3
	Married	66	68.8
	Widowed	13	13.5
	Divorced	9	9.4
Education	No formal education	3	3.1
	Primary	73	76.0
	Secondary	18	18.8
	Tertiary	2	2.1
Employment	Business/Self-employed	14	14.6
	Employed	4	4.2
	Unemployed	11	11.4
	Farmer/Peasant	67	69.8
Distance to Health Facility	1Km	11	11.4
	3Km	47	49.0
	5Km	29	30.2
	More than 5Km	9	9.4

The prevalence of sexual violence among the study participants was 30.2% (30/96). Sexual violence was most common in divorced women (40%) and least common among the unmarried women (14.3%). It was also higher in women with no formal education (36.4%) and those aged 60 years old (43.8%).

**Table 2: Prevalence of sexual violence and associated factors among 96 HIV positive women at Kyabugimbi health center in Bushenyi district, Western Uganda**

Variable	Description	No sexual violence n (%)	Experienced sexual violence n (%)
		66 (68.7)	30 (31.3)
<b>Age (years)</b>			
	18-30	28 (29.2)	13 (13.6)
	31-59	35 (36.4)	15 (15.6)
	60+	3 (3.1)	2 (2.1)
<b>Marital status</b>			
	Single	7 (7.3)	1 (1.0)
	Married	45 (46.8)	22 (23.0)
	Widowed	9 (9.4)	4 (4.2)
	Divorced	5 (5.2)	3 (3.1)
<b>Education</b>			
	No formal education	2 (2.1)	1 (1.1)
	Primary	49 (51.0)	24 (25.0)
	Secondary	13 (13.5)	5 (5.2)
	Tertiary	2 (2.1)	0 (0.0)
<b>Employment</b>			
	Business/Self-employed	9 (9.4)	5 (5.2)
	Employed	3 (3.1)	1 (1.0)
	Unemployed	7 (7.3)	4 (4.2)
	Farmer/Peasant	47 (48.9)	20 (20.9)
<b>Distance to Health Facility</b>			
	1Km	8 (8.3)	4 (4.2)
	3Km	34 (35.4)	13 (13.6)
	5Km	19 (19.8)	10 (10.4)
	More than 5Km	5 (5.2)	3 (3.1)

The most common forms of sexual violence were sexual humiliation, forced genital touching and insertion of an object into genitalia. The husbands were the most common perpetrators and the victims still had fear of the perpetrators. Less than a quarter of the victims of sexual violence disclosed the incident to another person. Only 14.6% of the victims sought medical help. The common medical help sought included post-exposure prophylaxis (5.2%), HIV test (9.4%) and emergency contraception (5.2%).

**Table 3: Forms of sexual violence, perpetrators and supports sought among 96 HIV positive women at Kyabugimbi health center in Bushenyi district, Western Uganda**

Form of sexual violence	Frequency	Percentage
Sexual humiliation	25	26.0
Forced genital touching	44	45.8
Insertion of an object into genitalia	33	34.4
<b>Perpetrator of violence</b>		
Husband	49	51.0
Ex-husband	8	8.3
Boy friend	6	6.3
Others	8	8.3
<b>Fear of perpetrator</b>		
Fear of the perpetrator	39	40.6
<b>Disclosure of sexual violence</b>		
Disclosure to someone	39	22.1
<b>Person disclosed to</b>		
Current partner	7	7.3
Father	1	1.0
Friend	4	4.2
<b>HIV services</b>		
Sought medical help	14	14.6
Post-exposure prophylaxis	5	5.2
Received HIV test after sexual violence	9	9.4
Emergency contraceptives	5	5.2
<b>Provider of care/support</b>		
Own family	3	3.1
Friend	4	4.2
Health workers screen for sexual violence	46	47.9
<b>Frequency of sexual violence screening</b>		
Very often	32	34.4
Not often	40	41.2

At bivariate analysis, being married was protective against sexual violence ( $p = 0.035$ , 95%CI 0.069-0.905). Other factors were not significantly associated with sexual violence.

Table 4: Factors associated with sexual violence among 96 HIV positive women at Kyabugimbi health center in Bushenyi district, Western Uganda

Variable	Description	Unadjusted OR	95%CI	P-Value
<b>Age (years)</b>	18-30	1		
	31-59	0.643	0.225-1.833	0.409
	60+	0.581	0.205-1.646	0.307
<b>Marital status</b>	Single	1		
	<b>Married</b>	<b>0.250</b>	<b>0.069-0.905</b>	<b>0.035**</b>
	Widowed	0.776	0.355-1.694	0.524
	Divorced	0.724	0.275-1.910	0.514
<b>Education</b>	No formal education	1		
	Primary	1.52	0.34-5.84	0.539
	Secondary and tertiary	1.37	0.75-2.51	0.301
<b>Employment</b>	Business/Self-employed	1		
	Employed	1.469	0.772-2.796	0.241
	Unemployed	0.673	0.180-2.520	0.556
	Farmer/Peasant	1.427	0.690-2.952	0.337
<b>Distance to Health Facility</b>	1Km	1		
	3Km	0.804	0.292-2.21	0.672
	5Km	0.610	0.265-1.40	0.245
	More than 5Km	0.922	0.390-2.18	0.854

## DISCUSSION

This study aimed to determine the prevalence and factors associated with sexual violence among women seeking HIV services at Kyabugimbi health facility in Bushenyi district, Southwestern Uganda. The prevalence of sexual violence was 31.3%, and the most common forms of sexual violence were sexual humiliation, forced genital touching and insertion of an object into genitalia. Husbands were the most common perpetrators and less than a quarter of the victims disclosed the incidents to other people. Only 14.6% of the victims sought medical help and the most common medical help sought included post-exposure prophylaxis, HIV test and emergency contraception. Being married was protective against sexual violence. This study contributes to the existing literature about sexual violence in HIV positive women especially in the rural Uganda. The sexual violence prevalence of 31.3% in our study was quite high. Living with HIV and experiencing sexual violence is a double burden on the affected women and could have long lasting physical and psychological consequences. This double burden could easily affect their adherence to treatment and their general wellbeing. However, our finding is similar to the global prevalence of sexual violence of 35.6% as reported by the World Health Organization. On the other hand, the prevalence in our study is much higher than the national prevalence of 22.8% reported by the Uganda Bureau of Statistics in the 2016 Uganda Demographic health survey. It is also higher than the rate reported in South Africa and Rwanda among individuals living with HIV. Among the forms of sexual violence experienced, insertion of penis or any other object into the vagina, rectum or mouth was the most common (34.3%). This seems to be the same in previous studies. This is the most common direct way of heterosexual HIV transmission. As indicated by previous research, sexual violence

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increases the victim's vulnerability to HIV. Our study was conducted in a rural and hard-to-reach setting and majority of the participants were low of low socio-economic status with low bargaining power. As such, they may not be able to protect themselves against sexual violence and the associated risk of HIV infection [23-26].

Despite the progress made in HIV care, sexual violence among women living with HIV does not seem to receive appropriate attention from the health workers. According to our study, very few participants reported ever having been asked by health workers about sexual violence. Yet, incorporating services for victims of sexual violence in the HIV general services could yield positive results. Screening for violence can provide an entry point for identifying the victims and responding to their individual needs [27-32]. HIV care providers can encourage women to always seek for treatment of injuries, sexually transmitted infections, unwanted pregnancies and refer them to other services that may be needed.

### CONCLUSION

A third of HIV women seeking care from Kyabugimbi health center in Bushenyi district experience sexual violence and the most common forms of sexual violence are sexual humiliation, forced genital touching and insertion of an object into genitalia. Most of the sexual violence is perpetrated by the husbands and more than three quarters of the victims do not disclose the incidents to other people.

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