



The impact of intimate partner violence on women's contraceptive use: Evidence from the Rakai Community Cohort Study in Rakai, Uganda



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ABSTRACT

A systematic review of longitudinal studies suggests that intimate partner violence (IPV) is associated with reduced contraceptive use, but most included studies were limited to two time points. We used seven waves of data from the Rakai Community Cohort Study in Rakai, Uganda to estimate the effect of prior year IPV at one visit on women's current contraceptive use at the following visit. We used inverse probability of treatment-weighted marginal structural models (MSMs) to estimate the relative risk of current contraceptive use comparing women who were exposed to emotional, physical, and/or sexual IPV during the year prior to interview to those who were not. We accounted for time-fixed and time-varying confounders and prior IPV and adjusted standard errors for repeated measures within individuals. The analysis included 7923 women interviewed between 2001 and 2013. In the weighted MSMs, women who experienced any form of prior year IPV were 20% less likely to use condoms at last sex than women who had not (95% CI: 0.12, 0.26). We did not find evidence that IPV affects current use of modern contraception (RR: 0.99; 95% CI: 0.95, 1.03); however, current use of a partner-dependent method was 27% lower among women who reported any form of prior-year IPV compared to women who had not (95% CI: 0.20, 0.33). Women who experienced prior-year IPV were less likely to use condoms and other forms of contraception that required negotiation with their male partners and more likely to use contraception that they could hide from their male partners. Longitudinal studies in Rakai and elsewhere have found that women who experience IPV have a higher rate of HIV than women who do not. Our finding that women who experience IPV are less likely to use condoms may help explain the relation between IPV and HIV.

1. Introduction

The World Health Organization defines intimate partner violence (IPV) as physical, sexual, or emotional abuse by a current or former partner (Krug et al., 2002). Research indicates that IPV is associated with adverse sexual and reproductive health (SRH) outcomes, including unintended pregnancy (Christina C Pallitto, Campbell, & O'Campo, 2005; Christina C. Pallitto et al., 2013), repeat abortion (Hall et al., 2014), and HIV (Kouyoumdjian et al., 2013a,b; Li et al., 2014), but the causal mechanisms underlying these associations are poorly understood

(Jewkes, 2015). In 2011, the estimated prevalence of HIV among adults in Uganda was 7% (Ministry of Health/Uganda & ICF International, 2012), recent estimates of the prevalence of HIV in Rakai range from 14 to 42% (Chang et al., 2016). The Uganda Demographic and Health surveys found that, between 2006 and 2011, the use of modern contraception increased from 18% to 26% among Ugandan women of reproductive age (WRA); in Rakai district, the use of modern contraception increased from an estimated 33%–42% over the same period (Brahmbhatt et al., 2014). Longitudinal studies in Rakai (Kouyoumdjian et al., 2013a,b) and elsewhere (Li et al., 2014) have

Abbreviations: CI, confidence interval; IPTW, inverse probability of treatment weights; IPV, intimate partner violence; IRB, Institutional Review Board; LAPM, long-acting and permanent methods; MSM, marginal structural model; RCCS, Rakai Community Cohort Study; RR, relative risk; SRH, sexual and reproductive health; STM, short-term method

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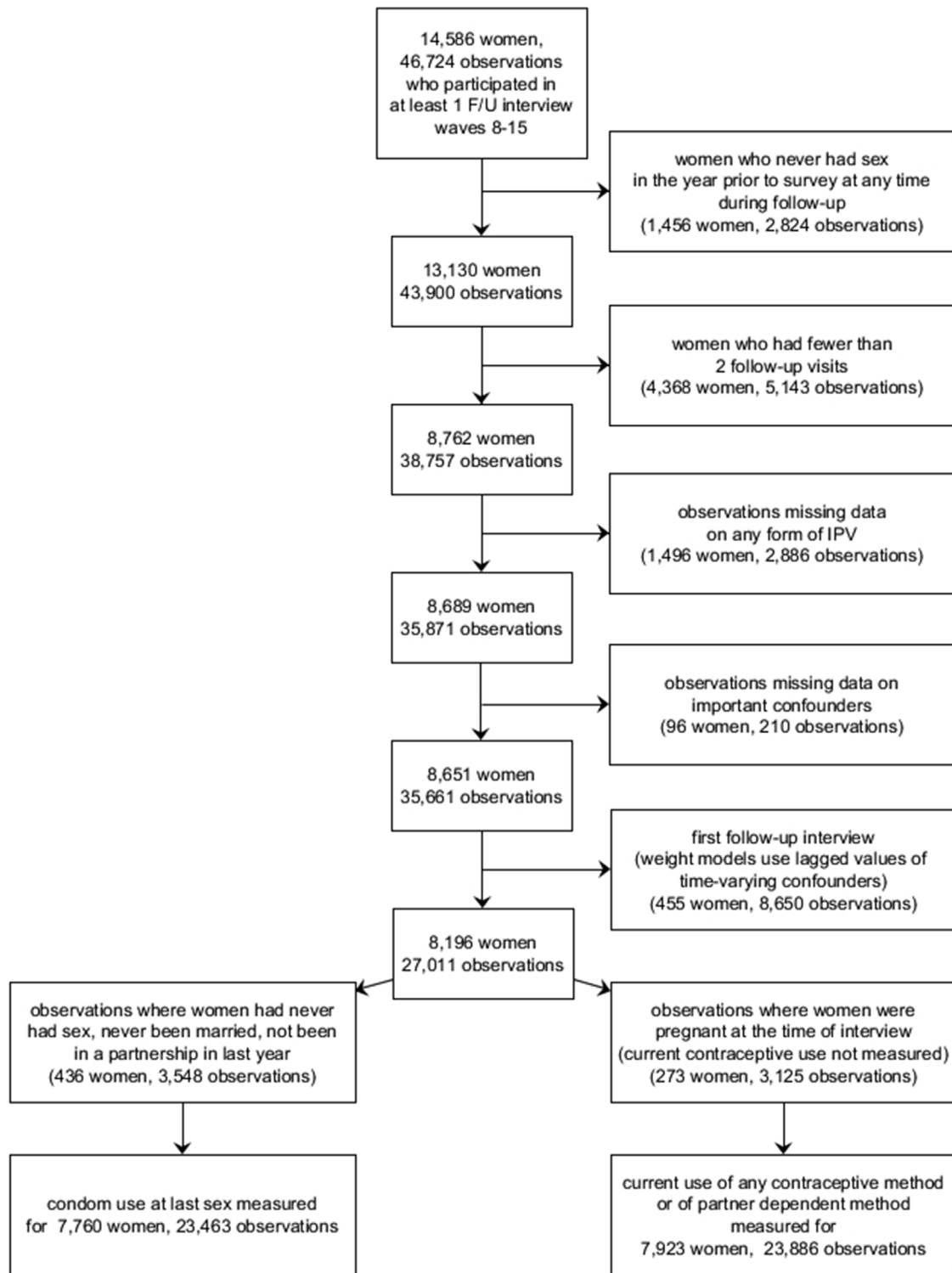


Fig. 1. Selection of study sample.

found that women who experience IPV are at a higher risk of incident HIV infection than women who do not. The relation between IPV and adverse SRH outcomes, including HIV, may be mediated by the effect of IPV on women's contraceptive use; a recent systematic review suggests that women who experience IPV are less likely to use condoms than women who do not (Maxwell et al., 2015). Previous studies of the relation between IPV and contraceptive use are based on cross-sectional data or on longitudinal data with limited follow-up (Maxwell et al., 2015). This study builds on prior work by applying marginal structural

models (MSMs) to data from the Rakai Community Cohort Study (RCCS) to estimate the effect of IPV on women's contraceptive use. The RCCS is one of few population-level cohorts to record multiple measures of IPV and contraceptive use over time.

In this study, we used data from the RCCS to address three challenges to estimating the effect of IPV on women's contraceptive use. First, we will never create a controlled trial where we randomize women to experience IPV. However, women who experience IPV and those who do not likely differ in ways that affect their contraceptive

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