Health & Place 33 (2015) 90–100

Contents lists available at ScienceDirect

Health & Place

journal homepage: www.elsevier.com/locate/healthplace

Material deprivation and unemployment affect coercive sex among young people in the urban slums of Blantyre, Malawi: A multi-level approach

Mphatso Kamndaya [a,*], Lawrence N. Kazembe [b], Jo Vearey [c], Caroline W. Kabiru [d], Liz Thomas [a]

[a] School of Public Health, University of the Witwatersrand, 27 St Andrews Road, Parktown, 2193 Johannesburg, South Africa
[b] Department of Statistics & Population Studies, University of Namibia, Windhoek, Namibia
[c] African Centre for Migration and Society, School of Social Sciences, University of the Witwatersrand, Johannesburg, South Africa
[d] Population Dynamics and Reproductive Health Research Program, African Population and Health Research Center, Nairobi, Kenya

ARTICLE INFO

Article history:
Received 21 July 2014
Received in revised form
18 February 2015
Accepted 2 March 2015
Available online 24 March 2015

Keywords:
Urban slums
Coercive sex
Young people
Material deprivation
Unemployment

ABSTRACT

We explore relations among material deprivation (measured by insufficient housing, food insecurity and poor healthcare access), socio-economic status (employment, income and education) and coercive sex. A binary logistic multi-level model is used in the estimation of data from a survey of 1071 young people aged 18–23 years, undertaken between June and July 2013, in the urban slums of Blantyre, Malawi. For young men, unemployment was associated with coercive sex (odds ratio [OR]=1.77, 95% confidence interval [CI]: 1.09–3.21) while material deprivation (OR=1.34, 95% CI: 0.75–2.39) was not. Young women in materially deprived households were more likely to report coercive sex (OR=1.37, 95% CI: 1.07–2.22) than in non-materially deprived households. Analysis of local indicators of deprivation is critical to inform the development of effective strategies to reduce coercive sex in urban slums in Malawi.

1. Introduction

Coercive sex – being forced by someone (partner or non-partner) to have sex when one does not want to – is increasingly visible on the public health agenda worldwide. Coercive sex represents a gross violation of young people's sexual rights and increases their risk for sexually transmitted infections, including HIV infection, and unplanned pregnancy (World Health Organization, 2013). A growing body of research in sub-Saharan Africa has highlighted the high risk for both partner and non-partner coercive sex among young people residing in growing urban poor communities – urban slums (Decker et al., 2014; Misganaw and Worku, 2013; Oduro et al., 2012). Therefore, reliable research on contextual factors that increase their vulnerability to coercive sex is required in order to inform effective strategies targeting this increasingly marginalized segment of young people. We explore relations among material deprivation, socio-economic status (SES) variables and coercive sex among young men and young women in two urban slums of Blantyre, Malawi.

Malawi is a south-east African country of about 16 million people (Population Reference Bureau [PRB], 2013), with a gross national income per capita of $350 (World Bank, 2010). It is estimated that around 70% of Malawi's urban population lives in urban slums – areas defined as lacking more than one of the following: access to safe water, adequate sanitation, sufficient living space, durability of housing, and security of tenure (UN-Habitat, 2011). Eleven percent of the Malawian population is living with HIV (urban 17.4%, rural 8.9%); HIV prevalence among young women aged 15–24 years is 2.7 times that among young men, at 5.2% and 1.9% respectively (National Statistical Office of Malawi and ICF Macro, 2011).

Blantyre is a helpful example of a currently urbanizing space, typical of other areas within sub-Saharan Africa where urban spaces are growing. The urban population in Blantyre is estimated to be 816,001, by 2013, which is an eightfold increase since 1966, with the then population at 106,641(National Statistical Office of Malawi, 2008). An estimated 60% of the urban population in Blantyre reside in urban slums where many young people may have no education or job skills (Mughogho and Kosamu, 2012; UN-Habitat, 2011). Given their limited resources and lack of

* Corresponding author.
E-mail addresses: mkamndaya@cartafrica.org (M. Kamndaya), lkazembe@yahoo.com (L.N. Kazembe), jovearey@gmail.com (J. Vearey), carolinekabiru@gmail.com (C.W. Kabiru), Liz.Thomas@wits.ac.za (L. Thomas).

http://dx.doi.org/10.1016/j.healthplace.2015.03.001

opportunities, some young people engage in desperate survival strategies – such as exchanging sex for basic necessities including access to housing, food and healthcare (Kamndaya et al., 2015; Mandalazi et al., 2013). Blantyre City started with developments in three commercial centers – Blantyre, Mandala and Limbe – in 1876 by the Church of Scotland. With time, Mandala became integrated into Blantyre commercial centre, bringing the number of commercial centers within the city to two – Blantyre and Limbe (Mughogho and Kosamu, 2012). Against this backdrop, we selected two urban slums close to these two commercial centers (Mtopwa close to Limbe commercial centre, and Mbayani close to Blantyre commercial centre) (see, Fig. 1) in order to explore differences between the experiences of young people residing in these different locations, highlighting examples of intra-urban inequalities and the role of place on coercive sex within the city. The selection of the two urban slums is also based on the literature that suggests that Mbayani and Mtopwa are broadly typical of urban slums not only in Blantyre, but Malawi (Chipeta, 2009).

Studies undertaken in Malawi have found clustering of coercive sex within households and neighborhoods (Kathewera-Banda et al., 2005; Mason and Kennedy, 2014), but limited attention has been paid to exploring variations across neighborhoods in urban slums. Factors associated with coercive sex in Malawi include individual socioeconomic status, marital status and urban/rural residence (Conroy and Chilungo, 2014; Kathewera-Banda et al., 2005; Mason and Kennedy, 2014; Moore et al., 2012; National Statistical Office of Malawi and ICF Macro, 2011). However, neighborhood socioeconomic factors have an overarching influence on sexual violence (Fox and Benson, 2006; Hindin and Adair, 2002; Jewkes, 2002; Kiss et al., 2012; McIlwaine, 2013). For instance, limited access to resources or lack of opportunities may prompt young people to find a way to support themselves (Cunradi et al., 2000; Fox and Benson, 2006; Pearlman et al., 2003). In order to survive, some young people may resort to transactional sexual relationships that increase their vulnerability to coercive sex (Mulumeoderhwa and Harris, 2014; Sikweyiya and Jewkes, 2009; Tyler and Johnson, 2006). The social aspects of the neighborhood – for example, weak social cohesion and collective efficacy – can also impart risk of coercive sex (Frye et al., 2014; Pinchevsky and Wright, 2012). Although the possible neighborhood characteristics associated with coercive sex are considered to be multiple and diverse, measures of material deprivation have attracted a lot of research interest particularly in the growing urban poor communities in low-income countries (Chant, 2013; McIlwaine, 2013). Decker et al. (2014) and Pandey et al. (2009) have provided a helpful explanation for this interest – that residents in urban poor communities are more likely to become victims of coercive sex because of the wide range of social vulnerabilities associated with living in resource-poor settings including weak social ties, limited police protection, pervasive violence, and limited access to social and health resources. Gaining a clearer understanding of these potential relations not only contributes to the growing knowledge around the role of material conditions in coercive sex but also can be a useful guide to policy making in growing urban poor communities in sub-Saharan Africa.

2. Background

A growing body of research worldwide has documented substantial numbers of young men and young women who have experienced coercive sex in their lifetimes (Andersson et al., 2012; Erulkar, 2004; Hines, 2007; Kuyper et al., 2013; Meinck et al., 2015; Sikweyiya and Jewkes, 2009). For example, research conducted by Hines (2007) across 38 research sites in high income countries found that overall 2.3% of young women and 2.8% of young men reported having experienced coercive sex. Similarly, Andersson et al. (2012) found that overall 19.6% of young women and 21.1% of young men reported experience with coercive sex in a study across 10 countries (including Malawi) in sub-Saharan Africa. Although coercive sex is experienced by both genders, gender differences exist in young women's experiences of coercive sex and those of young men (Sikweyiya and Jewkes, 2009), supporting the idea of considering gender differences in the analysis of risk factors and prevention strategies.

Individual risk factors of coercive sex are well-established. Notably, young age at first sex (Andersson et al., 2012; Bazargan-Hejazi et al., 2013; Koenig et al., 2004; Moore et al., 2007), substance use (Conroy and Chilungo, 2014; Kabiru et al., 2010; Koenig et al., 2004; McCrann et al., 2006; Zablotska et al., 2009), and having multiple sexual partners (Bingenheimer and Reed, 2014; Moore et al., 2007; Moore et al., 2012) are associated with coercive sex. Individual SES and marriage have also been associated with coercive sex (Adudans et al., 2011; Conroy and Chilungo, 2014; Koenig et al., 2004; Ybarra et al., 2012; Zablotska et al., 2009), although the results are found to be contradictory. For example, Adudans et al. (2011), found that young women with high economic status or post-primary education in Kenya were more likely to report having experienced coercive sex, while Koenig et al. (2004) found no association between individual SES factors and coercive sex in rural Uganda. In view of these equivocal findings, the interest in research around the world on associations between socioeconomic indicators and coercive sex has grown.

2.1. Disadvantage, urban slums, and coercive sex

Structural characteristics of poor neighborhoods including disadvantage can heighten risk of sexual violence in some settings (Cunradi et al., 2000; Fox and Benson, 2006; Kiss et al., 2012; Pandey et al., 2009; Pearlman et al., 2003; Pinchevsky and Wright, 2012) in a general way that could be applied to coercive sex as well. We focus here on measures of disadvantage that have been found to be most critical in urban slums in sub-Saharan Africa – insufficient housing, food insecurity and poor access to healthcare (Kamndaya et al., 2014; Greif, 2012; Thomas et al., 2011; Vearey et al., 2010). McIlwaine (2013) notes that insufficient housing, food insecurity and poor access to healthcare, and other indicators of disadvantage intensify or attenuate the effects of individual-level factors on coercive sex particularly in urban slums. However, rigorous research is needed in urban slums in sub-Saharan Africa to substantiate McIlwaine's (2013) claim. Research conducted in high income countries has shown that indicators of disadvantage (or poverty) including socio-economic conditions, social disorganization, and other socio-structural factors reduce social cohesion, resulting in a breakdown of social networks and greater risk of sexual violence (Li et al., 2010).

Although measures of disadvantage consistently emerge as one of the determinants of sexual violence in nearly every study where they are assessed (Browning, 2002; Cunradi et al., 2000; Fox and Benson, 2006; Hindin and Adair, 2002; Khalifeh et al., 2013; Spriggs et al., 2009; Tyler and Johnson, 2006), key issues still remain regarding their measurement especially in research on low-income countries. Elaborating on this argument, Burns and Snow (2012) and Greif (2012) noted that the commonly used measures of disadvantage in existing research do not adequately reflect the realities in poor urban communities in sub-Saharan Africa. Moreover, the association between material deprivation and sexual risk is most frequently examined through the inclusion of either one dimension of deprivation (Burns and Snow, 2012) or a single deprivation-related item (Greif, 2012). It is likely that additional nuance underlying this association is not yet examined given that single-item measures of deprivations often overestimate or underestimate the