



Education and risky sex in Africa: Unraveling the link between women's education and reproductive health behaviors in Kenya

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ABSTRACT

Much research attention has been devoted to understanding the relationship between education and riskier sex-related behaviors and HIV/AIDS in sub-Saharan Africa. While in the early 1990s researchers found that increases in education were associated with a higher incidence of HIV/AIDS, this relationship appears to have reversed and better educated people, especially women, appear less likely to engage in riskier sex-related behaviors and have a lower incidence rate of HIV/AIDS. Our study begins to unravel the mechanisms that could explain why women's educational attainment is associated with safer sex-related behaviors in sub-Saharan Africa. Using data from the 2003 Kenyan Demographic and Health Survey, we examine the potential mediating effects of HIV/AIDS knowledge, family planning discussions, gender empowerment, and husband's education for explaining the relationship between education and age of first sex, casual sex, multiple sex partners, and condom use. We find that gender empowerment partially explains the relationship between education and age of first sex, and HIV/AIDS knowledge, husband's education, and family planning discussions partially explain the relationship between education and condom use. We argue that gender inequality and lack of knowledge are likely to play a greater role in explaining the relationship between woman's education and sex-related behaviors in sub-Saharan Africa than they do in more industrialized nations, where social capital explanations may have more explanatory power.

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1. Introduction

A number of studies (Gregson et al., 2001; Michelo et al., 2006; World Food Programme, 2006) have found that increased education is associated with a lower risk of HIV/AIDS. Indeed, the role of education for decreasing the risk of HIV/AIDS in Africa has been referred to as the "education vaccine" (Vandemoortele and Delamonica, 2002). Further, this pattern appears robust across various contexts. A number of US-based studies (Lammers et al., 2000; Ohannesian and Crockett, 1993) have found that more highly-educated women are less likely to engage in riskier sex-related behaviors (i.e. casual sex, multiple sex partners and sex without a condom). A similar relationship has been found in Africa, where high rates of HIV/AIDS make behavior such as unprotected sex particularly risky.

Numerous studies (Hallett et al., 2007; de Walque, 2007; Filmer, 2002; Zellner, 2003) have found that education decreases the likelihood of riskier sex-related behaviors that may result in HIV/AIDS contraction, which is the leading cause of death among all young adults in some sub-Saharan Africa countries, and an especially burgeoning one among women

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(Dodoo et al., 2003; Zulu et al., 2003). Regrettably, significantly less attention has been given to explaining the mechanisms behind the relationship between education and safer sex-related behaviors in the region and around the world. In many nations, women's education lags significantly behind that of men, and in sub-Saharan Africa these disparities are especially stark. This is due in part to the patriarchal structure that favors men's educational and economic advancement and overall status, which also makes it particularly challenging for women to engage in safer sex-related behaviors. Thus, risky behavior that arises from interactions between men and women must be couched in a larger framework of gendered inequality that leaves women disadvantaged in social and cultural capital that enhance health-promoting attitudes and behaviors. Identifying specific factors that lead to safer sex-related behaviors among women in sub-Saharan Africa could contribute to solutions that would have implications not only for the spread of HIV/AIDS, but the spread of other sexually transmitted diseases (i.e. Chlamydia and herpes). This, in turn, would have broader implications for a country's overall level of development.

Using data from the 2003 Kenya Demographic and Health Survey, we assess the mediating role of women's knowledge about HIV/AIDS, gendered norms and interactions, economic security, and male human capital to explain the relationship between women's education and age at first sex, multiple partners, casual sex partners, and condom use. We find that greater education among husbands, as well as partner discussions about family planning, partially mediate the relationship between women's education and condom use amongst married couples. For all women, awareness of and accurate knowledge about HIV/AIDS partially accounts for the relationship between education and condom use. Further, more educated women have a later age of first sex, in part, because they are less likely to tolerate norms that justify partner violence. Finally, education appears to empower women to use their knowledge about HIV/AIDS and attitudes that support gender equality to delay the timing of first sex.

2. Education, HIV, and sex-related behaviors

While current research recognizes education as an important factor for limiting the spread of HIV/AIDS (Vandemoortele and Delamonica, 2002), researchers who explored the epidemic in its earlier stages (Smith et al., 1999; Hargreaves and Glynn, 2002; de Walque et al., 2005) found that more educated individuals were *more* likely to contract HIV/AIDS. Some explanations for this finding include higher incomes (i.e. disposable income) and lifestyles (i.e. travel, more leisure time) that seemed to increase exposure to the virus. However, as the pandemic spread, more educated people appeared better equipped to protect themselves and change their behavior, ultimately reducing their likelihood of contracting and spreading the virus (Gregson et al., 2001; Michelo et al., 2006). Knowledge, therefore, appears to have been a key component in changing the earlier positive relationship between education and HIV/AIDS to an inverse association. However, aside from increasing knowledge about HIV/AIDS, there may be other processes through which education could shape women's sex-related behaviors.¹ For example, education could increase a woman's human capital, providing a greater incentive to protect her health by avoiding riskier sex behaviors (Becker, 1993). Likewise, more educated women may have more financial resources, which could lower the need to exchange sex for money (Dodoo et al., 2003; Zulu et al., 2003).

Data limitations preclude us from testing all of the mechanisms through which education may shape women's riskier sex-related behaviors such as multiple partners, casual sex partners, lack of condom use, and an early age of first sex. However, the Kenya Demographic Health Survey allows us to test many of the primary mechanisms by which education should shape risk behavior among Kenyan women, which we discuss below.

3. Education and knowledge about HIV/AIDS

As mentioned above, the mechanism that has received the most attention for explaining the inverse relationship between education and HIV/AIDS is knowledge about HIV/AIDS. Various studies (Gregson et al., 1998; Frolich and Vazquez-Alvarez, 2009) have found some influence of HIV/AIDS campaigns on sex-related behaviors that could limit the likelihood of contracting HIV/AIDS. Beginning in November 1999, the first intensive information campaign started in Kenya (Shanya, 2005), while that same year the government established a national curriculum on HIV/AIDS education to reach children in primary school (Duflo et al., 2006). As a result, women who now attend primary school and beyond in Kenya should receive formal instruction about AIDS, HIV transmission, prevention, and care for people living with AIDS.

Because the first intensive educational campaign did not start until 15 years after the first recorded case of AIDS (Shanya, 2005), the majority of Kenyan women today would have had their coital debut before being introduced to formal HIV/AIDS school education campaigns. However, aside from school-based HIV/AIDS educational campaigns, information about HIV/AIDS has also been spread through radio, television, newspapers, and informal and formal community organizations. More educated women should have greater access to radio and television, and have the ability to read newspapers, increasing exposure to HIV/AIDS information, which could limit their riskier sex-related behaviors. Further, more educated women may be more likely to participate in community organizations, where they hear about HIV/AIDS (Gregson et al. 2009). These ideas lead to our first hypothesis:

¹ Just as the AIDS pandemic was starting and information about how it spreads was disseminated, the proportion of women who obtained any education was also increasing.

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