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A scoring model for studying the determinants of high risk sexuality among pregnant women in Cameroon

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The Millennium Development Goal gives importance on improvement of maternal health and the fight against HIV. The women currently live a dramatic situation in the field of the public health. A great number of them often discovers their seropositivity with the HIV at the time of a pregnancy, whereas many men responsible for the contaminations are not detected and continue to infect other women. Thus, it appears relevant to define and better understand the current determinants of sexuality at a risk, raised within couples. However, it is not easy for the professionals of public health to suitably define the concept of sexuality at the risk. This study will have the advantage of providing a new methodological approach based on multidimensional analysis to define it. This methodology is much used in economy for the construction of the multidimensional indicators of poverty. The literature on its use in the field of the public health remains non-existent. The principal objective of this work is to build a composite indicator to apprehend the concept of sexuality at risk and to seek the factors at the risk with the adoption of healthy behaviors in the couples. For our purpose, we have used in turn the criterion of the COPA developed by Asselin for the construction of a multidimensional indicator of sexuality at a risk, discriminant analysis, scoring analysis and logistics regression. The data we use come from the survey carried on the women attending first antenatal consultation at Mother and Child Center of Chantal Biya Foundation in Cameroon.

The variables collected about their sexual practices have served the construction of a composite indicator of unsafe sex. Factor analysis methods, specifically Analysis Multiple Correspondence (ACM) have been used for this purpose to define a typology of sexuality risk in two classes (low risk and high risk). The first class gathers the women having a low risk characterized by the use of the condom, the tracking of the partner, the division of the statute serologic with the partner and the marital communication around the VIH. The second class gathers the women having a high-risk sexuality. They do not use the condom with their partner, does not have knowledge on the use of the condom and which seldom dialogues on the questions related to the VIH with their partner. The results show that the determinants of sexuality risk are: the education of women, the duration of the relationship, the age difference between the woman and her partner. It arises as well as the women of educational level corresponding to the primary education whose variation of age with the partner is higher than 20 years and the relation settled in the duration are exposed to a high-risk sexuality. The main result more interesting is that the marital dialogue supports the adoption of the healthy behaviors within the couples.

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