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The experiences of South African rural women living with the fear of Intimate Partner Violence, and vulnerability to HIV transmission

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The purpose of this study is to amplify the story of women who live with the fear of perpetual intimate partner violence (IPV), making them vulnerable to infection by the human immunodeficiency virus (HIV), which is not within their own control. More and more South African women face unprecedented intimate partner violence which exposes them to contracting the HIV from their partners. The paradigm that this study aligned with is Ubuntu. A qualitative research protocol was adopted and 10 study participants in marriage and those who are cohabiting with their partners were interviewed. A neutral venue outside of the respondents' homes and away from the presence of other family, friends and community members who know them, was chosen. An analysis of the interview transcripts revealed four themes: physical violence caused by disagreement on intercourse; physical violence as a result of a of condom disuse; physical violence on the negotiation of condom use; and coercive sexual practices. The IPV is difficult to address as is dependent on the victims to report it.

Keywords: IPV, HIV, condom disuse**,** negotiation of condom use and Coercive sexual practices

Global statistics estimate that one third of women globally are affected by the IPV epidemic (Alhabib, Nur & Jones, 2010; WHO, 2013). IPV has compromised women's health negatively, making them more vulnerable to physical, mental and their social well-being (Mitchell, Wight, Van Heerden & Rochat, 2016). In addition, this further exposes them to contracting disease such as HIV. According to Li, Marshall, Rees, Nunez, Ezeanolue & Ehiri, (2014) a strong correlation exists between IPV and a higher likelihood of contracting HIV (Li, Marshall, Rees, Nunez, Ezeanolue & Ehiri, 2014).

South Africa has a population of 4.7 million women living with HIV/AIDS in contrast with 2.8 million men (Unaids, 2019). The gender-based violence (GBV) has been blamed as main reason for the disparity in HIV prevalence among women and their males' counterparts (Van Damme, Kober & Kegels (2008). 2008). In 2017, it was estimated that around world a third of women will have experienced IPV in the past 12 months, a level that is found across all age groups (UNAIDS, 2019). In addition to that the World Health Organisation (WHO) estimate that 30% of women have been either victims of sexual or physical violence from their partners who are married or cohabiting with them (WHO, 2013).

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Previous studies in studies in heterosexual relationships (Sareen, Pagura & Grant, 2009; Jewkes & Morrell, 2010; Zablotska, et al., 2009) has reports a link between IPV and high rates of risk behaviors such as multiple sex partners (Osinde, Kaye & Kakaire,2011), condoms disuse and inconsistent use of condoms (Seth et al., 2010; Silverman et al., 2011) and sexual coercion (Hyginus, Chukwuemeka, Lawrence & Sunday, 2012; Kouyoumdjian,Calzavara, Bondy, O'Campo, Serwadda, Nalugoda, Kagaayi, Kigozi, Wawer, & Gray, 2013) among women in India and Africa (Sareen, Pagura & Grant, 2009). The victims of IPV are confronted with two challenges that need to overcome namely the more likelihood of HIV infection from abusive partners and elevated HIV transmission within abusive relationships (Osinde, Kaye & Kakaire, 2011).

The current recent research in South Africa has reported a rise in the relationship between IPV and HIV risk (Stockman, Lucea & Campbell, 2013). Though men found to be on the receiving side of being victims of IPV sometimes, but large number of women were found to be more victims of IPV. The women who lack of power or a voice in the relationship face barrage risk of sexual abuse. Thus sexual abuse exposes these women at greater risk of being infected by HIV in the process (Josephs & Abel, 2009). While the prevalence of both IPV and HIV infection in women have been recognised as concerns in the African American community, there is a paucity of research linking IPV to increased HIV risk (Josephs & Abel, 2009).

Literature review

In 2001, the United Nations General Assembly adopted the Declaration of Commitment on HIV/AIDS and officially recognised the importance of addressing IPV in the ongoing battle against the HIV pandemic (United Nations General Assembly, 2013). The UN recognsised that the war against HIV must take cognisant of IPV, one of its sources. The relationship between IPV and HIV/AIDS and the ways in which the two epidemics are interrelated can be explained by biological, as well as socio-cultural and economic factors (Aniekwu & Atsenuwa, 2007).

Several studies have reported the relationship between IPV and the rate of HIV infection amongst abused women throughout the world (Were, Curran, Moretlwe, Joloba, Mugo, Kiarie, Bukusi, Celum, Baeten, 2011; Andersson & Cockcroft, 2012; Kayibanda, Bitera & Alary, 2012; Machtinger, Wilson, Haberer & Weiss, 2012; Hyginus et al., 2012) Men who use coercive sexual tactics with their partners are also more likely to be physically abusive and have multiple or concurrent sex partners, and may therefore be more likely to be infected with HIV or other STIs (Stockman et al., 2013).

Furthermore, the spread of HIV infection is higher within married couples. It is estimates to be within a range of 2–6% per anum (Were et al., 2011), when the status of another is known (Machtinger et al., 2012). Contrary to when another partner status is unknown it is as high as 10–15% per year (Were et al., 2011). A study conducted by Dunkle, Stephenson, Karita, Chomba, Kayitenkore, Vwalika, & Allen (2008) revealed that the new HIV infection in Africa have occurred mainly among married or cohabiting couples.

IPV is rarely reported in a relationship because women place more emphasis on relationship maintenance than on protection and forgo insisting on using condoms, to avoid jeopardising their relationship (Tschann et al., 2010). Thus, this behaviour has an increased risk of contracting HIV through forced penetration, forced sexual practices, and preventing women from persuading their

partners to practise safe sex. The increased occurrence of forced sex over a long period enhances the infection to a victim of abuse (Hyginus et al., 2012; Kouyoumdjian et al., 2013).

Theoretical framework

The study is couched in uBuntu as a paradigm which advocates "respect for all humans; human dignity; sharing; obedience; humility; solidarity; caring; hospitality; interdependence, and communalism" (Sambala, Cooper & Manderson 2020:5). "Umuntu ngumuntu nga Bantu which can be construed in English to mean that to be a human being 'is to affirm one's humanity by recognizing the humanity in others, and on that basis, establish humane relations with them" (McDonald, 2010: 141). The obligation to be humane towards one others is an ethical imperative based on the principle that one ought always to promote coordinal relationships and avoid violence (Dladla, 2017).

"Ubuntu is firmly associated with the notion of human kindness based on a common bond of sharing that connects all humanity" (Okereke, Vincent & Mordi, 2018:579). People think themselves as individuals, apart from one another, whereas you are connected and what you do affects the whole community (Du Toit-Brits, Potgieter & Hongwane, 2012). The relatedness underlined by this aphorism means that *Ubuntu* as humanness obliges one to be humane, respectful and polite towards others (Dladla, 2017).

Objectives

The aim of this study is to amplify the story of women who live with the fear of perpetual IPV, making them vulnerable to infection by the HIV, which is not within their control. In addition to that their lived experiences of South African rural women in their respective relationships. Married and cohabiting women have to deal with IPV daily and this cohort of silent women do not have the opportunity to share their grief with anyone. Even with the much-needed support they receive from both government and non-government organisations, they do not utilise those available facilities. Furthermore, family members tend to distance themselves from the victims because they do not report the cases to the authorities. The study may shed light on ascertaining how deep seated the problem of IPV in married and cohabiting partners is.

Method

Locale of the Study

The study took place in a South African rural setting, exploring the scourge of violence against women. A total of 10 study participants was identified for in-depth interviewing in the targeted locales. The selected places for data collection were in rural South Africa.

Study Participants

The participants were purposeful convenience sample selected from women who were either married or cohabiting with their partners in the South Africa, Free Sate in the rural over a 2-month period. The criteria for participant selection were: having either experience of IPV in marriage; or in cohabiting relationship with their partners. In addition to that must have reached the age of 25, and participating voluntarily in the in the study, by agreeing to give an informed written consent. The researcher relied on community organisation and leaders to refer the abusive women for the participation in research. At the time of the study, the participants had been in an abusive relationship for at least between 5 to 10 years. Two women disclose that they are HIV positive likewise their partner are also positive, the remaining eight were not sure of their status.

The human ethics committee of the Central University of Technology, Free State approved the study [HREIC 14/01/21]. The aim of the study is not intended to generalise the findings but to gain an understanding of the research phenomenon under study. The participants were all housewives in the South Africa, Free State province and were selected on their availability by the researcher (Cresswell, 2013).

Research questions and data analysis participants were asked about their experience of IPV with their partners. Did the partner use violence as result of a disagreement about having sex and when? Was a partner violent over a disagreement on the use of a condom? Was the violence meted out against them as result of negotiating for condom use? Did they feel, at some stage, forced to have sex against their will?

The narratives reported by the respondents in relation to the questions, were analysed by the researcher and four themes emerged as follows: Physical violence as result of disagreeing on when and the circumstances to have intercourse; violence motivated by the condom disuse; violence on the request of condom use; and coercive sexual practices. The themes are supported by the respondents' own words. Because of the sensitivity of the study, the identity of the respondents was protected.

Results and Discussion

Demographic features of the study participants

The participants in the study were either married or cohabiting with their partners. All participants were housewives and had completed secondary education. Their ages ranged from 25 to 40 years and they had been in the relationship from 5 to 10 years. The longest marital duration was 10 years and the age of children was between 5 and 15 years, still at school and dependent on parents. Most of the participants had two children, except four who were cohabiting and did not have children.

The themes emerging from the data discussed below are physical violence, physical violence sparked by the condom disuse, physical violence regarding negotiation of condom use and coercive sexual practices

Theme 1: Physical violence as result of disagreement on when and the circumstances in which to have intercourse.

Generally, IPV as result of the disagreement on when and the circumstances in which to have intercourse is very embarrassing to women's having to concede to having sex due to fear. The study revealed that women (n=9), were severely assaulted for refusing to have sex with their partners. The participants who were either married or cohabiting, report a high prevalence of violence in the relationship, such as being unbearably slapped, beaten with a stick and kicked in the face and abdomen. The respondents described their experiences as follows:

> *"As usual, he came very late and wanted to have sex. I slept wearing jeans, ready to run outside in case he decided to beat and with my back in an opposite other side. He pulled me from the bed, started stripping me saying, 'You have sex with me tonight or alternatively, get out of the house. I will find another woman who is prepared to satisfy me', referring to his girlfriend in the neighbourhood. When he mentioned her (his girlfriend), the fear of being*

beaten and contracting the HIV virus through forced sex, frightened me. I tried to escape but he quickly grabbed me and slapped me on the cheek. I tried to fight back but he threw me on the floor and started kicking me and then started having sex." (Respondent # 1)

"He is the father of my children; he provides for me; he can have me and if I refuse, he will leave me. He carries himself as if he owns me; he can do whatever he wants with me and beat me if I do not comply. The worst of them have sex without a using protection and I fear being infected with HIV in the process." (Respondent # 6)

Participants highlighted the recurring incidents of sexual violence as result of disagreement on when and the circumstances in which to have intercourse. Furthermore, they stated that they live with a constant fear of the HIV infection in their relationships. They were shaking with fear when narrating their stories about the fear of being beaten and the risk of contracting HIV. This is contrary to the spirit of Ubuntu that promotes, love, and respect, and working and living in harmony as couples in the relationship (Mabovula, 2011).

Furthermore, the participants had this to say:

"The other occasion was on Saturday and I was not well. I decided to take nap; he was out with friends. When he came back, he wanted to have sex as usual. I told him that I was not well but instead, he got on top of me and started taking off my clothes and underwear. I escaped and ran away, but he grabbed me by my hair and started kicking my abdomen and also the face. Despite that, he had sex with me; I obliged because of fear of beatings. With bleeding, I fear HIV infection. I felt helpless and gave in to the constant abuse." (Respondent # 3)

*"He arrived late at night; he started questioning me why I slept before he arrived. He tried to wake me, but I refused to. He lifted me up, threw me on the floor and started kicking me all over my body. After the ordeal, he still continued having sex with me. It was traumatic having sex while being in pain, crying and knowing I would be HIV because he had recently tested positive. He did not care whether I got infected." (*Respondent # 6)

Participants reported that they experience physical beating and sexual coercion when they exercise their right not to have sex (Go, Sethulakshmi & Bentley, 2003). In South Africa, research has shown that victims of IPV, in relation to those who are in abusive relationships, have a 48% chance of contracting HIV (Jewkes, Dunkle, Nduna & Shai, 2010). However, the research from Southern and Eastern Africa, estimated it at 50% of victims of IPV contracting HIV (Jewkes, et al., 2010; Kouyoumdjian et al., 2013; UNAIDS, 2014). Participants while telling their stories, paused now and then and restarted with a sad face and in tears in their eyes. The partners of these participants are behaving contrary to the spirit of Ubuntu. Ubuntu articulates that "to be human is to affirm one´s humanity by recognizing the humanity of others and, on that basis, establish respectful human relations with them" (Mugumbate & Nyanguru, 2013:84.), avoid using violence and instead engage in dialogue, thus treating their partners with dignity.

Theme 2: Physical violence sparked by the condom disuse

The participants reported that their partners prefer not to use a condom and often when asked to by their partners, they refuse, with the response being accompanied by violence. When the

women insist on using a condom, their partners force themselves on them through the use of violence. Some of the participants expressed their views regarding IPV as follows:

> *"The other day I was angry with his constant beating when he demanded sex; I gave him condoms. He was so upset that he hit me, choked me and called me a fat, crazy bitch. After the beatings, he had sex with me without a condom, risking HIV infection. He is a shameless man. The beating was severe; I even menstruated that night. I had bruises all over my body and a pink eye."* (Respondent # 7)

> "*When he wants to have sex with me, I must be ready, even if I am busy. I must leave whatever I am busy with and lie on the bed. When I insist on the use of a condom, he accuses me of sleeping around and that is why I insist on a condom, not to fall pregnant in order to continue with prostitution, or alternatively, I think he is HIV positive. He slapped me more often when I requested a condom and I would just keep quiet and agree."* (Respondent # 3)

Although the narrative above demonstrates that these participants are fully aware of the risk they undertake to agree to have sex with their husbands without a condom, they concede because of their fear of violence. The refusal of the male partner to use a condom results in violence, which puts women at a disadvantage when wanting to engage in safe sexual behaviour. This then, further sparks a woman's vulnerability in protecting herself from the risk of contracting HIV (Gruskin, Safreed-Harmon, Moore, Steiner, Dworkin, 2014; Wechsberg, El-Bassel, Carney, Browne, Myers & Zule, 2015; Stephenson, 2007). This risky behaviour is more prevalent in males who are reckless and do not protect themselves from HIV (Raj, Silverman & Amaro, 2004). This is opposite to the values of Ubuntu that advocate treating each other as human beings (Mabovula, 2011). Humanness goes hand in hand with a pervasive spirit of caring (Sarpong, Bi & Amankwah-Amoah, 2016), which is lacking in these relationships, marked by violence.

Consistent with the non-use of condoms and the beatings, women experience further embarrassment and degradation from men who hurl insults at them. Furthermore, engaging in anal sex is often against their will but because they fear violence, they agree to it. This is what they have to say:

> *"The other day, he demanded sex. To my surprise, he started having anal sex; it was very painful and without a condom, it exposed me to further HIV infection. When I complained and insisted on a condom, he slapped me hard on my buttocks. He kept on saying 'I do what I want with my bitch; any hole I prefer, I will use. You just have to keep me happy.' I comply, fearing he will beat the hell out of me."* (Respondent # 4)

> *"My husband prefers anal sex to vaginal sex but he does it in a more violent manner, instilling a fear in me; if I refuse, I will be beaten. He forces his penis into my anus; even if it is dry. He does not make any effort to use lubricants. He is an animal who does not care whether I feel pain or not; he enjoys it when I complain about pain, to the extent of slapping my cheeks. He forces his way without a condom, thus increasing the likelihood of HIV transmission."* (Respondent # 7)

This risk sexual practices (e.g., anal sex) are more often perpetrate by men who have a history of an abuse behaviour. This behaviour has the potential to an enhanced transmission of the

HIV infection within an abusive relationships. The participants' partners do it deliberately, to infect them because they know they are HIV positive. When they mentioned anal sex, you could detect that the participants were very embarrassed and distressed. Even their voices were lowered. Such acts of not respecting other partner's feelings is in contradiction to what relationship is all about. Treating each other with care and compassion is an act of Ubuntu.

Theme 3: Physical violence regarding negotiation of condom use

The respondents indicated that they experienced violence from their partners over the negotiation of condom use. The majority of them (n=8) experience violence when they attempt to negotiate the use of a condom, as a measure of protection against HIV infection.

> *"The other day, I suggested we go for an HIV test at the local clinic - both of us and regardless of the outcome, we must start using a condom. He got very angry and said that I was accusing him of cheating. He demanded that I sleep with him when he was done; he beat the hell out me. I cried that night; I regret telling this monster that we should go for a test. He told me it is what he does with naughty bitches who do not have ears. The next day, I still went ahead with testing at local clinic. The results revealed that I am positive. I made aware that I am HIV positive but still continues having sex without protection."* (Respondent # *4)*

> *"When I suggested that we must start using a condom, since I was HIV positive, he started accusing me of bringing the disease into his house."* (Respondent # 8)

The disclosure is often followed by accusations of infidelity by other partner (Osot, Stewart, Kiarie, Richardson, Kinuthia, Krakowiak, & Farquhar, 2014). The experience of participants' during the testing are often blamed or shunned for being either dirty or undesirable when they tested HIV positive (Siemieniuk, Krentz & Gill, 2013). The violence increases in the relationship when the woman discloses her HIV status. Owing to the increase of violence from their partners, these women choose not to share their HIV status with them (Ramachandran et al., 2010). From the Ubuntu standpoint, the individual is open and available to others, without feeling threatened by them (Waghid & Smeyers, 2012); instead, they are treated with respect in the relationship.

Furthermore, violence is perpetuated on women when they try to negotiate the wearing of a condom to an unfaithful partner. They tell their stories as follows:

> *"I told him I am not comfortable about sleeping with him without a condom because he sleeps with many women, including our neighbour. This put my life in danger of the acquisition of HIV. He told me to shut up and he threw a mug full of coffee in my face and said that if I did not learn to keep quiet, this is what he would do to me. He started to undress me and demanded that I lie on the floor and he started having sex with me."* (Respondent # 5)

> *"My husband disappears for a week and comes back and expects me to have sex with him. When I question him, he gets so angry that I even fear for my life. You cannot ask a man his whereabouts. My husband carries condoms in his pockets but when it comes to me, he says he can't use a condom with his wife. He wants me to believe that he is reasonable, because*

when he goes sleeping around he uses protection, but the fear of HIV still lives with me." (Respondent # 9)

While condom use was relatively low with the study participants. The evidence from India suggests that abused women's limited ability to negotiate condom use (e.g., in the context of wives' knowledge of their partners' HIV infection or suspicion of extramarital sexual risk behaviour) may increase the risk of HIV transmission, even within this low-use setting (Go, Sethulakshmi & Bentley, 2003; Sivaram et al., 2005). An increase in the frequency of unprotected sex may put them at risk of HIV infection (Manopaiboon, Kilmarx, Limpakarnjanarat, Jenkins, Chaikummao, Supawitkul, & van Griensven, 2003). Condom use negotiation is more difficult for women who experience IPV (Teitelman Ratcliffe, Morales-Aleman, & Sullivan, 2008).

Theme 4: Coercive sexual practices

Eight of the respondents reported acts of coercive sexual practice in their marriage. These acts also place women at risk of HIV and they report that they are often overpowered by their partners to have sex with them against their will.

"He beat me and forced me to have sex, even when I am having monthly periods. Because of that, the linen will be full of blood and we will sleep on that dirty linen that night. This pig does not care. He sometimes locks the door and has sex with me on the floor in the kitchen. I have to learn to tolerate this behaviour. I do it regardless of the danger of HIV and constant beating, if I do not comply." (Respondent # 8)

"My husband did not stop demanding more and more sex from me. He is a taxi driver. He will come during off peak time at around 11h00 and have sex with me. He will pull me to the bedroom and forcefully undress me. I have established that he has many girlfriends and I fear being infected with HIV." (Respondent #10)

"If he comes home early, he will force himself on me. For the fear of being beaten I will comply even when I am not in the mood. It is weird because when he arrives late, he does not demand sex more often. This behaviour is suspicious; when he does not demand to have sex, it means he had sex elsewhere. In other days he will shock me and demand to have sex, he would go to the bedroom and if I delay following him to the bedroom, he starts shouting. He would kick and start saying I must move my black, fat ass quickly. This risky behaviour instils fear of HIV transmission and as result, I do not enjoy sleeping with him." (Respondent # 2)

A study conducted in Sierra Leone reported that female respondents link coercive sex with exposure to the risk of HIV (Koenig, 2003). Furthermore, the coercive sex increases the likely hood of infecting an innocent partner in the process (Decker et al., 2009). The act reduces the person to nothing, contrary to what Ubuntu strives to express - the unique quality of a person which elevates them to a position near to godliness (Gade, 2011).

Conclusion

This article/study reveals that the participants who experienced IPV from their partners, face a significantly increased risk of HIV infection compared to those who are not abused. This increased prevalence of infection is not a result of major risk behaviours within their control. In the context of

HIV, IPV is detrimental not just to the individual affected, but also to the wider society, as it contributes significantly to ongoing HIV transmission. Thus, a campaign targeting HIV prevention needs to identify and explicitly address IPV in order to optimise its effectiveness. HIV prevention strategies should also develop ways to overcome the social ills associated with IPV.

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