



PERGAMON

Social Science & Medicine 56 (2003) 125–134

SOCIAL
SCIENCE
&
MEDICINE

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Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study

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Abstract

The aim of the paper is to investigate associations between a range of markers of gender inequity, including financial, psychological and physical violence, and two proximal practices in HIV prevention, namely discussion of HIV between partners and the woman suggesting condom use. The paper presents an analysis of data from a cross-sectional study of a representative sample of women from three South African Provinces which was primarily undertaken as an epidemiological study of gender-based violence. A multi-stage sampling design was used with clusters sampled with probability proportional to number of households. Households were randomly selected from within clusters. One randomly selected woman aged 18–49 years was interviewed in each selected home. One thousand three hundred and six women were interviewed (90.3% of eligible women). One thousand one hundred sixty four women had a partner in the previous year and were asked questions related to HIV prevention and gender inequalities in the relationship. The results indicate that discussion of HIV was significantly positively associated with education, living in Mpumalanga Province, the man being a migrant, the woman having multiple partners in the past year and having no confidante. It was significantly negatively associated with living in the Northern Province, the relationship being poor and there being a substantial age difference between partners. The woman suggesting condom use was significantly positively associated with her education, her having multiple partners, domestic violence prior to the past year and financial abuse. It was negatively associated with the relationship being poor. We conclude that this suggests that some indicators of gender inequalities are significantly associated with discussion of HIV and condom use but the direction of association found was both positive and negative. This highlights the need for a more nuanced understanding of gender inequalities and their relationship to HIV risk. Suggestions for key research questions are made. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: HIV; Gender; Intimate partner violence; South Africa

Introduction

Gender issues are increasingly being recognised as having critical influences on the HIV epidemic in Southern Africa (UNAIDS, 2000). In her key note address at the XIIIth International Conference on AIDS

in Durban, Rao Gupta described ways in which gender shapes HIV risk (Rao Gupta, 2000), arguing that the gender power imbalance, which is found to a varying extent in all societies, translates into a power imbalance in sexual interactions which increases vulnerability to HIV. For women social norms defining their acceptable behaviour, characteristics and responsibilities, economic dependency, and violence make them vulnerable, whereas ideals of masculinity associated with risk taking and sexual conquest also create vulnerability in men.

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Maman, Campbell, Sweat, and Gielen (2000) presented a very comprehensive summary of the literature describing intersections between HIV and violence against women, but this also served to highlight the relatively small size of the body of literature. At the time of their review they only identified four quantitative studies reporting on violence limiting women's HIV protective behaviours. Qualitative research on gender and HIV prevention (e.g. Campbell, 2000; Wilton & Aggleton, 1991; Wood, Maforah, & Jewkes, 1998) has shown how gender inequalities influence HIV risk, and has enabled women's voices to be given prominence, yet the methods also have limitations. In particular, they do not enable measurement of the prevalence of forms of gender inequity, the strength of association with HIV and HIV risk practices, and the relative importance of different forms of gender inequality. A study of the epidemiology and consequences of violence against women in three South African Provinces included some questions on proximal HIV preventive practices as well as many markers of gender inequity, including intimate partner violence. This data set provides an opportunity to investigate some of these questions. The objectives of this paper are first to describe associations between a range of markers of gender inequality, including intimate partner violence, and two proximal practices in HIV prevention, namely discussion of HIV and the woman suggesting condom use. Secondly, to discuss the implications of the study's findings for research agendas on gender and HIV risk in Africa.

Gender and HIV risk in South Africa

In South Africa, research on sexuality has shown multiple ways in which ideas about sex and gender create circumstances of greater HIV risk (Varga, 1997; Harrison, Xaba, & Kunene, 2001; Wood et al., 1998; Wood & Jewkes, 2001; Campbell, 2000; MacPhail & Campbell, 2001). Condemnation of pre-marital (particularly young) women's sexual activity creates barriers to the adoption of preventive practices because of the reluctance of young women to make a statement to themselves, as well as to others (e.g. through purchase of condoms or a visit to a clinic), that they are sexually active (Wood, Maepa, & Jewkes, 1997). Adults may be reluctant to provide information about sex for fear of encouraging sexual activity (Wood et al., 1997). Within sexual relationships, women are usually expected to give priority to their partners' needs and wishes. Thus, women often decide not to ask men to use condoms, or having asked decide not to persist in asking, because of concerns about men's sexual pleasure (Wood, 2000). Often women find that they cannot discuss sex openly with their partners, including asking for condom use, for fear of appearing promiscuous (Varga, 1997).

The low status of women in society overall is compounded by being single. The social worth of women is 'proven' through the ability to have (and keep) a male partner, in addition to the possible economic benefits of this relationship (Campbell, 2000). In a society where having multiple partners has been a defining feature of successful manhood (Varga, 1997), single women are regarded as potential usurpers and are relatively socially isolated (Mager, 1999). With high stakes attached to having a partner (even a shared partner) and a prevailing climate of multiple partnerships, there is an ever present fear of abandonment. Many women would find dictating condom use or sexual refusal under such circumstances to be difficult.

In many societies women are constructed as inherently 'unclean' or vulnerable to 'uncleanliness' at particular times, e.g. during menstruation. These ideas are also highly prevalent in Southern Africa where dirtiness or pollution is a dominant pathological process in indigenous health systems (Jewkes & Wood, 1999). Ideas of pollution conflate dirt from sorcery, physical dirtiness and moral 'dirt'. Recent research has highlighted the gendering of constructions of STDs in South Africa held by both men and women (Simbayi et al., 2000), with prevalent ideas that women are repositories of sexual (physical and moral) dirt. Thus condom use is seen by men as unnecessary with a woman who is morally clean, as she would not be harbouring risk of disease. Such women are then placed at greater risk of infection.

Economic needs and dependency put women at further risk of HIV (Wojcicki and Malala, 2001). Sex in Africa is widely viewed as a resource of women and seen in terms of reciprocity (Caldwell, Caldwell, & Quiggin, 1989). So, for example, after a night together it is quite common for a woman to be left money for cosmetics by her boyfriend (Nduna personal communication). Economic vulnerability reduces women's ability to dictate the terms of this exchange, making them more dependent on the presents, as well as making it more likely that women will cross cultural norms into the realm of sex work. School girls who may be terrified of burdening their parents with the cost of extra fees if they fail a year are vulnerable to sexual harassment and exploitation by their teachers in exchange for marks (Omaar & de Waal, 1994; Niehaus, 2000). Many are also attracted to relationships with wealthier older men (Vundule, Maforah, Jewkes, & Jordaan, 2000), which partially explains gender differences in age-specific HIV prevalence in South Africa. Economically vulnerable women are highly dependent on men's financial contributions and are thus less likely to succeed in negotiating protection and less likely to leave relationships that they perceive to be risky.

Maman et al. (2000) argue that violence against women makes women vulnerable to HIV through three main mechanisms. First, forced or coercive sexual

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