ORIGINAL ARTICLE

Social constructions of gender roles, gender-based violence and HIV/AIDS in two communities of the Western Cape, South Africa

A Strebel, M Crawford, T Shefer, A Cloete, N Henda, M Kaufman, L Simbayi, K Magome, S Kalichman

ABSTRACT

The links between gender roles, gender-based violence and HIV/AIDS risk are complex and culturally specific. In this qualitative study we investigated how women and men in two black communities in the Western Cape, South Africa, constructed their gender identities and roles, how they understood gender-based violence, and what they believed about the links between gender relations and HIV risk. First we conducted 16 key informant interviews with members of relevant stakeholder organisations. Then we held eight focus group discussions with community members in single-sex groups. Key findings included the perception that although traditional gender roles were still very much in evidence, shifts in power between men and women were occurring. Also, gender-based violence was regarded as a major problem throughout communities, and was seen to be fuelled by unemployment, poverty and alcohol abuse. HIV/AIDS was regarded as particularly a problem of African communities, with strong themes of stigma, discrimination, and especially 'othering' evident. Developing effective HIV/AIDS interventions in these communities will require tackling the overlapping as well as divergent constructions of gender, gender violence and HIV which emerged in the study.

Keywords: gender roles, gender-based violence, HIV/AIDS, South Africa.

RÉSUMÉ

Les liens entre les rôles de genre, la violence contre les femmes et le risque du VIH/SIDA sont complexes et culturellement particuliers. Dans cette étude qualitative, nous avons examiné: comment des hommes et des femmes ont construit des identités et les rôles de genre dans deux communautés noires du Cap de l'Ouest, en Afrique du Sud, comment ont-ils compris la violence contre les femmes et ce qu'ils croyaient des liens entre les relations de sexes et le risque du VIH. Dans un premier temps, nous avons mené 16 entretiens principaux d'informateurs auprès des membres des organismes dépositaires. Ensuite, nous avons eu huit discussions des groupes de foyer avec des membres de la communauté en deux groupes différents, un pour les femmes un autre pour les hommes. Les résultats de recherche ont inclus la perception que: même si les rôles de genre traditionnels restent toujours évidents, il y a aussi le déplacement de pouvoir entre les hommes et les femmes. De plus, la violence contre les femmes était vue comme un problème majeur à travers les communautés et d'être aggravée par le chômage, la pauvreté et l'abus d'alcool. Le VIH/SIDA était considéré particulièrement comme un problème des communautés africaines avec des thèmes fortes de stigmatisation, de discrimination et surtout le '*othering*' évidents. Le développement des interventions efficaces du VIH/SIDA dans ces communautés va exiger une maîtrise des constructions de genre qui se recouvrent partiellement et qui sont divergentes également, la violence contre les femmes et le VIH qui ont apparu dans cette étude.

Mot clés: les rôles de genre, la violence contre les femmes, le VIH/SIDA, l'Afrique du Sud.

Anna Strebel is a part-time chief research specialist in the Social Aspects of HIV/AIDS and Health Programme of the Human Sciences Research Council in Cape Town, South Africa. She is also director of Sekao Headways Research, Training and Development agency. Her current research interests include STI/HIV/AIDS, gender and sexuality, mental health issues, and programme evaluations.

Mary Crawford is professor in the Psychology Department at the University of Conneticut, USA, and previously headed a number of women's studies programmes. She has published widely in the field of women and gender, and her current research interests focus on gender, language and communication, in the contexts of health and sexuality.

Tamara Shefer is Director of the Women and Gender Studies programme and professor of psychology at the University of the Western Cape, South Africa. She has extensive research and teaching experience in the field of gender studies, sexuality and HIV/AIDS. She has published widely in these areas, and also edited a number of textbooks for students in the social sciences.

Allanise Cloete is a senior researcher in the Social Aspects of HIV/AIDS and Health Research Programme of the Human Sciences Research Council in Cape Town, South Africa. She is currently conducting doctoral work in social anthropology focusing on disclosure decisions of HIV-positive men having sex with men.

Nomvo Dwadwa-Henda is an anthropologist and researcher in the Social Aspects of HIV/AIDS and Health Programme of the Human Sciences Research Council in Cape Town, South Africa. Her interest topics include anthropology, culture, gender and HIV.

Michelle Kaufman is a doctoral student in social psychology at the University of Conneticut, USA. Her research focuses on international women's health isssues, particularly how gender and power affect women's sexual health.

Leickness Simbayi is a research director in the Social Aspects of HIV/AIDS and Health Research Programme. His current research interest lies in the area of applied health psychology, and he is running a number of major research projects on HIV/AIDS behavioural interventions, orphaned and vulnerable children, stigma, and substance abuse. He has published widely in these fields.

Kgobati Magome was until recently attached to the Social Aspects of HIV/AIDS and Health Research Programme based at the Human Sciences Research Council, Pretoria, South Africa. She is currently a private consultant.

Seth Kalichman is professor in the Psychology Department at the University of Conneticut. His research focuses on social and behavioural aspects of AIDS, particularly sexual risk behaviour and behavioural intervention research, and he has published extensively in these areas.

Correspondence to: Dr Anna Strebel, HSRC, Private Bag X9182, Cape Town 8000, South Africa. Tel/Fax (021) 426-5270, e-mail: astrebel@mweb.co.za

Social constructions of gender roles, gender-based violence and HIV/AIDS in two communities of the Western Cape, South Africa

Although only 10% of the world's population lives in sub-Saharan Africa, it is home to more than 60% of all people living with HIV. By 2005, 2.4 million AIDS-related deaths had occurred in this region (WHO/UNAIDS, 2005). South Africa is one of the countries carrying a particularly heavy burden of disease, with at least 8.2% of South African men and 13.3% of South African women infected with HIV; and there are more people living with HIV in South Africa than any other country in the world (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, *et al.*, 2005).

South Africa also has one of the highest rates of violence against women globally, with over 53 008 cases of rape reported to police in 2000 and 123 women reporting rape or attempted rape per 100 000 population (United Nations, 2003). In addition, the rate of rape in the Western Cape is among the highest in South Africa (Jewkes & Abrahams, 2002). Moreover, it is widely recognised that there is a substantial under-estimation of actual figures, given that many cases go unreported. Women who experience sexual assault in South Africa, like women in other parts of the world, are at higher risk of HIV/AIDS (Garcia-Moreno & Watts, 2000; Van der Straten, King, Grinstead, Vittinghoff, Serufilira & Allen, 1998). In a study conducted by Dunkle, Jewkes, Brown, Gray, McIntyre & Harlow, (2004b) in antenatal clinics in South Africa, findings revealed that women with violent or controlling male partners were at increased risk of HIV infection. A study conducted with men and women at an STI clinic in Cape Town revealed that women's risk of STI/HIV was the product of partner characteristics and male-dominated relationships (Kalichman, Simbayi, Kaufman, Cain, Cherry, Jooste, *et al.*, 2005).

Culturally sanctioned gender roles are intimately connected with both gender-based violence (GBV) and HIV risk. All known human societies make social distinctions based on gender, and virtually all allocate more power and higher status to men. There is no known society in which women as a group control political power, public discourse, educational systems, technology, warfare, or religious doctrine. In many societies, women work longer hours at paid and unpaid labour and have less leisure time than do men. Those who control societies by force or the threat of force, whether that force is legitimated (police and military) or not (sexual violence, murder) are virtually always males (Sidanius & Pratto, 1999). Nevertheless, gender is not monolithic. The links between gender roles, GBV, and HIV risk are complex and culturally specific.

In exploring these links within South Africa, we adopt a social constructionist approach. Social constructionist theory conceptualises gender as a system of social classification that influences access to power, status and material resources (Crawford,2005; Marecek, Crawford & Popp, 2004). In South Africa, the gender system fosters power imbalances that facilitate women's risk of sexual assault and sexually transmitted infections (Farmer, Connors & Simmons, 1996; Jewkes, Penn-Kekana, Levin, Ratsaka & Schrieber, 2001; Pitcher & Bowley, 2002). For example, South African men, like men in most societies, possess greater control and power in their sexual relationships. Women with the least relationship power – those who are addicted to drugs, abuse alcohol, and are involved in commercial sex trade – are at the highest risk of both sexual assault and HIV (Ajuwon, McFarland, Hudes, Adedapo, Okikiolu & Lurie, 2002; Dunkle, Jewkes, Brown, Gray McIntyre & Harlow, 2004a; Jewkes & Abrahams, 2002; Wojcicki & Malala, 2001). This finding was also supported by Kalichman and Simbayi (2004) in research conducted in a township in Cape Town. On the other hand, the economic situation of high unemployment and poverty sometimes results in employed women having more economic power in the family than unemployed men do, which generates conflict over men's perceived entitlement to power (Boonzaier, 2005).

Social constructionist theory recognises that norms for masculinity, femininity, roles allocated to women and men, and sexual scripts vary widely across communities. Thus, a primary aim of this study was to gain knowledge about the sociocultural, interpersonal and individual factors that motivate gender-based sexual risk behavior and gender-linked violence in Cape Town, South Africa. Because gender roles are often reciprocal and mutually agreed upon, attempts to change the knowledge, attitudes, motivation, or behavioural skills of only one group may disrupt familiar gender-linked interaction patterns without offering viable alternatives. We contend that developing an understanding of the gender system from the perspectives of both women and men within the South African context is an essential precursor to the success of any interventions into sexual behaviour, sexual assault, and gender relations. Thus, in this study,

we investigate how women and men in two communities of the Western Cape construct their gender identities and roles, how they understand GBV, and what they believe about links between gender relations and HIV/AIDS risk.

METHOD

As part of formative research for the development of an intervention for men on GBV and HIV/AIDS risk, a qualitative study was conducted in two target communities in the Western Cape. One community (Comm A) is a long-established township intended for those historically defined African, while the other (Comm B) is a more recently developed residential area which has a mixed population of both 'coloured' and African communities.

There were two phases of data collection. Firstly, 16 key informant interviews were conducted with members of relevant stakeholder organisations. In Comm B, nine key informants were interviewed: six coloured women, two African women and one African man. Key informants included a community health worker, two volunteers for the local social services department, two lay family counsellors, a PMTCT nurse, a librarian, a community worker based at the Community Police Forum and a health promoter. In Comm A, seven key informant interviews were conducted with three African women, two coloured women and two African men. Key informants included a social worker, two counsellors from well-known national lay counsellor organisations, a support group counsellor, a church leader, a community development worker, and a counsellor from a local women's abuse NGO.

Secondly, eight focus groups were conducted with general members of the two communities, in single-sex groups of men and women, with a total of 78 participants – 40 women and 38 men. In Comm B focus group discussions were held with two groups of coloured women, and two groups of coloured men, in the age categories 18 - 24 years and 25 plus years. Likewise in Comm A focus group discussions were conducted with two groups of African women and two groups of men, in the same age categories. Participants were recruited with the assistance of the key informants using convenience sampling. Participation was on the basis of informed consent, with confidentiality and anonymity assured.

Interviews and focus groups were conducted by trained fieldworkers in the language of choice of participants. In both, the focus was on four main issues: gender roles and relations; gender-based violence; HIV/AIDS; and issues relating to interventions for men. All sessions were audio-taped, transcribed verbatim, and translated when necessary. A qualitative thematic analysis was carried out on the data, an intuitive method of data analysis guided by the particularities of the research goals, in which the four areas covered in the interviews were used as broad thematic areas within which emerging themes and sub-themes were generated (Terre Blanche & Durrheim, 2002).

RESULTS

We present the key findings within three of the four areas covered in the interviews and focus groups: gender relations, GBV, and HIV/AIDS; and also raise some implications for intervention development with men.

Key informant individual interviews

Gender roles

Among all key informants there was clear recognition of the pervasiveness of traditional gender roles in communities, which involve women staying at home to raise the family and men going out to work to provide for the family. In addition women were expected by men to be submissive to their husbands, and men were expected to be the decision-makers:

> *If you are a woman, you are supposed to look after the house while the man goes out to work … men think they are bosses, they think whatever they say a woman must agree with even if it is wrong* (African woman, social services volunteer, Comm B).

> *As men we are supposed to care for the family, that's our role … once you start a family it is your responsibility as a man to ensure that your family is provided for* (African man, church leader, Comm A).

Participants thought that gender roles were shifting, in that many women were now working so that they were breadwinners and sometimes heads of households. Thus women had more power. This was coupled with high rates of unemployment among men and loss of their status as breadwinners:

The scene, it's changing a bit … because you find here women are starting to organise themselves in challenging things, the status quo … there are more female household leaders than men … in many cases you actually find that women are the ones who are actually breadwinners (African man, Community Police forum volunteer, Comm B).

In a home where the man is not working, the woman makes decisions, because the man does not have money he must therefore abide by the woman's law … just because the woman has money, she, she shows the man that he is nothing (African woman, support group counsellor, Comm A).

This was often associated with a perception that it was women who had brought about this disempowerment of men, and that men were thus reluctant to accept these changes in traditional gender roles:

These are the problems created by this new dispensation … they give rise to many problems at the end of the day, the women are the key figures at home instead of being a man, and a man at the end of the day finds himself alienated in much decision-making (African man, church leader, Comm A).

They [men] *don't want to accept that [women have rights], they don't want to accept that, they will fight with you even if you are right, they will oppose you whatever you are coming with … men don't really want to change* (African woman, social services volunteer, Comm B).

Gender-based violence

Key informants agreed that GBV was a major problem in their communities, with men overwhelmingly seen as the perpetrators of such violence, and women, families and children seen as the victims:

In the community domestic violence is like the norm of the day, in the community of [Comm B]*, there is not one day you will not find a woman that has not been beaten* (Coloured woman, lay family counsellor, Comm B).

I can say men are the main perpetrators … I would say it's mostly men, because they don't want to be equal to women (African man, community development worker, Comm A).

Men were also regarded as victims of violence in some instances, either at the hands of women, or as young boys within the context of gangs:

Women are also abusing men, the man is sitting at home, maybe they're not working, the woman's working, the woman says what she wants to say to the man, coz she's got everything (African woman, social services volunteer, Comm B).

Oh yes, I think lots of men experience forms of violence … I think that violence becomes a part of identity … I am thinking also in the gang initiation, it's men that are experiencing violence not women, but at the age of 12, when the gang just adopts boys and they start doing things to their bodies, sodomising and so on, and those are the boys' experiences (Coloured woman, lay counsellor, Comm A).

Participants named a variety of factors seen to be involved in GBV. Firstly, they saw women's empowerment and the overturning of traditional gender roles, together with high rates of unemployment among men, as leading to a loss of esteem for men and subsequently male violence toward women and children:

For me it's [the causes of gender-based violence] *the power problem you know, men want to be seen as 'I am the man in charge', and secondly for me it's the problem of unemployment that results in men abusing women. So sometimes what would happen is that I am not working and the wife is working, so the wife is bringing the salary into the home … the clash comes out and they start fighting* (African woman, social worker, Comm A).

It's because men lack self-esteem or confidence, so they have to, it's like they are nothing, they come and use their power in the household, to their wife, to their children (Coloured woman, women abuse NGO counsellor, Comm A).

However, some participants felt that it was in fact traditional gender roles of male domination of women which lead to men feeling that they were entitled to beat their women, sentiments that were also tolerated by African culture. Others felt that it was especially among working class men and those with less education that such violence occurred:

It's a huge problem, these conventional notions of men, one indicator of the problem is heterosexual masculinity, how violence is normalised, and now violence is almost noble, you know, I think it's something that young boys are encouraged to do, or to be like, it's a good thing … I think it's working

class communities, gender roles become a lot more pronounced, it's because men don't have any other identity that's supposed to make them feel superior (Coloured woman, lay counsellor, Comm A).

Culture plays a role … this African woman, it was terrible, A Xhosa woman was abused, she was burnt … but still she said she can't leave her husband, her family and his family first had to talk together … culture plays a role, you feel sorry for her, but culture holds her back (Coloured woman, community health worker, Comm B).

Another common perception was that the abuse of alcohol was strongly linked to domestic violence, with a cycle of poverty, substance abuse and violence. Some informants also viewed women as active participants in bouts of alcohol misuse and violence:

Violence between husband and wife, I think mostly, the husband he is not working, sometimes the husband and wife are not working, that causes dispute in the house … There's no food, he's not working, she's not working, but he expects there must be food, and obviously he will hit her, also he will fight with her because he's sometimes drunk … unemployment plays a big role in violence (Coloured PMTCT nurse, Comm B).

There were different perceptions about women's responses to domestic violence. On the one hand there was a strong sense that women were starting to fight back, that more women were reporting violence and taking action against perpetrators, especially through the use of interdicts against partners:

What has happened now in [Comm B], *there's a slight reverse, its more women that now attack the men, they fight back … I think the women, really, we've had enough, enough is enough you know, I think you reach that point where I can only take so much, I am not going to take any more than what I had today* (Coloured woman, lay family counsellor, Comm B).

Some participants thought that interdicts were effective in curbing spousal abuse, while others thought that women either abused the interdicts or that men simply did not heed them:

You will find that sometimes if there is violence within the family, the victim will be advised to go to court in order to get the court interdict. Then you will find that this court interdict sets boundaries for the man not to abuse the woman … on the other side, in some cases that I have come across, the victim ends up abusing this court interdict … [she] *drinks alcohol and insults the culprit, because she wants the culprit to beat her, so that she can use the court interdict against him* (African male, community development worker, Comm A).

So she said she did go for an interdict, but it's like he just ignored the interdict, so she came to me to say 'can you talk some sense into him?' (African woman, social worker, Comm A).

On the other hand, participants raised concerns that women were too scared to report domestic violence and that they often stayed in abusive relationships or dropped criminal charges, apparently because they either considered beatings to be a part of relationships, or because of economic dependence:

Some women are tolerant of the violent situations that they live under to such an extent that they think that is how things are supposed to be, and they become nervous wrecks (African woman, support group counsellor, Comm A).

P*eople are afraid, they don't come forward* [to report domestic violence] … *few of them will come to the police station … where do I go with my children? Who's going to support my children if I go to the police now? My husband obviously he's going to go to jail* (Coloured woman, PMTCT nurse, Comm B.

Regarding the issue of whether violence was ever considered to be justified, some key informants indicated that retaliatory violence by women might be understandable, while others felt strongly that violence was never justified:

We cannot justify your actions, but when you've had enough, you've had enough … there are women who have been abused by their husbands over the years and they now just feel enough is enough (Coloured woman, lay family counsellor, Comm B).

No, never, no it's something that I, I feel so strongly about, that it's [retaliatory violence] *never, never, never justified* (Coloured woman, women abuse NGO counsellor, Comm A).

HIV/AIDS

Key informants regarded HIV/AIDS as a serious problem in their communities. However, they pointed

to the perception that the epidemic was regarded as less of a problem in 'coloured' than African communities:

> *It's a big problem, it's a big problem in our community, and I don't know what to do* (African woman, social services volunteer, Comm B).

> [People say] *It happens to blacks you know, it doesn't happen in my community, it doesn't happen to the coloured people, it happens to the blacks, it's a black disease. So to me it's always very sad that people are so ignorant* (Coloured woman, women abuse NGO counsellor, Comm A).

Thus while they identified risk factors as having sex with multiple partners, truck drivers and prostitutes, some participants, especially those from Comm B, thought that the epidemic was being spread by 'others'. They blamed the influx of people from outside the Western Cape, who even reportedly engaged in bestiality, and felt that foreign Africans were seducing their young girls with expensive gifts:

> *It's a very big problem especially in* [Comm B], and *why I say a very big problem it's because of the influx from other provinces, like the Eastern Cape. People come to the Western Cape because there are some services they can make use of* (Coloured woman, health promoter, Comm B).

> *These days you get so many foreigners living here in* [Comm B], *and our young children, you know he buys her such nice clothes or a gold ring or whatever, and then they sleep together, and then there's a child … and the child's father is a Zimbabwean, or he's a Nigerian* (Coloured woman, lay family counsellor, Comm B).

Alcohol was seen as another significant factor in spreading HIV/AIDS, so that when someone had been drinking they were less likely to use condoms and more likely to engage in other forms of risky sexual behaviour, and that when a person had tested positive for the virus they began to drink irresponsibly:

> *I also don't think a drunken person, that in most cases he can use a condom, never, a condom and drunkenness don't mix, will he have time to put on a condom while he's drunk? He cannot think 'let me use a condom'* (African woman, lay counsellor, Comm A).

> *I can say one thing that contributes is high consumption of alcohol, you see alcohol is the basis for this, because once a person finds out that he/she has AIDS, he/she starts drinking* (African man, church leader, Comm A).

The use of condoms remained problematic. They were seen as not being used consistently, that it was not easy for women to negotiate their use, that there were myths about condoms not being safe, and that cultural beliefs about real men not using condoms were common. Women also did not insist on partners using condoms:

> *Men are the main people that spread the disease, men have got a tendency of not using condoms, in other cases there are people who do not believe in using condoms because they come with the myth that condoms are the main distributor of HIV/AIDS* (African man, community development worker, Comm A).

> *When you are with men or youth they will say that girls, they don't want to use condoms, women will ask you 'what is it that you are afraid of? Do you have another affair on the side? Why do you want to use a condom, don't you trust me?' Then as a man you become confused and you end up not knowing what to do* (African woman, lay counsellor, Comm A).

AIDS stigma and denial were regarded as still considerable, and thus disclosure remained difficult. Some participants felt that confidentiality around the AIDS diagnosis hindered attempts to disclose and seek help:

> *HIV/AIDS is still a problem because there are people who are afraid of being laughed at, there are people who are still laughing at others and there are people that gossip about others* (African woman, support group counsellor, Comm A).

> *The rate of AIDS is high, and it doesn't seem as if it can decrease, you will find that because a person does not disclose to a partner, is not forced to disclose, there is this confidentiality issue that will kill people, because even the doctor is not allowed to tell even the husband and a wife that 'your wife is' or 'your husband is', so it's not going to disappear* (African woman, lay counsellor, Comm A).

Men were seen as especially reluctant to be tested and to disclose their HIV status to partners, as were coloureds. At the same time it was considered difficult for women to disclose their status for fear of

abandonment or of physical violence. Disclosure by women could also result in their being stigmatised as having multiple partners:

> *The men don't come forward, you won't see a man in the clinic saying 'can I go for a test, I want to know my status?' Very few men will come forward, it's only the women, very few men come forward* (Coloured woman, PMTCT nurse, Comm B).

> *You hear about that stigma, especially in the coloured community, when somebody has AIDS you don't come near them … coloured people are really uninformed … people are in denial, people die and the message doesn't go out that he died of AIDS, but that he had cancer, he had TB, while he actually had AIDS* (Coloured woman, community health worker, Comm B).

> *And the way they* [women] *are treated is also differently … so it's like you're more stigmatised, it's like you have got loose morals, and the man doesn't, even though in most cases the man is the one that infects you* (Coloured woman, women abuse NGO counsellor, Comm A).

However, some key informants felt that there was currently more acceptance of those who were HIV-positive:

> *There's been a mind shift around that* [reactions to HIV-positive people] *because before they were rejected, there were a lot of abandoned Stage Four clients before now, but with the awareness I think there's more acceptance of people that are positive* (Coloured woman, lay family counsellor, Comm B).

Most key informants identified the links between GBV and HIV/AIDS. Thus men might beat their partners if they refused sex, and the use of alcohol could lead to sexual violence and so increase the risk of HIV infection. At the same time, disclosure by a woman of her HIV-positive status could lead to physical assault by a male partner:

> *It* [GBV] *can play a role sometimes in HIV/AIDS, because men can rape women, and there are also fights that are taking place within the household, lastly men don't want to use condoms by force, so they end up infecting their partners* (Coloured woman, health promoter, Comm B).

> *The problem of HIV/AIDS … if you have been diagnosed, that means you brought it into the house, and then the next thing that will happen, I will beat you up because now you need to tell me with whom did you sleep that you brought this disease into the house* (African woman, social worker, Comm A).

Focus groups

Community participants articulated a range of responses, which highlight the complexity and shifting nature of the issues needing to be confronted in HIV risk-reduction efforts.

Gender roles

Firstly, there was general recognition across groups of the traditional gender power relations, which regard men as having power in the home, as the ones who are breadwinners and who make the real decisions in the family. Women are expected to stay at home, dealing with household chores like cleaning and cooking. Their decision-making is also limited to minor family issues:

> *In a house the man is the head … he looks after the house … if you are a man you should take care of the household assets, you are the pillar of the household, each and every thing that is happening within the household depends on your shoulders … so as a man you are forced and bound to bring in income to the house … you can't expect a woman to support the household* (African men 25+ years, Comm A).

Traditional values, culture and religion still have an important place in endorsing these gender relations. Going to prison was also seen in some contexts as proof of masculinity among young men:

> *To some boys going to prison is what they are used to, and it is how they prove that they are tough, that they are not sissies, they know that they will get out soon, so a person just wants to prove that he is 'intsizwa'* [a macho man] *…You become a VIP if you frequently go to prison … if you have never been to prison you are nothing* (African women 18 - 24 years, Comm A).

Secondly, there was some discussion, especially among African participants, of the differences in sexuality between men and women, of the 'male sex drive discourse', whereby it was considered acceptable for

men to have multiple partners, that this was in fact endorsed by tradition. Women also pointed to the double standard in society, which encouraged men but censured women for having multiple partners:

When it is a man it is different since when he has many girlfriends they see that as something good, they even comment when you have one girlfriend 'why are you always with one woman?' Once a girl has more than one boyfriend they speak badly about her and state that so-and-so's child misbehaves (African women 18 - 24 years, Comm A).

However, participants across groups acknowledged that there were challenges to these dominant gender roles. Nowadays, women also went out to work, with many men being unemployed. This gave women power over men on one level, and they were able to control household finances. While some regarded this as undermining of traditional roles, others (both men and women) observed that this had led to men exploiting the situation by becoming 'lazy', and then taking women's earnings to spend on alcohol and drugs:

Sometimes in some households a woman is a breadwinner and she does everything for the family, so you find out that she is control, she will dictate things because she is working, you find out now that she has taken over the role of the husband, so she has got more rights than the husband, so she sees herself having more power than this man (African men 25+ years, Comm A).

The problem with us men is we are not disciplined, we are not supposed to be outclassed by women, like some of us men like to sit back, we don't want to challenge life. If I'm unemployed I just like to know that my wife will get paid on the 25th, so I also get paid on that date, although I'm not working! We like having women work for us most of the time (African men 25+ years, Comm A).

Another perceived outcome of the shifting power relations between men and women was that men were being undermined by women. Thus men felt marginalised and disempowered in relation to women in their communities:

It's supposed to be men that are in leadership positions in committees, now it looks as if men are undermined and women are placed in high positions, while men on the other hand decide to withdraw from community activities (African men 18 - 24 years, Comm A).

A strong discourse relating to the increased legal mechanisms available to women emerged. Thus men were seen as helpless to act, as the courts favoured women in any domestic disputes. Both men and women appeared to accuse women of abusing the legal and other resources available to them (as will be discussed further below). Generally, there was the feeling that the social emphasis on women's empowerment has meant that women have more resources and support than men in their communities:

So it seems as if the law favours women more, so men don't have a say when it comes to law (African men 25+ years, Comm A).

Not that she physically beats you, but she has the upper hand, so you are concerned that if you beat her you can end up in jail, so she can do whatever she wants now and she can win the case in court (African men 25+ years, Comm A).

Gender-based violence

What was most striking in the focus group discussions was the general acknowledgement of abuse as a component of gender relations. Participants in all the groups pointed to the widespread occurrence of GBV violence in relationships between men and women. Men were regarded as perpetrators of especially physical violence toward their partners:

People that are victims are women and perpetrators are men, because they have the power, not women, and they tell themselves nobody is going to stop them from beating their wives. Let's say they have ownership (African women 18 - 24 years, Comm A).

Many people were brought up in the old-fashioned way, they believe the man is the roof, the woman is the floor that they walk on (Coloured women 18 - 24 years, Comm B).

A wide range of explanations and even justifications were offered regarding such abuse. On the one hand, women sometimes expected to be beaten, seeing this as a sign of love. On the other hand, women often 'asked for it' with their behaviour, especially in having affairs with other men. However, participants felt that women also sometimes endured abuse from their partners because of family and community pressure to 'make the marriage work', as well as to avoid social stigma:

Participant1: I think mainly the coloured women like gangsters. If you don't get beaten, it surely means that gangster wasn't crazy about you … many women think that if the man beats you, that means he loves you.

P2: Yes, beat in the love [laughter] (Coloured women 18 - 24 years, Comm B).

Nobody wants to beat another person, but if you can see that your wife is making a fool of you, you are forced to beat her, because she has an extra relationship … if you find this woman with another guy, so I don't waste my time, I just beat her that's all. I do this because the bed is mine and also the house belongs to me. This woman came here through my acknowledgement, and now she cheats, so I will beat her, that's all (African men 25+ years, Comm A).

A common perception was that shifting gender roles had undermined men's power and this, together with factors like unemployment, resulted in men being physically violent toward their partners:

It's [domestic violence] *because if a woman is working and brings money home the man feels threatened, as if the woman controls him. Then the man starts to show his powers, either by using verbal or physical abuse and that causes rifts in the home* (African women 25+ years, Comm A).

Across all groups, both men and women insisted that men were not only perpetrators, but were themselves frequently 'victims' of abuse. Many examples were given of how men had to endure verbal, and, at times, physical abuse from women:

Things are looked at in a one-sided manner. Men are thought of as the only perpetrators of abuse, while on the other hand there are women who are abusing their men. That frustrates men and they end up being violent as the time goes on, because he is frustrated by the law system (African men 18 - 24 years, Comm A).

For some women, such abuse was seen as retaliation for violence that they had experienced, and so was justified:

P1: When he goes too far, then you must do something.

Interviewer: So there are times when violence is justified?

P2: Naturally, definitely, especially when someone is injured, then there must be justice (Coloured women 18 - 24 years, Comm B).

In all the groups, participants saw alcohol as being linked to violence. Thus men were abused by their partners because they took household money to drink, or both partners abused substances and then were more likely to become abusive to each other. Men were also reportedly driven to drink by the behaviour of their partners:

In some houses the man gets home drunk and starts quarrelling with the wife and beats her. The next day he does not know what caused the fight, like in many cases the person knows that he can do as he pleases for nobody is going to tell him anything, and when he comes back he kicks you again (African women 18 - 24 years, Comm A).

However, there was a strong perception that abuse of men by women was not taken seriously. Men were often too embarrassed to report such abuse, or considered that when they did, they were ridiculed. As mentioned above, the law was also seen as being on the side of women, and accusations of women abusing the legal apparatus in this respect were common:

Victims these days are men because women know about their rights, and they start the fights, but the moment the man goes to lay a charge at the police station they laugh, and men have a problem of fearing to lay charges, thinking what people will say (African women 18 - 24 years, Comm A).

Women and girls are indeed important, but we are also important as men. In most cases women are too protected in cases of rape. We also get raped as guys. If I get raped and then go to the police station, they will laugh at me and they would say I am mad. If it's a woman, they will quickly respond to that issue … but men, in most cases when they are beaten they don't report these cases (African men 18 - 24 years, Comm A).

HIV/AIDS

While African participants saw the HIV/AIDS epidemic as a serious threat, among coloureds there was a perception that the problem was not yet as serious in their communities. There was much talk about the extent of stigma and denial, so that it was not easy to acknowledge HIV-positive status:

P1: Here by us [in the coloured community] *it isn't yet so serious …*

P2: Many people don't talk about such things, we don't talk about AIDS (Coloured women 18 - 24 years, Comm B).

I: How do you think HIV-positive people are treated in the community?

P1: Rejected … you don't touch something [unclear] *when you see a dead dog in the road, you cross to the other side, you … There's a stigma attached let me tell you, let me put it like this, there's a stigma attached to someone who has AIDS* (Coloured women 25+ years, Comm B).

There was also evidence that myths about the causes of infection still exist. Most notable was the extent of 'othering' which occurred in the coloured groups – thus there was lengthy discussion about the origins of the virus, talk about 'Africans' and 'Nigerians' being responsible for its spread:

P1: Our children here in ['integrated' area of Comm B] *think it's the Nigerians.*

P2: And the blacks.

P3: They brought those illnesses here into this country.

P2: And the little children, the Grade 1s, they believe that it's an apple that's been injected, a lemon that's been injected with this thing, they still believe that, and there are also adults that think like this …

P3: But I think it's the media … because you read a lot about the blacks, who want virgins, and who they say also use animals (Coloured women 25+ years, Comm B).

Promiscuity was seen as an important contributor to infection – women who become HIV-positive deserved it as they had been promiscuous:

They are not regarded the same [HIV-positive women and men] *when it is a girl people often say it is because she goes around at night seeking men. They all utter all the negative statements when it's a girl, but show sympathy when it is a man, when it is a man they even say 'oh shame'* (African women 18 - 24 years, Comm A).

There was also recognition of the role of poverty in the spread of the virus, so that women engaged in unsafe sex for survival. Transactional sex between young girls ('taxi queens') and older men, increasingly identified as a key factor in unsafe sexual practices (for example, Leclerc-Madlala, 2004), was also seen as contributing to infection:

HIV will not decrease, instead it will increase, because of what? Because of poverty. People tell themselves 'I'm hungry here at home, let me go and sell myself in order to come back here and eat'. So the girl looks and sees 'hey this man is right, he will provide me with breakfast'. It's not that this girl wants to do it, she is doing it because of hunger (African men 25+ years, Comm A).

P1: The taxi queen is a big thing … he's old, she's 14 years old, she rides with him.

I: Now why do girls become taxi queens?

P1: They want to be seen, they want to be cool/for money/ exactly yes (Coloured women 18 - 24 years, Comm B).

There were varying responses to the role of condom use in preventing infection. While some participants thought that condom use was advisable, others pointed out the obstacles: they were too much trouble in the heat of the moment; insisting on condom use meant that you did not trust/love your partner; both men and women resisted their use; and especially the use of alcohol undermined intentions to use condoms by both partners:

So it's cool these days if you use condoms to protect yourself from getting infected … so it's better for you to use a condom (African men 18 - 24 years, Comm A).

Maybe you tell her the condoms are finished and she says 'you don't trust me', so that's one of the things that results in having sex without a condom (African men 25+, Comm A).

If you buy a woman a cider, and after she gets drunk you can easily take that woman to bed and have sex with her. It happens that sometimes it has been a long time that you wanted to have sex with this woman, so you end up not using condoms. We have this attitude that if you use a condom, it's like you have done nothing with this woman, so it's better if it's flesh to flesh (African men 18 - 24 years, Comm A).

The complex intersection of gender, intimate partner violence and HIV/AIDS, documented in a number of recent local studies (see for example, Jewkes, Levin & Penn-Kekana, 2003; Rao Gupta, 2000; Vetten & Bhana, 2001), was also recognised by participants:

> *A woman is forced by a man to have sex with him, and if she protests the man beats her… Also when one is raped she can get HIV* (African women 18 - 24 years, Comm A).

> *People rape others without using condoms. Sometimes they rape a woman who is already HIV-positive. So this once happened and after they raped this girl they killed her, because she told them she was HIV-positive* (African men 18 - 24 years, Comm A).

DISCUSSION

Key informants generated wide-ranging ideas during individual interviews, demonstrating considerable overlap regarding some issues, but also notable differences regarding others. A number of interesting themes emerged from the focus groups also, highlighting some of the current constructions of gender roles, GBV and HIV/AIDS in these communities.

Gender roles

There was strong recognition in both the interviews and the focus groups across both communities that traditional gender roles of male dominance and a limited sphere for women are still influential. However, they agreed that traditional gender roles were being challenged. This was thought to contribute to increased power for women, and correspondingly growing disempowerment among men. The notion that men are losing their power in their families and communities, and that women are to blame, was particularly salient in the focus groups.

The most significant changes in gender roles related by participants included: the increasing employment of women compared to men, facilitating women's control over household budgets and a resulting shift in domestic power; the current emphasis on gender equality and consequent legal and constitutional change, which appears to have empowered women, but to have inadvertently marginalised and/or disempowered men to some extent; the use (and reported by some, the exploitation) of legal mechanisms by women to protect themselves against men and assert their rights.

Thus, both men and women seem to experience considerable ambiguity with regard to current gender roles in their communities. They are familiar with traditional gender positionings, but are also aware of shifting power dynamics between men and women, especially given women's expanded role in the workforce. Many men are uneasy about these changes, and often blame women for the perceived harm that comes with shifts in gender relations.

Significantly, shifts in power between men and women do not appear to be represented at the level of sexual negotiation in any consistent way, so that there appear still to be many hurdles undermining safe and equitable sexual negotiation, as has been found in other local studies (Shefer, Strebel & Foster, 2000). For example, notions that asking to use a condom may be read as confirming infidelity by the other partner are still prevalent.

Gender-based violence

Both the individual informants and the focus group participants in the two communities clearly constructed GBV as a problem and unacceptable, though there were some voices that appeared to rationalise men's behaviour, so legitimising their violent acts. Interestingly, traditional culture as well as the church were seen as upholding dominant gender roles, and thereby also implicitly condoning spousal abuse of women.

Participants identified a number of factors believed to contribute to widespread GBV in their communities. Changes in gender roles, together with poverty and unemployment, were emphasised. Abuse of alcohol (and other substances) was seen as a pervasive problem, closely linked to unemployment, which contributes to GBV, and moreover fosters unsafe sexual practices in relation to HIV/AIDS.

While GBV was regarded as a serious problem, in which women were mainly victims and men perpetrators, there were ambiguities regarding women's responses to the issue. On the one hand, women were still afraid to report such violence or to leave an abusive partner; while on the other hand key informants thought that more women were now fighting back and obtaining interdicts against perpetrators.

A striking difference emerged between the responses of key informants and focus groups on the topic of the 'victimisation' of men. This theme emerged in muted form among key informants, who sometimes feared that women might abuse their newly acquired power – for example, in obtaining interdicts when not necessary. In the focus groups, there was a much stronger and widely-held conviction that men too are 'victims' of abuse. Men were, at times, portrayed as powerless victims of women's anger. Thus, there appears to be some controversy, misunderstanding and resentment associated with the legal apparatus and resources made available to women. Given the ambivalence that men and some women express towards the legislation and resources available to women exposed to GBV, and more generally regarding gender equity, it is evident that far more education is required to ensure that such resources are better understood and appropriately utilised.

The discourse of men's marginalisation found in our groups echoes similar themes found in a recent study by Boonzaier (2005), who interviewed men and their female partners recruited through violence-prevention and counselling programmes. Some of the violent men in this study positioned themselves as victims of controlling and domineering women. Boonzaier suggests that when men cannot sustain a gendered position of power over their female partners, they may experience a crisis of masculine identity that induces GBV. Alternatively, men's claims of powerlessness and marginalisation may be used retrospectively to justify and excuse violence toward their partners.

HIV/AIDS

Both groups of interviewees acknowledged the seriousness of HIV/AIDS and the imperative for interventions. Key HIV-related themes were those of stigma, 'othering' and differences between the two target communities.

The familiar issues of stigma, denial and disclosure emerged in both interviews and focus groups. Clearly they are still major obstacles to effective prevention and treatment. Interestingly, some informants believed that confidentiality contributed to these problems. The use of condoms also remains problematic. In addition, there were suggestions that HIV-positive women were regarded differently to men in local communities, with the added stigma of promiscuity attached to their behaviour.

A theme common to individual informants and focus groups was the wide-ranging beliefs about differences within communities in Comm B. While HIV/AIDS is recognised as a serious problem in African communities, among 'coloureds' the epidemic is less widely acknowledged and apparently more stigmatised, There was a great deal of 'othering' of the epidemic, placing it as a problem among Africans. Xenophobia towards those from other African countries was particularly salient.

Implications for interventions

A number of key issues emerged from these key informant and community interviews, for consideration in the implementation of interventions around GBV and HIV/AIDS. Firstly, it is important that intervention programmes take account of the social context of particular communities, which in this study included high levels of poverty, unemployment of especially men, and widespread substance abuse. Secondly, social constructions of both gender and masculinities need to be highlighted, especially in view of shifting gender power dynamics as a result of women's increased earning capacity, and the role of risk-taking behaviours. Thirdly, the nature of GBV and the way it is associated with masculinity and gender roles needs to be explored, with a particular focus on the emerging policy and practice instituted towards gender equity. Fourthly, the powerful and complex intersection of gender violence, substance abuse and HIV/AIDS needs focused attention, as does the ongoing stigmatisation and 'othering' strategies within and between local communities that may reflect broader areas of prejudice and discrimination in these communities.

In conclusion, it is evident from the voices of our participants that any interventions to address issues of both gender-based violence and HIV/AIDS need to start with a careful consideration of the specific ways in which these factors are articulated within local contexts, in order to speak to the lived experience of those for whom interventions are intended.

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