

An exploratory study on men's perspectives of intimate partner violence in Swaziland

Abstract

Intimate partner violence (IPV) is perceived as being widespread and a major contributor to HIV transmission in Swaziland; however there is a lack of empirical evidence about its nature and extent. The exploratory study reported here aimed to develop a culturally-specific understanding of men's perspectives of IPV in Swaziland. Focus group methods were used to engage 45 urban Swazi men who had undergone male circumcision to gather information about their perspectives of IPV. A thematic analysis was conducted focussing on the manifestations of IPV and socio-cultural and economic factors which underpin, circumstances which trigger and social responses to IPV. The study identified numerous forms of economic, physical, emotional and sexual abuse that the participants perceived men used to control women in Swaziland. Many of these directly increased a woman's risk of HIV infection, including two which have received little attention in the literature, that is, intentionally impregnating a woman and intentionally infecting a woman with HIV. Aspects of Swazi culture which may facilitate these particular forms of abuse are discussed. Men typically conceive of IPV as being the fault of women. In particular, women who had sex with other men or accepted gifts or money from men without reciprocating sexually were blamed for IPV. This study highlights the need for the gender issues which underpin IPV to be addressed in HIV prevention in Swaziland and for the development of an informed understanding of how and why IPV occurs in the Swazi context.

Introduction

Swaziland is a small kingdom in southern Africa with a population of 953,524 (United Nations, 2007). The country has one of the highest prevalences of Human Immunodeficiency Virus (HIV) globally and is one of only two countries in which HIV incidence is estimated to exceed 2% annually (Merson, O'Malley, Serwadda & Chantawipa, 2008). Nineteen percent of Swazis aged two years or older are HIV positive, as are 26% of those aged 15-49 years. Women share a disproportionate burden of HIV. Amongst 15-49 years olds 31% of women are HIV positive compared to 20% of men (Central Statistics Office Swaziland and Macro International, 2008).

The relative lack of power held by women in Swaziland, a country in which male polygamy is legal and women have until recently been considered legally dependent minors of their husbands, is widely perceived by health professionals as a major factor influencing the spread of HIV. More specifically, there is a perception that women's economic dependence on men, cultural practices including male polygamy, arranged marriage and widow inheritance, and intimate partner violence increase women's vulnerability to HIV infection (Whiteside, Hickey, Ngcobo & Tomlinson, 2003). Despite widespread perceptions in Swaziland, as well as considerable evidence from the southern African region that suggests gender inequality and IPV increase HIV risk for women, gender issues have received little attention in HIV prevention programs in the country. There is also a lack of empirical evidence regarding the nature and extent of IPV in Swaziland (Whiteside et al, 2003), which is necessary to inform the development of national programs addressing IPV.

Understanding IPV

IPV refers to a range of physical and non-physical forms of abuse which are perpetrated by one intimate partner against another. It is widely recognised as an abuse of human rights with a broad range of grave health consequences, including

poor sexual and reproductive health (SRH) outcomes (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). The poor SRH outcomes associated with IPV are due to the influence that IPV has on the sexual behaviours of both women and men. For example, a woman may engage in sexual intercourse because she has been physically forced to do so or because she is afraid her partner will become violent if she refuses (Wood & Jewkes, 2001). Amongst a range of poor SRH outcomes associated with IPV, HIV infection is receiving increasing attention.

There is now clear evidence that women who experience IPV are more likely to be HIV positive than those who do not (Dunkle, Jewkes, Brown, Gray, McIntyre & Harlow, 2004b) and also a growing body of evidence which suggests that men who perpetrate IPV have an increased HIV-risk compared to non-perpetrators (Dunkle, Jewkes, Nduna, Levin, Jama & Khuzwayo et al, 2006). There has been considerable research carried out highlighting some of the ways in which IPV manifests in different social settings, the socio-cultural and economic factors which underpin its occurrence and the extent to which its various forms are accepted (e.g. Wood & Jewkes 2001; Wood, Maforah & Jewkes, 1998; Wood, Lambert & Jewkes, 2007; Wojcicki, 2002; Hunter, 2005; Walker, 2005; Jewkes, Levin & Penn-Kekana, 2002). Understanding IPV has been identified as fundamental to effective HIV prevention and there is a growing body of rigorous research demonstrating the effectiveness of interventions addressing gender and IPV in the HIV prevention context (Dunkle and Jewkes, 2007). Participatory critical group discussion interventions in South Africa (Jewkes, Nduna, Levin, Jama, Dunkle & Puren et al, 2008) and combined discussion and lifestyle social marketing interventions in Brazil (Pulerwitz and Baker, 2004). have been effective in reducing STI incidence and male perpetration of IPV, and improving men's gender attitudes respectively. Microfinance combined with gender empowerment education was successful in reducing women's experience of IPV in South Africa (Pronyk, Hargreaves, Kim, Morison, Phetla & Watts et al, 2006).

The nature of gender inequality has been noted as a key factor influencing IPV which is both an extreme manifestation of, and an attempt to maintain, gendered power inequalities (Jewkes et al, 2002). However there are also other factors such as class, race and age that interact and intersect with gender and influence the way individuals perceive and experience IPV (Wood & Jewkes, 2001; Mane & Aggleton, 2001). In attempting to understand, analyse or change IPV, it is imperative to consider how other factors contribute to and influence inequalities between the sexes in a socio-cultural context.

Traditional constructions of masculinity and femininity

In any given society dominant constructions of masculinity and femininity exist. These constructions influence the ideals to which men and women strive, how they behave and the ways in which they are judged by society (Mane & Aggleton, 2001). In the literature dominant masculinities are typically portrayed as aggressive, risk-taking and sexually competitive (Pulerwitz & Baker, 2004) while dominant traits of femininity are described as caring, risk-avoiding and sexually submissive (Campbell, 1995; Wood et al 1998; Jewkes et al 2001). However the specific nature of masculinity and femininity also differs between societies, depending on features of social organisation and historic influences.

Historically, the traditional unit of social organisation within the southern African region has been a polygamous patriarchal family. Although features of polygamous families have been described in detail elsewhere (e.g. Caldwell, Caldwell and Quiggin, 1989; Hunter, 2005), it is important to note the emphasis that is placed on women's reproductive capacity, as well as men's ability to appropriate that through paying dowry (*lobola*) for multiple wives. Acquiring multiple wives enabled a man to father many children, and in doing so build a productive agricultural household

(Caldwell et al 1989). Polygamous family units have been a key feature of the social organisation of Swaziland and remain particularly prominent given they are practised by the ruling monarch, an influential and autocratic leader (Rana, 2004). Notable under the Swazi version of polygamy are arrangements for the acceptance of children born out of wedlock into either their maternal or paternal family (Russell, 1993).

Recent influences economic and socio-cultural influences

In the southern African region, many authors (e.g. Wood & Jewkes 2001; Wood et al 1998; Wood et al, 2007; Jewkes, Vundule, Maforah, & Jordan, 2001; Hunter, 2005) have noted aspects of current constructions of masculinity and femininity which resonate with features of polygamous societies, in particular, the continued entitlement of men to multiple sexual partners. However they have also pointed out the changing ways in which this entitlement is practised (i.e. as multiple sexual partners rather than wives), which reflect evolving social norms and expectations of the sexes. Numerous socio-cultural and economic factors have been identified as influencing the evolving meaning of gender identity.

The extreme deprivation which characterises the lives of many Africans is one such factor (Wood & Jewkes, 2001; Hunter, 2005). Conditions of extreme deprivation are characteristic of Swaziland, where 69% of the population currently live in poverty and unemployment is widespread (Government of Kingdom of Swaziland, 2006). In a recent demographic and health survey, 53% of women and 44% of men reported they had been unemployed for at least 12 months (CSO Swaziland & Macro International, 2008).

The impact of economic deprivation severely inhibits men's capacity to achieve the ideals associated with traditional masculinity, namely paying *lobola* and establishing

a successful homestead. Several studies have noted poverty, unemployment and inability to fulfil the “breadwinner” role, as prominent factors creating stress for males, striving to be “real” men (Hunter, 2005, Walker, 2005, Wood & Jewkes, 2001). However, despite its influence on men, economic deprivation disproportionately affects women, who remain largely dependent on men for their financial security. Evidence suggests that in the face of widespread poverty and lack of opportunities for achieving financial security through employment or marriage, many young women engage in sexual relationships which bring immediate material rewards, for example food, money, school fees and clothing (Jewkes et al, 2002; Dunkle, Jewkes, Nduna, Jama, Levin & Sikweyiya et al, 2007; Dunkle, Jewkes, Brown, Gray, McIntyre & Harlow, 2004a; Wojcicki, 2002; Wood & Jewkes, 2001; Wood et al 1998).

Legislative changes, which increase the legal recognition of women and offer them increasing opportunities to attain economic independence from men, have also impacted on changing gender roles throughout the region (Walker, 2005). Western style education is now a prominent feature of society and children are expected to spend their days receiving a formal education for which parents are financially responsible (Russell, 1993). Each of these factors have been recognised as influencing the expectations of men and women’s roles today and the extent to which IPV might be perpetrated and accepted within African societies.

Aims and objectives

The aim of this study was to obtain a culturally-specific understanding of how IPV manifests in Swaziland, the socio-cultural and economic factors which shape and constrain both the occurrence and social acceptance of IPV and the circumstances in which it occurs. The objectives of the study were to inform the development of a pilot HIV prevention intervention addressing IPV, to be implemented in conjunction with

male circumcision and provide an evidence base for further HIV prevention interventions and research addressing IPV in Swaziland.

Methodology

A qualitative approach to exploring men's understanding of IPV and the factors which influence its occurrence in the Swazi context was undertaken. The study involved 45 urban-dwelling males aged 18-29 years. Inclusion criteria were that all participants had been circumcised at a HIV prevention male circumcision clinic April-July 2009. Ethics approval was provided by the Swaziland Scientific and Ethical Committee and the Curtin University of Technology (Australia) Human Research ethics Committee. All participants provided informed consent before participating in the study.

Men who had provided the circumcision clinic their consent to be contacted to participate in research were identified and recruited to the study by telephone. Focus group discussions (FGDs) were used to gather the data in Matsapha, Swaziland's major industrial town, in August 2009. Participants also provided demographic and behavioural information by completing a survey at the end of the FGD.

The focus group method was selected because it encourages individuals to explore their ideas and opinions in interaction with other group members and enables groups to pursue the topics which are priorities for them. In doing so, data is elicited that other more individual research methods cannot collect as readily, for example the shared values and norms which may be exposed through a group conversation involving jargon and humour (Kitzinger, 1995).

Six FGDs were facilitated in the local language, siSwati, by a 30 year old Swazi male who used an informal questionnaire to seek information about perceptions of

violence and men's use of violent and non-violent behaviours to control women in Swaziland. The research questions were:

1. How does IPV manifest in the Swazi context?
2. What causes IPV in Swaziland?
3. In what types of relationships does IPV occur in Swaziland?
4. Is IPV socially acceptable in the Swazi context?

Focus group discussions were translated from siSwati into English by the focus group facilitator and the note taker so that they could be transcribed by the first author, immediately after group completion. All original data was stored securely identifying information was removed from the transcripts to protect the identity of participants. Data analysis was conducted through a thematic analysis (Aronson, 1994) focusing on manifestations of IPV, socio-cultural and economic factors which underpin, circumstances which trigger these manifestations and social responses to IPV. Analysis and interpretation was conducted by the first author, and checked for cultural accuracy with the FGD facilitator, note taker, and two Swazi women who gave a grassroots perspective. Analysis focused on identifying prominent themes emerging consistently across each of the focus groups, but also included results that were unexpected and less prominent.

Findings

Participant characteristics

The groups ranged in size from 4-10 members and discussions lasted ~1-2.5 hours. The majority (80%) of participants were 25 years or younger. The educational background and employment status of group members varied. Most participants had completed some or all of their high school education, 10 had not completed any high school and 8 had completed some tertiary education. More than half the participants

were currently enrolled in primary, high school or tertiary education. Only 6 reported being employed. 82% of the men were unmarried. A third of the participants indicated that they had been violent, and more than half indicated that they had attempted to control, a sexual partner.

Manifestations of IPV

Physical and sexual abuse

Participants reported that IPV was widespread in Swaziland and gave numerous examples of physical forms of abuse men perpetrated against women. These included beating with hands or a stick, slapping, kicking, killing, putting a gun to her head, chasing her out of the house and using physical force to restrain her. Types of sexual abuse included behaviours such as: coercing a woman for sex or to have sex without a condom; rape; continuing with sexual intercourse after a request to stop; forcing genital inspection; intentionally impregnating her and intentionally, knowingly or unknowingly infecting her with HIV.

Intentionally spreading HIV

Participants noted that HIV was spread with both neglect and intent. For example, one man said “it can happen that I have HIV, and then I decide to spread it intentionally.” (*Participant FGD6, 28/8/09*). Similar comments were put forward in each of the six focus groups, as was this alarming example:

“...where I was schooling there is a teacher and it is now known that he is HIV+. He's already on treatment...but on the weekend, every weekend, he's with a girl who's a student at the school. Even at

school they know...there are certain girls that they know, they have slept with the teacher. And he doesn't mind giving money...as much as R2000" [~US\$250 and vastly greater than the average monthly income of most Swazis]. (*Participant FGD 1, 14/8/09*).

Participants also mentioned that men were potentially spreading HIV because they were afraid to reveal their HIV status (e.g. a man who "found himself to be HIV+, and then kept quiet" (*Participant FGD2, 18/8/09*)) or because they slept with multiple partners without condoms and without checking their HIV status. Some men perceived the action of men failing to reveal their HIV+ status and continuing to have sex as a form of abuse. However, engaging in high HIV risk sexual behaviours whilst unaware of one's HIV status was not typically conceived of as abusive.

Intentional impregnation

One participant explicitly described as abusive the practice of going "around sleeping with them [other women]... trying to get [a] security code" (*Participant FGD2, 18/8/09*). Although this was only discussed in one group (FGD2) participants described how getting a "security code" was specifically calculated to prevent a woman ending a relationship:

"Yeah brother, there's a habit nowadays that they call a security code, which is getting your woman pregnant, just because you want to hold her...your main aim is to hold her, because she will be having a baby. You've caught her. She won't move an inch."

“So that she can be pregnant and not look to other men. So that she belongs to him. It's sort of an abuse” [laughter from others participants]

“...And also even though the man can marry the girl, the matter still remains, that the man has impregnated the girl. And the man still continues from there. And how many girlfriends is he going to give security codes?”

“...let me make her pregnant. Now, now, because she is leaving.”

(Participants FGD2 18/8/09)

Emotional and psychological abuse

Participants also identified a range of other behaviours which they saw as abusive. These were: threats of abandonment and violence; telling a woman what she could or could not do, for example, that she must not work or leave the house; controlling the decision making and being rude or disrespectful. Others included: forced marriage including widow inheritance; shouting or verbally abusing; reporting a woman to her parents; leaving for long periods without any contact and bringing another sexual partner home. A few participants perceived sexual infidelity in any circumstance to be a form of emotional abuse; however most mentioned it only as something which might cause IPV.

Numerous forms of economic coercion were mentioned, most prominently using money to control women and/or using money to coerce them to have sex, or to have sex without a condom. Other forms of economic abuse were: withholding money; lying about earnings; paying *lobola* (e.g. because it may coerce a woman to marry); and spending money on women in exchange for sex.

Socio-cultural and economic factors influencing IPV

Throughout the discussion of if, how and why Swazi men perpetrate IPV, participants mentioned many aspects of their socio-cultural and economic environment which impacted on the nature and extent of IPV in Swaziland. The most prominent themes, emerging were male and female gender roles and the challenges these created within sexual relationships, as well as economic factors.

Gendered power

Men were seen as having greater control than women within both sexual partnerships and the family, that is, as the “head” who is “in control”. Men were described as being “on top” or “having more power”. In the words of one participant, “if you are a man, you are the father of everybody in the house, including the women.” (*Participant FGD1, 14/8/09*). Reflecting the traditional ideology of men’s right to control, many participants believed this was a natural arrangement “from creation” or “way back” and that men have a right (and some believed a responsibility) to maintain this control. However, a few pointed out that men learned to control and women learned to be submissive while they were growing up.

Women were expected to respect their husband/boyfriend’s control in different ways, for example, by showing respect and listening; being submissive and controlling their sexual desires; providing for men’s domestic needs by staying home and preparing meals or his clothes and dressing respectfully, for example not wearing mini-skirts. There were, however, notable exceptions, with a few participants arguing that women should have equal rights within a partnership and sexual relations.

There were many ways in which men were perceived as gaining and/or maintaining control in a relationship. Methods included such things as paying *lobola*, building a house and taking the woman to live there, providing for the family and threatening to or actually being violent. The young men participating in the study discussed these actions as ways men could gain control in relationships but when talking about their own sexual relationships they indicated that spending money on women was the key way in which they exerted their control. Using violence or threats was also perceived as a way men controlled women in relationships.

Many participants pointed out that the roles of women were changing and increasing opportunities now existed for them as a result of the legal recognition of women's rights. These opportunities were influencing the roles women play within the family (e.g. breadwinners) and society (e.g. politicians), as well as men's ability to control them. Legal changes, such as the introduction of civil rights marriage and laws and fines for men who were violent towards their female partners, were seen as reducing men's power. Women's increasing economic independence was perceived as giving women who work more power, and women who earn more money than their husbands/boyfriends were seen as gaining control in a relationship.

Material exchange in sexual relationships

Men reported spending considerable sums of money on their girlfriends in order to show their love and to compete with other men. This was seen as normal behaviour, for example one man commented, "another brother comes and gives her R500 and if I didn't spend anything on her, the girl will see, 'this guy is playing.'... The spending has become part of nature." (*Participant FGD 2, 18/9/09*). Many men noted that economic deprivation sometimes forced women to have sex for money to obtain

essential items and numerous examples were given of rich(er) men abusing their power to obtain sex from poor women. These included managers offering jobs, and soldiers allowing females to cross the Swazi border illegally in exchange for sex. However, the participants typically discussed the women they spent money on as taking advantage of men's spending to obtain non-essential items. Women who accepted gifts or money from multiple men or did not reciprocate with sex were also perceived as taking advantage of men. In many cases, men indicated that sex was expected in return for gifts and sometimes long term fidelity. For example, one said "You find a person, she is just there, having nothing ... And then you do everything for her, because you have told yourself you will marry her." (*Participant FGD2, 18/8/09*).

In the context where it was perceived as normal to spend money on women, having insufficient money was challenging for men. For example, men reported overspending and attempting to woo women from better economic positions who could support them financially. A couple of participants reported relationships with "sugar mummies", that is older, married women who would give them money in exchange for sex. Within these relationships, men indicated that they remained emotionally unattached and in control, despite their subordinate financial position. However, one man also spoke of men trying to engage young women of a higher class, and that in such situations the man would always feel threatened, knowing men with more money would also be competing for the woman's attention.

With the tendency for men to spend money on women in order to encourage sex, sexual relations were conceived as driven by male urges (which many suggested were more or less uncontrollable) and often involving varying degrees of persuasion or force to achieve female compliance. Many participants noted that Swazi men traditionally had the right to demand sex from their wives. For example one said,

“The woman will hear from his stick [tapping or beating her]... that he wants sex now, she has to wake up... She will come running because the man has called her.”

(*Participant FGD6, 28/8/09*). The men also indicated that although sex was seen as a right in boyfriend/girlfriend relationships, unmarried men still needed to secure their sexual entitlement by buying presents, food or alcohol for their girlfriends, or giving them money.

Communication and trust with sexual partners were reported to be great challenges for men in relationships often underpinned by some form of exchange, and in which the partners often had only periodic contact. Having multiple sexual partners was perceived as being common for both men and women (although some men reported they were monogamous by choice). While having multiple sexual partners was seen as acceptable for men, many participants construed the situation of women having multiple sexual partners as “misbehaviour” which was likely to cause IPV.

Blaming women for causing IPV

The majority of circumstances where men identified the likelihood of IPV were those in which women’s behaviour threatened men’s control. For instance, women who questioned their husband’s authority; did not listen; came home late; did not look after children or do other women’s work; did not show respect or cooperate were perceived by some participants as triggering men’s violent behaviours. Women who used their “financial muscle” to control men and/or earned more money than their partners were perceived by some participants as triggering men’s violent behaviours, conceptualised as “forcing” men to become violent. For example one participant said, “you are forced to act as a man. You find yourself acting violent because you want to put her in her place.” (*Participant, FGD 2, 18/8/09*). This and other comments (e.g. “violence will happen automatically”) (*Participant, FGD5, 26/8/09*) indicated that

participants conceived violence as something that was beyond a man's control and was the fault of the woman.

A woman accepting gifts when she was not in love, and/or not intending to have sex with the bearer, was a particularly common way in which women were seen to "force" their partners to be violent. In two groups, participants mentioned that a man might use violence to show their partner they wanted to end the relationship, even if they knew the woman could not leave because of her economic dependence. Several participants made comments to the effect that an impotent man might "end up being violent because he knows that the woman is not satisfied" (*Participant, FGD5, 26/8/09*) and assumes she is finding sexual satisfaction elsewhere.

A woman's actual or suspected sexual infidelity was a prominent theme of discussion, and a behaviour which many men commented was a threat to their masculinity and likely to result in violence. Several pointed out that a woman refusing sex might be taken as an indication that she was having sex with someone else, for example one said "maybe I want sex and she refuses. And that can cause me to be violent because I can ask myself, 'why is she saying no?'...I will think that maybe she is coming from somewhere [another man]" (*Participant FGD4, 24/8/09*). Men also mentioned that finding a woman having sex with another man, talking to or hugging another man or coming home late or being in a stranger's car as potential causes of violence.

Social acceptance of IPV

In general, participants explicitly stated that men had no right to be violent or overtly controlling. However, most perceived it as natural for a man to be in control and believed violence was justified, necessary or unpreventable (and therefore, at least

implicitly acceptable) in situations where such control was threatened. For example many of the above circumstances reported as causing violence were also framed as justifying it.

Participants also mentioned many behaviours which from other perspectives would constitute IPV, not as abusive, but as either causing or averting violence. For example one participant commented that during sex a woman might “start saying, ‘You’re hurting me.’... And you tell her, ‘no, we’ll just finish now, soon, soon, soon,’ knowing exactly that you’re still going to go. And then you start fighting with one another... And violence may start” (*Participant FGD2, 18/8/09*). Another participant commented that forcing a woman to undergo genital inspection to prove she is menstruating may avert violence because “we won’t be in an understanding situation, until I check, in order to prove” (*Participant FGD6, 28/8/09*).

Some men also commented how peer pressure influenced violence and that some men use violence to prove to others they are in control. This was particularly so in places where men drank alcohol. A number commented that in rural areas and amongst older generations, violence against women was still considered acceptable. Although participants noted that this attitude was changing slowly they believed that discussing violence remains difficult. One man related an experience in which some male elders at a community gathering responded to his condemnation of violence by saying, “Hey, you small boy, you are mad... Who’s your father? Where were you born?” [very derogatory comments in the Swazi context] (*Participant FGD2, 18/8/09*).

There was also a perception in some groups that laws were insufficient when it came to protecting women. Some reasons given were; laws were not fully enforced or were enforced in an ad hoc manner and women were often afraid to report their partners. Men occupying positions of power (e.g. government) were seen to be above the law.

Therefore, in a sense male violence was sanctioned at the highest social level. One participant mentioned that a woman's family might also sanction violence in a relationship if they had received *lobola* from her husband.

Discussion

This exploratory research is the first study undertaken in Swaziland that looks at men's perceptions and experiences of and attitudes towards IPV. Although limited due to the small, conveniently-selected, urban-based sample this study provides an important snapshot of men's perception within a specific context. It was beyond the scope of this study to investigate the extent to which the participant's views were representative of all Swazi men. Rather, as an exploratory study the research aimed to contribute empirical evidence to the understanding of IPV in Swaziland to inform future research, advocacy and the development of pilot programs addressing IPV.

While these results from a small group of men are context-specific and primarily aim to inform an intervention in urban Swaziland, they may also provide insights for health practitioners working in different settings. There are many similarities between cultural beliefs and practices in urban and rural Swaziland and other parts of the southern African region. This study was informed by research on IPV in other parts of the region, and many of the prominent themes of discussion resonate with those previously reported (e.g. Wood et al, 1998, Wood et al 2007, Wood & Jewkes, 2001 Wojcicki, 2002, Hunter, 2005).

The tendency for men to offer money or gifts to women in order to entice them to engage in sexual relations has been widely reported in literature from southern Africa and is often termed transactional or survival sex (Wood et al 2007, Dunkle et al, 2007, Dunkle et al, 2004a; Wojcicki, 2002). Studies have noted that men typically

expect sex in exchange for buying women gifts, and that, in contexts of economic deprivation and women's economic dependence on men, the practice of exchange introduces dangerous power differentials into relationships, which increase the woman's risk of HIV and IPV. Studies have demonstrated an association between engaging in transactional sex and increased HIV and IPV risk for women (Dunkle et al, 2004a). They have also noted that men who reported relationships underpinned by material exchange were more likely to report perpetrating IPV than those who did not report such relationships (Dunkle et al, 2007). Numerous mechanisms through which these associations might arise have been put forward, including that men who invest in transactional relationships may respond violently if a woman subsequently refuses sex (Dunkle et al, 2007).

The results of this study indicate that transactional sex is widespread in Swaziland and instituted by men to facilitate sexual conquest of women. Participants in this study indicated that men typically expect sex in exchange for their gifts or money and may give gifts or money in order to compete with other men. They also noted that some men may respond violently if a woman whom they had spent money on subsequently refused sex and that the use of violence may be accepted in such circumstances. These results highlight the need for HIV prevention efforts to recognise transactional sex as a form of gendered power control and a risk factor for HIV infection in Swaziland.

Previous studies suggest that to reduce HIV risk behaviours such as transactional sex, community level campaigns aimed at transforming gender attitudes and sexual behaviours are more effective than campaigns narrowly focusing on single behaviours (Dunkle et al, 2007). Participatory critical group discussion interventions addressing gender, sexuality and relationships have also been demonstrated as effective in reducing HIV risk when implemented alone or in conjunction with

community-level campaigns (Pulerwitz & Baker, 2004; Jewkes et al, 2008). Making available funding to develop, pilot and evaluate the impact of such campaigns in the Swazi context is necessary to change the current situation. The up-scaling of male circumcision in the country provides an excellent opportunity for the implementation of participatory interventions with young men.

Many of the female behaviours which men saw as threatening to their sense of control in a relationship (e.g. a women's actual or suspected infidelity) have been reported previously, as has the tendency for men to perceive IPV as a justifiable or natural response to such behaviours. This attitude indicates a degree of social acceptance, not only of men perpetrating IPV to exert control, but also of their ownership of women and control of their sexuality (Wood & Jewkes, 2001; Jewkes et al, 2002). Similar to other studies, this research points to the need for broad, gender transformative approaches to IPV prevention, which address not only the perpetration of IPV by individuals, but also the gender inequalities which underpin and allow it to be justified and condoned by society.

While many of the results in this study reflect those of previous research, there are also some previously undocumented findings. One of the ways in which participants in this study reported that men exert their power over women is through the practice colloquially referred to as "getting a security code", that is intentionally impregnating a woman. While this study did not elicit information regarding how a man might do this, it did reveal that the aim of doing so is to secure a woman's long term sexual fidelity and prevent her from leaving a relationship. The presence of a common term to describe the practice of intentional impregnation indicates that it is not uncommon in some Swazi contexts. Although it was only discussed in one of the groups which could indicate could indicate that it is an emerging practice. At the time of this study this abusive practice had received no attention in the literature on IPV in southern

Africa. Although there have been reports from young women of men interfering with their use of hormonal contraceptives (Wood et al 1998), women have not talked about this as an attempt to intentionally impregnate them. However it is highly likely that the women reporting this practice would not have recognised it as an attempt to intentionally impregnate.

The lack of reporting on intentional impregnation in previous research may be an indication that this practice is specific to Swazi urban culture. Swaziland has unique traditional laws regarding ownership of children born out of wedlock. These laws give men the right to claim their biological children until the time they reach puberty, by giving cattle to the woman's family. However, until such a time as a man decides to claim a child, responsibility for its upbringing remains with the woman. Children left in the care of their mothers maintain their paternal family name and fathers maintain visiting rights. Under these laws women are obliged to maintain contact with the fathers of their children, even in the absence of an ongoing intimate relationship or paternal responsibility for the child's upbringing (Russell, 1993).

Traditional Swazi laws which give men ownership of children born out of wedlock could be a factor that aids men in asserting power and control over women through intentional impregnation. Because the practice of 'getting a security code' appears to have only been reported in this study and to date not elsewhere, it indicates that these laws may influence the perpetration of this particular form of IPV. Another factor specific to Swaziland which may facilitate men's control of women through impregnation are the country's highly prohibitive abortion laws which deny women the right to safely terminate an unwanted pregnancy.

Impregnating a woman has severe health and wellbeing implications in its own right but also puts her at risk of HIV infection. This research highlights the urgency and

need for further research looking at men's intentional impregnation of women and how this can inform HIV prevention programs and interventions. Promoting effective contraception use as a masculine quality may be useful (Jewkes et al, 2008) in reducing women's SRH risk. Legal reforms, in particular those which make abortion legal and accessible and those which give women greater ownership and control over their children, may also have an important role to play in reducing this particular form of IPV in Swaziland.

A second form of abuse highlighted in this research, which has received only passing mention in the HIV literature, was intentionally spreading HIV. This could be due to the majority of research asking participants about their own behaviours rather than the behaviours they observe in their social environment. In discussing their own behaviour individuals may be unwilling to report, or even to admit to themselves that they are intentionally infecting others with HIV. It may also be because individuals do not recognise intentionally spreading HIV as a form of abuse as it is not legally punished. In this study intentionally infecting another with HIV was discussed prominently and arose in all six FGDs. It is a practice which warrants specific attention in future research. For example, research might investigate its prevalence or explore the socio-cultural factors which underpin the practice, in particular the gender dynamics surrounding it.

Participants in the study suggested that men might intentionally spread HIV out of revenge, indicating that they blamed women and wanted to punish them for their HIV infection. Men (or society) blaming women for their sexual health problems reflects a social expectation that women will not only be responsible for their own sexuality and sexual health, but also men's (Campbell, 1995). This ideology is particularly salient in Swaziland and has been purported at the highest levels. In 2001 the influential head of state King Mswati III invoked traditional laws in an attempt to ban unmarried

women having sex and force them to wear tassels signifying virginity. This intervention was intended to curb the spread of HIV (Rana, 2004). Women were previously banned from wearing mini-skirts, because in doing so they were blamed for increasing the spread of HIV by enticing men to rape them (Le Roux, 2001).

The epidemiology of HIV infection in Swaziland clearly demonstrates that male sexual behaviour, in particular the tendency to have sex with multiple sexual partners, is a key factor influencing the spread of HIV. Messages such as bans on pre-marital sex and mini-skirts in Swaziland focus only on women and ignore men, implying that women are responsible for both the spread of HIV and men's sexuality. They not only legitimise men's rights to engage in high risk sexual behaviours and to take little responsibility for their own or their partners' sexual health (Campbell, 1995), but also sanction men infecting women with HIV by implying that women, through their sexual behaviours, cause the spread of HIV.

HIV prevention interventions which counter the ideology that women are responsible for men's health are urgently needed (Campbell, 1995; Dunkle et al, 2007).

Promoting alternative models of masculinity in which success is based on a man protecting his health and the health of his sexual partner and/or family appears to be effective in transforming gender attitudes (Aggleton and Mane, 2001). Interventions which promote responsible sexual behaviour including partner reduction and consistent condom use, and critical examination of gender attitudes, sexuality and sexual practice have also been demonstrated effective in this regard and both participatory (Jewkes et al, 2008) and social marketing (Pulerwitz & Baker, 2004) approaches have been tested. A number of men in this study expressed attitudes supportive of gender equality, indicating that there is already a basis for the promotion of such attitudes amongst young men in Swaziland.

Another result from this study which has connotations for future IPV prevention is the lack of recognition by some participants, that certain behaviours are abusive.

Transactional sex is one such behaviour and others include forcing a woman to have her genitals inspected and continuing with sex after a request to stop. The issue of these behaviours not being recognised as forms of abuse has important implications for prevention. It indicates that messages to stop abuse may be misunderstood by some men who do not recognise certain forms of IPV as abusive and that some unrecognised forms of IPV may even increase in response to IPV prevention messages. For example, a participant in this study who considered the act of forcing genital inspection to ensure that the woman is not lying about menstruation saw it as an attempt to avert violence. Further, unless such practices are recognised as forms of abuse, they are unlikely to be socially condemned, and will therefore be implicitly accepted, by the women who experience them, the societies in which they occur and by the men who perpetrate them.

These results further highlight the need for gender transformative interventions, in this case interventions which specifically encourage critical reflection of behaviours which may not be recognised as abusive. Participatory models are likely to be useful, and at the community level “edutainment” (e.g. live, radio or television drama) addressing these forms of abuse may be effective. Advocacy to promote women’s sexual rights (e.g. to refuse sex at any time) and bodily integrity (e.g. to refuse genital inspection) also has an important role to play in reducing such abusive behaviours. These results provide a good basis for advocacy interventions.

Conclusion

This study highlighted a range of physical and non-physical behaviours which a small group of men in Swaziland perceive some Swazi men use to control their sexual

partners. Many of these behaviours have been reported in other studies from the southern African region; however two practices, intentionally impregnating a woman or intentionally infecting a woman with HIV, have received little if any attention in previous literature. These practices both entail significant HIV risk and warrant further investigation, with a view to specifically addressing them in HIV prevention. Changing laws and socio-cultural beliefs which restrict women's ability to control their reproductive functions and have greater ownership of their children may also warrant attention in future IPV and HIV prevention.

The results from this study indicate that gender inequality remains widespread in Swaziland and point to the need for gender transformative interventions to address IPV. In addition the gender inequalities which underlie IPV warrant further investigation in the Swazi context. Interventions need to address the socio-cultural aspects of gender relations and the ways in which they influence IPV, rather than individual manifestations of IPV. Although research findings reported here are from a specific context, their importance in informing and supporting health professionals' perceptions that IPV and gender inequalities contribute to HIV risk in Swaziland should not be underestimated. Findings from this study provide a sound basis for future research and the development of pilot projects addressing IPV in Swaziland in the context of HIV prevention interventions.

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