

WHICH GENDER NORMS ARE LINKED TO IPV, AND HIV-RELATED PARTNER COMMUNICATION? NEW EVIDENCE FROM A POPULATION-BASED SAMPLE IN SOUTH AFRICA

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KEY MESSAGES

- ▶ Both men and women strongly condoned men's control over women, while fewer endorsed overt violence.
- ▶ Violence-control norms were associated with IPV perpetration among men, and IPV experience among women, as well as lack of partner communication about HIV among women.
- ▶ It is important to specifically address violence-control norms in violence and HIV prevention interventions.

BACKGROUND

- There is increasing consensus that programs aiming to reduce intimate partner violence (IPV) should address harmful gender norms.
- However, it remains unclear how support for particular norms condoning men's violence and control over women may influence IPV perpetration, as well as related behaviors like partner communication about HIV testing.
- Such efforts are particularly salient in populations with a high burden of both IPV and HIV, like South Africa.
- Identifying key norms could facilitate strategic targeting of essential intervention components and messaging.

METHODS

- Data come from a 2014 population-based survey with 2,057 individuals (1,004 men and 1,053 women) ages 18–49 in rural Mpumalanga, South Africa.
- We assessed specific gender norms condoning men's violence and control over women (using 7 Gender Equitable Men Scale items), prevalence of IPV, HIV testing, and communicating with partners about HIV testing and HIV-positive status. We also explored associations between these factors.

RESULTS

Views toward gender norms

- A majority of both men and women held strong expectations that men should maintain control over women.
- Views that a woman should tolerate violence to keep her family together were also common.
- Fewer respondents endorsed more overt violence against women.

FIGURE 1. Percent who "agree a lot" with selected statements



Prevalence of key behavioral outcomes

- About 10% of men reported perpetrating IPV, and 9% of women reported experiencing IPV, in the last 12 months.
- Most common types of IPV were pushing/grabbing/slapping, twisting arm or pulling hair, or throwing something that could hurt.
- Substantially more women than men had tested for HIV in the last year.
- About half of men and women had discussed getting tested with their last sexual partner.
- Among HIV-positive respondents, about half of both women and men reported disclosing their status to a main partner.
- Fear of violence and threats of violence were key reasons cited for non-disclosure to a main partner.



RESULTS (cont'd)

TABLE 1. Key behavioral outcomes

	Men %	Women %
Perpetrated physical or sexual IPV (last 12 months)	10	3
Experienced physical or sexual IPV (last 12 months)	7	9
Tested for HIV (last 12 months)	55	78
Discussed HIV testing with most recent partner	45	56
Among HIV+ respondents (n=48) (n=122)		
Disclosed HIV+ status to main partner	56	56
<i>(Reasons for non-disclosure of HIV+ status to main partner, noting respondents could select more than one reason)</i>		
"I am afraid that my partner would respond in a violent manner"	52	49
"My partner told me that he/she would kill me if I was HIV+"	52	44

Multivariate analyses

- In multivariate analyses controlling for demographic characteristics, men who supported violence-control norms were more likely to have perpetrated IPV in the last 12 months ($p < 0.05$); the same was true for women experiencing IPV ($p = 0.01$).
- Similarly, women who supported violence-control norms were less likely to have discussed getting tested for HIV with their last sexual partner ($p < 0.05$).

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CONCLUSION & IMPLICATIONS



- We found high levels of agreement—by both women and men—with statements condoning men's control over women.
- Given significant associations between support for violence-control norms and key outcomes, (e.g., violence, lack of partner communication), it is important to explicitly address these norms in violence and HIV prevention interventions.
- Results from the ongoing trial in Mpumalanga, South Africa will determine the effects of community mobilization strategies to shift these gender norms, reduce IPV, and increase use of HIV services.