

**The Complex Link Between Gendered Violence and HIV/AIDS:  
Black Women in South Africa**

by

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## **Abstract**

Gender violence is widespread in South Africa and profoundly affects the rapidity at which HIV/AIDS is spreading within the heterosexual context. Gender violence reduces or eliminates women's ability to negotiate all aspects of sexual engagement including safer sex options. Socially constructed gender norms reinforce male authority over women's sexuality, promote an acceptance of gender violence, and encourage sexual behaviour that places women at risk of infection. Male condom stigmatization decreases the likelihood that men will use condoms and places women at risk of male violence should they request condoms be used. Gendered disparities in social and economic power further marginalize women, increasing their vulnerability to gender violence and HIV/AIDS. This research provides a basis for further examination and potential modification of socially constructed meanings around male condoms and gender norms that promote gender violence and the spread of HIV/AIDS.

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## **Chapter One. Violence, Gender, and HIV/AIDS**

### **The Link between Gender Violence and HIV/AIDS**

#### ***Research Topic and Objective***

It is my objective in this thesis, to demonstrate that a complex relationship exists between gendered violence and the rapid spread of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) in South Africa. There are many factors that link gendered violence to the spread of HIV/AIDS, but the limits on research and text allow me to discuss only a small number of the issues. I will present some important social constructs that affect sexuality and sexual behaviour in ways that often excuse gender violence. Women are subsequently in immediate danger of HIV exposure and are encouraged to engage in sexual behaviour that increases their risk of HIV contraction. As a secondary, nevertheless important, issue, I will discuss the fact that agency is present in the lives of women—women are not merely passive victims of gendered violence and/or HIV/AIDS, but are conscious of their circumstances and exercise agency as they are empowered to resist and contest violence and the associated risks within the limitations of their own lived experiences. When discussing violence against women, I feel it is imperative to also provide a brief discussion of the presence of agency and empowerment so as to attempt to avoid a portrayal of women as weak and powerless. While I simply discuss the existence of agency, and provide some specific examples of how women exercise agency in issues of gendered violence and HIV/AIDS, the research concerning agency has raised additional questions around the complexities of agency as a principal actor in the relationship between gender violence and HIV/AIDS.

Further research is required in that area. This thesis will also narrowly discuss some of the ways in which gendered social and economic marginalization increases a woman's vulnerability to violence and strongly diminishes the likelihood of condom use.

This thesis will examine the relevant issues as they pertain to black women only, because black women are becoming infected with HIV at five times the rate of women of any other 'race' in South Africa. As well, on an annual basis, black women in South Africa experience ten times more violence than do white women (Wojcicki and Malala 2001:100).

### ***Gender Violence and HIV/AIDS in South Africa***

The pandemic of HIV/AIDS has reached tragic proportions in sub-Saharan Africa—in 2002, of the 42 million people living with HIV/AIDS worldwide, almost 70% were located in sub-Saharan Africa (Dunkle et al. 2004a:1415; Susser and Stein 2000:1042). The most frequent mode of HIV transmission in South Africa, as in most of the world, is through heterosexual intercourse (Gupta 2000:1). Women and girls have been hit particularly hard and are disproportionately affected when compared with the infection rates of men and boys. The rising rate of infection of women and girls is unequivocally linked to gender-based violence (Human Rights Watch 2005:1).

Oppression against women is mainly played out within the realm of sexuality, because that is a key “nexus” for relationships between the genders.<sup>1</sup> Thus, gendered disparities in power relations between men and women are commonly expressed through sexual violence whereby men typically decide when, how, and with whom, sex will take

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<sup>1</sup> However, since gender inequities translate across social spaces, they enter and shape dealings within all arenas, sexual and non-sexual alike (Jewkes et al. 2003:125).

place (Artz 2001:1; Gupta 2000:2). Women are therefore commonly unable to negotiate the terms of their sexual relationships including the time, place, and conditions under which sexual interactions will take place. In turn, their ability to exercise safer sex choices are hindered, placing them at greater risk of contracting sexually transmitted infections (STIs). This is evidenced by a study of antenatal-care patients in Soweto, which shows that women who are physically abused have a greater likelihood of having HIV as well as other STIs.<sup>2</sup> Furthermore, the study shows that women living with physical violence have a greater likelihood of possessing unhealthy beliefs, attitudes, and norms around sex, and engaging in risky or injurious sexual behaviours (Fonck et al. 2005:335; Wood and Jewkes 1997:42).

Before gendered violence can be examined, it is necessary to assign working definitions to the terms ‘gender’ and ‘gender violence’. Gupta (2000:1) defines gender as “the widely shared expectations and norms within a society about appropriate male and female behaviour, characteristics, and roles. It is a social and cultural construct that differentiates women from men and defines the ways in which women and men interact with each other” (Sideris 2001:50).

Heise provides a basic definition of gender violence as including “any act of force or coercion that gravely jeopardizes the life, body, psychological integrity or freedom of women, in service of perpetuating male power and control” (Heise 1993:171).<sup>3</sup> Included here would be rape, battery, homicide, incest, psychological abuse, forced prostitution,

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<sup>2</sup> Studies conducted in other countries also reveal a definitive link between gendered violence and STIs (Martin and Curtis 2004:1410).

<sup>3</sup> Heise goes on to further define gender violence: “also relevant would be various forms of medical violence such as gratuitous caesarean sections and forced sterilization. A more expansive definition would move beyond individual acts of violence to include forms of institutionalized sexism that severely compromise the health and well-being of women. This wider framework includes discrimination against girl children in food and medical care, female feticide, lack of access to safe contraception and abortion, and laws and social policy that perpetuate female subordination” (Heise 1993:171).

trafficking in women, sexual harassment, genital mutilation, and dowry-related murder” (Heise 1993:171). The content of this thesis will be based around Heise’s definition of gender violence but with a focus on physical and sexual abuse, coercive sex, and forced sex.

### *Layout of Thesis*

The remainder of Chapter One will firstly discuss the methodology employed in researching the relevant issues of this thesis. I will then discuss the integral role of gender constructs in shaping gendered power relations by creating and maintaining social, material, and economic conditions that allow and encourage gender violence. Finally, Chapter One will discuss the notion that agency, and empowerment influence women’s thoughts, actions, and decision-making processes around gendered violence.

Chapter Two will briefly discuss how the legacy of Apartheid has created social and material conditions that keep women from social and economic mobility and will explore how marginalization supports subjection to gendered violence. It will discuss the fact that many women habitually live in an environment of uncertainty with regards to their personal safety and sexual and reproductive health as they face a constant lack of access to safe spaces—be they social or physical, public or private. The chapter will also examine dominant gender roles and the effect they can have on individual agency and the propensity for resisting gendered violence.

Chapter Three will examine the extent of the spread of HIV/AIDS and the relationship between gendered violence and HIV/AIDS within the South African context. The chapter will discuss condoms as a key potential means of reducing male-to-female

transmission of HIV, and examine the extent to which social meanings around condoms affect individual attitudes toward their use. The chapter will also explore how gender constructs affect women's willingness and capacity to use condoms as a safer sex option and how gender violence affects women's ability to use condoms.

Chapter Four examines the significant role of commercial sex work and transactional sex in the spread of the virus. The chapter discusses the links between economic and social marginalization and gendered violence. Commercial and transactional sex exemplify the overlap between the social spaces known as 'the public' and 'the private' and demonstrate that women are not assured safety in any space. The chapter exemplifies how the fear of violence can influence a woman's willingness to request her sexual partner use condoms. Women's agency within the often harsh conditions of sex work and transactional sex will also be discussed.

As the concluding chapter, Chapter Five will exemplify women's empowerment and agency at the individual and group levels while also acknowledging the presence of multiplicity and multivocality in such expressions of agency. It will discuss the potential function of female condoms in empowering women with increased control over sexuality and reproduction, and will discuss the role that non-governmental organizations (NGOs) can and do play in offering women the option of externally-derived empowerment. The chapter will also discuss the fact that men, as individual perpetrators, must be held accountable for acts of violence against women and asserts that the state has an obligation to ensure this materializes. The final section of Chapter Five will include my conclusions for the thesis.

## Methodology

Historically, African women have often been presented as engaging in passive toleration of, or submission to, male privilege resulting in greater personal political, economic, and social disadvantage. Yet, despite many largely unsuccessful social and political struggles for equality, South African women have not simply surrendered and conceded to gendered, racial, and class-based domination. Rather, they are conscious actors who negotiate life strategies that have merit and efficacy because they have been adapted to their own particular lived experiences (Epprecht 1996:190). While this paper presupposes that gender-based violence exists universally, my goal is not to present women as a one-dimensional, homogeneous 'sisterhood' that is communally united by a common experience of gendered violence, male aggression, and fear.<sup>4</sup> Rather, I will attempt to discuss black women in South Africa as a heterogeneous group of individuals who, on a daily basis, struggle with varying types and contexts of violence and/or the threat of violence, and respond to it in a way befitting their particular life circumstances, personality, and objectives.

Kabeer argues that empowerment at the individual level cannot lead to systemic changes to social relations that limit women's ability to make choices, and that instead, lasting structural changes can only be realized through unity of stance and action at the collective level (Kabeer 2000:49). While I somewhat agree with Kabeer's position, I believe the action of the individual is integral to movements for change and can be

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<sup>4</sup> Some Western feminist discourse assumes firstly that the category 'women' is universally indicative of a particular sameness of reality that is rooted in oppression constructed by male patriarchy and domination and secondly, that 'Third World' women are, prior to any examination and analysis, assumed sexually harassed, exploited and powerless victims. In this way, women in general, and Third World women in particular, are presented as an already constructed, pre-defined group, which ignores the lived reality of individuals and groups of women, their personal and social histories, and their political motivations (Mohanty 1997:79-82).

capable of eventually inducing the engagement of the group and therefore, it is necessary to examine both the individual and the collective. I emphasize that in my conclusions, I will not methodologically measure women's empowerment, but will simply establish that black women in South Africa, despite multiple sources of marginalization, are challenging and contesting gendered inequities through a diversity of expressions of agency—individually and as a group—that may or may not lead to broader social change.

It is important to acknowledge that females and males of any age and sexual orientation can be exposed to violence (sexual and otherwise) resulting in an increased risk of HIV infection and it is necessary that all groups be adequately represented and located within academic research. However, for the purposes of this paper, space will not permit a sufficient examination of all groups and therefore, my focus will lie solely with women and girls aged 15 to 49 within a heterosexual context, but is not confined to females who are necessarily heterosexual themselves since females of all sexual orientations are at risk of male violence. I have chosen to examine this age group because it includes females aged 15 to 24 who are at greatest risk of contracting HIV/AIDS, as well as women whose ages fall outside this category, as black women and older adolescent girls tend to face similar uncertainties and risks regarding violence and sexual violence. It must also be acknowledged that girl children could be at growing risk of sexual attacks and HIV infection. Although risks facing this group overlap with risks to older adolescent girls and women, some prospective motivations for child-rape in South Africa are specific to that age group and therefore, cannot be adequately or appropriately researched alongside, and within the same context as, issues of violence facing women and older adolescent girls (Hartell 2005:171; Pitcher and Bowley 2002:274).

This thesis is entirely based on research obtained from secondary sources and therefore, my arguments and suppositions are reliant upon, and limited to, the accuracy of the academic literature available. Fieldwork is necessary to investigate the reality of the relevant issues at the local level. Furthermore, this thesis provides a very limited examination of just several of the numerous and complex issues around gendered violence and HIV/AIDS.

Over the course of writing this paper, I discovered that much of the literature on gendered violence focuses on the actions and reactions of women to violent perpetrators and the systems that support their behaviour, and in cases of domestic violence, often encourages women to take responsibility for exiting the relationship. This perspective sets women up as central actors in gendered violence and essentially places the responsibility for violence against women on women, when ultimately it is men's individual choice to engage in an act of gendered violence. Because this thesis similarly discusses women's empowerment in issues of gendered violence, I feel it imperative to state that it is not my intention to excuse men from responsibility for male violence, but rather to acknowledge the existence of women's agency in strategizing ways of dealing with the daily insecurities evoked by gendered violence, while also recognizing that men are ultimately responsible for their actions and for uncovering alternate ways of being that do not violate other's human rights.

The academic literature and media material is rife with arguments supporting the presence of a generic 'culture of violence' in Africa, whereby non-whites in general, and blacks in particular, regularly engage in widely diverse acts of violence. Western media groups continue to portray Africans as 'savage' in their dealings with one another and

news coverage of black on white violence is given a disproportionate level of attention compared with acts where whites are not involved as victims of violence. Such news items are often presented as being broadly representative of 'black African culture'. Yet, according to Narayan, one can avoid any erroneous suggestion of cross-cultural universals, at least on a (sub-)continental scale, by examining issues around gender within a national context as well as with the recognition that the perception, understanding, and experience of violence tend to change as they cross national and international borders (Narayan 1997:86, 88). In alignment with Narayan's theoretical approach, I believe that to accept the existence of a singular violent condition at a continental level serves to generalize and decontextualize the real issues around violence that are specific to a given area. Therefore, although it is likely that some of the links between gendered violence and HIV/AIDS may exist throughout other parts of Africa and other continents, this thesis will examine those links only within the context of South Africa.

Even though poor women of colour are the group most vulnerable to the HIV pandemic, their voices have not been the source for discourse that has guided strategies aimed at reducing HIV transmission, which has allowed them to be turned into objects and "acted upon" (Amaro and Raj 2000:729). This is demonstrated by the fact that most of the literature concerning the relevant themes of this thesis originates from the United States and in many cases, published studies have been carried out within the United States or other Western countries (Dunkle et al. 2004a:1415). In spite of this, I have attempted, wherever possible, to research this thesis in accordance with Narayan's

theoretical approach by using information garnered from the academic literature and studies that address the relevant issues within the particular context of South Africa.

## **Gender Constructs and Agency**

### ***Role of Gender Constructs in Gender Violence***

“In all societies, poverty, discrimination, ignorance, and social unrest are common predictors of violence against women”, but it is the endurance of male domination and female subordination that form the greatest threat to women’s security (Bunch 1997:43). Yet, it is insufficient to understand gender relations and subsequently, gender violence, as exclusively resulting from “male domination and female subordination”, which can propagate a simplistic, unidirectional representation of gendered behaviour (McNay 2000:1). Notions that gender inequities are perpetuated solely by patriarchal interests and controls echoes a univocality that does not account for the complexities that shape and influence multifaceted social relations (McNay 2000:156).

Perceptions and beliefs about violence are bound up with local ideas and discourses about “the way the world is” and with assumed attitudes about relationships between men and women (Busby 1999:228). In this way, violence at both the local level and as it relates to the world at large, is understood through pre-established terms that vary and shift within cultures and locales (Busby 1999:229). Social stratifications and hierarchies shape gendered power relations and consequently influence ideas about gender and violence. Masculine identities are at the crux of gendered hierarchies and form schemas for behaviours that serve to create, reinforce, and maintain paternalistic

ideologies, thus placing women at a power disadvantage and making them more vulnerable to violence (Artz 2001:4; Morrell 1998:630).

Societal organization demands a certain norm or standard of behaviour from groups and individuals within social and gendered hierarchies, and to maintain social order, behaviour deviating from the norm is typically met with varying degrees and types of punishment. Gendered violence is one tool through which social control is maintained. It is important to note that the very existence of punishment is indicative that our personal agency is, to some extent, subject to a greater authority (Artz 2001:13).

When women complain about abuse they question their socially assigned role as subordinates to men and therefore, in resisting subordination they are not simply rejecting male domination and male privilege, but the larger structure of social organization (Artz 2001:3,4). The fact that women can and do resist systemic and structural oppression, means that their disparate position in relation to men is not unequivocally bound or immobile (Boonzaier and de la Rey 2003:1004).

Social constructs that determine what it is to be 'man' and 'woman' vary from culture to culture and therefore, the type and degree of gendered violence against women also varies as gender constructs largely influence the extent to which a culture will accept or condemn gendered violence (Artz 2001:4; Busby 1999:229).

The particular way a woman will experience gendered violence is shaped by her own multiplicity of understandings about sex, marriage, family, and gender roles, which emerge from her individual lived experience and serve to negotiate her location within discourses about gender and sexuality (Berns 2001:265; Boonzaier and de la Rey 2003:1017). Clearly, gender roles are unstable, fluid and non-universal, and therefore

they can be challenged through various forms including resistance, defiance, and other expressions of agency. Changes to gender norms and gender relations do not transmit evenly and uniformly, but rather are gradual, irregular, and scattered. This is because there is no singular, unified, integrated movement for gender equality (McNay 2000:2,156; Narayan 1997:11; Sideris 2001:52).

The ability to contest existing gender roles and to shift into new roles is an important element of women's agency. Furthermore, one can only begin to think critically about social norms and roles once the possibility of making alternate choices becomes apparent at the discursive level (Curley 2001:346; Kabeer 2000:33). Agency will be discussed in the following sub-section.

### *Agency and Empowerment*

Expressions of agency are often thought to involve relatively tangible acts such as “bargaining and negotiation, deception and manipulation, subversion and resistance”, yet they also include critical thinking and analyzing as courses of action (Kabeer 2000:29). Therefore, agency does not solely refer to the processes of making decisions and acting upon them, but is also about one's “sense of agency” or an awareness of one's internal power and the ability to exercise it (Kabeer 2000:29). Furthermore, agency does not exist merely in terms of acts of agency and resistance, but also as the potential for resisting (Jacobs, Jacobson, and Marchbank 2000:3). Agency can be manifest as either positive or negative uses of power. Agency expressed positively is the ability to set goals for one's life and make choices that reflect the objectives of those goals. In the negative sense, agency is intended to prevent others from exercising their own sense of agency in life by

the use of various tactics including violence and various modes of abuse (Kabeer 2000:29-30).

Women make dynamic choices to engage in actions of agency as they resist and oppose socially derived gender norms and roles as well as gendered violence (Boonzaier and de la Rey 2003:1004). Yet, because human agency is expressed throughout a multiplicity of situations and circumstances, it is neither predictable nor predetermined. Therefore, women tend to exercise agency in distinct ways that correspond with their particular set of circumstances, rendering ineffective the examination of individual agency in relation to that of other women (Curley 2001:325; Kabeer 2000:34, 53).

That women are aware and conscious does not necessarily mean that they act agentically at all times, as factors including personal motivation and energy may play a role in determining whether a woman will think critically and/or act at a given time. By and large, agency tends to ebb and flow according to the circumstances of the moment (Meyers 2002:21).

Agency tends to be influenced by social role, causing women to revise and modify their agentic responses and behaviours around the context of power differentials (Moskowitz 1994:758). Given that the social roles and norms that perpetuate gender inequities and gendered violence tend to be embedded in gender biases, women's agentic responses to gendered physical and sexual abuse are inherently responding on behalf of, and because of, their gender, and speak to gender inequities as well as the social roles that maintain them.

Power and empowerment are two fundamental elements of women's agency. A strong relationship exists between power and agency, but the two are not interdependent,

as power can exist without the simultaneous presence of agency (Kabeer 2000:30). Power can be defined as one's "ability to make choices" and "can operate through consent and complicity as well as through coercion and conflict" (Kabeer 2000:32). Power is active and involves the use of whatever resources and interventions are available to obtain a desired outcome and it is crucial to note that this may involve a decision to take no action whatsoever (Ramphela 1993:107).

Such debate surrounds the use and legitimacy of the term 'empowerment' that it has been assigned no generally accepted definition (Kabeer 2000:53). Some critics argue that its use is patronizing as people will always make the best choices possible given their circumstances and outsiders are in no position to offer alternate ways of being. Furthermore, power and agency are to be found within the self and therefore, it is unnecessary, condescending, and ultimately antagonizing for outsiders to offer methods or modes of empowerment (Ramphela 1993:107). However, for the purposes of this paper, I offer Kabeer's position. Speaking to issues around gender, she specifies that "empowerment is about the process by which those who have been denied the ability to make strategic life choices acquire such an ability" and empowerment can legitimately derive from within and without the individual (Kabeer 1999:435).

Based on Kabeer's perspective, to become empowered one must first have experienced disempowerment, which is signified by an inability to make informed decisions and choices due to the presence of inequities. For example, poverty often begets disempowerment, as it can severely limit the possibility of making informed and/or purposeful choices. Empowerment is correspondingly experienced as the removal of restrictions on one's ability to make meaningful choices in life, and subsequently, the

attainment of increased control over one's life in spite of limitations and disparate power relations. It should be noted that one's inability to meet an objective may not result from disempowerment but rather ineptitude, lack of skill or ability, indolence, or malaise. As well, individuals having a large amount of power or control over life's day-to-day choices are not necessarily 'empowered' unless they had previously experienced disempowerment (Kabeer 2000:28-30; Ramphela 1993:108).

Empowerment therefore emerges with the recognition of the relationship between personal choices and the societal power relations that limit and influence those choices. It focuses on the power available to initiate positive change while recognizing people's struggles and constraints, which are sometimes self-imposed. Thus, empowerment strategies oblige the examination of existing coping mechanisms and patterns, and challenge their usefulness and their potential to perpetuate conditions of disempowerment (Ramphela 1993:125). In this way, empowerment can encourage modifications to perspectives and in turn, behaviours (Marks 2002:22).

There is some suggestion that women make choices that perpetuate the existence of gendered inequities and female disempowerment. For example: women can be conscious of their second-rate status in the domestic household yet actively discriminate against their own daughters; they may knowingly place their personal health and welfare in jeopardy through continued attempts to produce sons; and they may regularly endure and tolerate their partners' violence in the home. While it can be argued that women in such situations may exercise choice in their circumstances, their choices are limited by, and borne out of, their second-rate status, which will ultimately determine the kinds of choices women are able to make based on the reality of their personal situation. Choice

inherently means that alternate possibilities and options are available (Kabeer 2000:28, 32).

This thesis will discuss further the influence that gender constructs have over women's ability to be empowered and to exercise agency in resisting gendered violence and the associated risks of HIV/AIDS. The following chapter will highlight some of the ways that women are marginalized by gender roles that reinforce male power and encourage a general tolerance for violence against women.

## **Chapter Two. Issues of Gender Violence**

### **Gender Violence in South Africa**

#### ***Prevalence of Violence***

Although types of gendered violence vary from country to country and locale to locale and motivations are complex, it does exist as a universal. Yet, the international community has been slow to give it priority as a human rights issue and in many cases, continues to view it as a lesser priority. This is in part due to the fact that until recently, most cultures remained silent about gender violence, regarding it as a matter to be kept private and within the family (Green 1999:1).

Gender violence is both an expression of gender inequality, as well as a means of reinforcing gendered power imbalances. It is used to ‘punish’ women as well as to communicate male power and authority. Societies are often more accepting of gender violence than they are criminal acts, and frequently lay blame upon the victim (Bott, Morrison, and Ellsberg 2005:8).

In practically all cultures, male violence against intimate female partners is the most predominant form of gendered violence. Studies show that women also hit male partners; however, it is usually in self-defence. On a global scale, the greatest majority of injuries borne out of domestic violence are experienced by women (Heise 1993:172; Bunch 1997:42). According to the World Health Organization, world-wide studies reveal that 33 to 50 percent of physically abused women also report sexual coercion and sexual abuse (Gupta 2000:3; World Health Organization 2002).

South Africa has an international reputation for having very high levels of gendered violence; the country's rate of gendered violence is one of the highest worldwide for non-warring countries (Wood and Jewkes 1997:42). Those most significantly affected by gendered violence are black women who are also poor and of working-class status (Wojcicki 2002b:271).

Domestic violence has become so endemic, it is estimated that between one in four and one in six South African women suffer abuses perpetrated by a male partner (Boonzaier and de la Rey 2003:1003). In concurrence with the World Health Organization's findings, studies performed in South Africa reveal that women who are physically abused commonly describe their partners as having engaged in sexually abusive behaviour ranging from verbal sexual degradation to forced sex (Campbell 2002:1332).<sup>5</sup> Of 3,700 women interviewed in Gauteng, 68 percent claimed to have experienced some level of sexual harassment while at work (Wojcicki 2002b:271). Young women complain of emotional and physical pressure to engage in sex, and coercion by male friends and acquaintances is prevalent. There is a common attitude among men that women really mean 'yes' when they say 'no' to sex and therefore, physical force is deemed acceptable (Smith 2005:8; Campbell and Williams 2001:138-139). The negative socialization of men clearly begins early as interviews with school-aged boys revealed that only one in ten opposed sexual violence (Wojcicki 2002b:271).

Thus, there seems to exist an overarching tolerance for gendered violence (Jewkes et al. 2002:1611; Wojcicki 2000:383-385). Perhaps this is in part because the ways in which current generations relate to others remain affected by memories of humiliation

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<sup>5</sup> The studies were carried out in several countries including South Africa, Zimbabwe, Sierra Leone, and the United States (Campbell 2002:1332).

and degradation under the system Apartheid (Smith 2005:7)—gendered violence is always contextualized by numerous factors, including those historical, which produce various constructions of what is acceptably masculine (Artz 2001:4). Some ideologies of Apartheid powerfully shaped gendered constructs, which continue to resonate today (Lipton 1985:14). The legacy of Apartheid pervades today in the tempering of conditions and attitudes that promote male violence against women. The following sub-section will provide a limited discussion of some practices of the Apartheid system that enforced racial and gendered segregation and discrimination, and as they pertain to the current situation of gendered violence in South Africa.

### ***Apartheid: A Legacy of Violence***

Apartheid, which officially ended in 1990, was in part a state-produced, legalized form of racial discrimination that consisted of three main characteristics: a race-based, hierarchical categorization of political, economic, and social structures; overt discrimination that prescribed the exclusion of blacks from many civil rights and liberties; and the segregation of blacks in many aspects of life including employment, housing, and education (Lipton 1985:14-15).<sup>6</sup> The objective of state administrators was to ensure the advancement of whites over blacks, particularly economically, and to ensure a cheap and steady supply of labour for the promotion of white interests (Kendall and Louw 1987:32).

Prior to Apartheid, the Glen Grey Act had been created, which forced blacks off their land in an effort to decrease labour tenancy and facilitate the proletarianization of

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<sup>6</sup> Although apartheid officially ended in 1990, blacks have only been legal citizens since 1994 (Marks 2002:18).

blacks (Beinart and Bundy 1987:138-139).<sup>7</sup> Black families were allotted one small plot of land in areas known as ‘reserves’, which were of poor agricultural quality and could not provide for sufficient subsistence requirements, thus forcing blacks into waged labour. There were fewer plots than families and the reserves quickly became overcrowded, over-cultivated, over-grazed, and consequently, infertile and unproductive. The limitations of tenure prevented blacks from equitable agricultural competition with white farmers and eliminated any possibility of advancement that might result from personal industry or innovation (Kendall and Louw 1987:14-16). Land title was placed only in the name of the male household head, having great ongoing implications for women around issues of property and ownership (Kendall and Louw 1987:14).

Two core tools of Apartheid included legalized government control over blacks’ economic and social mobility by way of the job colour bar, and the compulsory use of pass cards.<sup>8</sup> The job colour bar prohibited blacks from engaging in particular jobs reserved for whites and essentially forced blacks into so-called ‘unskilled’ and low-paying positions, which guaranteed poverty (Crankshaw 1997:12; Lipton 1985:19-20; Worden 2000:58).<sup>9</sup> Concomitantly, pass laws allowed the government to scrupulously control black movement and therefore, labour power—black men were obliged to carry a pass containing detailed personal information including a complete past and current labour history (Lipton 1985:51).<sup>10</sup> If in transit, a man’s pass had to disclose the destination and purpose of his journey. Authorities had to provide written permission

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<sup>7</sup> The Glen Grey Act was composed in 1894 by Cecil Rhodes (Beinart and Bundy 1987:16).

<sup>8</sup> The job colour bar was formally institutionalized in 1918 via the Status Quo Act (see Worden 2000:58).

<sup>9</sup> In reality, such positions were often highly skilled, demanding and/or dangerous to the worker’s health or life (Lipton 1985:19).

<sup>10</sup> Pass laws remained in effect until 1986 (Ramphela 1993:17).

before a black man could travel, whether for employment or personal reasons (Marcus 1989:51-53).<sup>11</sup>

Although women were not required to carry pass cards until the 1950s, their social and economic mobility was extremely constrained as employment for women was even more restricted by the job colour bar than was men's and women were not usually permitted to reside with male partners engaging in migrant labour (Schmidt 1983:1; Marcus 1989:51). Left behind on the reserves, women had few options but to engage in poorly-paid and demanding farm labour or domestic work or be forced into informal work such as the better-paid but illegal activities of selling sex or home-brewed beer (Graybill 2002:100; Marks 2002:17; Sideris 2001:48). Women who worked on farms typically endured very poor working conditions and extremely long hours and received poor wages. They were at risk of physical and sexual violence at the hands of farm owners, foremen, managers or other farm workers (Cock and Bernstein 2002:14; Human Rights Watch 2001:70-72). Women domestic workers faced similar circumstances and risks of violence. Many were charged with looking after the children of their typically white employers, yet were unable to take a primary role in the raising of their own children as they often saw them only on weekends (Cock 1989:240).<sup>12</sup>

Resistance against Apartheid was always present in various forms, but reached new heights during the 1980s and was met with tremendous levels of state violence. Violence was also prevalent between adversarial political and social groups, as well as armed liberation forces and vigilante groups. The level of violence eventually changed

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<sup>11</sup> Blacks charged with breaking the pass laws were routinely sent to work for whites as convict labourers (Lipton 1985:25).

<sup>12</sup> Cheap, black, domestic labour allowed many white women to carry on a life of leisure, or to engage in labour to generate a personal income (Cock 1989:240).

from vertical (the state against citizens and citizens against the state) to horizontal (citizens against each other) and in some parts of the country, the struggle erupted into nothing less than low-level civil war. Relentless violence of these proportions inescapably bled into all aspects of life, which inevitably led to a long-term destabilizing of social and moral codes (Hamber 1999:114-115; Sideris 2001:47).

The residual trauma carried in the wake of years of oppression has left few South Africans unscarred and generations of identities have been produced in the face of repressive, demeaning, and violent treatment. Black men were emasculated by forcible exemption from decision-making processes in many aspects of daily life, and by a loss of control over their own labour power as a direct result of the migrant labour system.<sup>13</sup> Masculine identities and male power came to be centred around the subjugation of the only group having less power than black men, namely black women (and children), and were, to a large extent, expressed through physical and sexual aggression against women (Marks 2002:21). In this way, women suffered two-fold: the general brutality inflicted by conflict and violence; and a particular type of brutality intended to attack female sexuality (Sideris 2001:46).

Although gendered violence tends to escalate during times of war or conflict, the end of the conflict is not subsequently paired with a corresponding end to violence against women and this has certainly proved true for South Africa (Pillay 2001:36-37). Gender violence has been inherited to some extent from the Apartheid legacy, and although Apartheid has ended, gendered discriminatory social and economic conditions continue to support the pervasion of violence against women (Moffett 2006:134).

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<sup>13</sup> The term 'migrant labour' is somewhat of a misnomer as many so-called migrant workers have, after migrating, remained in the same location for many years—some upwards of 25 years (Ramphela 1993:31).

Women are still typically afforded the lowest paying positions in formal employment because labour-force roles are systemically, and to a large extent socially, gender-typed. Reproduction is perceived as a hindrance to women's ability to perform as producers, and consequently, they are discriminated against in the hiring process. South Africa's education system suffers from gendered discrimination which limits women's exposure to both higher education and participation in the formal labour market (Meena 1992:13-14). Most women earning an income are informally employed—commonly within the service industry where there is extreme difficulty in earning sufficiently to support a family. Other women continue to engage in beer brewing and selling, sex work, and domestic and farm work where poor treatment, poor working conditions, and low wages are still common (Sideris 2001:48).

It is important to recognize though, that many South African women have shown enormous innovation and agency in constructing numerous distinctive ways of earning an income. Some women have created their own craft or textile micro-operations, and produce products for street vending and for sale on international markets (Acosta-Belen and Bose 1990:312). Others are micro-entrepreneurs in such trades as selling fresh produce, foodstuffs, cooked foods, and newspapers. Women also offer services in tailoring, hair cutting, and shoe shining, or offer various types of casual or part-time labour. Some urban women retrieve and sell items from materials intended for recycling piles (Kerner 1988:48; Robertson 1984:35). As well, women take advantage of the high demand for access to the spirit world,—which for many South Africans is a very powerful and integral component of daily life— by earning an income as seers, mediums, and diviners (Shaw 2002:129; Arce and Long 2000:29).

Still, the prevailing economic challenges perpetuate women's general impoverishment and deny their power and influence within the family and the larger society. They create conditions in which women are marginalized, or 'ghettoized', often into a position of economic dependency, which is perpetually reinforced by a sexist ideology (Cock 1989:241; Meena 1992:15).

Black men in South Africa also experience economic marginalization—unemployment is widespread throughout the country and most blacks live in conditions of abject poverty (Smith 2005:7-8).<sup>14</sup> Nonetheless, for women, living in conditions of poverty and insecurity strongly affects their risk of gendered violence. In cases where women and their children are financially dependent on their husbands or partners, there is obvious difficulty in leaving abusive relationships. North American studies show that although socioeconomic status may not in itself prevent women from being abused, having money and an education allows women to escape the violence more quickly and easily, thus avoiding long-term exposure. Furthermore, women who cannot access employment or education often live isolated lives, thus increasing their possibility of financial as well as emotional dependency upon partners. Isolation also prevents women from the means necessary to seek empowerment in outside resources, such as women's organizations and NGOs (Campbell 2003:63; Artz 2001:6). Although black women's economic position in South Africa is slowly improving, the vast majority continue to live in conditions of serious economic insecurity making them more vulnerable to gendered violence (Pillay 2001:44).

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<sup>14</sup> South Africa's Human Sciences Research Council recently reported that 57% of South Africans live in poverty (Smith 2005:8).

Clearly, the marginalization of women within both their public and private lives increases their risk of exposure to gendered violence. Yet, although issues of gender are often discussed from a context that locates women within the divergent settings of ‘the public’ and ‘the private’, it is not possible to simply situate gendered violence within these two spheres, particularly in the case of South Africa. The following section will discuss the ways in which imagined boundaries that are thought to delineate ‘the private’ from ‘the public’ are obscured and therefore, not representative of the day-to-day experience of many black women living in South Africa. Understanding the intersection of the so-called public and private spheres serves to demonstrate a more normative reality in which women are at risk.

### ***The Public and the Private***

As in most countries, gender violence in South Africa predominantly takes place inside the victim’s home. The perpetrator is usually known to the woman and is often her intimate partner or someone with whom she has been intimately involved (Krantz 2002:242). This is likely due to the fact that men generally have greater freedom to engage in gendered violence within the privacy of their own homes (Maitse 1998:56). But gender violence is also pervasive outside the context of domestic violence—between 42 and 50 percent of rapes are committed by strangers (Jewkes and Abrahams 2002:1235). These bleak numbers serve to demonstrate women’s vulnerability to male violence in both public and private settings and establishes a lack of validity to the commonly-held assumption that the social space ‘home’ is safe and secure and that women are generally safer in private spaces (Meth 2003:317-318).

The public and private spheres are commonly presented as two dichotomous social spaces. However, to distinguish the 'public' and the 'private' as simple binary opposites repudiates any possibility of the interrelatedness and connections between the two domains as the public recurrently overlaps into the private and vice versa (Bonnin 2000:303). This overlap is strikingly evident when examining the reality of the social space, 'home' for South African women. 'Home' tends to be imagined as a material space within a physical structure, when in reality many women in South Africa sleep on the streets or find shelter in non-permanent or less formal spaces such as hostels, squatter camps or shanty towns (Meth 2003:320-323).

As well, for many women, the public and the private are one and the same—women employed in the informal sector commonly work from home, and therefore, the very location that is regarded as public during the day becomes private at night. Women engaged in informal employment frequently work as street vendors. In that line of work, women often have sleeping accommodations in the same physical space as their vending booths, thus lacking a sense of privacy as well as safety no matter the activity, location, or time of day in which they are engaged (Meth 2003:320). A woman street trader who works and lives at Warwick Junction in KwaMashu, KwaZulu-Natal describes her 'home' as being built of "old plastics". She complains that it is vulnerable to rain water and the materials blow away with the wind. Women living in similar conditions voiced perpetual feelings of helplessness and insecurity, physical and otherwise (Meth 2003:323-324).

Living in lower socio-economic areas and in overcrowded neighbourhoods places poor women at increased risk of violence within and without the home (Pillay 2001:42).

Thus, women living in more secure 'formal' homes are not necessarily at reduced risk for physical and sexual violence compared with those living in less formal and informal conditions (Meth 2003:324). Furthermore, an obvious overlap of what is public and what is private dictates that it is too simplistic to accept a polarization of the public and private spheres when examining gendered violence. It also denies women's faculty for multivocality and proclivity for resisting and contesting not only power in a variety and diversity of spaces, but also the discourses that shape gender constructs and the power apparatuses that maintain them (Bonnin 2000:304).

Because gender inequities, and therefore gender violence, traverse all social spaces, there is no particular social space that can offer women an intrinsically secure environment, and given the broad level of gendered violence extant in South Africa, women may be vulnerable to attacks of violence at any time of day and in most any location, be they public or private. Indeed, notions that gendered violence is a 'private', family matter that lacks legitimacy as a public and state issue is not only unjust and discriminatory, but unfounded.

Despite its prevalence, there seems to exist a great deal of indifference toward gendered violence at every level of entry in the judicial system. Apathy around violence against women is evidenced in a survey of 10,697 women, which found that women's reluctance to report abuse to the police and government legal and social services stemmed directly from their negative experiences with police, the inadequacy of the legal system in dealing with gendered violence, and the fragmentation of social services (Human Rights Watch 1995:2).<sup>15</sup> State justice systems are also clearly lacking, as a telling government study revealed that a mere 7.7 percent of rape cases reported in 2002 ended in convictions

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<sup>15</sup> The survey was conducted by the Advice Desk for Abused Women and the National Women's Coalition.

(Human Rights Watch 2004:12). These studies speak to prevailing attitudes that gender violence is still largely considered a private 'women's issue' rather than a human rights issue requiring state attention.

Although the South African government recently promised to bring equality to women and to make gendered violence a policy priority, there is a clear gap between policy and practice. Women continue to face indifference and even hostility from the police and judicial systems. It is common for police to ignore calls to assist brutalized women or to allow male abusers to go free with a simple warning. Women are commonly expected to give formal statements in locations lacking privacy and routinely deal with officers who lack sensitivity, which is attributable to little or no training in dealing with crimes of a sexual nature. When officers are not immediately available, rape survivors can expect to wait long hours to make a statement. Physically accessing police is often impossible, particularly for rural women without the means necessary to make the physical trip to the police station. Women who do contact police are commonly subjected to maltreatment by law enforcement, legal, and justice officials. Court clerks and police are often unacquainted with the laws around gender violence and subsequently, misinform or turn away women in need of information or who want to file a complaint. Prosecutors are guilty of actively discouraging women from filing complaints (Human Rights Watch 2004: 9-12; Human Rights Watch 1995:180-181). Presumably, lack of state attention and police responsiveness has had a heavy influence over the fact that many abuses go unreported and contribute to the continuous growth and spread of violence (Dinan, McCall, and Gibson 2004:728).

Apartheid hangovers cannot be held solely responsible for such a flagrant lack of attention to issues of gendered violence in the present day. Rather, it is necessary to also examine the function of what is considered normal or acceptable behaviour by the greater community—the extent to which gendered violence will be expressed is largely affected by societal norms and gender roles and constructs. As well, the extent to which a woman will tolerate violence and the ways that she will respond to violence is also influenced by how she locates herself within the dominant gender norms and expectations of her immediate and larger communities. These issues will be discussed in the following section (Bott, Morrison, and Ellsberg 2005:8).

## **Gender Roles, Marginalization, and Violence**

### ***Gender Roles and Male Authority***

In order to understand how one negotiates behaviour and decision-making within a given culture, it is essential to examine the gender constructs within the particular socio-cultural context that shape thoughts and actions and the ways in which sexual authority is gendered within the particular location. Therefore, this section will examine some of the gender constructs that affect women in South Africa and serve to shape their behaviour and impact their power over their own agency and ability to respond to violence. It will also discuss some of the ways in which the existence of gender constructs is sustained over time.

Historically, persistent oppression coupled with gender violence contributed to the construction of gender identities in South Africa. The ongoing existence of gendered violence serves to regenerate and maintain gender identities that support male authority

(Sideris 2001:46; Smith 2005:7). The bolstering of male power is often played out within intimate relationships and is determined, in part, by the extent to which a man's will can be imposed upon women. An apparent pervasive notion exists that men are entitled and even required to parent or police their partners, rather than to behave with them as equals (Varga 1997:48; Wojcicki 2002b:271). Wife-beating is often viewed as an acceptable means of 'discipline' and even as an act of love within a marriage. Married women are commonly viewed as the property of their husbands and are typically expected to submit to their partners' demands for sex (Boonzaier and de la Rey 2003:1017; Fonck 2005:338).

Other gender constructs dictate that the boundaries of any intimate relationship—married or otherwise—endow men an inherent right to expect and demand sex at will, thereby restricting women's basic human right to exercise control over personal sexuality and reproduction. These gender guidelines extend further to include the notion that women should be sexually dominated by men and that sexual violence is an appropriate means of reinforcing male status (Bridges Whaley 2001:533; Gupta 2000:2; Human Rights Watch 2004:9). The threat of violence means that many women are unable to simply opt out of sex when they so choose and violence within the home further restricts women's ability to negotiate decisions and exercise choice in issues around sexual engagement. Furthermore, they have little to no control over their partners' fidelity. Women typically accept their husband's additional relationships, and should they refuse to do so, they may risk a violent response from male partners. However, if it is discovered that a woman has been sexually unfaithful to her partner, there is a common acceptance

that she deserves to be beaten (Human Rights Watch 2005:1; Kim and Motsei 2002; Smith 2005:2).

As mentioned, women's lower status merges with gendered economic marginalization to create even greater conditions of vulnerability, particularly in situations where women are financially dependent on male partners. "South African women are more likely than men in all racial categories to be unemployed, with black women particularly disadvantaged due to limited access to education" (Wechsberg et al. 2005:56). This is evidenced by the fact that single male-headed households have a 29 percent chance of being impoverished, whereas households that are headed by single women have a 48 to 53 percent chance of being poor (Woolard 2002:32). Such vulnerability places women at risk of violence within and without the home (Campbell 2003:63; Naidoo 2002:381). A study of physically abused women in South Africa's Western Cape revealed that economic abuse by partners and husbands is normative. According to the study, it is common for abusive partners to withhold money and insist that women perform physical tasks and/or sexual favours before the money is 'given', money earned by the women may be taken from them, and partners may throw (or threaten to throw) women and their children out of the house for not complying to demands (Artz 2001:6).

It should be noted however, that women earning equal to, or more than, their partners are also at increased risk for domestic violence—as women's access to resources increases, prescribed gender roles (male as 'breadwinner' and 'provider') are questioned and men may perceive their positions of privilege and authority as threatened. Women have reported that in cases where they are the sole, dominant, or permanent money earner

in the family, partner abuse has been directed at diminishing or destroying their sense of self-worth, often by attempting to degrade them, sometimes sexually (Boonzaier and de la Rey 2003:1019).

The sexual experiences of teenage girls and younger women are heavily affected by male violence as well as socially constructed gender roles regarding love, sex, and submission to male partner desires. Studies have found high levels of violence being exacted by urban teens seeking sex (Abdool Karim 2005:258). Forced sex in intimate relationships is not necessarily considered rape. One young woman declared, “They find you on the street and they force you to go home with them so that they can have sex with you. It is rape but we don’t call it rape because they are our boyfriends” (MacPhail and Campbell 2001:1623). Therefore, self-identifying with the female categories of ‘girlfriend’, ‘wife’, or ‘partner’ may be internalized by the individual that she is fundamentally at the behest of male privilege. This glaring power differential can silence women, obliterate their decision-making abilities, and relinquish their sexual negotiating power.

Within and without South Africa, women have long been expected to assume the role of ‘stewards of morality’ on grounds that a desire to do so is intrinsic to their gender as well as their roles as wives and mothers (Green 1999:11). Women who contest or deviate from gendered constructions of ‘the feminine’ may risk physical and sexual attacks by partners and other men. It is common for men to use sexualized insults such as ‘whore’ or ‘slut’, or to accuse women of being involved with another man. Such taunts and accusations call women’s sexuality into question and implicate all aspects of womanhood as being utterly intertwined with chastity. Sexual cleanness is thus presented

as the quintessential embodiment of womanhood, and insults that intend to denigrate a woman's sexual reputation serve to strip women of their gender and subsequently to desexualize, degenderize, and ultimately, dehumanize (Boonzaier and de la Rey 2003:1014-1015).

### ***Maintenance of Gender Roles***

Such gender norms give men permission to manipulate women into accepting abuse. Gender constructs are longstanding, particularly because they tend to be reinforced by the broader community and older generations. This is evident in older people's routine excusing of young men's violent behaviour with dating partners as "normal boyish behaviour" (Jewkes et al. 2002:1605). Religious leaders can also serve to reproduce and sustain patriarchal ideologies that support the function of socially constructed gender roles. For example, notions that women should fulfill the role of nurturer in order to be regarded as 'good' women are often supported by religious norms in South Africa, which are predominantly Christian. Such norms generally tend to prescribe the role of a 'good woman', particularly in matters of sexual cleanliness and the nurturing of her family, thus coercing women to remain with their partner, even in abusive environments. It is therefore common for a diversity of religious leaders to advise women to remain in abusive relationships and under the authority of their husbands as household heads, thus bolstering male power and in turn, strengthening notions of female subservience. A complicity between male violence and religious expectation can contribute to women feeling trapped within violent relationships (Boonzaier and de la Rey 2003:1014,1015).

The actions of those clergy and others who excuse, and therefore promote, male oppression, consequently play a role in the negative socialization of girls and women. This affects personal perspectives around gendered violence, which in turn, tend to be modelled and thus, transferred to children by parents and community members with whom children have contact (Pillay 2001:40). In this way, there exists a continuous generational cycling of socially constructed gender norms and roles, which serve to shape the ways in which women are perceived and subsequently treated by men, and the prevalence and acceptance of violence against women. They can also affect the degree to which women themselves will tolerate or resist gendered violence. Although these types of gender 'norms' are hardly specific to South Africa alone, they speak to some of the normative conditions experienced by South African women in day-to-day life that affect the presence of gendered violence in their lives and subsequently merge with individual subjectivity to influence and constrain women's ability to react to, cope with, and resist violence.

## **Violence and Agency**

### ***Contesting Gender Violence***

Outside sources including the media tend to have an influence over shaping gender constructs, which supports the notion that there is some level of freedom in the extent to which one will accept the dominant norms. This point is illustrated by the findings of a study of abused women in the three South African provinces of the Eastern Cape, Mpumalanga, and the Northern Province. The study revealed that 74.9 to 80.6% of women believed that "in more than one situation it is sometimes or always acceptable for

an adult to hit another adult” (Jewkes et al. 2002:1609).<sup>16</sup> The women also supported a general tolerance for female subservience, which could affect women’s perspectives on, and behaviour around, gendered violence. Interestingly however, the women’s views about female submissiveness were generally less tolerant than those they perceived as the cultural norm (Jewkes et al. 2002:1607-1609).

Individual women tend to deal with the norms and expectations of the dominant group in individualistic ways. Some women find it difficult to deviate from gender constructs and may tolerate them. Others ignore them and create their own constructions of ‘the feminine’ and may or may not conduct themselves accordingly. Some women make efforts to reinforce gender constructs that are, or may seem to be, disadvantageous to themselves and to women as a group, which is typically the result of internalized ideologies that legitimize gender inequality and violence. This can result in women acting as “agents of gender violence, perpetuating it directly and indirectly much in the way men do”, and in the ‘policing’ of other women who express disagreement or deviance from gendered norms (Green 1999:11). That women may reinforce gender inequality and therefore, gender violence, is not to say that women do not exercise agency. Policing of women can in itself be an act of agency in cases where, for example, women who do so subsequently receive better treatment from sometimes violent partners. Again, women who behave in this way also speak to the uniqueness in response of the individual involved.

Subjection to gendered abuse also has a strong bearing on women’s perception of gendered violence. The greater the frequency of violent attacks against a woman, the

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<sup>16</sup> The statistics are based on a survey of women after they were placed into 1 of 4 categories: “ever physically abused”, “physically abused in past year”, “physical violence and threats in past year”, and “all women” (Jewkes et al. 2002:1609).

more likely an abused woman will blame cultural norms and expectations as the motivating force behind men using violence to punish women (Jewkes et al. 2002:1605-1607). It is possible that abused women who view men as victims in this way could be reacting to their own disempowered position, and the status imbalance elicited by the gendered hierarchy that governs social life (Conway, Pizzamiglio, and Mount 1996:25).

It is clear gender roles and male authority can restrain women socially and economically. This increases women's vulnerability to gendered violence, which in turn, increases their risk of contracting HIV/AIDS. Only in recent years has research introduced the nuances and interplay of male-partner violence, male-partner attitudes toward safer sex practices, gender-based power, and gendered poverty as influential factors on HIV risk and women's risky behaviour (Amaro and Raj 2000:724). The connection between these issues and HIV/AIDS will be discussed in the following chapter with a particular focus on male violence.

## **Chapter Three. Gender Violence and HIV/AIDS**

### **The Spread of HIV/AIDS**

HIV/AIDS is spreading in sub-Saharan Africa at a significantly higher rate than all other regions of the world. It is spreading more rapidly in eastern and southern Africa, with South Africa experiencing some of the highest rates of infection overall (Buvé et al. 2002:2013). The first known case of AIDS in South Africa was discovered just a quarter of a century ago in 1982. By 2004, approximately 5.3 million of the country's population of 45 million were infected with HIV/AIDS and about 600 people were dying each day from the infection. Based on these numbers, it is estimated that without intervention, the life expectancy for women will have dropped from 52 years of age in 2001 to 37 in 2010, and for men, from 49 to 38 (Human Rights Watch 2004:8-9; Maharaj 2001:249).

Approximately 1,500 people become infected with HIV every day in South Africa and the majority of newly infected are female (Marks 2002:15). In fact, it is estimated that of all HIV/AIDS cases in South Africa, 57 percent are women and girls aged 15 to 49. The number of women attending antenatal clinics who are HIV positive jumped from 0.7 percent in 1990 to 26.5 percent in 2002, which further demonstrates the magnitude at which the disease is spreading (Human Rights Watch 2004:8-9; Maharaj and Cleland 2004:117).

Yet, since statistics show that in some continents, countries, and localities, it is men who experience considerably higher rates of infection, it is necessary to locate the particular set of factors influencing the spread of HIV/AIDS within the local context. The most common means of HIV transmission in a given area, and the group(s) at greatest

risk, are determined by a complex interaction of factors that can include social norms for sexual behaviour, number of sexual partners, rate of partner change, and biological factors. Therefore, to understand and target the predominant means of transmission, influences that govern the spread of the infection must be contextualized within the particular location in question (Buvé et al. 2002:2011-2012).

In the South African context, a greater number of women are infected in part, because HIV is most commonly spread through heterosexual intercourse, and women are at increased risk due to biological reasons as evidence shows that the person in the receptive role is at greater risk than is the person in the insertive role (Buvé 2002:2011; Pinkerton and Abramson 1997:1304).<sup>17</sup> In addition, gender violence and the threat of gender violence strongly increase women's risk of becoming infected. Studies reveal that a woman's risk of contracting HIV/AIDS intensifies by simply having a controlling partner in a current or previous relationship, and if she lives with the presence or threat of gendered violence, her risk of infection significantly increases to an even greater degree (Dunkle et al. 2004a:1419). As well, when men have a greater amount of power in intimate relationships, the women with whom they are involved are more likely to have HIV than if the power relations were egalitarian (Martin and Curtis 2004:1410). Subjection to rape places women at obvious risk of HIV/AIDS infection, and the fact that women usually bleed after a rape increases the likelihood of transmission (Wechsberg et al. 2005:57). But in addition to the obvious risks of HIV transmission through rape, the presence or threat of abuse creates subtle conditions that limit women's ability to engage in decision-making processes to protect themselves, and encourage risky behaviours that

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<sup>17</sup> The number of HIV/AIDS transmissions resulting from injections with infected needles, blood transfusions, and scarification are thought to be few (Buvé et al. 2002:2011).

increase the risk of infection. Abuse pollutes decision-making processes around STIs because it merges with, and corrupts, the social, psychological, and cultural factors that influence women's ability to negotiate around these issues, especially where gender norms deny women equality in such decisions (Campbell 2002:1332). Furthermore, in social environments where survival is threatened, attention to health is reduced, risk-taking increases, and there is therefore, less of a concern about potential hazards including those associated with sex (Marks 2002:17).

A significant number of HIV transmissions result from sexual intercourse with a spouse or an intimate partner (Maharaj and Cleland 2004:116). However, the extent of the pandemic is also largely determined by the extent to which men have unprotected sex with sex workers, and later have intercourse with other women who may in turn have sex with additional partners. As well, the pervasiveness of transactional sex has been largely overlooked as a principal factor in the spread of HIV (Buvé 2002:2013; Hunter 2002:13,115-116). As mentioned, HIV/AIDS and commercial and transactional sex will be discussed further in Chapter Four.

The World Health Organization contends that condom use is crucial to the reduction in the spread of HIV/AIDS and therefore, the issue of condom use is a central topic in this thesis (World Health Organization 2005). Yet, there is a substantial body of literature that supports the notion that condom use is stigmatized in South Africa, and that stigmatization produces a profound hindrance to condom use. As well, the presence or threat of gendered violence—singularly and in combination with condom stigmatization—can deter women from insisting or even requesting that their sexual partners use condoms. Additional factors including gender norms and roles that create

gendered power imbalances, social status, and financial insecurity exist as obstacles to women who desire their partners use condoms. This chapter will discuss the fact that these issues can overlap in any combination with gendered violence to create conditions that reduce the likelihood of condoms being used in intimate-partner relationships as well as in casual sexual encounters.

In addition to issues around condom use, this chapter will not simply discuss sexual behaviour at the individual-level as that would suggest that sexual decision-making processes result solely from rational choices based on knowledge. Rather, I will discuss sexual behaviour from the perspective that it is largely shaped by experiences and beliefs borne out of exposure to the influences of the societal, cultural, and normative contexts of individual lived experiences (MacPhail and Campbell 2001:1614-1615). This perspective allows for the recognition of a merging of one's personal beliefs with those various beliefs of the larger society, thus the individual is at least in some measure, subject to the dominant ideologies that shape sexual behaviour. The chapter will therefore discuss how dominant gender imbalances and gender roles converge with gendered violence to shape women's attitudes toward condoms and women's ability to insist on safer sex options. It will also exemplify the existence of agency as women contest and challenge male violence and prevailing gender norms that place them at increased risk of contracting HIV.

## Issues around Condom Use

### *Condom Research*

The World Health Organization recommends that preventive measures must include, among other strategies, the regular use of condoms (World Health Organization 2005).<sup>18</sup> Although there is debate in the scientific community as to the effectiveness of condom use in the reduction of HIV transmission, studies that isolate for consistent condom use conclude that male “condoms decrease the per-contact probability of male-to-female transmission of HIV” by about 90 to 95% for both insertive and receptive partners where penile-vaginal intercourse is the mode of engagement (Pinkerton and Abramson 1997:1303, 1309).<sup>19</sup> Female condoms are at least as effective as male condoms—they are estimated to be 94 to 97 percent effective in preventing the transmission of HIV and other STIs (Marseille 2001:136-137). Condom effectiveness in the prevention of HIV transmission decreases with penile-anal sex; however, the risks associated with that mode of intercourse will not be discussed here as the majority of academic literature suggests that it is uncommon in heterosexual exchanges within the particular context of South Africa (Pinkerton and Abramson 1997:1303). In developing countries, male condoms purchased in bulk can cost as little as \$0.03US while female condoms cost approximately \$0.66US, and consequently, female condoms are not easily accessible. They are too costly for many individuals to purchase or to be provided at most

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<sup>18</sup> Microbicides that are anticipated to aid in the prevention of HIV transmission are currently in clinical trials (Shattok 2006).

<sup>19</sup> “Although recent meta-analyses of condom effectiveness suggest that condoms are 60 to 70% effective when used for HIV prophylaxis, these studies do not isolate for consistent condom use, and therefore provide only a lower bound on the true effectiveness of correct and consistent condom use” (Pinkerton and Abramson 1997:1303).

health and family planning clinics. This chapter will focus on male condoms because they are reasonably accessible to the public (Marseille 2001:137).

In discussing the efficacy of condom use as a method of HIV risk-prevention, it is important to acknowledge that the practice of ‘dry sex’ (“a dry, tight vagina during sexual intercourse”) is thought to perhaps be somewhat prevalent in South Africa (Civic and Wilson 1996:91). To dry the vagina, women apply a variety of drying agents, some of which are noxious. A study conducted in Zimbabwe revealed that dry sex is related to vaginal and penile lesions and abrasions, which can allow a more efficient transmission of HIV. Moreover, there is a tendency for male condoms to break during intercourse.<sup>20</sup> In circumstances where lubricant is used, it is typically applied in very small quantities. Vaseline is most commonly used, which is an oil-based product that damages the latex in latex condoms, thus affecting the condom’s efficacy (Civic and Wilson 1996:91-95). Although this thesis will not discuss dry sex further, it is important to point out that the prevalence of the practice within South Africa is unknown, as are female and male attitudes towards it. Research is required to determine how dry sex affects male and female condom use and efficacy, and the spread of HIV/AIDS as well as whether any relationship exists between dry sex and gendered violence.

Given that research shows that the regular use of male condoms should dramatically reduce the rate of HIV/AIDS transmission in South Africa, why does the infection rate continue to climb rather than decrease? As mentioned, sexual behaviour is influenced by many factors—some more powerful than even the risk of disease or death—and initiatives to reduce the spread of HIV/AIDS through regular condom use are

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<sup>20</sup> According to women interviewed in the Civic and Wilson (1996) study, when condoms break during sex men rarely stop to replace them.

impeded by several significant issues that influence behaviours around condom use (Marks 2002:22). The following sub-sections will discuss several factors that discourage the use of condoms in South Africa including attitudes toward condoms that result from social meanings attached to condoms, gender norms and roles, and gendered violence.

### *Attitudes toward Condom Use*

Countries less affluent than South Africa are demonstrating strong success in limiting HIV transmission, including Thailand, Senegal, Uganda, and Cuba. Each of these countries has dealt with the epidemic in its own way, but they have one important commonality—strong government leadership in the fight against HIV/AIDS (Campbell and Williams 2001:135). To the contrary, South Africa's government has created confusion for its people in 3 key areas: the ways that HIV/AIDS is physically spread; the ways in which people can protect themselves from becoming infected; and current medical approaches that address and treat HIV and AIDS (Mbali 2002:1-2). In a speech delivered in 2001, South African President, Thabo Mbeki, denied “the causal link between the HIV virus and AIDS” and claimed that anti-retroviral drugs used in treating the virus “are ineffective and lethally toxic” despite substantial scientific evidence to the contrary (Mbali 2002:2). He has also claimed that the documented numbers of HIV-infected people and AIDS deaths have been greatly exaggerated “as part of a racist plot to discredit African culture and sexuality” (Mbali 2002:11). Mbeki has gone on to suggest that AIDS may in fact be caused by the very drugs used in treating the disease and has blamed poverty for causing the greatest amount of disease. He has also implicated unsanitary conditions and poor nutrition as potential causes of AIDS and his Minister of

Health recommended that AIDS be treated with garlic (Chideya 2004:219; Epstein 2003:3). There is much speculation over the President's reasons for making the aforementioned claims; however, his prospective intentions will not be discussed in this thesis. Although Mbeki attempted to dissociate himself from his comments just weeks after his speech, it is probable that such sceptical attitudes from the highest level of government would have long-lasting influence over the general population's beliefs around HIV/AIDS (Mbali 2002:1).<sup>21</sup>

It is thought that Mbeki's comments have had particular consequences on condom promotion efforts as the use of condoms as an HIV risk-reduction method is low in South Africa. Yet, this does not appear to be linked to an intolerance for contraceptives in general, as contraceptive-use is considered high in the country. In fact, South Africa was one of the first sub-Saharan African countries to report a reduction in national fertility rates. Most studies conclude that beliefs about, and attitudes toward, condoms are strongly predictive of their use—people who believe that condoms are effective in the prevention of HIV are more likely to use them. Moreover, for people to actively assume safer sex practices, they must first believe that they have the ability to make safer choices (Chideya 2004:219; Maharaj and Cleland 2004:116-117). Of course, they must also first recognize that there is in fact a need for safer sex practices and therefore, condom use. Although it is not possible to measure the extent to which President Mbeki's comments have influenced beliefs about HIV/AIDS, they have likely played some role in shaping individual and collective ideas about the need for safer sex practices and heightening any

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<sup>21</sup> Surveys of South Africa's young people display a lack of knowledge about HIV/AIDS. A survey taken in Northern Province and Free State revealed that 61% and 43% of 16 to 30 year-olds did not believe that the rate of HIV/AIDS was increasing, and 8% and 6% did not believe in the existence of the disease (Kenyon et al. 2001:169).

existing contentions with condoms. It seems that the reluctance toward regular condom use, both within and without intimate partner relationships, is heavily influenced by social meanings attached to condoms.

In South Africa, the use of condoms is generally associated with promiscuous behaviour and lack of faithfulness within intimate relationships, and engaging in unprotected sex is likewise representative of marital commitment and sexual fidelity (Maharaj 2001:245). Because condoms are associated with promiscuity, women tend to avoid asking husbands or partners to use them. Men exhibit similar apprehensions in their long-term relationships—those who regularly use condoms during casual sexual encounters typically do not do so with wives and girlfriends (Preston-Whyte 1999:142).

Negative socially constructed meanings have been intensified by condom promotion efforts of the last 15 years, which have emphasized a need for condoms within the context of premarital and non-marital sexual relationships. This has served to reinforce associations of condom use with promiscuity and concomitantly, in opposition to intimate partner relationships (Maharaj and Cleland 2004:116,121). Similarly, those exposed to the conflicting messages of the commonly used ‘ABC model’ of HIV/AIDS prevention may be inferring a mutual exclusivity between monogamy and condom use as safer sex options (Altman 2006:262-263).<sup>22</sup>

A study of a wide range of school-based HIV/AIDS intervention programmes aimed at youth in several sub-Saharan African countries including South Africa, found community norms discouraged and even strongly opposed teachings about condoms because they are thought to tacitly promote and condone youth engaging in sexual

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<sup>22</sup> “First and foremost, **A**bstain from sex until marriage; if not abstaining, **B**e faithful to one, uninfected partner; if this is not possible, use a **C**ondom” (Gallant and Maticka-Tyndale 2004:1339).

activity. In many cases, teachers enlisted to implement the programmes were resistant or refused to include any content whatsoever regarding condoms. There was also official opposition to including content about condoms and teachers feared they might be fired for mentioning condoms in the classroom. Nonetheless, the remainder of programme formats and materials that were void of any relationship to condoms were generally accepted with some modifications resulting from community input. Where condom content was included, the study found that programmes do little to alter previously existing attitudes and meanings around condoms and argued that programmes should therefore also target younger children. However, there was evidence that school-based programs can change self-efficacy around condom-use and individual intentions to use condoms (Gallant and Maticka-Tyndale 2004).

Other well-intentioned health interventions have generated unexpectedly harmful results. For example, young people have been encouraged to either use condoms or ‘get to know’ their partners, which has misled some young people into an erroneous perception that they are capable of determining who is ‘clean’ and ‘unclean’ based on a person’s social interactions and appearance (MacPhail and Campbell 2001:1616). Assessments like these can generate a false sense of protection from the risks associated with unprotected sex.

It is not uncommon for health care workers in family planning clinics to reinforce negative associations with condom use by reacting harshly to requests for condoms. In some cases, embarrassed female nurses have refused to honour men’s requests for condoms or have asked other clinic employees, such as security guards to hand over the condoms (Preston-Whyte 1999:142). Many young women in the MacPhail and Campbell

(2001) study stated that they stopped going to local clinics due to unpleasant experiences. One young woman complained that nurses become angry and shout at young people who take condoms, threatening to tell their mothers. As a result, many have opted to receive health care from doctors at private practices where condoms are not as freely available.

Thus, attitudes about condoms, and therefore safer sex, are clearly influenced by socially constructed meanings. Safer sex practices are also influenced, to some degree, by dominant constructions and ideologies of what it means to be a man or a woman. Gender roles and norms provide guidelines of acceptable behaviour for men and women in many aspects of daily life, but are particularly dominant in governing sexual behaviour. Gender roles for women and men generally oppose the use of condoms and produce a social environment in which risky sexual behaviour is expected and normalized. The expectation for women to uphold a certain standard of sexual 'cleanliness' burdens women and creates discomfort for them in accessing knowledge around safer sex and in implementing safer sex options. At the same time, masculine norms encourage men to engage in unprotected sex with numerous partners. Acceptance from peer groups can play a strong role in regulating behavioural choices at the individual level and can have a particular influence over young people. These issues and how they affect condom use will be discussed in the following section.

### ***Gender Roles and Condom Use***

Some gender norms dictate that women should be passive about sex, discussing sex is taboo for women, and they should possess only minimal knowledge about sexual matters and then, only as it pertains to reproduction. This can firstly, impede women's

awareness about sexual health and secondly, in cases where women have the necessary knowledge, can make it difficult for them to negotiate safer sex practices with sexual partners. Men, on the other hand, are expected to have a broad base of sexual knowledge to the extent that admitting ignorance in any aspect of sexual issues is considered unmasculine. This deters them from seeking education about sex and health, and promotes their engagement in unsafe sexual practices and experimentation, particularly at a young age (Buvé 2002:2014; Gollub 2000:1378; Gupta 2000:2). As well, such ideologies create difficult conditions for both men and women who wish to access information around HIV/AIDS, and seeking treatment for those who are already infected can be problematic and distressing, especially for women who share the belief that 'good women' are uninformed about sex and related issues (Gupta 2000:2). They also make it difficult for women firstly, to determine their level of HIV risk, and secondly, to appropriately address those risks. Moreover, such attitudes encourage women to believe that their engagement in sexual practices for purposes of reproduction are respectable whereas those linked to personal pleasure are immoral, which can directly impact women's attitudes toward condom use. The use of condoms seems to implicitly challenge and threaten socially constructed notions of masculinity, which may result in part, from ideas that masculinity is tied to a sense of invulnerability. This may generate a denial of HIV risk in men and may deter them from seeking health-related advice (Abdool Karim 2005:253,254; MacPhail and Campbell 2001:1615).

The notion that women lack knowledge about condoms and HIV/AIDS is contested in studies carried out in one rural and one urban area outside of Durban. The studies found that 95 percent of all participants (female and male) knew what condoms

were, and of those, 92 percent knew where they could be obtained.<sup>23</sup> The conclusions of the studies reported a widespread understanding that condoms are highly effective in reducing the risk of HIV transmission. Still, only 3 percent of couples were using condoms regularly and 12 percent reported using them occasionally (Maharaj and Cleland 2004:119,122).<sup>24</sup>

The great majority of women who use condoms regularly with intimate partners also employ an alternate means of birth control. This could be a reflection of an inconsistent use of condoms; however, it also suggests that women use condoms primarily as a means of STI prevention (Maharaj and Cleland 2004:123). As well, studies of abused women in South Africa reveal that women are using contraception and keeping it secret from abusive partners (Campbell 2002:1332). This challenges notions that women are uneducated about HIV/AIDS. Moreover, it speaks to the presence of agency and demonstrates that women are not completely powerless to all of the risks associated with gendered violence and HIV/AIDS.

Since women bear most of the costs of reproduction, many health initiatives have operated under the assumption that women are the primary decision-makers regarding reproduction and contraceptives and in turn, safer sex options. However, gender norms and roles are largely defined by women's lower status and in many cases women involved in sexual relationships do not have control over their own bodies and sexuality (Maharaj 2001:245-246). Male partners often bear the primary role in decision-making processes regarding contraception and reproduction (Susser and Stein 2000:1042). Men

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<sup>23</sup> The number of people who knew how to use them was not reported, nor was accessibility or affordability (Maharaj and Cleland 2004:119).

<sup>24</sup> The meaning of the word "occasionally" is vague and therefore limits the assessment of frequency of condom use as "the degree of protection might range from 10 percent of coital acts to as many as 90 percent" (Maharaj and Cleland 2004:122).

play a strong role in family planning strategies and although they tend to be reasonably knowledgeable about condoms, they are often opposed to their use (Maharaj 2001:245).

Because women are generally unable to negotiate decisions around sex, their ability to choose safer sex practices is severely compromised if not eliminated (Amaro and Raj 2000:730; Human Rights Watch 2005:1). Women have little to no control over whether their partners will remain faithful because as discussed, masculinity is partially defined by early first sexual experience and many sexual conquests throughout life. Premarital and extramarital or 'extra-relationship' sex is often tolerated and even expected from men (Smith 2005:2; Buvé 2002:2014). Women typically have no authority over whether their partners will practice safer sex with outside partners (Smith 2005:2). Those who refuse to acknowledge that their partners have sex with other women are at particular risk, even still, women are often not 'allowed' to use condoms even if they know their partners are HIV positive (Altman 2006:263; Maharaj and Cleland 2004:117).

Young women, too, are met with many obstacles to condom use. In a study of young people aged 13 to 25, young women claimed that should a 'steady' male partner use condoms, the woman in the relationship would be perceived by her peer group as untrustworthy and potentially 'impure'. She would be treated with suspicion and would lose the group's respect to the extent that her reputation would be destroyed. There is intense peer pressure for young men to have sex with many girls and if they opt out of an encounter, they are made to feel that they lack knowledge around sex. They are fiercely criticized if condoms are used and it is not necessarily possible to use them in secret as it is common for young men to stand guard during their friends' sexual encounters to warn the couple of approaching adults (MacPhail and Campbell 2001:1620). Most studies find

that women are more likely than men to report a lack of control over condom use with partners (Buvé 2002:2014); many women involved in the MacPhail and Campbell (2001:1620) study stated that the men with whom they were involved would not allow the use of condoms. They also made jokes about male partners' insistence on 'flesh-to-flesh' sex.

Some studies do claim however, that feminine gender norms seem to be relaxing for younger generations. For instance, it is becoming increasingly acceptable for young black women to engage in premarital sex, particularly in urban areas. It is likely that growing acceptance brings with it greater freedom of discussion of sexual issues, which should translate into greater knowledge about HIV and risk reduction strategies. Still, it is possible that young women may not have the necessary decision-making power within intimate relationships to exercise choice in safer sex practices (Burgard 2004:95).

Although gender norms might be changing, an obvious power differential exists in favour of male authority. When this disparity in power is coupled with the notion that sex is a necessity for men, and women are obliged to fulfill that need, there is generated a fostering and legitimating of a general tolerance for male sexual violence and coercion against female partners, acquaintances, and strangers (MacPhail and Campbell 2001:1615, 1623). Within and without the home, gendered violence—sexual and otherwise—serves to reinforce women's subordinate position and lower status in a male-dominated environment because it prevents women from challenging male power and the gendered constructs that maintain it. As mentioned, the presence or threat of gendered violence in a woman's social environment significantly increases her risk of contracting

HIV/AIDS. The link between gendered violence and HIV/AIDS will be discussed in greater detail in the following sub-section.

### ***Gender Violence and Condoms***

Research suggests that men who are abusive are more likely to have HIV than non-abusive men. They are more likely to engage in risky sexual behaviour and to force risky behaviour on partners (Dunkle et al. 2004a:1415). In some areas of South Africa, HIV-positive women are ten times more likely to report abuse than similar aged women who are HIV-negative (Abdool Karim 2005:258). As well, physically and/or sexually abused women tend to experience high levels of stress and mental-health disorders including depression, which are associated with a weakened immune system making them more susceptible to infections including HIV (Campbell 2002:1332). Furthermore, women who live with abuse or the threat of abuse are also at increased risk for other STIs, many of which have physiological implications that increase susceptibility to HIV. Yet, one of the strongest factors in the link between gendered violence and HIV/AIDS is that the presence or threat of physical and/or sexual violence affects women's thinking and behaviour and a clear association exists between subjection to violence and women's high-risk behaviour around sex (Dunkle et al. 2004a:1415,1419; Artz 2001:4). The high-risk sexual behaviour that results from gendered violence often converges with negative attitudes toward condoms and materializes as a gendered vulnerability to HIV/AIDS.

Since the use of condoms is quietly symbolic of infidelity, the mere suggestion of condoms can place a woman in danger of a violent reaction from a male partner as it implies she is sexually involved with other partners. The risk of violence is especially

high for women who have already experienced violence within the relationship in question (Jewkes et al. 2003:127; Preston-Whyte 1999:146; Varga 1997:48). Studies by Jewkes et al. (2003) and Varga (1997) reveal that the level of security a woman feels regarding the state of her relationship has a significant bearing on whether she will raise the issue of condoms. Women who feel more secure in their relationships are more likely to suggest the use of condoms, whereas those who feel their relationships are unstable or in jeopardy may fear that broaching the issue of condom use would place the relationship at risk. The threat of violence creates precarious conditions of insecurity, instability, and uncertainty, thus disempowering women from insisting on safer sex precautions.

Furthermore, studies show that a woman is at greater risk of intimate partner violence when she perceives herself to be at increased risk of contracting HIV from her partner (Fonck 2005:335-336). Therefore, when women possess knowledge around HIV risk in general, and within their personal context in particular, gendered violence can disempower them in many ways including preventing them from exercising risk-reduction measures. Gendered violence in intimate relationships generates numerous responses in women including the growth of a general distrust in others and in turn of the self, which results in an undermining of self-efficacy and self-determination (Anderson 2005:183).

Even so, a woman's perceived risk of HIV infection is one of the most powerful predictors of condom use. Women are more heavily influenced than men by their perceived risk of HIV because they recognize that they are at greater risk from having intercourse with their partners than vice versa (Maharaj and Cleland 2004:122).

Thus far, this thesis has primarily discussed gendered violence and HIV/AIDS within the context of partnered relationships. Of course, the link between gendered violence and HIV/AIDS is not confined just to that particular framework. Moreover, it is not only within marital, cohabiting, or long-term relationships that there exists a reluctance toward condom use; condoms are infrequently used during casual sex, which is exemplified by men's engagements with commercial sex workers and in encounters of transactional sex. Interestingly, although condoms are associated with promiscuity and prostitution, they are seldom used during commercial or transactional sex encounters, even where awareness around HIV/AIDS is high (Hunter 2002:115). Studies reveal that condoms are used in just 10 percent of commercial sex encounters in South Africa (Abdool Karim et al. 1995:1521; Campbell 2003:66, 72). Women engaged in sex work and transactional sex are generally unable to insist on condom use due to many of the same impediments that are experienced by women in domestic settings. The influence of gendered constructs and socially constructed meanings negatively affect men's (and women's) attitudes toward condom use in casual sex situations. As well, women's lower status and gendered violence disempower women's ability to control their sexual encounters and to exercise choice in terms of safer sex options. These issues, as they pertain to commercial sex work and transactional sex, will be discussed in the following chapter.

## **Chapter Four. Sex for a Price: ‘Selling Sex’, Violence, and HIV/AIDS**

### **Growth of Commercial and Transactional Sex**

As mentioned in Chapter Two, South Africa’s long history of forced migrant labour created long-lasting social conditions that have contributed to the country’s high prevalence of commercial sex (Maharaj 2001:249). As mentioned, migrant labour was generally characterized by the relocation of large groups of men from rural to urban areas while the state formally discouraged or barred their families from migrating with them. Men were separated from wives and girlfriends for long periods and many began routinely engaging in transactional sex and in sex with commercial sex workers (Maharaj 2001:249). Men returned home to their families periodically, bringing with them illnesses including tuberculosis and STIs.<sup>25</sup> In the 1940s, Dr. Sidney Kark, an internationally renowned expert in social medicine, claimed that the spread of syphilis in sub-Saharan Africa resulted directly from the migrant labour system. Likewise, with the introduction of AIDS to South Africa in the 1980s, medical experts and social scientists predicted that AIDS would spread quickly and profusely throughout the country. It is pertinent that the localities suffering the greatest disruptions by migrant labour have the highest levels of HIV infection today (Marks 2002:17-19).

Migrant labour remains a major element of South Africa’s current economic and social reality. When gender roles that identify men as family breadwinners combine with economic necessity, many men must migrate in search of an income. Families are left behind creating conditions for men (and women) that foster the existence of multiple

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<sup>25</sup> Tuberculosis lowers the body’s resistance to HIV, as does malnutrition, which many families of mine workers suffered (Marks 2002:18).

sexual partners and greater risk of HIV (Abdool Karim 2005:247). Therefore, commercial and transactional sex continue to be a significant avenue through which HIV is spread. Indeed, both commercial sex and transactional sex exist independently of migrant labour conditions; however, the existence of migrant labour dramatically increases the prevalence of both types of casual sex. As discussed, it is most commonly circumstances of poverty and consequently, disempowerment, that push women into selling sex for money, food, or other necessary items (Buvé 2002:2014). Gendered inequities further exacerbate material conditions that foster the existence, and perhaps inevitability, of commercial and transactional sex (Hunter 2002:113).

Having multiple sexual partners sharply increases one's risk of contracting HIV and therefore, women engaging in commercial sex work and transactional sex are perhaps the most vulnerable to the virus and some of its greatest transmitters, as are their clients (Dunkle et al. 2004b:1588; Abdool Karim et al. 1995:1521). The remainder of this chapter will examine the role that commercial and transactional sex work plays in the link between gendered violence and the spread of HIV/AIDS.

### **Trading Sex: Choice or Necessity?**

#### ***Commercial Sex Work***

There is much debate over whether sex work is merely a livelihood choice or is intrinsically violent and a human rights violation on grounds that it is exploitative and therefore, harmful. There is evidence to support both sides of the debate. However, studies show that by and large, women (and men) engaged in the sex trade express a general dislike for the work and claim that they would prefer to earn their living from an

alternate mode of employment.<sup>26</sup> As well, Farley et al. reveal that most women sex workers experience post-traumatic stress disorder (PTSD) as a direct result of their work, regardless of whether or not they have been physically or sexually assaulted by clients.<sup>27</sup> They support their findings with citations from numerous additional authors who have clinically reported that sexual and physical violence is the “normative experience” for sex workers (Farley et al. 1998:406). Interviews with sex workers in Summertown, South Africa revealed that every woman found the work unpleasant and some recount descriptions of clients treating them with physical and verbal aggression and disrespect, which they described as physically damaging and/or emotionally fragmenting (Campbell 2003:73).<sup>28</sup>

There is also a strong link between domestic violence and prostitution—sex workers often have a history of childhood physical and/or sexual abuse. Furthermore, it is common for women to become involved in sex work after fleeing violence in their first home or a home with an intimate partner (Bunch 1997:42; Campbell 2003:64-66). As well, a likeness exists between domestic violence and sex work in that male customers may apply the same methods of coercive control over women sex workers that are utilized by abusive men in domestic settings. These include “isolation, verbal abuse, economic control, threats and physical intimidation, denial of harm and sexual assault” (Farley et al. 1998:408).

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<sup>26</sup> According to the study performed by Farley et al., 92% of all respondents involved in prostitution wanted to leave the sex work industry (Farley et al. 1998:417).

<sup>27</sup> The American Psychiatric Association states that PTSD can result when people have experienced: “...extreme traumatic stressors involving direct personal experience of an event that involves actual or threatened death or serious injury; or other threat to one’s personal integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (cited in Farley et al. 1998:407).

<sup>28</sup> Summertown is located in Gauteng, a northern South African province.

Women sometimes pursue sex work in an effort to attain a better life, often with the intention of earning money to send home to a poverty-stricken household. In fact, poverty and women's differential economic status are the two most prominent conditions that contribute to women's participation in sex work. In many cases, children or younger siblings are left behind with relatives or friends (Campbell 2003:64-66; Zimbabwe Women's Resource Centre and Network 2002:2).

While there is validity to assertions that sex work may be a viable choice for women to earn money, and despite the existence of a wide variety of perceptions and representations of sex work and sex workers, engaging in sex work is, in many cases, one of very few feasible income-earning options available to women due to previously discussed social conditions that severely limit or eradicate women's ability to make meaningful life choices. So although it is likely that some women truly make a life choice to engage in sex work, it would seem that the vast majority conclude that they have no other option, or that sex work is the better of a few limited, and typically unpleasant, possibilities.

Sex work is illegal in South Africa, yet systemic powers have turned a blind eye and allowed the 'industry' to thrive in order to preserve the longevity of the migrant labour force, particularly in areas where all-male hostels exist. Over the last decade, South Africa's trucking industry has increased demand for, and subsequently prevalence of, prostitution at fuel filling stations otherwise known as 'truck stops', where women who live on the premises sell sex and beer (Abdool Karim et al. 1995:1521-1522; Campbell 2003:64; Gender News 1999:1). Men involved in occupational travel form a key population group in the spread of HIV. Truck drivers are therefore, one of the groups

at greatest risk of contracting the virus and run the risk of spreading HIV to multiple women sex workers, partners, and lovers in numerous geographic locations with obvious implications to the rapid spread of HIV/AIDS. Women working out of truck stops are considered of low economic status and poor living conditions are commonplace (Abdool Karim et al. 1995:1521-1523; Buvé 2002:2014).<sup>29</sup> Among other configurations, sex workers may also work from a private home, such as an apartment in an apartment block, or may live in a common area such as in makeshift shacks in squatter camps, where they bring men for sex. Men might be met at a primary location such as a mine hostel bar, or a *shebeen*, which is loosely defined as a tavern or bar. *Shebeens* are frequently owned by women (Cambell 2003:63-67; Wojcicki 2002b:268).

Women rarely self-identify as commercial or ‘professional’ sex workers, even in situations where they are seeking clients (Wojcicki 2002a:340). A woman sex worker in Summertown stated, “when we sit at the bar waiting for clients we pretend we are not selling. If a man approaches me too openly I act as if I am amazed, and insist that I am not selling. I ask him what makes him think this is the case; I might even pretend not to understand the words he is using” (interviewee in Campbell 2003:75). Men are expected to indicate their interest through subtle, non-verbal communication and once a transaction is in place, the couple leave the primary location separately and return at different times. Women thus actively resist the stigma attached to their work as well as the abuse and exploitation they endure by choosing to dissociate themselves from the identity that accompanies the profession, ‘sex worker’ (Campbell 2003:75-76).

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<sup>29</sup> This is particularly so when compared with sex workers employed in escort agencies or massage parlours (Abdool Karim et al. 1995:1523).

Furthermore, sex workers are not blind to the double standard applied to themselves as ignominious and dishonourable sexual receptacles versus that applied to male clients who, despite their 'consumption' of sexual services, retain their dignity because they are backed by a power differential that favours their gender. Men who use their services call them "whores, bitches and many names for women's private parts" and even children are overtly impudent toward them in a social and cultural environment where there is a strong expectation that adults be respected (Campbell 2003:74).

### ***Transactional Sex***

In South Africa, transactional sex, or informal sex work, has numerous meanings but is generally presented as heterosexual relations outside of marriage whereby women are given gifts and/or cash in exchange for sex.<sup>30</sup> Relations usually, but not always, occur between young women and older men with financial means. Both men and women typically have multiple partners and are often concurrently married or involved in a primary relationship with another person. Meanings of 'transactional sex' fall outside definitions of 'commercial sex work'. Women are semantically constructed as 'girlfriends' and men as 'boyfriends' rather than 'sex workers' and 'clients' and transactional sex does not carry with it the negative stigma associated with sex work (Hunter 2002:99-101).<sup>31</sup> Transactional sex is prevalent in South Africa; 21% of women attending antenatal clinics in Soweto reported engaging in transactional sex, and 21.1%

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<sup>30</sup> Payments are typically made in the form of cash, food, a place to sleep, transport, cosmetics, and items for family members such as school fees (Dunkle et al. 2004b:1584).

<sup>31</sup> It is possible that there is little or no stigma attached to transactional sex because women often provide domestic as well as sexual services, which might legitimize the relationship (Wojcicki 2002a:343).

of pregnant and 18.8% of non-pregnant teenagers reported having sex for money or gifts (Dunkle et al. 2004b:1588).

In likeness with commercial sex, poverty is often the force behind women entering informal sex work. For unmarried or widowed women with limited financial means, it can exist as a method of immediate survival or of obtaining necessary goods (Buvé 2002:2014; Wojcicki 2002a:339). Hunter asserts that in the rural locality of the informal settlement, transactional sex tends to be associated with subsistence requirements.<sup>32</sup> On the other hand, in the urban setting of township areas, transactional sex is more heavily linked to consumption.<sup>33</sup> More so in rural areas, it is not uncommon for women to trade sex as needed for food or other necessary items for themselves and their families. In both settings, it is common for younger women to provide sex to older men known as ‘sugar daddies’ with well-paying employment and who often have a primary partner and children (Hunter 2002:99-101; Susser and Stein 2000). It is typical for a sugar daddy or ‘boyfriend’ to keep his sexual engagements from his family, but to brag to his male friends that he is *isoka*, or a “successful man with girls” (Hunter 2002:99-101). Women often have multiple partners, which can be necessary for those engaging in transactional sex for subsistence. For these women, consumption is usually juxtaposed with, or a prerequisite for, subsistence—presents such as hair-dos and new clothes received from one boyfriend can make a woman more desirable to other prospective boyfriends. Within some youth cultures that value consumption and sexual success, leveraging consumption goods through sexual transactions can raise the status of

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<sup>32</sup> Women living in informal settlements are often migrants and are commonly low paid or unemployed.

<sup>33</sup> Urban youth usually receive necessities from parents or guardians and consequently, sugar daddies tend to provide cash or items such as cellphones and clothing.

young women with limited opportunities for education and employment (Dunkle et al. 2004b:1582,1589; Hunter 2002:112).

It is clear that representations of women participating in transactional sex are complex and are widely varied in motivations and contexts. For example, Hunter argues that women are not passive victims of transactional sex, but approach transactional sex agentically, actively choosing the men with whom they will engage sexually based on the potential for material return. Their intention is thus, to access power and resources and in doing so they paradoxically challenge and resist, as well as reinforce and maintain, patriarchal structures. It can be argued then, that women are simultaneously empowered and disempowered by engaging in transactional sex. Other representations exist along the spectrum up to and including women whose daily realities are so marginalized that they will accept poor treatment from transactional sexual partners if it results in the securing of food, cash, or other items necessary for survival. It is likely that all depictions along the spectrum exist and are contingent upon the social, cultural, historical, and economic reality of a particular locality, the lived experiences of the individuals involved, and the extent to which gender inequities are present. Regardless of the representation of transactional sex, its existence is by and large contingent upon a convergence of unequal power relations whereby men have privileged access to resources including the formal economy. It is supported by the additional aspect of gendered discourses, which epitomize masculinity in part, by men's involvement with multiple sexual partners (Dunkle et al. 2004b:1582; Marks 2002:17; Hunter 2002:101-102). Yet, sexualities are never fixed but rather, are generated and shaped by men's and women's interactions with "shifting economic, cultural and spatial conditions and relations" (Hunter 2002:101).

Such a theoretical perspective is important as it avoids presenting South African men as intrinsically 'promiscuous' as is sometimes the case in discussions around male sexuality in African contexts (Hunter 2002:101).

Gendered violence is routinely encountered by women engaging in commercial and transactional sex. As discussed in Chapter Three, gendered violence considerably increases a woman's risk of contracting HIV. The economic nature of transactional sex and commercial sex places women at a power disadvantage, which can result in the disempowerment of any wishes they may have of negotiating for safer sex (Dunkle et al. 2004b:1582,1584; Jewkes et al. 2003:126). The issues of gendered violence and HIV/AIDS within the context of commercial and transactional sex will be discussed in the remainder of this chapter.

### **Gender Violence**

A relationship that is not immediately obvious exists between gendered violence and women who engage in the commodification of sex; it is common that women who engage in commercial and transactional sex are currently being abused or have been abused in the past either as children and/or by abusive partners in intimate relationships. As adults, abused women often find themselves in financial distress either within the relationship or after having left it, which increases the likelihood that they will engage in sex for money or other necessary items. They are also more likely to become substance abusers, thus requiring the means to access drugs or alcohol. As well, women who experienced forced first intercourse are more likely to report engagement in commercial or transactional sex. Conversely, education and economic advantage are also a factor as

women with post-secondary education have decreased odds of engaging in commercial and transactional sex (Dunkle et al. 2004b:1586-1588), which supports the argument that women will typically only 'sell' sex when their options are limited.

Yet, there is a more observable link between gendered violence and commodified sex. Commercial sex workers commonly encounter abuse; based on a survey of women selling sex in Pretoria, 64 percent of women reported that at least one of their ten latest clients had acted violently with them (Wechsberg 2005:60). Wojcicki argues that socio-cultural attitudes excuse gendered violence that takes place within the confines of a sex-for-money exchange (Wojcicki 2002b:268). Sex workers who are homeless face further vulnerabilities and one study reveals that 73% of sex workers are in need of a safe physical space (Farley et al. 1998:417). Yet, sex workers are not necessarily safer in the so-called 'private' spaces of their own homes; 61 percent of sex workers in Pretoria reported having been beaten and 19 percent reported having been raped by their primary partner within the last year (Wechsberg 2005:60). Likewise, women who engage in transactional sex face similar circumstances of violence. A woman engaging in transactional sex is at risk of violence from her primary partner should he discover her relationships with other men. As well, the greater the number of sexual partners a woman has, the greater her risk of sexual assault (Dunkle et al. 2004b:1589).

There is a common expectation that women who accept money or gifts from men are expected to provide sex in return and if they do not, there is a strong possibility that sex will be forced upon them. For example, there is a general understanding and acceptance that a woman who accepts drinks or gifts from a man in a *shebeen* will be raped if she does not provide sex in return. If she has "drunk his money, she is considered

‘his’”, and if she refuses to go with him she will likely be raped by him and possibly by other men in the *shebeen* (Wojcicki 2002b:275). People may or may not call police or offer assistance to a woman being attacked depending on her prior behaviour—if she arrived with the perpetrator or accepted drinks from him but refuses sex, she will probably be perceived as having invited the attack. As well, women wearing short skirts are perceived as inviting male sexual aggression and rape—clothing that is considered scanty is associated with prostitution as well as general promiscuity (Wojcicki 2002b:275).

Similarly, a woman who engages in transactional sex may attend *shebeens* with the expectation of having her drinks and entertainment purchased for her. As with commercial sex workers, if she refuses to provide sex in return, or if she loses consciousness due to inebriation, she will likely be raped. Of course, not all men demand sex after buying women drinks. The very presence of alcohol at *shebeens* and at truck stops places women at greater risk of abuse if clients become intoxicated (Abdool Karim et al. 1995:1523-1524; Wojcicki 2002b:279, 289).

It is important to highlight that when police are called to intervene on behalf of a sex worker who is being attacked by a client, they routinely do not act. This exacerbates women’s feelings of powerlessness in dealing with clients who beat them after having sex or who refuse to pay. Furthermore, police who are called to truck stops are accused of demanding sexual favours and stealing beer from the women they are meant to be assisting (Abdool Karim et al. 1995:1523).

## **The Spread of HIV/AIDS via Sex Work and Transactional Sex**

### ***Gendered Power Imbalances and HIV Risk***

As with male-female sexual transactions in other contexts, gender inequities and gendered discourses allow men who pay for sex in any context greater power to decide whether safer sex practices will be employed (Hunter 2002:115-116). The level of awareness of women's clients or boyfriends can play a role in safer sex measures, and awareness levels seem to be varied. For example, in an interview with nine male truck drivers who regularly frequented truck stops, five were married at the time and all nine had children. The frequency of visits to sex workers ranged from four times a day to every two weeks. Visits home occurred between once a month and once a year. Six of the men were knowledgeable that HIV is transmitted sexually and that AIDS is fatal; thus there was fear of infecting their families. Three of the men did not believe in HIV/AIDS because they did not personally know anyone with AIDS and because they had recovered from other STIs. Among these three men, misconceptions regarding the spread of HIV included that it is caused by casual contact, eye contact, and stepping on the urine of an infected person. Moreover, any lack of HIV/AIDS awareness among sex workers is exacerbated by police who regularly harass them, making sex workers difficult to reach for those trying to inform them about HIV risk protection (Abdool Karim et al. 1995:1521-1523).

A lack of understanding or acceptance that condoms can prevent HIV transmission may prevent men from wearing them. Yet, men who are educated about condoms will often still refuse to wear them. Men typically refuse to wear condoms during sex with sex workers, claiming a preference for flesh-to-flesh contact (Campbell

2003:66). Women who request condom use risk loss of income as a man will usually seek the services of another woman who does not expect him to use condoms. Consequently, sex workers are often faced with the choice of demanding condom use or obtaining money for necessities such as feeding their children. One South African sex worker stated, "When you are a prostitute, you do not think of tomorrow; you just think of now" (Anderson 2005:122). Consequently, sex workers whose requests for condom use are met with signs of unwillingness tend to drop the subject directly to avoid the loss of a 'sale'. What is more, sex without condoms tends to fetch a better price for sex workers (Anderson 2005:122; Preston-Whyte 1999:142).

A woman who insists on condom use places herself in jeopardy of being abused, as the mere suggestion of condom use evokes the risk of physical abuse and rape (Abdool Karim et al. 1995:1521-23). Women who have suffered previous sexual abuses by clients or boyfriends are even less likely to ask that condoms be used due to a fear of re-victimization (Wechsberg et al. 2005:61-62). Sex workers in Johannesburg have complained of clients using violence to force them into engaging in unsafe sex. They claim violence is most often used or threatened if sex is taking place within the client's home (POWA n.d.:4). In cases where alcohol is involved such as at truck stops and *shebeens*, the likelihood increases that women will be met with violence, which decreases their ability to negotiate for safer sex (Abdool Karim et al. 1995:1524).

The meanings attached to condom use and the risk of violence prevents many women from requesting their own husbands and intimate sexual partners wear condoms. As well, the stigma that accompanies a woman's involvement in selling sex usually leads to a sense of surreptitiousness regarding her engagements, making it difficult to discuss

her increased risk of carrying HIV and the subsequent necessity for condom use (Abdool Karim et al. 1995:1524; Preston-Whyte 1999:142).

No matter if women are engaged in trading sex, all women have the right to human security. Women in South Africa are not blind to this right, and are coming together in growing numbers to tell their stories, creating increasing awareness that can result in individual as well as group empowerment (Pillay 2001:37). High levels of female empowerment have been shown to generally reduce gendered violence, yet for women to become empowered, it is fundamentally necessary that their own level of power be increased (Fonck 2005:338). Empowerment and agency will be discussed in the following chapter.

## **Chapter Five. Agency, Empowerment, and Accountability**

Chapter Five will conclude the thesis by primarily examining some of the ways that human agency is exhibited in the lives of South African women as they face gendered violence and the associated risks of HIV/AIDS. The first section discusses the notion that women are commonly conscious of abuses and they respond by exercising a sense of agency that acts in accordance with the boundaries and constraints of their own individual circumstances. The second section examines some specific ways that women are empowered to act agentically, while also acknowledging the interplay of mitigating constraints that might disempower them and limit their ability to act. The third section argues that perpetrators should take responsibility for gendered violence and the state is ultimately falling short of its responsibility to ensure accountability. The final section of the thesis will discuss my conclusions.

### **Women as Agents**

Despite enduring years of racial, gendered, and class-based oppression, South African women have shown incredible power, strength, and in many cases, solidarity, in resisting and contesting subjugation to patriarchal and paternalistic dominance. They have not simply acquiesced as passive victims, but have recognized the necessity of understanding the many constraints within which they exist, and while contesting them, work within and around them (Epprecht 1996:190). Struggles against Apartheid were undoubtedly brutal for all non-white groups, however they were particularly so for black women, who were located within the lowest level of power in Apartheid's system of

hierarchy (Schmidt 1983:1). Yet many women participated in official organizations whose goal it was to demand equal rights for non-whites and in many cases, for women. Many of these were created and run by women, for women's rights (Walker 1990).

Likewise, women in today's South Africa do not simply acquiesce to gendered inequities including gendered violence and the associated risks of HIV/AIDS. Despite some academic and other representations, women do not mindlessly accept and adapt to gendered violence or submissively allow abuse to shape their existence and control their behaviour. For example, women who live with violence are conscious that they are abused and are aware that abuse is physically, emotionally, and mentally damaging. In a study of abused women from Cape Town, Johannesburg, and Durban, it was found that despite variations in perceptions of, and responses to, gendered violence, all participants expressed an awareness that they were being abused, and believed the objective of the abuse was a means of male domination and repression with the intended ends being a diminishing of women's self-confidence and self-esteem. The narratives of many participants echoed a resolve to overcome the abuse by way of their own negotiated means and methods. Some women vowed they would not be 'broken', while others chose to rely on their god's strength or 'adapt' to the abuse, insisting that they would never allow themselves to develop chronic nervous responses to the abuse, have a nervous breakdown, or be pushed into developing a dependency upon medication to help them cope (Boonzaier and de la Rey 2003:1003,1023-1024). In this way, women exercise agency as they empower themselves firstly with awareness, and secondly with diverse means of coping with abuse, which includes varying styles of resistance.

Empowerment can be legitimately derived from both internal and external sources and one source can beget the other (Artz 2001:6). However, because multiple gendered realities exist, resistant behaviour may only be duly negotiated by the individual herself based on her own understanding of her unique set of circumstances. Therefore, women express empowerment and agency through numerous channels and courses of action suited to their particular situations.

One such source of empowerment in coping with gendered violence and the risk of HIV/AIDS is through the use of the female condom. As discussed in Chapter Four, the use of female condoms is an excellent means for resisting male violence and protecting oneself from the potential risks of HIV particularly in situations where male condom use is not possible, which as has been discussed, is the norm for most women. Although the use of female condoms does not overtly contest male violence, it can provide women some level of control over personal sexuality and reproduction as well as a means of resisting HIV as one of the major physical risks associated with violence. Moreover, increased control over sexuality and reproduction tends to lead to increases in social and economic status for women, which as mentioned, is a significant factor in women's ability to resist male violence particularly in domestic settings (Gollub 2000:1378). The potential for female condoms to empower women to protect themselves from male-to-female HIV transmission will be discussed in the following section.

## **Some Sources of Empowerment**

### ***The Female Condom***

Having seen family, friends, and neighbours suffer and die from HIV/AIDS, women may suppose that they, too, could be at risk of contracting HIV. Women have been asking for methods of personal protection over which they exercise control and some women who have access to methods such as the female condom have expressed a resulting sense of liberation. If female condoms were more readily accessible to women, it is likely that they would reduce the occurrence rates of unprotected sex since their use does not require the active participation of a male partner. They can also provide women with some level of control over their sexual and reproductive health and therefore, with a tremendous sense of empowerment (Gollub 2000:1378; Marseille et al. 2001:135-136; Susser and Stein 2000:1042-1043).

Still, social and cultural boundaries and taboos can discourage women from discussing sex and the female body, making it difficult for them to access information around safer sex options including female condoms. As well, health care providers often exaggerate body-related taboos. This further impedes women's (and men's) ability to protect themselves. In group 'intervention' sessions, women have described feeling a general sense of embarrassment and shame about their bodies, as well as a lack of control. Yet, an introduction to the female condom in group settings has facilitated a gradual lifting of taboos; research shows that women who live with cultural taboos over touching the genitals tend to overcome these when introduced to the female condom. Approaches that promote body awareness have been successful in encouraging women to

achieve knowledge and a sense of pride about their bodies and to cultivate feelings of entitlement to health, choice, and self-respect (Gollub 2000:1378-1379).

Yet, a woman's ability to be empowered through the use of female condoms can be affected by numerous mitigating circumstances. This is illustrated by an ethnographic study by Susser and Stein (2000) on HIV/AIDS prevention. The study included surveys and discussions of women living near Durban. The first of two groups of women lived in a rural agricultural village a three hour bus-ride from Durban while the second group lived on the outskirts of Durban. The rural women earned some income through child-care and domestic work and by selling fruits, vegetables, and old clothes but they commonly relied on male partners for money. Men and women travelled to Durban for work, but since transportation was costly, the norm was for men to travel to the city for the week and return on weekends. Women typically did not have a personal income. All civic council members who were responsible for representing residents were men, as were all members of the tribal council. Women rarely spoke in public despite the existence of 120 organizations among the 10,000 residents. Based on surveys of 200 households, the women in this group did not know how to identify or name STIs while men were well-informed. At discussion groups held by researchers, women, who were the majority of attendees, barely spoke while the periphery of men were very vocal. There was difficulty in getting women to discuss health issues and there were clear barriers to these women negotiating safe sex with partners. Discussions with this group were not pursued further. Yet, a stark contrast exists between this group and the second group of women. The women living closer to Durban had relatively more economic opportunities. Although men had greater possibility for paid employment, women could

create income through the vibrant informal market by selling various items or services, or by engaging in transactional sex. Some women relied on male partners for income, although women in this area were commonly single heads of households. The nearby townships allowed for access to information from various sources including television and international media. The women in this group were knowledgeable about HIV/AIDS and were aware of the efficacy of male condoms as a prevention method, yet when asked if their male partners were using them not one woman replied affirmatively. At discussion groups, which again included a handful of men, women were outspoken and some argued with men in the group about gender inequalities that place women at risk. Discussions and demonstrations of the female condom were met with fervent requests for their immediate availability and women were delighted with the idea that they had control over their use. The study concluded that the level of empowerment between the two groups was associated with awareness through access to information and media coverage, and with greater economic power and autonomy.

The study by Susser and Stein (2000) speaks firstly to the role that status and economic power play in influencing women's voice in safer sex issues and secondly, to the fact that women are not passive victims of HIV/AIDS, but rather are conscious actors who resist the risks of unprotected sex within the limitations of their particular set of circumstances. The study however, did not raise the issue of gendered violence as one potential limitation to women seeking to protect themselves. While it is true that if female condoms are unaffordable or inaccessible, women whose partners refuse to wear male condoms will go without any protection whatsoever, it is also true that should women have easy access to female condoms, the presence or threat of gendered violence could

well impede their ability to use them. (Marseille 2001:145). It is likely that in many instances, women living with violence or the threat of violence may not be 'allowed' to wear female condoms. As well, in most cases, female condoms do not protect women from the potential of HIV transmission when they are raped, as it is highly unlikely that a woman would be in a position to negotiate the ability to insert the condom. Therefore, although female condoms may be an important vehicle for empowerment, they are not an answer in and of themselves. Gendered violence itself must be targeted.

An important means of challenging male violence against women is through the impetus of NGOs, which can act as networks for support and solidarity and can be used to address initiatives for change, such as increasing women's consciousness about gender inequities (Sideris 2001:56). There are boundless other ways that NGOs can and do generate positive change around gendered violence. NGOs and the fight against gendered violence and HIV/AIDS will be discussed in the following sub-section. However, before addressing the role of group action in women's agency, it must be acknowledged that a woman may not necessarily approach gender inequities as a collective matter to be addressed publicly, but rather as a personal issue to be contended with on her own (Narayan 1997:11). When women do come together in collective action with the specific goal of opposing and resisting male violence, their actions are not necessarily aimed at promoting equality for women on the whole, as individual women within the group will have their own sets of needs and objectives that may not be common to all (Jacobs, Jacobson, and Marchbank 2000:3). This perspective acknowledges the role of personality and individual interests and needs in agentic behaviour, and also recognizes that there

exists a multiplicity of methods of, and motivations for, resisting and contesting gendered violence and male domination.

### *NGOs: Empowerment through External Sources*

NGOs are one of the most significant means of support for women. They have become part of the social landscape and it is women's groups in particular that are making the most headway (Pillay 2001:37). NGOs can provide women necessary access to external information that informs them of their legal and human rights, and the support of organizations and agencies that will fight for these rights while also empowering them to make short-term smaller-scale decisions and choices that will improve their lives in the present (Artz 2001:6). It is not my intention however, to advocate NGOs as a whole, as a range of politics can arise around varying goals, motivations, and power differentials within organizations, which can challenge and conflict with good intentions. For NGOs to assist women effectively, programs must take into account the specific needs of individual communities (Susser and Stein 2000:1042). As well, movements for change require power at the grassroots level and when beneficiaries are 'acted upon' without sufficient decision-making power, valid needs at the local level can be overlooked or disregarded.

A survey of women's groups worldwide taken by the Canadian NGO, MATCH International, revealed that their primary concern was violence against women.<sup>34</sup> This contrasts against the actions of the international community, which has displayed

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<sup>34</sup> Match International Centre is a non-governmental organization based in Ottawa, Canada, which partners with women's groups to improve the lives of marginalized women—particularly those in Africa, Asia, the Caribbean, and South America—while also recognizing women's diverse realities and efforts of self-determination (Match International Centre n.d.:1).

reluctance in making gender violence a priority until about the last decade or so (Heise 1993:187). However, local NGOs have proceeded with efforts to prevent violence against women and to assist women who have been victimized and who are vulnerable to violence (Green 1999:1). Many grassroots-level groups are making great efforts to combat violence, but with little resources and often no government funding, they commonly struggle to do so (Heise 1993:187).

NGO action is usually achieved through the establishment of social communities. Such organized social support networks can assist women by providing a direct means of coping and by offering information such as alternate methods of coping, while at the same time encouraging internally-derived empowerment. This encourages a woman's goal-oriented choices that reflect her unique set of circumstances and acknowledge temporal and situational influences and limits (Artz 2001:6; Hillhorst 2003:184; Waldrop and Resick 2004:296). Many such NGOs are created and run by women and in Kabeer's (2000:49) view, women in such roles have a particular type of responsibility, which includes generating appropriate conditions for change. Yet, advances in the reduction of violence against women can only occur with the recognition that gendered violence is both a demonstration of power as well as a means of maintaining the status quo (Bunch 1997:41). Gendered discourses are fundamental to maintaining the status quo; they define and characterize gender roles and norms, and engender existing power differentials that restrain women within positions of subordination.

NGOs have had a large hand in generating a general shift in women's knowledge and command of discourses around gender roles and gendered violence, thus making them better able to identify inequities and abuses as such. Such movement can create a

ripple effect: a shift in discourse can bring about a reduction in gender inequities, and in turn, when gender inequities decrease at the systemic level, discourses around gender roles and rights tend to increase in all settings, which can result in modifications to dominant ideologies (Bridges Whaley 2001:534). News and entertainment media are powerful channels through which NGOs challenge existing norms and they are thought to be at least somewhat successful in creating improved familiarity and comprehension of discourses around gendered violence resulting in a greater general public awareness of the related issues and in a push for change (Boonzaier and de la Rey 2003:1009).

Various forms of entertainment and educational media including music, theatre, magazines, television, and radio are increasingly being used as forums for change in South Africa (Heise 1993:188). For example, the NGO Agenda is making significant efforts to reach numerous communities of women. Agenda features a radio programme, 'Turning Up the Volume on Gender Equity', which was started in 2002. As well, in conjunction with the National Community Radio Forum (NCRF), Agenda provides written gender news to 34 community radio stations, reaching approximately 10 million people. News items include shortened versions of articles from Agenda's journal—which are translated from English into Zulu, Sotho, and Xhosa—as well as pertinent items from other media and information sources committed to the promotion of gender equity (Agenda 2004:1).

Founded in 1987 by women activists and academics in the Durban area, Agenda acts in part, as a platform for an exchange of discourses around the women's movement between feminist academic researchers and women working within non-academic institutions such as NGOs. As well, Agenda's journal presents to women having no

academic or literary background, the opportunity of having material published. By encouraging an atmosphere for critical examination of the debates within and without academic literature, the journal is intended to assist women in the development of strategies relevant to their lived experience that address gender inequities and challenge gender roles and norms in the short-term, while also remaining focused on broader gender-themed issues pertinent to the long-term political and social struggles (Agenda 2004:1). Women are thus provided a common forum for questioning current imagined gender roles and for challenging the oppression generated by the presence of violence that relinquishes control over sexual decision-making.

Although programs aimed at assisting women who live with gendered violence or the threat of violence are vital, programs and the discourses they generate rarely focus on the role of men, which in essence serves to excuse men from accountability and blurs the existence of socially constructed meanings and power structures that permit and even encourage the existence of gendered violence. It is understandable that given the typically limited funds and resources available to NGOs targeting gendered violence, their strategy primarily tends to be one of crisis management, which almost invariably concentrates on directly assisting women living with threatening or violent circumstances. Yet, the exclusion of men from development programmes tacitly implies that the problem of male violence is owned by women. Furthermore, removing a woman from one violent situation does not eradicate the possibility of future violence being perpetrated upon her, nor does it prevent her partner from engaging in future acts of gendered violence against her or other women (Wood and Jewkes 1997:44-45).

Nancy Berns argues that blaming the victim is the most common approach to the problem of domestic violence. She contends that rather than targeting the abusers themselves, the focus of popular discourse typically concentrates on encouraging women to extricate themselves from abusive relationships using such methods as building self-esteem and taking control of their lives. Thus, the responsibility for ending the abuse as well as for the abuse itself is subtly but unequivocally placed upon the shoulders of the abused party (Berns 2001). Although her research was based on American discourse, Berns' findings can be transported to other locales. NGOs need to broaden their interventions to include programs that focus on, and work directly with, men as perpetrators or potential perpetrators of violence and sexual violence. Men and all aspects of male violence need to be fully included in development programs. It is extremely important to note that programs directed at men are being requested by men themselves, both in the capacity of perpetrators seeking appropriate, non-violent ways of relating to women, and as persons wishing to facilitate the amelioration of the status quo (Smith 2005:7; Wood and Jewkes 1997:45,46).

### **Placing Responsibility**

#### ***Holding Men Accountable***

Since the lived experience of many poor men has not changed much with the end of Apartheid, many may feel they have little power other than that which they exert over the women and children in their lives (Marks 2002:21). Therefore, notions of 'power' and 'self' need reframing and action that targets and builds self-esteem is one obvious course—studies repeatedly demonstrate a link between low self-esteem in men and

violence against women (Wood and Jewkes 1997:45-46). It is also essential that dominant gender discourse challenges existing gender norms, roles, and identities that reinforce male power and control. Because change happens first at the discursive level, if men are presented with an alternate set of discourses around gender, collectivities of male behaviour may change.

The process of holding men accountable may be slow to fruition, however, as is suggested by the results of a 1999 South African ad campaign that, for the first time, placed ownership for gendered violence directly on the shoulders of men. The ads were created by several NGOs and corporate sponsors. They featured the South African-born Hollywood actor, Charlize Theron, and aired on television and in some cinemas. The two minute ad began with Theron's words, "Hey, all you South African men, here's a question for you – have you ever raped a woman?" (Moffett 2006:132). They went on to provide a frank message about date and acquaintance rape. The ads were startling because prior to 1999, all official anti-rape campaigns placed responsibility on women in prejudicial and outrageous ways by, for example, warning them to avoid dark alleys and short skirts. Public complaints prompted the Advertising Bureau of Standards to ban the Theron ads claiming that they were "offensive to South African men, stereotyping them as either being involved in rape or complacent about it" (Moffett 2006:132). The decision to ban the ads was overturned by the appeals process, but the ads were never aired again (Moffett 2006:132). Still, the Theron ads had some lasting positive impact—since their running, common discourse in South Africa has come to include the issue of rape (Snyman 2005:1).

It is no surprise that reactions were strong in a social climate that refuses to implicate men in issues of gendered violence. President Mbeki himself has put forth the notion that any discussion whatsoever about rape in South Africa ultimately implicates all black African men as rapists and is therefore inherently sexist and racist. He has publicly rebuked white journalist Charlene Smith for her efforts to make clear the relationship between rape and HIV/AIDS in South Africa. Smith was herself raped in South Africa in 1999 and has since been an anti-rape activist. Contrary to Mbeki's intensely negative reaction to Smith's work, she has received significant public acclaim for her efforts to expose the relationship between rape and HIV/AIDS in South Africa (Moffett 2006:133; Smith 2005:2; Snyman 2005:1). It is clear that efforts to reduce gendered violence are both challenging and urgent when they are publicly condemned by top levels of government.

Gendered violence tends to intensify at times when men's collective status is threatened, and undoubtedly, male status is threatened by movements for the eradication of gendered violence and ultimately, for gender equality (Bridges Whaley 2001:533). Yet Smith argues that it is too simplistic to claim that gendered violence exists merely because it brings a sense of empowerment to men. Rather, she says, it exists because consequences for perpetrators are minimal or non-existent. The state is not doing enough to prevent gendered violence and to deal appropriately with those engaging in violence against women (Smith 2005:8).

International human rights dictate that the state bears a heavy responsibility in the reduction of gendered violence. Human Rights Watch contends that governments must create laws and policies that first, protect women from gender based violence and second,

offer various means of coping with the immediate and long-term effects of violence. The Sexual Offences Act continues to apply today—the Act dates back to 1957 and was composed entirely by men. Rape is narrowly defined within the law, making it difficult for prosecutors to establish that a rape took place. As well, at trial, a woman who has accused a man of rape is often required to prove that she did not provoke the rape and her sexual history can be made public and used to build a case in favour of her attacker. Furthermore, rape within marriage only became a criminal act in 1995. This speaks volumes about the state of governance prior to South Africa's independence, but also speaks to the present tolerance for rape and other forms of violence against women in the country. Although the Domestic Violence Act—which prohibits gendered violence in domestic settings—became law in 1998, the state does not ensure that the laws are implemented. South Africa purportedly guarantees women equal rights and protections under the law, but the state falls very short of ensuring that the laws are upheld and violators are held accountable. For gendered violence to assume a place of import within society, it must be taken seriously within the criminal justice system—existing laws prohibiting gendered violence urgently need to be scrupulously enforced and offenders must be appropriately punished. International human rights oblige the state to investigate and prosecute alleged instances of violence perpetrated against all its residents (Human Rights Watch 1995:6; Pearce 2006; Peta 2006; Usdin et al. 2000:55; Wojcicki 2002b:271).

## **Conclusion**

Dominant gender roles and norms heavily influence the way a woman will perceive issues of male violence. The dominant gender norms will typically converge with a woman's own beliefs around what it is to be male and female resulting in her own sense of what is appropriate gendered behaviour. Thus, gender norms are fundamental to shaping a woman's thoughts and actions around gendered violence, as they tend to influence how she locates herself within the relevant issues.

Many dominant gender roles cater to male authority and privilege, and gendered violence is both a means of communicating gendered power disparities and maintaining male power. Because women are socially and economically marginalized, and subsequently disempowered by gender roles and hierarchies, their risk of exposure to gendered violence increases while their ability to protect themselves from violence decreases in all arenas of daily life.

Exposure to gendered violence or the threat of gendered violence increases a woman's risk of contracting HIV/AIDS. This is because violence reduces or eliminates women's ability to negotiate all aspects of sexual engagement including the possibility of condom use or other safer sex options. Although male condom use can radically reduce the risk of HIV contraction, condom stigmatization decreases the likelihood that men will wear them willingly and increases the risk of male violence should a woman request they be used. Additionally, gender roles that support the notion that men have 'right of access' to the female body, defend the existence of male violence and eliminate women's power over their own sexuality and reproduction. Gender roles that dictate women be

uneducated in sexual matters can deter them from seeking vital information about condom use, safer sex, and HIV/AIDS.

Gendered power disparities that reinforce the existence of male power and gendered violence in all social spaces plainly emerge in the existence of transactional or commercial sex work where women do not have the economic or social power to negotiate safer sex options. The added issue of condom stigmatization and the threat of violence severely disempowers women from even requesting that condoms be used during sexual interactions

Still, gender roles are fluid and will therefore vary in perception from one woman to the next and will be internalized in individualistic ways. Given that gender roles are in flux, dominant discourses around gendered violence can be modified and adjusted toward a more positive sense of 'the feminine' and 'the masculine' that is less tolerant of gendered inequities or gendered violence. Women make efforts in this direction both as individuals and as collectives. Many NGOs are successful at generating changes to dominant discourses around gender roles and violence, and in offering valuable resources to women who are currently living with gendered violence. Nonetheless, men must be directly included in programmes aimed at reducing gendered violence and HIV/AIDS, and the state is ultimately responsible for ensuring that happens.

This thesis highlights the enormity of influence that social meanings have over the spread of HIV/AIDS in South Africa and points to the need for further research in that area. Because social constructs are fluid, there is potential for socially constructed meanings around gender norms and the use of male condoms to be modified. Therefore,

further research could aid in the future reduction of gender violence, a greater acceptance of male condom use, and subsequently, a reduction in the spread of HIV/AIDS.

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