



DFID MSP PROJECTS: RAPE AND HIV

Project title: Understanding men's health and the use of violence: interface of rape and HIV in South Africa

Service provider: Medical Research Council

Partner: National Department of Health

Background

South Africa has one of the highest rates of reported rapes in the world. It also has the largest number of people living with HIV. Research has already established that men who rape and are physically more violent towards partners are more likely to engage in risky sexual behaviour than other men. This raised the concern that they were more likely to be infected with HIV than other men.

Aim

This research project aimed to describe the prevalence of rape among a random sample of adult men in ordinary communities. It also aimed to understand factors associated with rape perpetration and to describe the links between rape, intimate partner violence and HIV.

Project Details

The study was conducted in three districts in Eastern Cape and KwaZulu Natal provinces, spanning both rural and urban locations. The researchers had planned to interview 3,000 men, but the large number of households without men reduced that number to 1,738. Participants were provided with hand-held computers that allowed them to listen to the questionnaire in local languages and were thus able to self-administer the questionnaire. This interview methodology was easy to apply (only one respondent was unable to administer it) and afforded participants anonymity and privacy, reducing peer pressure to answer questions in a certain way.

Results

The study found a very high prevalence of self-reported rape in these communities. The men interviewed provided the following information:

- 27.6% had raped a woman or girl;
- 4.6% had raped in past year;
- 8.9% had raped with one or more other perpetrators when a woman didn't consent to sex, or was too drunk to stop them;
- 2.9% had raped men or boys; and
- 16.8% had attempted rape.

Nearly half of the perpetrators had raped more than one woman or girl, and 7.7% had raped more than 10 women. The majority reported that they were between the ages of 15 and 19 years old when they first forced a woman into sex, though 9.8% were under ten years old.

The most significant factors associated with rape perpetration were age (being 25 – 40 years old), education (better educated, but not tertiary education), income (average earners) and childhood experiences. Parental absence, particularly the absence of a father, was important, as was the quality of the relationship with parents. Men who raped perceived their fathers and mothers to be significantly less kind than men who had not raped. Rape was also associated with greater degrees of exposure to trauma in childhood, such as physical and sexual abuse.

Men who raped were also more likely to have engaged in a range of other risky behaviours. These included large numbers of partners, transactional sex, sex with a prostitute, heavy alcohol consumption, to have been physically violent towards a partner, to have raped a man, and not to have used a condom consistently in the last year.

The prevalence of intimate partner violence was also high, with 42.4% of men having been physically violent to an intimate partner. Men who disclosed this type of violence were very much more likely to be HIV positive.

One of the most surprising findings was that men who raped did not have a significantly higher HIV prevalence than men who hadn't raped (19.6% vs 18.1%). This was not the case for men who had raped men (27.8%).

However the researchers note that the very high HIV prevalence in both groups of men means that there is a high likelihood of a rapist being HIV positive. The prevalence among all men aged 25-45 years was in excess of 25% and prevalence among those aged 30-39 years was over 40%. This led to the conclusion that there is an urgent need for Post Exposure Prophylaxis (PEP) for rape survivors.

Conclusions

The researchers concluded that the origins of the rape crisis are so deeply embedded in ideas about South African manhood that a broad approach to rape prevention is required. "This must entail intervening on the key drivers of the problem which include ideas of masculinity, predicted on marked gender hierarchy and sexual entitlement of men."

The study suggests that the pathway which leads to these ideas and the practices of rape and other forms of violence towards women starts in childhood and therefore that strengthening families and protecting children from adversity in childhood are critical.

Recommendations

1. Rape prevention must focus centrally on changing social norms around masculinity and sexual entitlement, and addressing the structural underpinnings of rape.

2. PEP is a critical dimension of post-rape care, but it is just one dimension and a comprehensive care package needs to be available to all survivors, including support for the psychological responses to rape.
3. HIV prevention strategies must include more gender equitable models of masculinity.

Further reading

- Sikweyiya Y, Jewkes R, Morrell R et al. Talking about rape: Men's responses to questions about rape in a research environment in South Africa. *Agenda* 2007; 74:48-57
- Jewkes R, Sikweyiya Y, Dunkle K. Prevalence of perpetration of rape disclosed by South African Men and associations with HIV. Paper presented at Sexual Violence Conference for Eastern, Central and Southern Africa, Nairobi, Kenya, 28 Sept – 1 Oct 2008.