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An Overview of the Risk for HIV/AIDS among Young Women in South Africa: Gender Based Violence

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Abstract**—**Gender-based violence is a reflection of the inequalities that are associated within a society between the men and women that affects the health, dignity, security and autonomy of its victims. There are various determinants that contribute to the health risk of young women who have experienced sexual violence, in countries that have a high prevalence rate for HIV. For instance, in South Africa, where the highest prevalence rate for HIV is among young women, their susceptibility to the virus has been increased by sexual violence and cultural inequalities. Therefore, this study is a review of literature that explores how gender-based violence increases the possibility for HIV/AIDS among young women in South Africa.

Keywords**—**Gender based violence, HIV/AIDS transmission, young women, Risky sexual behavior.

I. Introduction

SINCE the inception of the HIV/AIDS epidemic, it is estimated that over 78 million persons have become infected with the disease and approximately 39 million persons have died of AIDS related illnesses [1]. By the end of 2014, there were approximately 35 million people living with HIV/AIDS worldwide and another 2.1 million becoming newly infected with the disease each year [1], [2]. The World Health Organization (WHO) reports that Sub-Saharan Africa has been the most affected region in world with roughly 28 million people living with HIV [1]. The region also has the highest number of new infections globally, accounting for 70 percent [2].

The impact of HIV on the region has been severe due to the effects that the illness has on the population; as a result, most of the affected Sub-Saharan countries have experienced higher levels of poverty; shorter life expectancy rates; disruption in households and livelihood; and economic decline [3]–[6]. At the same time, Sub-Saharan African countries also experience unstable workforce and low levels of productivity; negative impact on education, decline in school attendance; struggling health care system; and an interruption in the cultural norms and values within the societies due to the impact of HIV [3]-[8]. Among the individuals most affected by this disease within the region women and children are considered to have the highest infection rate. According to the UNAIDS "women accounted for 58% of the total number of people living with HIV within the Sub-Saharan African region" [1]. The statistics show that women have the highest prevalence rate of HIV in countries such as Botswana, Swaziland, Lesotho, Namibia and South Africa [9].

South Africa (SA) has over 6.3 million people living with HIV, which is the highest prevalence rate among all the Sub-Saharan African countries [7]. Equally important, the WHO notes that in SA, women have the highest prevalent rate for HIV with over 3.5 million women living with the disease [2]. Historically, SA was plagued with numerous socio-economic problems which have contributed to the spread of the epidemic in the country. The AIDS Foundation of South Africa (AFSA), notes that the main contributors to the spread of HIV in the country include: poverty; inequality and social instability; high levels of sexually transmitted infections; low status of women; sexual violence; and a history of poor leadership in the response to the epidemic [10]. Studies have suggested that the cultural impact of Apartheid affected the response to HIV in the early 1990's; moreover, the cultural barriers of social instability, gender inequality and a declining economy fuelled the spread of HIV in SA [11]-[15].

The social and gender inequality in SA has contributed to an increase in the instances of gender-based violence (GBV) against women; thus, studies have shown that this violence has been a contributing factor to the high prevalence rate of HIV among women in South Africa [16]–[22]. Over the last decade, SA has made significant improvements in their HIV response, including, the implementation of several preventative programs to reduce the number of incidence and provide treatment and support for the HIV positive individuals [1], [2], [4], [12]. Currently in SA the factors that contribute to the increased risk of HIV infection among women include; unprotected sex; intravenous drug use; and gender-based violence [1], [2], [23]-[25]. Furthermore, authors have expressed the need for more HIV prevention programs that target women who are being affected by GBV [16]-[22], [25]. The Victim of Crime Survey (VCS) indicated that 39.2 percent of the individuals who were assaulted were reported that it was carried out by community members, persons who they knew well, followed by their spouse or lover (16.8%) [26]. In the same light, the highest percentage of sexual assault came from a relative (25.1%), then spouses or lovers (24%) and which happened to take place in their homes [26]. As such, South Africa's Global Report explains that:

> The number of HIV infections transmitted during rape per annum in South Africa has been estimated at 100-

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300' (as cited in [19]), this estimate assumes an annual number of rape cases of 28,228 adults and 17,597 children (extrapolated figure from case report register), and an HIV transmission probability of 0.003 in the absence of genital injury, and 0.1-0.03 in the presence of a genital injury) [27].

UNAIDS, notes that gender inequality in Sub-Saharan African countries is one of the contributing factors to the increase in incidence and the prevalence rate among women in the region [7]. Despite this knowledge, little attention has been given to address the factors that contribute to GBV among young women in SA and make relevant recommendations to inform policy makers and to address the current increase in incidence among this population. Thus, this study will discuss how gender-based violence increases the risk for HIV/AIDS among young women ages 15-30 years in South Africa.

II. Literature Review

A. Historical Overview

Gender-Based Violence has been classified by authors as 'intimate partner violence' which is considered a public health issue and human rights concern, as this affects millions of women globally [16], [17], [22], [23], [25]. GBV or intimate partner violence occurs in two forms, physical and sexual violence [23]. Physical violence involves being hit or beaten by someone that causes physical harm to the body. However, sexual violence is considered "being physically forced to have sexual intercourse when you did not want to, having sexual intercourse because you were afraid of what your partner might do, and/or being forced to do something sexual that you found humiliating or degrading" [23].

Research has indicated the negative impact of GBV on young women in different Sub-Saharan Africa countries that puts them at risk for contracting a sexually transmitted disease and having other health problems [5], [19]-[23]. "It is well documented that South Africa has one of the highest rates of gender-based violence in the world" [28] and this puts young women that live there at a higher risk of becoming infected with HIV. Approximately 500,000 adults are raped each year in SA and this has contributed to the overall figures of persons who were violently abused in an intimate partner relationship [29].

B. Patriarchal System of Power

In SA, a number of factors contribute to GBV among young women including: a patriarchal system of power; cultural influences; and various economic factors [30]-[32]. South Africa has been categorized as a patriarchal society, where males have dominated the power structure of the country in the various private and public sector organizations, community setting, and in the homes [6], [11], [13], [18], [33]. As a result of this dominance, women have become marginalized and encounter gender inequality in these various spaces of the society [5], [6], [14], [17], [20], [32], [35]. This societal ideology delineates women as subservient to their male counterparts that allows for instances of control and abuse. "South African men, like men in most societies, possess greater control and power in their sexual relationships. Women with the least relationship power…are at the highest risk of both sexual assault and HIV" [37]. Therefore, women who are not able to make a decision over her own sexual health, stand a greater chance of becoming infected with HIV [16], [20], [22], [23], [32], [33], [38].

The literature reinforces that in patriarchal societies such as SA, violence has been used as a form of resolving conflict and emphasizing masculinity. "Qualitative research has shown that the links between HIV/AIDS, gender inequity, and gender-based violence lie in the patriarchal nature of society, and ideals of masculinity that are based on control of women and that celebrate male strength and toughness" [30]. This control limits women's ability to negotiate for condom use and increases their risk for HIV.

C. Cultural Influences

On another note, the cultural and traditional influences in South Africa's society are another factor that propagates GBV against young women. "Culture is used to justify gender inequality and violence by evoking traditional cultural beliefs about how women should be treated" [39]. Research shows that in Cape Town religious beliefs, community norms and family traditions are some of the social constructs that reinforce the inequality and dominance of gender roles and GBV against women [37]. This cultural tradition strengthens the stereotypical perceptions of masculinity which holds women in a subservient position. As a result, young men are encouraged to use sexual force or violence as a form of control in the relationship, which has led to a higher HIV incidence among young women affected by GBV, than women who have not encountered sexual violence [17], [18], [19], [31], [32], [40].

At the same time, in some of these traditional communities' violence against women is considered a socially acceptable norm and often considered a form of showing affection. Interestingly, studies indicate that young women who were raised in an environment of violence often become involved with someone who perpetuates this behavior of abuse because it is considered normal [13], [16], [17], [31], [33], [35], [43]. Therefore, young people perpetuate this behavior of sexual abuse and power control in their own personal relationships. Inequality among young men and women in SA is seen in the belligerent sexual behavior of young men over their female counterparts; hence, many young women are pressured into engaging in an unsafe sexual debut with aggressive young boys without being able to negotiate for condom use. This results in 49% of these young women becoming pregnant and this increases the chances for mother to child transmission of HIV [13], [34], [35], [31], [39], [42].

In the same light, South Africa's Victims Report notes that sexually abused women knew their aggressor, as they were relatives or known members of their communities [26]. Thus, young women are forced to live in silence out of fear of being ostracized or ousted from their communities if they speak out against this violence. Also, women are often the ones who are

exiled from their communities if they are found to be HIV positive in most of these traditional communities, even though they might have become infected as a result of rape or other sexual assault [8], [13], [15], [23], [30], [31], [36].

D.Economic Impact

Equally important are the economic factors that contribute to GBV against young women in SA. Research has shown that poverty and economic pressures have led several young women to engage in risky sexual behavior [12], [22], [25], [28], [42], [44]. In most cases, young women are forced into abusive relationships where they give up their sexual authority for financial security. Krishnan et al, found that there is a link between poverty and gender-based violence, as women who encounter abuse often are from low socio-economic backgrounds and negotiating for condom use or to question their partner's fidelity is not an option in their relationships [45]. Research also highlights that inter-generational sex is a common practice among young women from lower economic backgrounds. Research notes that most young women exchange sex for financial goods and benefits with older men; however, in most of these relationships the girls are often abused by their partners and are denied the right to negotiate for condom use [6], [13], [16], [17], [22], [25], [31], [41], [42], [46]. Unprotected sex with older men who might be infected with HIV increases the risk for the transmission of the virus to these young women.

Similarly, the literature emphasizes the importance of education as a tool for empowering young women from a lower socio-economic status, so that they are able to become financially independent and have a high level of self-efficacy [6], [17], [25], [36], [42]. Unfortunately, in most impoverished families, boys are given priority for educational advancement over their female siblings. Lack of educational advancement, disenfranchises young women and increases their risk for HIV when they become involved in abusive relationships due to their poor economic situation [19], [31], [36].

E. Prevention Interventions

The government of SA implemented the Sexual Offences Act of 2007 and the Domestic Violence Act 116 of 1998, which gives women the right to report rape and sexual violence from a partner or community member. Also, the government partnered with several international organizations to fund initiatives such as community radio projects, prison project, soccer project, and community mobilization all under the OMC campaign to tackle GBV [28], [41], [47]. These interventions targeted young men and boys in order to provide information about the impact of GBV; however, very few young men participated in these interventions [10], [47]. Also, the government offered services for affected women that included; "gender rights awareness; provision of shelters for abused women and girls; skills development for abused women and girls; psychosocial support services; and paralegal and court support for victims seeking justice" [47]. These gender based violence interventions were not very successful in South Africa because they faced various challenges. The major challenges associated with GBV interventions was the lack of access to the vulnerable populations [19], [20], [31], [47]. Most young women refuse to visit the local clinics or health facilities out of fear of being identified as a victim of GBV and their partners as abusers, which often results in women turning to alcohol use and high-risk sexual behavior rather than seeking professional help [21], [47]. Furthermore, women who encounter GBV often refuse government assistance, as their only source of income often depended on their partner's finances [19], [36], [31], [47]. Thus, young women risk their health and lives in these abusive relationships in order to support their families. "Children are a key consideration to women making decisions either to stay in or leave an abusive and violent relationship. There is a general reluctance to leave children behind" [47].

On the other hand, the literature noted that most HIV interventions that are being done in SA focus on condom distribution, treatment and testing, but neglected to look at gender issues; especially those relating to young women [30], [31], [41], [47]. The literature supports the need to identify methods of providing funding for programs related to GBV, and the empowerment of young women by providing them with the skills they need to be employable [16], [17], [25], [31], [35], [42], [46]. Interestingly, the literature notes that more interventions need to be developed that focus on GBV in SA, as it is a propagator of HIV infection in the country and in low- resource settings [13], [25], [31], [47]. Therefore, the government needs to focus more efforts into rectifying the issue of GBV amongst young women.

III. Discussion

The patriarchal system in SA makes it difficult for women to negotiate for condom use with their partners in abusive relationships. Moreover, the classification of women as subservient to their male counterparts continues the cycle of gender inequality and abuse which puts them at a great risk of becoming infected with HIV [19], [37], [45]. Therefore, young women need to be empowered, so that they be able to have a discussion on condom use with their partner, and to seek help to address the sexual abuse they are encountering. The research indicates that the patriarchal social structure in SA reinforces the behavior of sexual violence and control by young men in their relationships, which increases the chances for HIV infection among young women [16], [20], [22], [32], [33], [38]. An intervention is needed to address this patriarchal system, so as to reduce the incidence of HIV infection in this target population. "Patriarchy, traditional norms and practices, as well as the current perceptions of masculinity can only be challenged and solutions proposed if men and boys are involved in GBV programs" [47]. More needs to be done so that young men will be able to respect women and reduce the incidence of violence in their relationship.

Research suggests that cultural influences assist in putting young women at risk for HIV/AIDS, as violence in a relationship is considered the norm. Young women need to be informed that violence is not the norm and if they continue to be sexually abused they are putting their lives at risk for

becoming infected with HIV or other sexually transmitted diseases. In traditional communities, in SA, such as in Cape Town, violence against women is considered the norm in relationships [37], and this puts young women at risk for HIV when they are not able to negotiate for condom use in their relationship. If young women become infected with HIV then this increases the chances for mother to child transmission of the virus. Hence, it is important to identify innovative ways of counteracting these negative cultural traditions that encourage abusive behaviors to reduce these actions.

The poor economic situation in SA contributes to GBV against young women who are involved in abusive relationships in order to meet a financial need. These young women participate in risky sexual activities such as intergenerational sex. Young women who "remain in violent, risky relationships as a result of economic dependency on male partners combined with social norms that condone male dominance" [45], puts them at risk for contracting HIV. Therefore, it is important that young women are trained with the skills they need to become employable so that they will not have to rely on an abusive partner for their financial needs.

Although South Africa's government has had interventions focused on GBV, they have not been very effective because they were not able to reach the vulnerable population. GBV interventions need to be strategic when targeting the vulnerable populations, such as women who are stigmatized by health care workers and community members.

The societal influences of patriarchy in SA have been identified as a determinant of GBV; therefore, it is important to develop HIV/AIDS interventions that address the cultural norms as it relates to gender equity and inequality in the society. There is a need for more media messages that promote gender equality and interventions that emphasize equality to counteract the cultural norms of inequality; especially, in rural communities in SA. Also, there needs to be interventions that are gender sensitive, but also gender transformative [35] and have aspects that provide support and assistance to young women who have encountered GBV.

Equally important, the literature notes that HIV interventions in SA often focus on providing assistance to women who are victims of GBV, with services such as medical, legal and psychological support [47]. However, the government needs to develop interventions that target young men who are the perpetrators of GBV, these would include providing information and activities to limit the instances of violence in their relationships. It is evident that "patriarchy, traditional norms and practices, as well as the current perceptions of masculinity can only be challenged and solutions proposed if men and boys are involved in GBV programs" [47]. Focusing on men may lower instances of GBV in relationships. Furthermore, funding should be provided for programs that are related to GBV that will empower young girls and women by providing them with the skills they need to become employable. Due to the poor economic conditions in the country, young women are forced to engage in abusive relationships in order to financially sustain themselves and their families. Tenkorang, & Obeng Gyimah recommend that the "government should focus on improving the socioeconomic conditions of blacks and other deprived groups in South Africa. This may be done by providing them with unique educational and occupational opportunities, like scholarships and free job training" [44]. Educational opportunities for young women are a step towards empowerment, which will reduce the reliance on the financial aid of abusive partners. Also, when young women are educated they will have more confidence in negotiating for condom use from their partners. In addition, there needs to be a strengthening of existing HIV prevention programs by incorporating the community into the intervention activities. Partnership of community group, women outreach groups, will allow for confidence in the program from affected women. Likewise, community organizations should form partnership with international organizations, such as UNAIDS and WHO, to ensure that GBV policy, programs, and interventions in SA build gender equity and are widely implemented throughout the country [19]. Similarly, GBV programs need to provide a safe space for women to gather and seek help without fear of facing stigma and discrimination from health workers or community members.

Although this study produced interesting information some limitations are worth noting. This study identified gender-based violence on the constructs of physical and sexual partner violence, which puts young women at risk for contracting HIV. However, the information that was highlighted did not focus on the emotional or psychological abuse that is associated with GBV, such as depression and neglect, which could lead young women to participate in risky sexual behavior to fulfil their emotional needs. Another limitation is the complexity in identifying GBV prevention programs that were successful in reducing the instances of intimate partner violence against young women between the ages of 15- 30 years in the country. Future research could examine the connection between the variables of emotional or psychological abuse and gender-based violence as it relates to increasing young women's risk for HIV/AIDS.

IV. Conclusion

Overall, this study discussed how gender-based violence increases the risk for HIV/AIDS among young women between the ages of 15-30 years in South Africa. The main determinants of GBV that increase the risk for HIV among this target population included: the patriarchal system of power, cultural influences, and various economic factors.

Young women who experience intimate partner violence are often involved with aggressive partners on whom they depend for financial support due to their poor socio-economic status and limited access to educational opportunities. This reduces these girls' ability to negotiate for condom use in these abusive relationships. Therefore, HIV interventions that are geared towards gender-based violence need to be focused on targeting young men who perpetrate sexual violence in their relationships and other young men in the communities before instances of violence begin. In concluding, South Africa's government must address the issue of GBV so as to

effectively reduce the risk for HIV infections among young women in the country.

REFERENCES

[1] UNAIDS, "World AIDS Day 2014 Report - Fact sheet," 2014, from http://www.unaids.org/en/resources/campaigns/World-AIDS-Day-Report-2014/factsheet
[2] World Health Organization, "World health statistics 2014. World Health Organization," 2014, from http://apps.who.int/iris/bitstream/10665/112738/1/9789240692671_eng.pdf
[3] C. O. Airhihenbuwa, "On being comfortable with being uncomfortable: centering an Africanist vision in our gateway to global health. Health education & behavior." 2006.
[4] Avert, "Impact of HIV on Sub-Saharan Africa," 2014, http://www.avert.org/impact-hiv-and-aids-sub-saharan-africa.htm#footnote1_w9r5zex
[5] E. Kalipeni, S. Craddock, J. R. Oppong, & J. Ghosh, "HIV and AIDS in Africa: beyond epidemiology," 2004, Malden, MA: Blackwell Publishing.
[6] M. Rogan, M. Hynie, M. Casale, S. Nixon, S. Flicker, G. Jobson, & S. Dawad, "The effects of gender and socioeconomic status on youth sexual-risk norms: evidence from a poor urban community in South Africa," 2010, in *African Journal of AIDS Research*, vol. 9, no. 4, 355-366.
[7] J. UNAIDS, "*Global report: UNAIDS report on the global AIDS epidemic 2014*," 2014, UNAIDS Geneva, from http://www.unaids.org/sites/default/files/media_asset/GARPR_2014_guidelines_en_0.pdf
[8] J. Vearey, M. Richter, L. Núñez, & K. Moyo, "South African HIV/AIDS programming overlooks migration, urban livelihoods, and informal workplaces," 2011, in *African Journal of AIDS Research*, vol. 10, no. sup1, pp. 381-391.
[9] C. Haub, J. Gribble, & L. Jacobsen, "World Population Data Sheet 2011," 2011, Population Reference Bureau, Washington.
[10] AIDS Foundation of South Africa, "*HIV in South Africa*," 2015, http://www.aids.org.za/hivaids-in-south-africa/
[11] Avert, "History of HIV & AIDS in South Africa," 2014, http://www.avert.org/history-hiv-aids-south-africa.htm
[12] E. Lule, R. Seifman, & A. C. David, "The changing HIV/AIDS landscape: selected papers for the World Bank's agenda for action in Africa, 2007-2011," 2009, Washington, DC: World Bank Publications.
[13] R. Morrell, "Fathers, fatherhood and masculinity in South Africa," 2006, *BABA, men and fatherhood in South Africa,* 13-25.
[14] J. Seeley, R. Grellier, & T. Barnett, "Gender and HIV/AIDS impact mitigation in sub-Saharan Africa-recognising the constraints: original article," 2004, in *SAHARA: Journal of Social Aspects of HIV/AIDS Research Alliance*, vol. 1, no. 2, p. 87.
[15] E. Y. Tenkorang, F. Rajulton, & E. Maticka-Tyndale, "Perceived risks of HIV/AIDS and first sexual intercourse among youth in Cape Town, South Africa," 2009, in *AIDS and Behavior*, vol. 13, no. 2, 234-245. Doi: 10.1007/s10461-008-9470-5
[16] J.C. Campbell, "Health consequences of intimate partner violence," 2002, in *The Lancet*, vol. 359, no. 9314, 1331-1336.
[17] K. L. Dunkle., R. K. Jewkes, H. C. Brown, G. E. Gray, J. A. McIntryre, & S. D. Harlow, "Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa," 2004, in *The Lancet*, vol. 363, no. 9419, 1415-1421.
[18] C. Garcia-Moreno, H. A. Jansen, M. Ellsberg, L. Heise, & C. H. Watts, "Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence," 2006, in *The Lancet*, vol. 368, no. 9543, 1260-1269.
[19] R. K. Jewkes, K. Dunkle, M. Nduna, & N. Shai, "Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study," 2010, in *The Lancet*, vol. 376, no. 9734, 41-48.
[20] R. Jewkes, "Intimate partner violence: causes and prevention," 2002, in *The Lancet*, vol. 359, no. 9315, 1423-1429.
[21] E. V. Pitpitan, S. C. Kalichman, L. A. Eaton, D. Cain, K. J. Sikkema, D. Skinner, …& D. Pieterse, "Gender-based violence, alcohol use, and sexual risk among female patrons of drinking venues in Cape Town, South Africa," 2013, in *Journal of behavioral medicine*, vol. 36, no. 3, 295-304.
[22] J. K. Stockman, H. Hayashi, & J. C. Campbell, "Intimate partner violence and its health impact on ethnic minority women," 2014, in *Journal of Women's Health*.
[23] World Health Organization, "Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence," 2013, World Health Organization from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf
[24] Centers for Disease Control and Prevention (CDC), "HIV among women, Atlanta, CDC" 2014, http://www.cdc.gov/hiv/pdf/risk_women.pdf
[25] K. Fustos, "*Gender-based violence increases risk of HIV/AIDS for women in sub-Saharan Africa*," 2011.
[26] Victims of Crime Survey, (2014), from http://beta2.statssa.gov.za/publications/P0341/P03412013.pdf
[27] S. Africa, "*Global Aids Response Progress Report*," 2012 http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf
[28] B. Khumalo, S. Msimang, & K. Bollbach, "*Too costly to ignore- A KPMG report about violence against women in South Africa*," 2014, from http://www.kpmg.com/za/en/issuesandinsights/articlespublications/general-industries-publications/pages/too-costly-to-ignore.aspx.
[29] Rape Crisis. "*Rape in South Africa*," 2015, in http://rapecrisis.org.za/rape-in-south-africa/
[30] R. Jewkes, & R. Morrell, "Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention," 2010, in *Journal of the International AIDS Society*, vol. 13, no. 1, 6.
[31] J. Keesbury, & I. Askew, "*Comprehensive responses to gender based violence in low-resource settings: Lessons learned from implementation*," 2010.
[32] G. Ramjee, & B. Daniels, "Women and HIV in sub-Saharan Africa," 2013, in *AIDS research and therapy*, vol. 10, no. 1, 30.
[33] K. Wood, F. Maforah, & R. Jewkes, "'He forced me to love him": putting violence on adolescent sexual health agendas," 1998, in *Social science & medicine*, vol. 47, no. 2, 233-242. doi:10.1016/S0277-9536(98)00057-4.
[34] D. Bhana. & R. Pattman, "Researching South African youth, gender and sexuality within the context of HIV/AIDS," 2009, in *Development*, vol. 52, no. 1, 68-74.
[35] G. R. Gupta, "How men's power over women fuels the HIV epidemic: It limits women's ability to control sexual interactions," 2002, in *BMJ: British Medical Journal*, vol. 324, no. 7331, 183.
[36] R. K. Jewkes, J. B. Levin, & L. A. Penn-Kekana, "Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study," 2003, in *Social science & medicine*, vol. 56, no. 1, 125-134.
[37] A. Strebel, M. Crawford, T. Shefer, A., Cloete, N. Henda, M. Kaufman, ... & S. Kalichman, "Social constructions of gender roles, gender-based violence and HIV/AIDS in two communities of the Western Cape, South Africa: original article," 2006, in *SAHARA: Journal of Social Aspects of HIV/AIDS Research Alliance*, vol. 3, no. 3, p. 516.
[38] J. Baxen & A. Breidlid, "*HIV/AIDS in Sub-Saharan Africa: understanding the implications of culture & context*," 2009, Juta and Company Ltd.
[39] The API Institute on Domestic Violence (APIIDV), "*Patriarchy & Power,"* 2014, from http://www.apiidv.org/violence/patriarchy-power.php.
[40] C. Ekeopara, & E. Ekeke, "The relevance of African traditional religion in an HIV/AIDS environment," 2011, in *Research Journal of International Studies*, vol. 19.
[41] M. Jukes, S. Simmons, & D. Bundy, "Education and vulnerability: the role of schools in protecting young women and girls from HIV in southern Africa," 2008, in *Aids*, vol. 22, S41-S56.
[42] A. E. Pettifor, H. V. Rees, A. Steffenson, L. Hlongwa-Madikizela, & C. MacPhail, "*HIV and sexual behaviour among young South Africans: a national survey of 15-24 year olds*," 2004.
[43] G. R. Gupta, "Gender, sexuality, and HIV/AIDS: The what, the why, and the how," 2000, in *Can HIV AIDS Policy Law Rev*, vol. 5, no. 4, 86-93.
[44] E. Y. Tenkorang, & S. Obeng Gyimah, "Physical abuse in early childhood and transition to first sexual intercourse among youth in Cape

Town, South Africa," 2012, in *Journal of sex research*, vol. 49, no. 5, 508-517.
[45] S. Krishnan, M. S. Dunbar, A. M. Minnis, C. A. Medlin, C. E. Gerdts, & N. S. Padian, "Poverty, gender inequities, and women's risk of human immunodeficiency virus/AIDS," 2008, in *Annals of the New York Academy of Sciences*, vol. 1136, no. 1, 101-110.
[46] O. Shisana, T. Rehle, L. C. Simbayi, K. Zuma, N. Jooste, S. Zungu, & S. Ramlagan, "*South African national HIV prevalence, incidence and behaviour survey, 2012*," 2014, Cape Town.
[47] Firstrand Foundation, "*Reframing interventions to end gender-based violence in South Africa*," 2014, http://www.tshikululu.org.za/uploads/files/FR_CSI_that_Works_GBV_Research_Report_final_Feb_2014.pdf