



Rape and HIV: lessons from South Africa

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Rape and HIV

- South Africa has 5.5 million people living with HIV out of our population of about 48 million
- We have one of the highest rates of rape reported to the police in the world
- Given the reality that rape may be one of the contexts of heterosexual transmission of HIV in the country there has been a huge concern about the consequences of rape for the HIV epidemic.
- In this presentation I will review some of the research evidence from 15 years of research in South Africa on links between rape, partner violence and HIV and reflect on the implications for the HIV epidemic

Locating rape: rape, IPV & gender inequity

- South Africa is an immensely patriarchal society and the intersections of the epidemics of HIV/AIDS and gender-based violence are deeply rooted in the country's gender hierarchy and dominant constructions of South African masculinities around control of women
- The history of the country has shaped the dominant forms of South Africa's racially-defined masculinities, all of which valorise the martial attributes of physical strength, courage and an acceptance of hierarchical authority
- Control of women, and concomitant expectations of female obedience, have been described as forming a central part of dominant constructions of masculinity
- In the achievement of this, the use of physical and sexual violence against women is substantially legitimated.
- Rape is thus an expression of male sexual entitlement, a product of the gender hierarchy, as well as a practice used, together with physical violence, to subordinate women and communicate to them about their position in the gender hierarchy

Rape and HIV

- Within the discourses of the last decade in South Africa there has been a dominant emphasis on the role of rape in spreading HIV and concern that services should be available to prevent this added violation
- In understanding links between rape and HIV we will first consider HIV infections acquired in the course of rape

Modelling number of cases potentially caused by rape

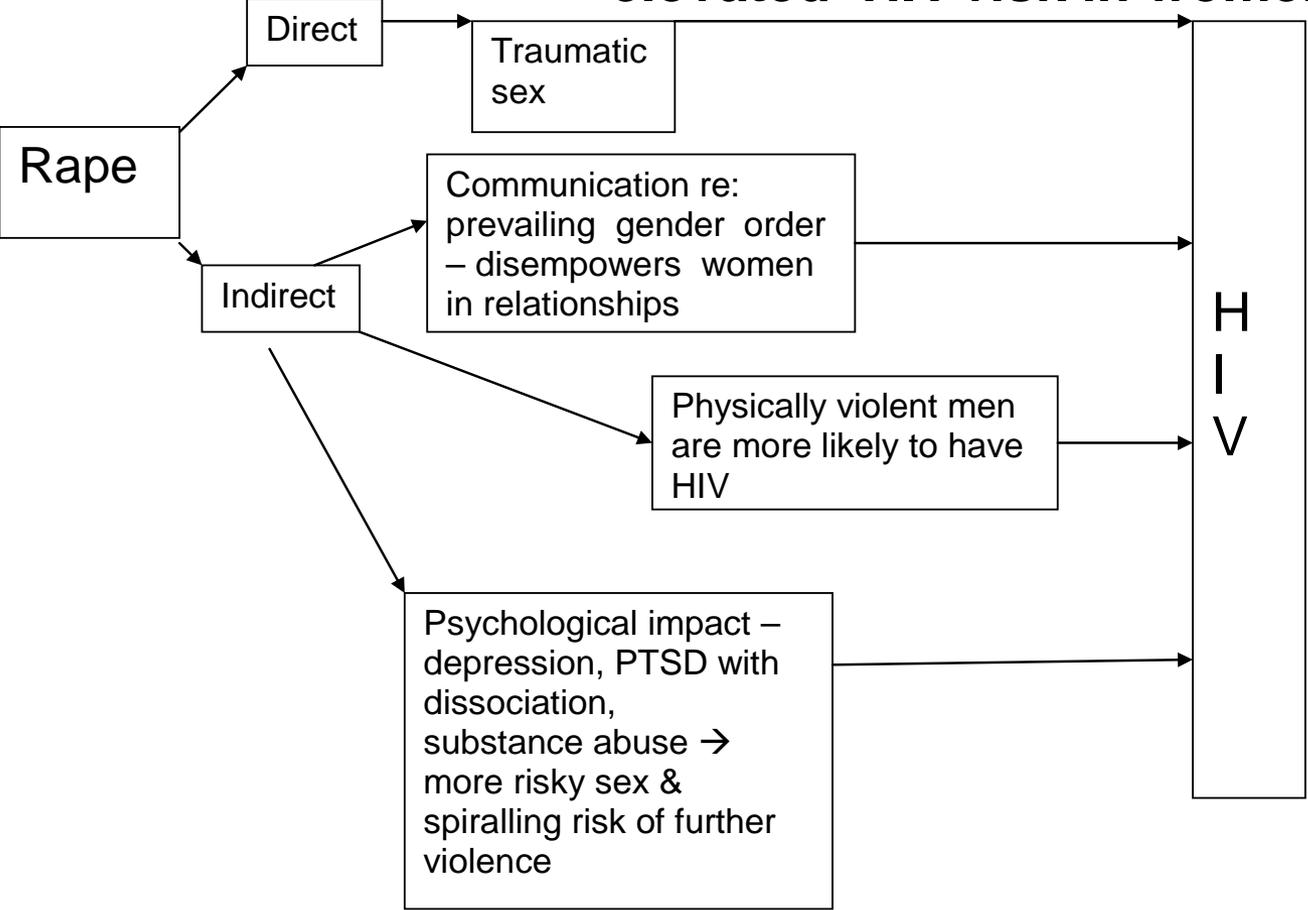
- What we need to know:
 - Number of cases per annum
 - Probability of the victim being uninfected at the time of rape
 - Probability of the perpetrator being infected (which depends on age-specific prevalence)
 - Number of perpetrators
 - Proportion with genital injuries from the rape
 - Transmission risks

	Adults	Children
Number of cases per annum	28 228	17 597
% victims HIV-	79%	96%
% perpetrators HIV+	20%	13%
Number of perpetrators	80% one perp 20% mean of 3	87% one perp 13% mean of 3
% with genital injury	36% if one perp 45% if >1	53%
Transmission risk per sex act	0.003 (no injury) ??? 0.1-0.03 (with injury)	

Number of HIV infections transmitted during rape per annum in South Africa

- Range depends on transmission risks
- this is a great unknown, but
 - modelling suggests 100-300 infections per annum in an epidemic of about 500 000 new infections per annum

Schematic representation of pathways from rape to elevated HIV risk in women



Data sources

- Stepping Stones study: RCT recruited 1415 women at baseline in 70 clusters, aged 15-26 and followed them up for 2 years with an interview and blood test for HIV and HSV2 each year
- Child sex abuse: continuous variable capturing frequency- score of 4 questions on unwanted sexual touching, forced, threatened or frightened into sex against will & having sex with a man 5+ years older ...Before the age of 18
- Rape: ever raped by a partner or non-partner – each measured with 4 questions on behaviours framed around being ‘forced’ or ‘frightened’ or ‘persuaded to have sex against your will’; forced or raped at first sex; or forced or threatened into sex recorded on child abuse questions

Associations between child sex abuse and risky sex
and violence from multiple regression models
adjusted for age & stratum

Prevalence of any child sex abuse: 39.1%

	aOR (95% CI)	P value
Transactional sex	1.26 (1.13, 1.41)	<0.0001
Correct condom use at last sex	0.88 (0.79, 0.99)	0.027
Likelihood of being in a more gender equitable relationship	Coef = -0.141 (-0.189, -0.094)	<0.0001
Current physically abusive partner	1.23 (1.10, 1.36)	<0.0001

Associations between child sex abuse & health consequences

	aOR (95% CI)	P value
Depression (CES-D)	1.36 (1.22, 1.52)	<0.0001
Problem drinking	1.58 (1.31, 1.89)	<0.0001
Has genital herpes	1.16 (1.04, 1.29)	0.009
Has HIV	1.13 (0.98, 1.30)	0.09
Incident HIV over 2 yrs follow up	1.20 (1.02, 1.41)	0.025
Contraceptive use	0.89 (0.80, 0.99)	0.033
Pregnancy	1.19 (1.05, 1.34)	0.006

Associations between rape and risky sex and partner violence:

Rape prevalence 18.6%

	aOR (95% CI)	P value
Transactional sex	1.54 (1.15, 2.06)	0.004
Correct condom use at last sex	0.69 (0.53, 0.92)	0.036
More recent sex (<3 months)	1.53 (1.12, 2.10)	0.008
Likelihood of relationship being more gender equitable	Coeff - 0.247 (-0.369, -0.126)	<0.0001
Current physically abusive partner	2.40 (1.83, 3.15)	<0.0001

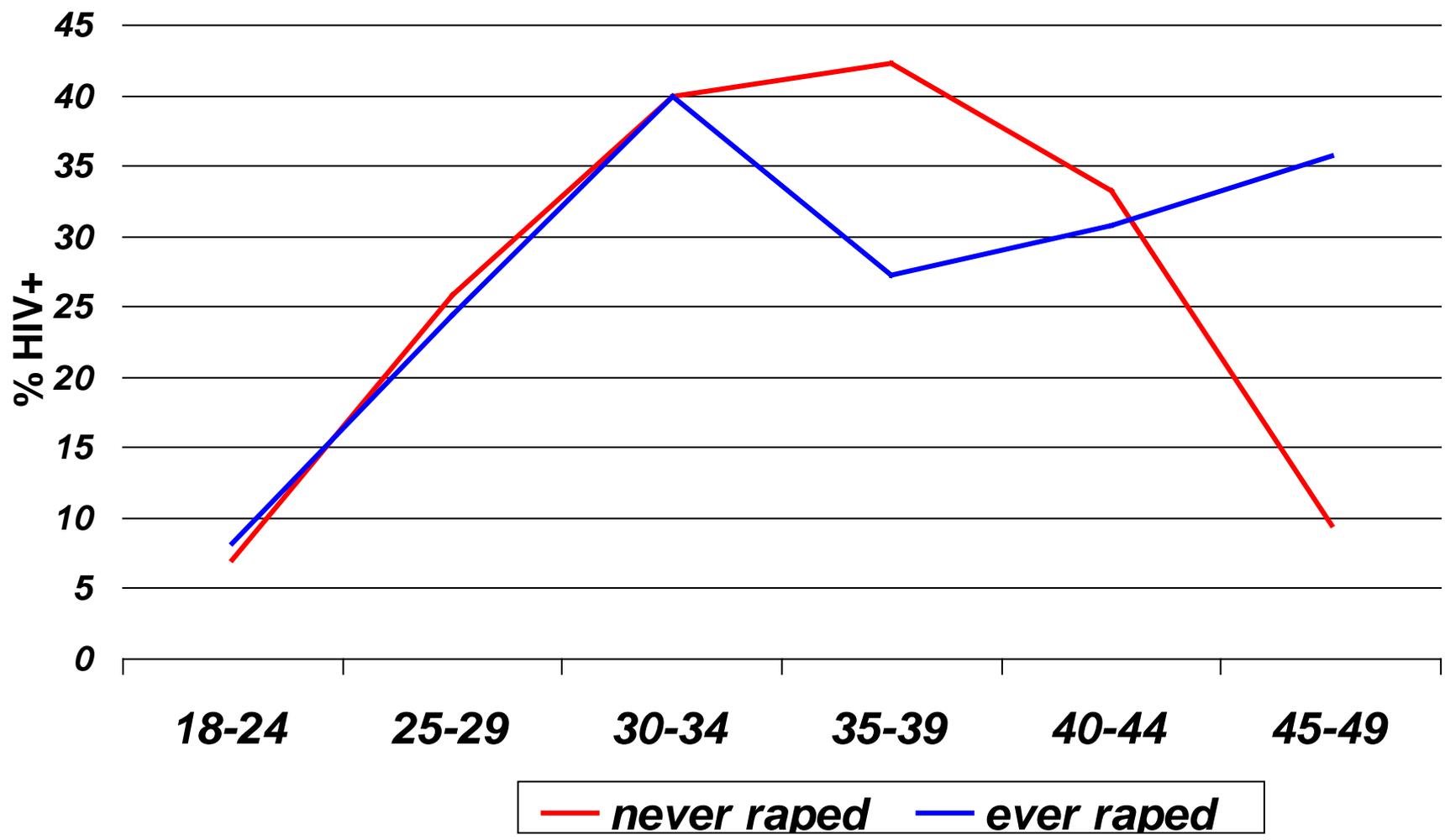
Associations between rape and health outcomes

	aOR (95% CI)	P value
Depression (CES-D scale)	2.68 (2.01, 3.57)	<0.0001
Problem drinking	2.54 (1.39, 4.62)	0.002
Has genital herpes (HSV2)	1.43 (1.07-1.90)	0.015
Has HIV	1.29 (0.85, 1.96)	0.24
Incident HIV over 2 yrs follow up	1.49 (0.97, 2.29)	0.066

Survey of men, masculinities, rape and HIV

- Setting: three districts in the Eastern Cape and KwaZulu Natal Provinces of South Africa
- Study design: cross-sectional with a two stage random sample
- We completed interviews in 1,738 of 2,298 (75.6%) of the enumerated and eligible households
- Rape measured on 7 questions:
- E.g. “How many times have you slept with a woman or girl when she didn’t consent to sex or after you forced her?”
- Physical IPV measured with WHO scale of 5 questions
- HIV: dried blood spot and ELISA

Age-specific HIV prevalence in men who have and have not raped



Rape & HIV: age & race adjusted odds ratios

- Any rape of a woman and HIV
 - OR: 1.01 (95% CI 0.70, 1.46; p=0.97)
- Rape of a man or boy
 - OR: 2.55 (95% CI 1.06, 6.14; p=0.04)

Physical intimate partner violence & HIV:

42.4% of men had been physically violent to a partner

	HIV	No HIV	P value
> 1 episode of IPV perpetration	39.0%	28.7%	0.004

Logistic regression model of factors associated with having HIV in men aged 18-49 yrs

	Odds Ratio	P value	95% CIs	
> 1 episode of perpetration of physical IPV	2.23	0.02	1.13	4.40
age 25 yrs and over	8.57	0.00	5.12	14.35
African	5.42	0.00	2.52	11.64
Up to primary schooling				
Secondary schooling	0.89	0.62	0.57	1.41
Matric or tertiary	0.55	0.01	0.34	0.89
Had a genital ulcer	1.74	0.003	1.20	2.52
Circumcised	0.42	0.00	0.28	0.62
IPV*age 25+ interaction term	0.60	0.21	0.27	1.34

Frequencies of sexual risk taking behaviours in men who have perpetrated >1 episode of physical IPV and those who have not

	Physical IPV	No physical IPV	p value
20+ partners ever	51.5%	26.0%	0.0000
Any transactional sex	81.0%	59.7%	0.0000
Sex with a prostitute	31.6%	14.6%	0.0000
High levels of alcohol in past year	39.3%	19.2%	0.0000
Rape of woman	49.6%	18.8%	0.0000
Rape of a man	6.6%	1.1%	0.0000
Consistent condom use in past year	30.7%	41.0%	0.0002

Conclusions

- Gender inequity and men's violence against women are substantial forces within the HIV epidemic in South Africa
- Most important elements here relate to the use of violence to communicate to women about their place within the overall gender hierarchy and the limits of their agency within sexual relationships
- And the observation that the performance of hegemonic masculinity entails enactment of a range of practices which are both violent and sexually risky. Partner violence serves as an indicator of this ideal of manhood and we see that men who conform are more likely to have HIV than other men
- Women who are exposed to abuse are much more psychologically vulnerable and this places them at long term risk of further abuse, a problem that is compounded by the lack of psychological support for victims after rape