ABSTRACT

Background: Male IPV perpetration has been seen as a major social and public health problem affecting intimate partners in South Africa. Around the world unlike men, women are at greater risk of suffering from the effects of IPV. IPV perpetration is recognised as a health and human rights issue globally and it is situated within the discourse on gender based violence and/ violence against women. Well over two decades post-apartheid South Africa has become a violent and dangerous place with alarming rates of male IPV perpetration (42%) being recorded. Thus this study examines the sociodemographic and risk factors of IPV perpetrators.

Methods: the study is going to use the 2016 South African Demographic and Health Survey to achieve the objectives of the study. The study will include a sample of 3,618 men included in the male record. The independent variables of the study includes: age, religion, marital status, place of residence, race, education, employment status, risk sexual behaviours, problem alcohol and drug use, past history of abusing partners, acceptance of violence, history of depression. The depended variable of the study is male IPV perpetration. Frequency tables will be used to show frequency and percentage distributions of male IPV perpetration in SA. Age-specific IPV perpetration rates will be calculated to show the extent of male IPV perpetration by age. The outcome variable that will be used in this study is binary, that is a 'yes' or 'no' response for the dependent variable. Therefore a two-level multilevel logistic regression model will be applied. Both adjusted and unadjusted models will be done for each of the regression analysis models.

Results: It is envisaged that the study will contribute into the existing literature on research concerning intimate partner violence. The proposed study will contribute to the field of Demography and Population Studies in understanding IPV perpetration as social determinant of health. Findings of this research study are expected to inform policy interventions aimed at addressing male IPV perpetration.

Key words: Intimate partner violence, sociodemographic factors, risk factors

CHAPTER 1: INTRODUCTION

1.1 Introduction

The chapter provides the background of the study which focuses on Intimate Partner Violence (IPV) and its perpetration, in South Africa. Thereafter, the chapter continues with the problem statement, justification of the study, research objectives and research questions. The final section of the chapter highlights the study's research hypothesis.

1.2 Background

There is an increasing understanding that IPV perpetration has large public health impact, in addition to being a gross violation of victims' human rights (Devries et al., 2013; United Nations Women, 2014; WHO, 2017). IPV refers to the use of physically, sexually and psychologically coercive acts against an intimate partner (WHO, 2017). According to the WHO (2017), the global prevalence of IPV among all ever-partnered women was 30%. The prevalence is high in African, Eastern Mediterranean and South-East Asia Regions, where approximately 37% of ever-partnered women reported having experienced physical and/or sexual intimate partner violence at some point in their lives (WHO, 2017). Respondents in the Region of the Americas reported the next highest prevalence, with approximately 30% of women reporting lifetime exposure. IPV prevalence is lower in the high-income region (23%) and in the European and the Western Pacific Regions, where 25% of ever-partnered women reported lifetime intimate partner violence experience (WHO, 2017).

The UN has estimated that more than 600 million women live in countries where IPV is not considered a crime. In South Africa, IPV is a crime and it is included in the Domestic Violence Act 116 of 1998 (Okeke-Ihejirika, Salami, & Amodu, 2019). However, in South Africa, IPV experienced by women are among the highest in the world based on data including a nationally representative sample, among adolescent and young adult women, and among women attending antenatal clinics (Teitelman et al., 2017). These findings are consistent with high prevalence rates in multiple studies of male perpetration of IPV towards female partners in South Africa (Machisa, Christofides, & Jewkes, 2016a; Teitelman et al., 2017). For instance, a population based study that was done in South Africa discovered that the prevalence of male perpetration of IPV was 42% (Pöllänen, de Vries, Mathews, Schneider, & de Vries, 2018). Men's characteristics that were associated with IPV included multiple partners, inconsistent condom use, less education, child maltreatment and problem alcohol use. The context of South Africa is marked by high levels of gender inequality and

violence against women in the world (Teitelman et al., 2017). Literature has also shown that male IPV perpetration in adulthood is significantly associated with childhood exposure to violence and cultural gender norms that reinforce abusive behaviours.

IPV has been seen as a major social and public health problem affecting intimate partners (Townsend et al., 2011a). It is often associated with women, but men also experience IPV in much higher levels than what the general public believe (K. M. Devries et al., 2013; Kivisto, 2015). However, it was found that women are disproportionately affected by IPV than men. Around the world unlike men, women are at greater risk of suffering from the effects of IPV (Christofides et al., 2018; Groves et al., 2015; Wallenborn, Cha, & Masho, 2018). Male to female IPV has been found to have more negative health consequences than female to male (Birkley & Eckhardt, 2015a). Female survivors of IPV report more physical and mental health problems than females who do not report IPV, including greater chances for chronic pain, diabetes, depression, suicide and substance use (Black et al., 2011).

1.3 Problem statement

IPV is recognised as a health and human rights issue globally and it is situated within the discourse on gender based violence and/ violence against women (Christofides et al., 2018). Well over two decades post-apartheid South Africa has become a violent and dangerous place with alarming rates of IPV being recorded (Dunkle et al., 2016). According to Boonzaier and Gordon (2015), IPV against women has been and continues to be one of the most prominent features of post-apartheid South Africa.

Most women in South Africa do not report IPV because of many factors including cultural beliefs and gender inequality. UN estimated that in sub-Saharan Africa, highest IPV prevalence rate of 40% has been recorded in almost half of African countries (Okeke-Ihejirika et al., 2019). A study that was done among South African men found that about 31, 8% reported enacting physical and/ sexual violence against their intimate partners (Christofides et al., 2018).

Previous studies shows links between IPV and acute and chronic physical health problems like pain syndromes (neck and back pain), severe headaches, abdominal pains, heart diseases and other digestive disorders (Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Christofides et al., 2018; Coker, Smith, Bethea, King, & McKeown, 2000; Coker et al., 2000; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Okafor et al., 2018; Vives-Cases, Ruiz-Cantero, Escribà-Agüir, & Miralles, 2010). Due to the high impact and high prevalence

of IPV, it is likely that many women that are using health services are experiencing or have experienced abuse (K. M. Devries et al., 2013).

IPV has also been associated with sexual and reproductive health consequences including vaginal bleeding, increased risk of sexually transmitted infections, vaginal infections, miscarriage, pelvic pain, painful sexual intercourse, painful urination, unintended pregnancies, urinary tract infections, multiple abortions, preterm delivery, neonatal death and low birth weight (Okafor et al., 2018; Orpin, Papadopoulos, & Puthussery, 2017). Women that experience IPV during their pregnancies have higher rates of low birth weight infants and preterm births, as compared to those who do not (Okafor et al., 2018). This is highly associated with neonatal morbidity and greater mortality (Gass, Stein, Williams, & Seedat, 2010).

In addition, mental health symptoms has also been recorded among victims of IPV and these symptoms include, anxiety, memory loss, post-traumatic stress disorder (PTSD) and depression (K. M. Devries et al., 2013; Stöckl & Penhale, 2015). IPV has also been shown to lead to an increase in alcohol and substance use among victims (K. M. Devries et al., 2013; Stöckl & Penhale, 2015). A study done in Cape Town, South Africa by Stöckl and Penhale (2015) showed that IPV is strongly associated with depression symptoms compared with females that were not exposed to IPV.

Worldwide, IPV has been associated with morbidity and high mortality among the female population (Okafor et al., 2018). Research has highlighted that victims of IPV, mostly women, are at greater risk of having a violent death through homicide or suicide (K. M. Devries et al., 2013; Kivisto, 2015; Okafor et al., 2018). Intimate partner homicide has been identified as one of the most extreme form of IPV. At least one in seven homicides are perpetrated by an intimate partner, globally (Adhia, Austin, Fitzmaurice, & Hemenway, 2019). The proportion for women is even more troubling. A recent study done in the U.S. shows that 55% of all homicides of women were IPV related (Adhia et al., 2019). According to Okafor et al., (2018) IPV was found to be significantly associated with worse depressive symptoms in a longitudinal study that was done in South Africa. Depression has been found to be also significantly associated with suicides in South Africa (Okafor et al., 2018). The enduring stress, low self-esteem, isolation, hopelessness, and physical pain due to experiences of IPV can lead to mental health problems, particularly depression (Ellsberg et al., 2008; Heise, 2018; Rees, Zweigenthal, & Joyner, 2014).

Most females that are exposed to IPV are of the working age and they are very crucial for the development of the country because of their important contribution to economic growth (Wood, Cook Heffron, Voyles, & Kulkarni, 2017). According to (WHO, 2017), highest prevalence rates of IPV were recorded among women aged between 15 to 49, with the rate ranging from 29.4% to 37.8%. These women are part of the economically active group, however, their health status is negatively affected by their exposure to IPV. Women are increasingly participating in the South African economy and poor health caused by IPV will result in diminished labour capacity. In worst case, IPV results in homicides of females (Adhia et al., 2019). Women of working age are crucial for the development of a country because of their significant contribution to the economic growth of the country.

1.4 Justification

While several studies have examined factors that place women at risk for experiencing IPV in South Africa, it is important to also better understand characteristics of men who perpetrate IPV against women (Teitelman et al., 2017). This will help in developing initiatives to engage men and boys in violence prevention, as well as other community-based programmes that aim to reduce IPV perpetration and its risk factors. Thus, the ongoing search for reliable risk factors for IPV perpetration is essential to promote: (1) the development of comprehensive etiological models of IPV; (2) improvement of IPV risk assessment methods; and (3) development of empirically supported intervention and treatment programs for perpetrators of IPV (Birkley & Eckhardt, 2015a). The search for risk factors for IPV perpetration is of high significance when trying to deal with IPV because focusing on victims only does not curb the problem.

It is highly important to address IPV at its source especially focusing on men who are perpetrators of harmful acts against their partners. According to Wood, Cook Heffron, Voyles and Kulkarni (2017), this will yield more good results in reducing the alarmingly high rates of IPV in South Africa. For the past decades the focus has been typically one-sided concentrating on understanding the experiences of the victims of IPV (Fulu, Jewkes, Roselli, & Garcia-Moreno, 2013). Contributing factors of IPV and rehabilitation needs of perpetrators has been neglected and this has resulted in the ineffectiveness of victim-focused approaches. However, more research need to be done in South Africa considering high prevalence rates of IPV in African societies. There is need to understand socio-political and psychological factors influencing men to perpetrate harmful acts against their partners.

In 2017, UN reported that up to 7 in 10 women worldwide will experience physical or sexual violence (IPV included) at some in their lives (Okeke-Ihejirika et al., 2019). IPV continues to be high in sub-Saharan Africa including South Africa which is largely perpetrated by males (Christofides et al., 2018). Despite the implementation of legislative and policy measures to reduce IPV in South Africa, it still remains high. Awareness campaigns to reduce violence against women are done almost every year in South Africa, however women still remain major victims of IPV. Campaigns to reduce all forms of violence against women have been implemented through the 16 Days of Activism against Gender-based violence (WHO, 2017). However, these campaigns did not bring much change because the prevalence of IPV continue to rise almost on daily basis (United Nations Women, 2014). In South Africa, IPV is a crime and it is included in the Domestic Violence Act 116 of 1998 (Okeke-Ihejirika et al., 2019). However, the domestic violence act makes no provision for programmes to understand and address the factors that lead men to be perpetrators, the emphasis is solely on females as victims.

History of childhood sexual abuse of men has been found to result in adulthood IPV perpetration. A global meta-analysis of childhood sexual abuse reported that childhood sexual abuse for boys is 19.3% in Africa (Stoltenborgh, Van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). According to Teitelman et al., (2017) this rate is the highest rate in the world and it may account for high prevalence rates of IPV among adult males in Africa. Findings of this research study are expected to inform policy interventions aimed at addressing male IPV perpetration which is also a crucial social determinant of health. It is important to understand these factors associated with male perpetration of IPV to inform prevention programmes like Skhokho Supporting Success, The Stepping Stones/Creating Futures, and The Sonke Change Trial. These programmes aims to address risk factors for violence against women and girls at individual, relationship, community and societal level in South Africa (SaferSpaces, 2015). According to the WHO (2017), government programmes and policy interventions must engage both males and females in promoting gender equality to prevent violence against women.

According to (Rees et al., 2014), IPV has negative effects of on all aspects of health and it leads to mortality and increased risk factors for poor health outcomes in a society. Addressing IPV perpetration which has major implication on the health of victims will contribute towards achieving the Sustainable Development Goal 3. Sustainable Goal 3 speaks about improving mental health and wellbeing of all persons in South Africa by 2030.

1.5 Research Objective

1.4.1 Main objective

To determine the levels, sociodemographic and risk factors of male IPV perpetration in South Africa.

1.4.2 Sub-objectives

1. To determine the levels and trends of IPV in South Africa.
2. To determine the age-specific IPV perpetration rates amongst South African men.
3. To test the association between male IPV perpetration and sociodemographic and risk factors of male IPV perpetrators.

1.6 Research Questions

1.5.1 Main question

What are the sociodemographic and risk factors of male IPV perpetrators in South Africa?

1.5.2 Sub-questions

1. What are the levels of male IPV perpetration in South Africa?
2. What are the age-specific IPV perpetration rates amongst South African men?
3. What is the association between male IPV perpetration and sociodemographic and risk factors of male IPV perpetrators in South Africa?

1.7 Research Hypothesis

H_0: There is no association between male IPV perpetration and sociodemographic and risk factors of male IPV perpetrators in South Africa.

H_a: There is an association between male IPV perpetration and sociodemographic and risk factors of male IPV perpetrators in South Africa.

CHAPTER 2: LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Literature review

2.1.1 Introduction

Globally, the body of literature on men as rape perpetrators has particular limitations. Studies are almost exclusively North American, usually with small samples, and overwhelmingly participants have been drawn from college students or incarcerated rapists (Abel & Rouleau, 1990; Bachar & Koss, 2001; Drieschner & Lange, 1999; Dunkle et al., 2016). The research has generally not differentiated between findings related to rape of partners and non-partners. Research undertaken in developing countries (Abrahams, Jewkes, Laubscher, & Hoffman, 2006; K. M. Devries et al., 2013) has tended to focus on rape of intimate partners, rather than non-partners, either because the latter were not measured, or the reported prevalence was very low.

2.1.2 Effects of IPV

IPV perpetration continues to be societal, public health and economic concern (Birkley & Eckhardt, 2015b). Over a lifetime, more than 35.6% and more than 28.5% will have experienced physical violence, emotional violence, rape and or stalking by an intimate partner (Black et al., 2011). According to (WHO, 2017), the global IPV prevalence rate is 30%. However, IPV perpetration varies according to regions. Current IPV prevalence rates by WHO (2017) shows that in low income regions, Africa has the highest IPV rates of 36.6% and the lowest consist of high income regions with 24.6%. IPV has been found to have devastating physical, emotional and psychological and economic consequences for victims. While both males and females may experience IPV, it was found that globally females experience the greatest burden and consequences of IPV (VanderEnde et al., 2016).

Physical health

Previous studies shows links between IPV and negative physical health problems for survivors. Victims of IPV has been found to be experiencing acute and chronic physical health problems like pain syndromes (neck and back pain), severe headaches, abdominal pains, heart diseases and other digestive disorders (Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Christofides et al., 2018; Coker, Smith, Bethea, King, & McKeown, 2000; Coker et al., 2000; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Okafor et al., 2018; Vives-Cases, Ruiz-Cantero, Escribà-Agüir, & Miralles, 2010). In America it was found

that women are nine times more likely to be injured in their home by their partners that in the streets. IPV accounts for more injuries to women than car accidents, muggings and rapes combined. These results are consistent with a study done by (Heise, 2018), which reported male intimate partners committed 40-60% of femicides in North America. Even after IPV has ended, its effects can manifest as poor health status, poor quality of life and high use of health services. Research has also found that females that have violent partners are at risk of HIV infection and risk health behaviors such as alcohol and substance use (Townsend et al., 2011a).

Mental health

Studies on the effects of IPV on victims' mental health has increased significantly in the past 2 decades (Stöckl & Penhale, 2015). According to Beydoun et al., (2017) the most prevalent mental health symptoms include; posttraumatic stress disorder (PSTD), depression and anxiety. IPV has also been strongly associated with suicidal behaviour, sleep and eating disorders, social dysfunction, and an increased likelihood of substance abuse (K. M. Devries et al., 2013; Stöckl & Penhale, 2015). Alcohol and substance use is a major mental health concern that was found among women who were victims of IPV in America. A study that was done on mental health problems among women with a with a history of IPV in USA reported that victims had a 3 to 5 times greater probability of depression, PSTD, and drug use than women were not victims (Dutton, Bermudez, Matas, Majid, & Myers, 2013). A study done in Cape Town, South Africa by Stöckl and Penhale (2015) showed that IPV is strongly associated with depression symptoms compared with females that were not exposed to IPV.

Sexual and reproductive health

In addition to physical and mental health effects, IPV has been found to be associated with sexual and reproductive health consequences among females. Exposure to IPV poses significant risks to both the women and the unborn child (Okafor et al., 2018). Victims of IPV are prone to vaginal bleeding, increased rates of sexually transmitted infections, vaginal infections, miscarriage, pelvic pain, painful sexual intercourse, painful urination, unintended pregnancies, urinary tract infections, preeclampsia, multiple abortions, preterm delivery, neonatal death and low birth weight (Okafor et al., 2018; Orpin et al., 2017). Women that experience IPV during their pregnancies have higher rates of low birth weight infants, still births and preterm births, as compared to those who do not (Okafor et al., 2018).

Consequences of IPV and low antenatal care seeking behaviour among victims of IPV significantly contribute to high infant and maternal mortality rates.

Studies from around the world shows that IPV during pregnancy is common in developing nations where it is high as 32%, where as in developed countries the prevalence rate is less than 12% (Halim et al., 2018). Halim et al., (2018) reported that Latin American and African countries have higher rates of IPV during pregnancy than European and Asian countries. These findings are consistent with a study that was done in Zimbabwe which reported that the prevalence rate of IPV during pregnancy is 63.1% (Orpin et al., 2017). A study that was done in the rural South Africa among pregnant women reported that the prevalence is high (31%) and this is consistent with other studies (Hoque, Hoque, & Kader, 2018).

Morbidity and mortality

Worldwide, IPV has been associated with morbidity and high mortality among the female population (Okafor et al., 2018). However, recent studies has reported that there is an increasing number of males being murdered by their intimate partners. Research has highlighted that victims of IPV, mostly women, are at greater risk of having a violent death through homicide or suicide (K. M. Devries et al., 2013; Kivisto, 2015; Okafor et al., 2018). Intimate partner homicide has been identified as one of the most extreme form of IPV. At least one in seven homicides are perpetrated by an intimate partner, globally (Adhia et al., 2019). The proportion for women is even more troubling. A recent study done in the U.S. shows that 55% of all homicides of women were IPV related (Adhia et al., 2019). According to Okafor et al., (2018) IPV was found to be significantly associated with worse depressive symptoms in a longitudinal study that was done in South Africa. Depression has been found to be also significantly associated with suicides in South Africa (Okafor et al., 2018). In South Africa, IPV is the leading cause of morbidity and mortality of females. Over 50% of the women homicides victims in South Africa are killed by their intimate partners (Gass, Stein, Williams, & Seedat, 2017).

2.1.3 Determinants of IPV

Exposure to violence during childhood

Previous research studies show a link between IPV perpetrations in adulthood with childhood exposure to violence, any form of abuse including witnessing IPV (Roberts, McLaughlin, Conron, & Koenen, 2011). According to(Lee, Walters, Hall, & Basile, 2013), men with

history of childhood family violence exposure (all forms of violence including IPV) are more likely to perpetrate partner violence. These men are likely to find it difficult to have self-control in relation to violence towards their partners during conflicts compared to men without exposure. According to (Straus, Gelles, & Steinmetz, 2017), in United States majority of men who are IPV perpetrators are also often victim of women's psychological and physical abuse. Significant associations have been found between exposures of childhood adversity and IPV perpetration among men (Abrahams et al., 2006; Gupta et al., 2008; Roberts et al., 2011; Welles, Corbin, Rich, Reed, & Raj, 2011; White & Widom, 2003; Widom, Czaja, & Dutton, 2014)

A study that was done in Cape Town, South Africa found that perpetrators of IPV were men who witnessed abuse, suggesting that men learn from that observation that violence is an appropriate act in the context of intimate partner conflict (Machisa et al., 2016a). This is consistent with the social learning theory which argues that individuals exposed to family violence in the childhood are at greater risk of perpetrating violence (Lee et al., 2013). Teitelman et al., (2017) also found that men with history of childhood sexual abuse are more likely to be IPV perpetrators. A global meta-analysis of childhood sexual abuse reported that childhood sexual abuse for boys is 19.3% in Africa (Stoltenborgh et al., 2011). According to Teitelman et al., (2017) this rate is the highest rate in the world and it may account for high prevalence rates of IPV among adult males in Africa.

Gender

IPV perpetration is believed to be a consequence of inequitable gender power distribution. According to Teitelman et al., (2017), in understanding IPV perpetration it is important to consider social gender norms, masculine identity, and power dynamics within relationships, particularly as they are influenced by early adversity and social hardship. According to (Townsend, Jewkes, Mathews, Johnston,Flisher, et al. 2011), male IPV perpetration is a result of ideologies of male superiority. Many studies have reported that men perpetrate IPV are more likely to hold adversarial beliefs about females and adhere to gender norms that are unfavourable to women (Dunkle et al., 2016; Kalichman et al., 2007; Krishnan et al., 2010; Santana, Raj, Decker, La Marche, & Silverman, 2006). These negative views are heightened among men who have been exposed to childhood family violence (Teitelman et al., 2017; Watt & Scrandis, 2013). A study among South African men in prison from killing their partners documented that exposure to childhood adversities may lead men to have violent

forms of masculinities to overcome feelings of insecurity and powerlessness (Mathews, Jewkes, & Abrahams, 2011). Social and structural gender norms that are disadvantageous towards women may serve to reinforce IPV perpetration among men.

(Morrell, Jewkes, Lindegger, & Hamlall, 2013) found that masculinity and femininity distinguishes between the ideology of what it means to be a woman or man, and the power and responsibility that comes with those gender stereotypes. A study conducted by Dunkle et al. (2016) indicated that the prevalence of IPV often develops from the common underlying ideals of 'successful masculinity'. Furthermore, highlighting sexual violence, (Teitelman et al., 2016) proposes that, the way sexuality is defined in South Africa supports male dominance over sexual decision making. This takes the agency away from the women to make decisions that could alter their lives and future (Jewkes & Morrell, 2010). Jewkes and Morell (2010) argue that the dominant understanding of femininity holds submission and acceptance of violence and hurtful behavior, including infidelity as principles of what it means to be a woman.

Alcohol use

Several studies have documented the association between problematic alcohol use and IPV perpetration (Abrahams et al., 2006; Dunkle et al., 2004; Zablotska et al., 2009). A study that was done in South Africa found that problem alcohol use was significantly related to sexual and physical IPV (Townsend et al., 2011a). This is consistent with other studies done in Uganda where is it was found that problematic alcohol use is strongly related to sexual IPV among the working class men (Amegbor & Pascoe, 2019; Karen M Devries et al., 2014). (Rachel Jewkes, Sikweyiya, Morrell, & Dunkle, 2011) argues that substances decrease one's passiveness and this makes one more active and brave enough to be violent. Thus some men would take advantage of this and drink to be able to express themselves which at the end would result in violence. Contrarily, there is a study that found no relationship between alcohol use and sexual IPV (Simbayi et al., 2006). However it is highly possible that the different measures of alcohol consumption used by these studies account for this contradiction.

Socio-economic status

Literature shows inconsistent results on the association between male IPV perpetration and socioeconomic status (SES) (Assari & Jeremiah, 2018). Male IPV perpetration is found to be negatively and positively related to the SES of men. According Assari and Jeremiah (2018),

male partners' poor SES is associated with alcohol abuse and IPV perpetration. Intimate partners under stress due to limited resources are more likely to resort to IPV in order to settle their conflicts. On the other hand, (Rachel Jewkes et al., 2011) found a positive connection between men's high SES and their perpetration of sexual IPV. It is argued that men with higher SES have sense of sexual entitlement and this is a risk factor for IPV perpetration. One of the controversial cases we have in South Africa is the blesser-blessee relationship which is highly characterized by IPV perpetration by the blessers (men with money). Blesser refers to the person who offers money and gifts in exchange for sexual favors (Geldenhuys, 2016). This is a form of transactional sex and in a study done by (Dunkle et al., 2016) IPV perpetration is common in men who engage in transactional sex. The link between SES and male IPV perpetration is well connected to men's education levels and employment status.

Education

Globally, male IPV perpetration has been associated with less or low education (Fulu et al., 2013). Research findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific found that physical partner violence perpetration was associated with low levels of education (R Jewkes et al., 2017). These findings are consistent with findings on research studies that were done among men in South Africa. South African Men who has less education were associated with IPV perpetration (Abrahams et al., 2006; Olasupo, Kazeem, Akande, Salaudeen, & Hussain, 2018). Contrary to previous research findings, (Teitelman et al., 2017) found that there was no association between less education and male IPV perpetration in South Africa. In addition, Abrahams et al., 2006 argues that male IPV perpetration is also linked to educational disparities between partners. There is an increased risk of using physical violence against partners with low education levels and living in poverty.

Employment status

Previous studies have demonstrated inconsistent results when it comes to the link between employment status and male IPV perpetration (Teitelman et al., 2017). Employment status may be protective toward male IPV perpetration; however greater income may increase the risk of IPV perpetration especially when the partner is unemployed or has a low income. Greater income may increase gender power differentials which is a risk factor for IPV perpetration (Bonnes, 2016). Employed men feel entitled to greater gender power in relation to their female partners due to their income level and this is associated with IPV perpetration.

Studies in South Africa found that employed men are more likely to be IPV perpetrators than unemployed men (Townsend et al., 2011a). Evidence show that employed men in South Africa have a greater ability to buy alcohol and/ entertain multiple partners, and these factors are associated with IPV perpetration among South African men (Rachel Jewkes et al., 2011; Townsend et al., 2011a). Contrary to these findings, a study that was done in America indicates that unemployed men are more likely to be IPV perpetrators (Mthembu, Khan, Mabaso, & Simbayi, 2016). According to (Kim, Laurent, Capaldi, & Feingold, 2008), this factor is compounded when living in communities experiencing economic distress.

Religion

According to (Teitelman et al., 2017), high religiosity associated with reduced IPV perpetration due to religious teachings of love and respect for others. Religion may exert a protective influence against the perpetration of IPV. Frequent attendance at religious services has been associated with positive marital indicators including happiness, satisfaction, adjustment and duration (Dim, 2019). This reduces marital conflicts and the risk of IPV among religious couples. A research that was done by Dim (2019) suggests that religiously homogenous intimate partners have higher levels of marital happiness and satisfaction than heterogamous intimate partners. However, some religions are associated with traditional gender norms that emphasize on male dominance which reinforces male IPV perpetration (Renzetti, Messer, DeWall, & Pond, 2015). Feminist theorists argues that Christianity is deeply rooted in a patriarchal structure and ideologies that promoted domination of males on females, which contribute to IPV perpetration by men within a marriage (Renzetti et al., 2015). The ideology of male headship and female submission reinforces perpetration of IPV in intimate relationships.

Cultural beliefs

Research studies have come up with several cultural factors that reinforce IPV perpetration across cultures (Mulawa et al., 2018). (Fleming et al., 2015) argues that male IPV perpetration is associated with gender role transgression or when women fail to adhere to cultural expectations that are seen as of "good womanhood". This was found to be significantly associated to physical partner violence according to a study done in Thailand (Thananowan, Kaesornsamut, O'Rourke, & Hegadoren, 2018). Studies found that women in South Africa do not report IPV because of many factors including cultural beliefs and gender inequality (Dardis, Dixon, Edwards, & Turchik, 2015; Gottert et al., 2018; McCarthy, Mehta,

& Haberland, 2018). In South Africa, the construct of masculinity in different cultures has long been studied in relation to IPV and religion. These studies, which most focused on patriarchal cultural beliefs, argues that indigenous cultures in South Africa reinforce domination of women by their partners and control the family's resources (Gottert et al., 2018). These patriarchal beliefs reinforce perpetration of IPV by men towards their partners/wives.

Age

According to Teitelman et al., (2017) age plays an important role in both IPV victimisation and perpetration. Globally, IPV perpetration was found to be high among youths with the rate of 29.4% globally and lower rates were recorded among the elderly with the rate of 22.2% (WHO, 2017). (Shorey, Fite, Torres, Stuart, & Temple, 2019) argues that older people have more relationship experience and maturity in resolving intimate partner conflicts and this reduces the likelihood of IPV. Whilst young men lack maturity in resolving intimate partner conflicts/differences there are high chances of IPV perpetration among young males. In addition, age differences among intimate partners has also been found to be a factor that increase chances of male IPV perpetration (Dardis et al., 2015). Men who are way older than their intimate partners are likely to be controlling and abuse towards their partners. In a study that was done in South Africa, the rates of IPV experienced by females are high among adolescent and young adult women (Dunkle et al., 2016; Rachel Jewkes et al., 2006). These findings are consistent with high prevalence rates in several studies of male IPV perpetration towards young adult women in South Africa (Dunkle et al., 2016; Gupta et al., 2008; Townsend et al., 2011a; VanderEnde et al., 2016).

Risk factors

Risk sexual behaviours

Multiple studies have found that IPV perpetrators are more likely to engage in risk sexual behaviours including having multiple partners and unprotected sex with both steady and casual partners (Abrahams, Jewkes, Hoffman, & Laubsher, 2004; Abrahams et al., 2006; Dunkle et al., 2016; Townsend et al., 2011b). Globally, perpetrating sexual and/or physical intimate violence has been associated with men who engage in behaviours that increase their HIV risk. These behaviours include having multiple partners, engage in transactional sex and inconsistent condom use (Townsend, Jewkes, Mathews, Johnston, Flisher, et al. 2011). A study conducted in South Africa reported that Black African men aged 25-49 years who are

IPV perpetrators have HIV related risk behaviors. In addition, previous research studies found that coercive condom practices including anger and/or condom refusal in response to a condom request are more common among male IPV perpetrators (Decker et al. 2009; Townsend, Jewkes, Mathews, Johnston, Flisher, et al. 2011).

Race

Globally, IPV perpetration rates vary across racial groups (Aldarondo & Castro-Fernandez, 2011). Latino youths are found to be significantly associated with a greater risk of IPV perpetration due to their traditional gender role attitudes and acculturation (Dardis et al., 2015; Sabina, Cuevas, & Cotignola-Pickens, 2016; Vagi et al., 2013). Similarly, a study of Dominican and Puerto Rican youths reported that this racial group have also a higher likelihood of IPV perpetration due to their involvement in the U.S culture which is acculturation oriented (Grest, Amaro, & Unger, 2018). Other research studies have demonstrated that Hispanic women are likely to accept violent behaviour of their partners and this has reinforced male IPV perpetration among Hispanic men (Shorey et al., 2019).

In America the context of male IPV perpetration is different for African Americans. According to Sutton et al., (2019) racial discrimination is a predictor of IPV perpetration.(Reed et al., 2010) found that racial discrimination increase the risk for IPV among African American couples. This is due to race-related stress because of blocked opportunities, perceptions of violence as necessary, hopelessness and negative views of one's racial group (Sutton et al., 2019). Similarly, (Meyer, Durrheim, & Foster, 2016) argue that South Africa's history of racism and classism contributed to male IPV perpetration. Black and Coloured men in South Africa suffered oppression from the Whites and this resulted in Black and Coloured men directing their frustrations and anger towards their intimate partners.

Rural vs urban

Various studies have acknowledged that urban environments contribute to and also prevent IPV perpetration (Holliday et al., 2019; Peitzmeier et al., 2016). Urban environments are characterized by high levels of violence. Socio-structural factors in the urban environment increase the risk of violence (Kamndaya et al., 2017), including homicides and street violence. Whilst women are likely to be victims of IPV, men are more likely to be experience violence perpetrated by strangers and this in turn increases their chances of using IPV (Mittal, Senn, & Carey, 2013; Reed, Silverman, Raj, Decker, & Miller, 2011; World Health Organization, 2012). According to the a study that was done by (Peitzmeier et al., 2016),

young men that were victimized by past-year community violence in Johannesburg, Baltimore and Delhi were more likely to be IPV perpetrators within this timeframe. However, there are protective factors that prevent IPV perpetration in urban environments. Unlike rural areas, most campaigns and programmes to prevent violence against are implemented in urban areas. This may reduce male IPV perpetration in urban areas. In a study that was done in Vietnam, Fisher and colleagues (2013) found that the prevalence of IPV against women is high in rural Vietnam compared to urban areas. This is consistent with a study that was done in rural Cape Town where high perpetration of IPV among young men was documented (Dunkle et al., 2016; Rachel Jewkes et al., 2006).

2.2 Theoretical framework

Several theories have been proposed over the years to explain IPV perpetration and these theories offer differing explanatory frameworks for conceptualizing IPV perpetration. Theories to be discussed in this section have influenced IPV perpetration research and they have found some degree of empirical support.

2.2.1 Socio-cultural theories

Feminist theory

Feminist theory is a well-known theory that seek to understand violent relationships by exploring the socio-cultural context in which relationships develop (Bell & Naugle, 2018). According to this theoretical view sexism and female inequality within patriarchal societies is the main cause of male IPV perpetration. Patriarchal societies support male domination, systems of power and oppression against women and this reinforces male IPV perpetration (Bell & Naugle, 2018). (Kelly, 2011) argues that gender roles defined by society place men in the position of power and this lead to perpetration of IPV by men. The feminist theory suggests that IPV is one of various tactics that is used by men to control and dominate women (Cannon, Lauve-Moon, & Buttell, 2015). In consistent with feminist theoretical perspective, several studies documented that men are at greater risk of perpetrating IPV if they holds traditional sex-roles attitudes (Dardis et al., 2015; Gottert et al., 2018; McCarthy et al., 2018). In support of the feminist theory, (Gottert et al., 2018) found that male IPV perpetration occurs when there are greater discrepancies between partners' acceptance of patriarchal values. However, the mixed empirical support of the feminist theory fails to explain male IPV perpetration in same-sex couples (Wu et al., 2015). This theory has also been criticized for its argument that IPV perpetration is only caused by gender inequalities

reinforced by a patriarchal society. It neglects the fact that other factors like racism, classism and ableism can reinforce male IPV perpetration (Kelly, 2011).

Ecological theory

This theoretical framework examines many different aspects of one's environment and how these interactions shape the individual (Spencer, Stith, & Cafferky, 2018). The ecological theory suggests that that there is no single factor that reinforce IPV perpetration, highlighting that IPV perpetration is a multi-factorial phenomenon. This theory originally was used to address the IPV victim characteristics and it was expanded to examine offender's characteristics (Nelson & Lund, 2017). According to the ecological theory there are four different levels of one's environment and these levels have an impact on the individual (Nelson & Lund, 2017; Spencer et al., 2018). The first level of the ecological model focuses on the society in which the IPV perpetrator lives. This includes cultural beliefs, laws, attitudes and how these societal factors reinforce perpetration of IPV. The second level examines the exosystem which focuses on the social structures of the perpetrators life. Social structures of the exosystem include the perpetrator's work environment, friendships, support systems and other institutions that the perpetrator have contact with that reinforce violent behavior. The next level is the microsystem. This level includes factors that are related to the direct setting in which the perpetrator is situated and the perpetration is taking place. The microsystem also includes some structures like relationship dynamics, family dynamics or history of exposure to abusive environments. Lastly, the ecological theory examines the ontogenetic level. This level focuses on factors related to the perpetrator as an individual, such as attitudes, mental health problems, problematic alcohol use, substance use, viewpoints of the perpetrator as well as the gender of the perpetrator. The current study looks at the risk factors of male IPV perpetration associated with all the levels of the ecological framework.

2.2.2 Individual theories

Social learning theory

This theory was initially developed by Bandura (Bandura, 1971). Social learning theories expanded this model to explain IPV perpetration and hypothesized that IPV perpetration is initially acquired through modeling during childhood (Bell & Naugle, 2018). This theory proposes that methods for resolving conflicts are often learnt during childhood through observing parental relationship as well other adult relationships. IPV perpetrators are thought to have been exposed to IPV or directly experienced physical abuse as children. This results

in an increased acceptance of violent behaviors within families. Research has also proven that exposure to abuse or IPV during childhood is significantly associated with future perpetration of violence (VanderEnde et al., 2016). Learning positive outcomes following IPV may increase the individual's expectations that future violence will lead to similar outcomes and this reinforces the IPV perpetration (Bell & Naugle, 2018). Social learning theory has been influential in developing programs that emphasize non-violent methods for addressing partner conflict. According to the social learning theory, witnessing or exposure to either positive or negative consequences of IPV may be sufficient to determine if an individual will engage violent behaviors in the future (Bell & Naugle, 2018). However, this theory has been criticized by a number authors that not all children who are exposed to abuse during childhood will be abusive as adults. This theories fails to incorporate other risk factors for IPV perpetration (Kelly, 2011).

Typology theory

Over the past two decades efforts have been made to identify psychopathology and personality characteristics associated with IPV perpetration (Bell & Naugle, 2018). Based on the individual psychopathology perspective, IPV perpetration is a result of mood disorders and personality disorders. Violent behaviors perpetrating IPV may be caused by psychoneurological effects of brain injuries and posttraumatic stress disorder (PSTD). However, these disorders sometimes can involve aggression that do not lead to IPV perpetration (Kelly, 2011).

Personality theory

Personality theories suggests that attachment, early childhood experiences and impulsivity play an important role in reinforcing IPV perpetration (Bell & Naugle, 2018). Based on the attachment theory, the likelihood of perpetrating IPV in adulthood stems from insecure attachment experienced during early childhood/adolescence stage. According to (Lawson & Malnar, 2011), weak attachment to parents is associated to men's later IPV. In a study done by (Sommer, Babcock, & Sharp, 2017), it was found that insecure attachment is was significantly associated with male IPV perpetration.

2.3 Conceptual framework

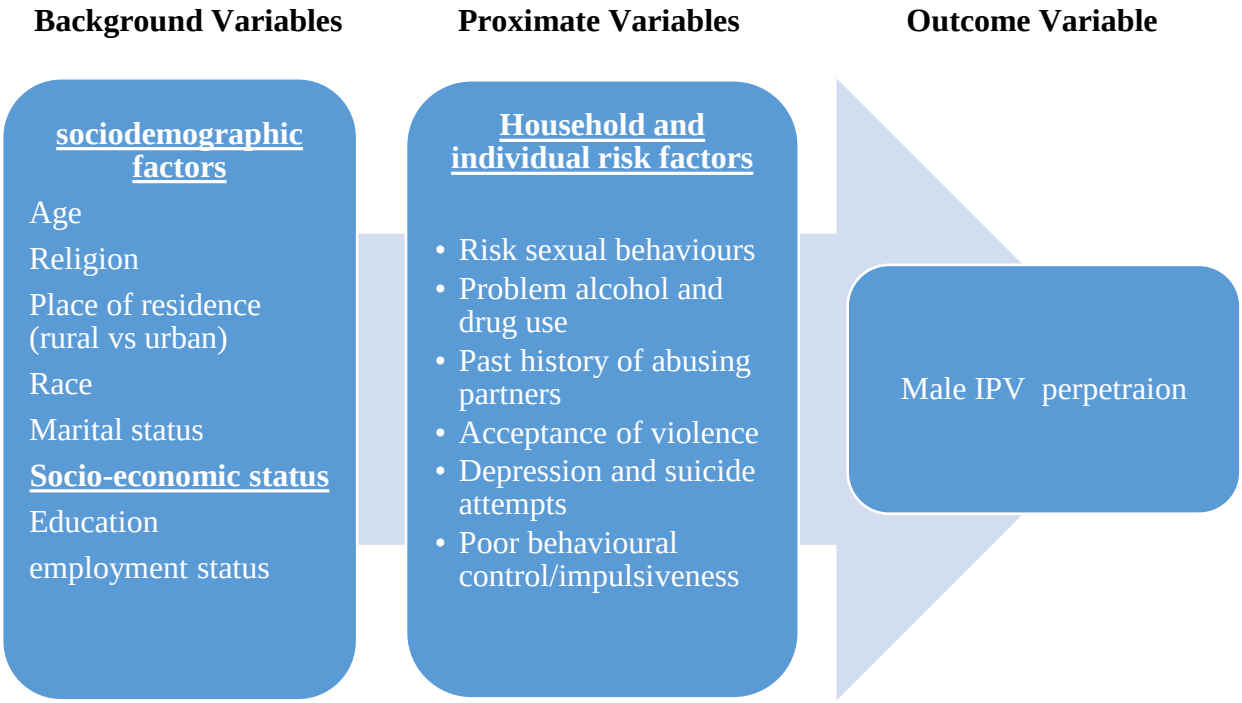

Figure 2.1: Conceptual framework of Male IPV perpetration

Figure 2.1 outline the broader conceptual framework of the determinants of male IPV perpetration. The conceptual framework was adapted from the Structural model of IPV perpetration (Machisa, Christofides, and Jewkes 2016). Individual and household risk factors were adapted from a meta-analysis that was done on male IPV perpetration (Spencer & Stith, 2018). This framework posits male IPV perpetration to be a function of the interrelated effects of sociodemographic and socioeconomic factors, and household and individual risk factors. The above model for the conceptual framework indicates the background variables which include demographic and socioeconomic factors such as age, religion, marital status, place of residence, race, education and employment status. At the household and individual levels, the key constellations of determinants are risk sexual behaviours, problem alcohol and drug use, past history of abusing partners, multiple partners, acceptance of violence, depression and suicide attempts and poor behavioural control/impulsiveness. The background variables work through household and individual risk factors to influence male IPV perpetration. Age of the male determine problem alcohol and substance use, it is argued that young adults are more likely to engage in health risk behaviors like problematic alcohol and substance use (Townsend, Jewkes, Mathews, Johnston, Flisher, et al. 2011).

Using theories of violence against women, behavioural theories and the conceptual framework, the study posits that demographic factors and socioeconomic factors can either indirectly increase or decrease the risk of IPV perpetration among males (Bell & Naugle, 2018). The conceptual framework indicates how sociodemographic and socioeconomic factors directly and work through household and individual risk factors to influence male IPV perpetration.

2.4 Research Hypothesis

H_0: There is no association between male IPV perpetration and sociodemographic and risk factors of male IPV perpetrators in South Africa.

H_a: There is an association between male IPV perpetration and sociodemographic and risk factors of male IPV perpetrators in South Africa.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The chapter provides the methodology used to meet the objectives of this study. This includes a description of the study design, data source, study population, sample size, questionnaire design, study variables, hypothesis, ethical issues and data analysis. The final section of the chapter will discuss the limitations of the study.

3.2 Study design

This study will use a cross-sectional design. According to (David & Sutton, 2011), a cross-sectional design is characterized by data collected at single point in time over a short period of time. This study is a secondary data analysis that will utilize secondary data obtained from the South African Demographic and Health Survey (SADHS, 2016) which was conducted in 2016.

3.3 Data source

Data for this study will be obtained from the SADHS2016. The survey collects and publishes nationally representative data on health and population in developing countries. The survey comprises of a nationally representative sample of all the males in South Africa. The dataset that will be used is the male recode. A recode is a standardised DHS dataset for each country, which contains both standard and country specific variables (Measure DHS, 2016). The male recode has all the information on all males in South Africa. It is from this recode that all males enumerated in the Demographic and Health Survey (2016) are drawn and constitute a sample that is believed to be representative of the total population of all South African men.

3.4 Study population and sample size

The study population are all males in South African, who are included in the male recode. All males within all types of relationships, married, never married and those not married but living with a partner were included. The males from all the nine provinces in the country and geographic locations were represented. The sample used in this study all men who are included in the male recode. A total of 3,618 men participated in this module and all men will be included in this study, although not all men have perpetrated IPV.

3.5 Questionnaire design

The men's questionnaire will be used for this study from the SADHS 2016. The men's questionnaire collected information from all males. The questionnaire included background characteristics such as education, age, region, socioeconomic status, household characteristics, disability, place of residence, health and marital status. The questionnaire further included risk behaviors: sexual activity, alcohol and substance use, and partner violence.

3.6 Study variables

3.6.1 Dependent variable

The dependent variable of this study is male IPV perpetration which is either yes or no. For the purpose of this study, men who have never perpetrated IPV will be coded as 1 whilst those who have perpetrated IPV are coded as 2.

Variable code	**Variable name**	**Original codes from the survey**	**How the variables are coded in this study.**
Physical violence			
sm620a sm620b	• past 12 months have ever: hit with hand • past 12 months have ever: hit with implement	Yes (1) No (2)	IPV perpetrator Not IPV perpetrator

3.6.2 Independent variables

Independent variables for this study include demographic, socioeconomic factors, household and individual risk factors. Demographic factors provide the background of the male

participant which includes age, marital status, religion, type of place of residence and region. Socioeconomic status provides employment status and level of education. These variables serves as background variables associated with intimate partner violence as indicated by the conceptual framework in the previous chapter. Individual and household risk factors include risk sexual behaviours, problem alcohol and drug use, past history of abusing partners, multiple partners, acceptance of violence, depression and suicide attempts and poor behavioural control/impulsiveness. Individual and household risk factors serve as proximate determinants of male IPV perpetration.

Table 3.2 Definitions of independent variables

Variable code	**Variable name**	**Original codes from the survey**	**How variables are coded in this study**
mv501	current marital status	Never in union (0) Married (1) Living with partner (2) Widowed (3) Divorced (4) No longer living together/separated (5)	Married (1) Separated (2) Living with partner (3)
mv130	Religion	Traditional (1) Roman Catholic (2) Protestant (3) Pentecostal (4) Apostolic sect (5) Other Christian (6)	None (1) Christian (2) Muslim (3) Other (4)

		Muslim (7) None (8) Other (9)	
mv013	Age	15-19 (1) 20-24 (2) 25-29 (3) 30-34 (4) 35-39 (5) 40-44 (6) 45-49 (7) 50-54 (8) 55-59 (9)	15-19 (1) 20-24 (2) 25-29 (3) 30-34 (4) 35-39 (5) 40-44 (6) 45-49 (7) 50-54 (8) 55-59 (9)
mv106	Highest educational level	None (0) Primary (1) Secondary (2) Tertiary/Higher (3)	Primary (1) Secondary (2) Tertiary/Higher (3)
mv025	Type of place of residence	Urban (1) Rural (2)	Urban (1) Rural (2)
mv024	Region	Western cape (1) Eastern cape (2) Northern cape (3) Free state (4) Kwazulu-Natal (5) North west (6)	Western cape (1) Eastern cape (2) Northern cape (3) Free state (4) Kwazulu-Natal (5) North west (6)

		Gauteng (7) Mpumalanga (8) Limpopo (9)	Gauteng (7) Mpumalanga (8) Limpopo (9)
mv131	Race	Black/African (1) White (2) Coloured (3) Indian/Asian (4) Other (996)	Black/African (1) White (2) Coloured (3) Indian/Asian (4) Other (5)
mv717	Occupation	not working (0) professional/technical/managerial clerical (1) agriculture - self-employed (2) agriculture – unskilled (4) household and domestic (5) services (6) skilled manual (7) unskilled manual (8) don't know (98)	
mv835a	• Alcohol consumption at last sex with most recent	No (1) Yes (2)	Did not consume alcohol at last sex with a partner (1) Alcohol consumption at

mv835b mv835c	partner. • Alcohol consumption at last sex with 2nd to most recent partner. • Alcohol consumption at last sex with 3rd to most recent partner.		last sex with a partner (2)
mv846	Knows someone verbally abused	No (1) Yes (2)	Not exposed to abuse (1) Exposed to abuse (2)

3.7 Hypothesis

H_0: There is no association between male IPV perpetration and sociodemographic and risk factors of male IPV perpetrators in South Africa.

H_a: There is an association between male IPV perpetration and sociodemographic and risk factors of male IPV perpetrators in South Africa.

3.8 Ethical issues

The study will make use of secondary data and the ethical considerations were dealt with at the first stage of the data collection procedure. The study will not use any biomarkers that would disclose the identities of the respondents and thus their anonymity is assured.Since the study will analyse of secondary data, the respondents' identifier information was removed as per the protocols of the all Demographic Health Surveys.

Moreover, all respondents' gave informed consent before participation and all information will be treated with confidentiality. Therefore, the participants' rights were not infringed when the information was collected. The survey protocol was reviewed and approved by the South African Medical Research Council (SAMRC) Ethics Committee and the ICF Institutional Review Board. In addition, permission was granted by DHS to use the data set for this study. In this respect, no ethical clearance was required to undertake the study.

3.9 Data analysis

To be able to address the research question in the study, each of the research objectives were addressed.

3.9.1 Objective 1: To quantify the levels of male IPV perpetration in South Africa.

In order to address objective 1, descriptive statistics and chi-square test will be done. Frequency tables will be used to show frequency and percentage distributions of male IPV perpetration in SA.

3.9.2 Objective 2: To determine age-specific male IPV perpetration rates in South Africa.

In order to achieve this objective age-specific IPV perpetration rates will be calculated to show the extent of male IPV perpetration by age.

The age-specific IPV perpetration rates will be calculated using the following formula:

$$\frac{\text{Number of male IPV perpetrators age group } x}{\text{Number of male population age group } x} * 1000$$

3.9.2 Objective 3: Association between male IPV perpetration and sociodemographic factors and risk factors of male IPV perpetrators.

In order to meet the third objective multivariate analysis will be carried out to address this objective. The outcome variable used in this study is binary, that is a 'yes' or 'no' response for the dependent variable. Therefore a two-level multilevel logistic regression model will be applied. Both adjusted and unadjusted models will be done for each of the regression analysis models.

3.10 limitations

As a result of the data being cross sectional in nature it is difficult to determine causation. This study is limited to measuring association and not causal effect. Analysis will be done only at one point in time and a follow up could not be done to examine trends over time. This makes it not possible to determine the duration of predictor variables. Males are sometimes not honest confessing their IPV perpetration- underreporting. Underreporting or participant bias has implications for data accuracy.

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