



“He must give me money, he mustn’t beat me”

Violence against women in three South African Provinces

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EXECUTIVE SUMMARY

Introduction:

There is a growing recognition in the ranks of the South African government that violence against women is a serious problem facing both women and men. Until now data on the epidemiology of violence against women in South Africa has been scanty. This report presents the findings of the first major community-based prevalence study.

Objectives:

To describe the prevalence of physical, sexual, financial, and emotional abuse of women, to identify factors associated with increased risk of abuse, to identify health problems and health service use associated with abuse and to describe some aspects of the economic and service implications of violence against women.

Methods:

Study design and setting: A cross-sectional study set in the Eastern Cape, Mpumalanga and the Northern Province.

Sample: One randomly selected woman aged 18-49 living in each of 2 232 households.

Sampling: The sample was drawn using stratified, multi-stage, random methods.

Response rate: 1306 questionnaires were completed, giving a 90.3% response rate after adjusting for households without an eligible woman.

Results:

The prevalences of ever having been physically abused by a current or ex-partner were 26.8% (EC), 28.4% (M) and 19.1% (NP). The prevalences of abuse in the last year were 10.9% (EC), 11.9% (M) and 4.5% (NP). The prevalences of rape were 4.5% (EC), 7.2% (M) and 4.8% (NP). Considerable emotional and financial abuse was also reported: e.g. the prevalences of a partner having boasted about or brought home girlfriends in the previous year were 5.0% (EC), 10.4% (M) and 7.0% (NP). The prevalences of physical abuse during a pregnancy were 9.1% (EC), 6.7% (M) and 4.7% (NP). The proportions of abused women who were injured in the year prior to the survey were 34.5% (EC), 48.0% (M) and 60.0% (NP). In each province injuries following abuse by a current or ex-partner resulted in the following numbers of treatment episodes in one year: 121 000 (EC), 74 294 (M) and 93 868 (NP). The following numbers of days were lost from employment in the formal or informal sectors: 96 751 (EC), 178 929 (M) and 197 392 (NP).

Conclusions:

This study is the first large scale, community-based prevalence study which has been undertaken in South Africa. The main findings are that:

- emotional, financial and physical abuse are common features of relationships and that many women have been raped.
- physical violence often continues during pregnancy and constitutes an important cause of reproductive morbidity.
- many women are injured by their partners and considerable health sector resources are expended providing treatment for these injuries.
- injuries result in costs being incurred in other sectors, notably to the family and the women's community and to employers and the national economy.

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Violence against women in three South African provinces

1.0 Introduction

In his Opening Address to Parliament (25 June 1999) President Mbeki spoke of the “twilight world of...continuous sexual and physical abuse of women and children” which is found in “our towns and cities”. In so doing he reflects an increasing recognition in the ranks of the government and many quarters of civil society that battery, rape and other manifestations of sexual violence are very common, have a major impact on health, development, equity and social justice, and are crimes. With this has come a new commitment to developing services for abused women and interventions to combat abuse. One manifestation of this was the decision by the Department of Arts Culture Science and Technology to fund research on violence against women in the first round of the National Innovation Fund.

The origins, causation and consequences of the high levels of violence against women found in South Africa are highly complex but research is beginning to shed further light on these. This suggests that to a great extent its roots lie in the patriarchal nature of our society, where women are viewed as inferior to men, often as their possessions (Vogelman and Eagle 1991), and in need of being led and controlled (Wood & Jewkes, *forthcoming*). Research among adolescents, in particular, has shown that one of the most common areas in which the control is exerted is over women’s sexuality and thus women are beaten for refusing a proposal, wanting to end a relationship, having other partners and sometimes to make sure they do not even think of having other partners (Wood & Jewkes, *forthcoming*). Several authors have argued that violent practices are deployed by men against women in attempts to maintain particular self-images and social evaluations in the face of real or imagined threats, i.e. to prove that they are ‘real’ men and their women are under their control (Wood & Jewkes *forthcoming*; Mager 1998). In particular situations the use of certain forms of violence by men to control and punish women is perceived as socially acceptable to both men and women of all ages (Soul City 1997, Wood & Jewkes 1998). This undoubtedly lies at the heart of the explanation for the unrelenting nature of abuse suffered by women. Whilst this is a testament to the success of prevailing ideologies of patriarchy, it also needs to be understood in the broader context of a society which is only now emerging from decades of colonialism and apartheid. One result of the years of State-sponsored violence and armed resistance is that certain forms of violence are an acceptable way of solving conflicts (Simpson 1991), gaining and exercising ascendancy, and of punishment. As well as its deployment in (heterosexual) sexual relationships and (of course) in criminal contexts, assault relatively commonly occurs in a wide range of social relations including between workers in the workplace (Abrahams et al 1999), between nurses and patients (Jewkes et al 1998), same-gender peers (Wood & Jewkes 1998), neighbours (Department of Health, *forthcoming*) and in same-gender sexual relationships such as between male prisoners (Wood et al 1999).

Violence against women and girls is defined in the Declaration on the Elimination of Violence Against Women as occurring in three domains: the family, the community and perpetrated by or condoned by the state. This report focuses on violence against women by current or ex-partners (i.e. husband or boyfriend) and rape. In South Africa, there has been a notable lack of community-based data on its prevalence and epidemiological studies of risk factors. Most of the research which has been undertaken on violence against women in South Africa has been relatively small scale, localised or has focused on particular sub-groups e.g. health service users. This report presents the findings of the first major community-based prevalence study. This was undertaken in order to gain as accurate an understanding of prevalence as is possible, given that underreporting of gender violence is a well-recognised problem in surveys. Due to financial and logistical constraints the research has been undertaken in three provinces: the Eastern Cape, Mpumalanga and the Northern Province. The study was designed as that the findings would be directly comparable with those of the South African Demographic and Health Survey (Department of Health, *forthcoming*), which will contain data on the abuse of women nationwide.

Aims and objectives

The aim of the study was to add to the growing, but still rather fragmented, body of knowledge in South Africa on violence against women. The objectives of the study were to describe the prevalence of physical, sexual, financial, and emotional abuse of women, to identify factors associated with increased risk of abuse, to identify health problems and health service use associated with abuse and to describe some aspects of the economic and service implications of violence against women.

2.0 Methods

Study design: A cross-sectional study.

Setting: The Eastern Cape, Mpumalanga and the Northern Province.

Sample: One randomly selected woman aged 18-49 living in each of 2 232 households were selected: 728 in the Eastern Cape, 748 in Mpumalanga and 756 in the Northern Province.

Sampling: A sample of women aged 18-49 in each province was interviewed. The sampling frame in each province consisted of the enumeration areas (eas) demarcated for the 1995 Census. Each province was stratified into urban and rural areas. Clusters (eas) were sampled with probability proportional to the number of households (pps). In the urban areas 14 households were randomly selected in each e.a. and in rural areas 28. The pps sampling together with the stratification used ensured that within each province the sample was approximately self-weighting. Attempts were made to ensure comparability with the South African Demographic and Health Survey (SADHS) through the sampling method.

Questionnaire: The questionnaire inquired about social and demographic factors, relationships within the previous year, health sector consultations and health problems, experience of abuse as a child, cultural aspects of gender relations and attitudes towards the use of violence, experiences of emotional, financial and physical abuse in the year prior to the survey, abuse by a partner ever, abuse in pregnancy, use of services after injury, sexual abuse, child abuse, sexual harassment, social support, use of services and experiences with police and the courts. It was based partly on one used in Zimbabwe (Musasa 1996) so that there could be comparability of the data. The design was also informed by two focus groups. The questionnaires were translated into 9 of the 11 official languages and administered in the first language of the interviewee.

Preliminary focus groups: These were organised by the Masisukumeni Women's Crisis Centre in Mangweni, Mpumalanga. The first group had 9 participants and the second one had seven. The women mainly narrated their experiences of abuse and discussed their responses and strategies of resistance. The groups were held in SeSwati with translation into English. The discussion was audio-taped, transcribed and translated.

Interviewing and ethics: Interviews were conducted in private and three attempts were made to contact each woman. Verbal informed consent was obtained for the interviews so that anonymity could be assured. Confidentiality was assured and the interviewers were trained to secure the safety of the woman during the interview, including non-disclosure of the true focus of the study to any person other than the interviewee and change the topic if someone else entered the room. Interviewers were also trained in non-directive counselling and gave information sheets with referral addresses and numbers to all women interviewed. Ethical approval for the study was gained from the Medical Research Council's Ethics Committee.

Data analysis: The data was entered onto a database in Epi Info and then validated through a second entry. The data was analysed using the statistical package Stata (Statcorp 1997). The

survey analysis procedures were used as these are able to take account of the stratified multi-stage design used in the sampling.

The sampling approach used in the selection of the women for interview in this study was such that it is possible to predict from the study responses those which would be expected for the whole female population aged 18-49 in each province. Thus the proportion of the study sample who were injured by partners in one year is an unbiased estimate of the proportion of women in the whole province who are injured by partners in one year. Once this proportion is known it is possible to apply this to the female population figure for the province and estimate the number of women in the province in the age group who are injured by male partners in one year. The same approach can be used to estimate the number of health sector visits due to injuries and the number of women wanting particular types of service.

Table One: demographic and social characteristics of the women sampled

Variable	Eastern Cape % (n)	Mpumalanga % (n)	Northern Prov. % (n)
Mean age (SD)	31.26 (8.85)	31.70 (8.53)	31.52 (8.97)
Race: Black African	94.8 (382)	99.1 (424)	100 (474)
<i>Language:</i>			
IsiXhosa	91.1 (346)	0.2 (1)	0.2 (1)
IsiZulu	2.1 (8)	28.1 (117)	0.5 (2)
SiSwati	-	32.4 (135)	0.2 (1)
IsiNdebele	-	13.2 (55)	0.2 (2)
SePedi	-	13.2 (55)	47.4 (212)
ZiTsonga	-	5.5 (23)	26.4 (118)
TshiVenda	-	0.2 (1)	18.1 (81)
SeSotho	1.6 (6)	0.5 (2)	4.5 (20)
SeTswana	-	5.8 (24)	0.5 (2)
Afrikaans	4.0 (15)	0.2 (1)	-
English	1.3 (5)	0.5 (2)	-
Living in a rural area	67.0 (270)	63.3 (271)	93.5 (444)
<i>Education:</i>			
< 1 year	9.7 (39)	16.2 (69)	20.1 (95)
Sub a- Std 3	15.7 (63)	17.8 (76)	11.4 (54)
Std 3 - Std 9	56.4 (226)	41.6 (177)	41.4 (196)
Std 10	15.0 (60)	17.8 (76)	17.8 (84)
Beyond matric	3.2 (13)	6.6 (28)	9.3 (44)
Ever had a husband or boyfriend	98.3 (396)	97.9 (419)	97.7 (464)
<i>Marital/relationship status:</i>			
Civil or church marriage	16.4 (66)	12.9 (55)	17.3 (82)
Customary marriage (+/- civil or church)	31.3 (126)	25.0 (107)	34.3 (163)
Co-habiting	4.5 (18)	11.5 (49)	4.8 (23)
Widowed/divorced/separated	8.4 (34)	10.3 (44)	11.6 (55)
Current boyfriend	28.5 (115)	29.9 (128)	24.4 (116)
Previous boyfriend	9.2 (37)	8.4 (36)	5.4 (26)
Never partnered	1.7 (7)	2.1 (10)	2.1 (10)
Employed in formal or/& informal sector	32.5 (131)	47.4 (203)	35.2 (167)
<i>Consumer goods ownership:</i>			
car	9.7 (39)	21.7 (93)	16.8 (80)
fridge	21.3 (86)	45.1 (193)	32.0 (152)
TV	36.5 (147)	52.8 (226)	44.0 (209)
radio	67.3 (271)	79.0 (338)	81.9 (389)
<i>Social habits:</i>			
drinks alcohol	14.9 (60)	10.5 (45)	8.4 (40)
smokes tobacco	8.2 (33)	9.6 (41)	6.5 (31)

3.3 Cultural context of violence against women

Table two shows the findings of questions which highlight aspects of the cultural context of violence against women. The question about the acceptability of violence by a man against a partner was asked as one of a series of scenarios in which violence might be used. The results show that whilst the great majority of women report that this practice is 'never' acceptable, it is by no means every woman. In the Eastern Cape, one in five women responded that at least sometimes it would be acceptable.

The questions which followed on aspects of culture provide some of the explanations for why some women might view it in this way. In the questionnaire women were asked a series of questions about what they understood to be the view on gender relations in their culture and whether they themselves believed this. The responses show that for each question women perceived that the prevailing view in their 'culture' was more patriarchal than their personal views, none the less considerable personal agreement or acceptance was expressed with patriarchal gender relations. The responses clearly indicate that this includes subservience of women to their husband, punishment of her by him in some situations, male ownership of women, notions of male sexual entitlement and an interpretation of beating as a sign of love. The data also highlight the contested nature of 'culture' as it relates to gender relations, it is also notable that even in a province like the Eastern Cape where over 90% of informants were Xhosa-speaking there was considerable disagreement amongst the women interviewed about what Xhosa culture was and, for example, what meanings were attached to lobola. This is important for interventions as it creates space for popular discussion about 'culture' and re-examination of what culture is and means. The fact that so many women indicate that they hold views which differ from their perceptions of the 'norm' in their culture is a sign that a process of questioning and re-examination is underway among women at a community level.

3.4 Intimacy in relationships

Table three shows the responses to questions about intimacy in relationships. Women were asked these questions about each boyfriend or husband they had had in the year prior to the interview. They inquired about aspects of relationships which women reported as either particularly important (when present) or particularly hurtful (when not) during focus groups organised through the Masisukumeni Women's Crisis Centre in rural Mpumalanga. The findings show that the great majority of women were in loving relationships characterised by physical affection, verbal appreciation, respect and presents. Although for each of these items the women of the Northern province were least likely to report and those of the Eastern Cape were most likely. The differences for physical affection and presents between the Eastern Cape and the Northern Province were statistically significant. Eastern cape women were also significantly more likely to have help from their partner with things in the home (including so-called 'manly' tasks) than those in either the Northern province or Mpumalanga. Almost half of the women in these provinces reported getting no assistance from their male partner.

Table Two: Attitudes towards domestic violence and perceptions of cultural aspects of gender relations

Variable	Eastern Cape % agreeing (n)		Mpumalanga % agreeing (n)		Northern Prov. % agreeing (n)	
A man hitting his wife/ girlfriend is:						
acceptable	7.5	(30)	0.9	(4)	4.4	(21)
sometimes acceptable	12.5	(50)	7.7	(33)	8.8	(42)
never acceptable	80.1	(321)	91.4	(392)	86.8	(413)
It is culturally expected that a woman should obey her husband	93.8	(377)	94.4	(405)	97.5	(465)
Interviewee believes that a woman should obey her husband	90.3	(363)	85.3	(366)	76.5	(354)
It is culturally accepted that a woman can refuse to have sex with her husband	36.4	(146)	35.4	(150)	40.3	(192)
Interviewee believes that a woman can refuse to have sex with her husband	57.0	(229)	40.4	(173)	40.9	(195)
It is culturally accepted that if a wife does something wrong her husband has a right to punish her	59.1	(237)	51.2	(219)	63.0	(299)
Interviewee believes that if a wife does something wrong her husband has a right to punish her	50.8	(204)	35.3	(151)	37.5	(179)
It is culturally accepted that if a man beats you it means that he loves you	23.1	(93)	39.7	(170)	58.0	(275)
Interviewee believes that if a man beats you it means that he loves you	15.2	(61)	23.9	(102)	33.7	(160)
It is culturally accepted that if a man pays lobola for his wife it means that he owns her	81.5	(309)	75.6	(319)	84.2	(401)
Interviewee believes that if a man pays lobola for his wife it means that he owns her	71.9	(274)	62.3	(264)	58.4	(278)
It is culturally accepted that if a man pays lobola for his wife she must have sex when he wants it	79.5	(303)	68.7	(290)	78.8	(376)
Interviewee believes that if a man pays lobola for his wife she must have sex when he wants it	43.8	(167)	51.7	(219)	43.6	(208)

Table Three: intimacy in relationships

Variable	Eastern Cape (n=403)		Mpumalanga (n=428)		Northern Prov. (n=475)	
	%	95% CI	%	95% CI	%	95% CI
Partner talks to her about family problems, and respects her opinion on them	84.2	80.7-87.6	78.6	73.6-83.5	79.2	74.1-84.3
Partner touches and hugs her in loving ways	91.5	88.4-94.7	86.1	81.0-91.1	80.5	75.9-85.1
Partner says nice things about her in front of others	80.8	76.8-84.9	77.1	72.4-81.8	71.5	65.7-77.3
Partner tells her she looks nice	76.3	70.2-82.3	75.5	70.1-81.0	69.0	64.1-74.0
Partner helps her with things about the home (e.g. fixing things)	81.4	78.1-84.7	56.1	49.8-62.3	54.3	47.3-61.3
Partner gives her presents	81.4	77.2-85.6	73.0	67.2-78.7	67.2	62.3-72.1

3.5 Prevalence of physical abuse

Table Four shows the prevalence of physical violence or threats of this by a current or ex-husband or boyfriend ever in the woman's life and in the year prior to the survey among ever partnered women. The questions on physical violence inquired about being kicked, bit, slapped, hit with a fist, having something thrown at her, being choked, strangled, intentionally burnt, or assaulted or threatened with a gun, knife or other dangerous weapon. Physical violence in the year prior to the survey was significantly less frequently reported in the Northern Province than in the other two Provinces. The prevalence of abuse found in this study is in keeping with figure which has been cited previously which is that 1 in 4 women are abused in their life time (Angless 1992, Beijing Conference Report 1994, Health in Our Hands 1995, Human Rights Watch/Africa 1995). The level of abuse in the previous year reported in the Eastern Cape was twice that found in the South African Demographic & Health Survey (Department of Health, *forthcoming*), one third more in Mpumalanga and 15% less than that reported in the Northern Province. A higher level of reporting was expected in this study as dedicated studies of violence usually find greater levels of disclosure than omnibus surveys, as more time is spent discussing with fieldworkers strategies to assist women in discussing difficult matters and helping the fieldworkers cope with daily hearing distressing accounts. We are not sure why the pattern was different in the Northern Province but suspect that it reflects fieldwork factors.

Table Four: Prevalence of physical abuse by current or ex-partner

Variable	Eastern Cape (n=403)		Mpumalanga (n=428)		Northern Prov. (n=475)	
	%	95% CI	%	95% CI	%	95% CI
Ever physically abused by current or ex-partner	26.8	21.2-32.3	28.4	23.2-33.6	19.1	13.8-24.4
Physical abuse by current or ex-partner in year prior to survey	10.9	6.7-15.1	11.9	8.5-15.4	4.5	3.0-6.1
Threats of physical violence by current or ex-partner in year prior to survey	6.3	4.2-8.5	8.6	5.7-11.5	4.5	2.8-6.2

3.6 Prevalence of rape and attempted rape

Table Five presents the results of a question which inquired about experiences of being forced or persuaded to have sex against the woman's will by threatening, holding her down or hurting her in some way. Of all the rapes reported, 23.3% were said to have occurred in the year prior to the survey and 50% of the attempted rapes. Although the prevalence of rape reported is very high, it is lower than has been estimated previously, particularly as studies of adolescent sexuality indicate that a high proportion of women are 'forced' to have sex the first time (e.g. Buga et al 1996 reported 28%), nearly two-thirds of a sample of adolescents in Cape Town reported having had sex against their wishes (Jewkes et al n.d.) and People Opposed to Woman Abuse (POWA) estimates that 1 in 3 women are raped in their life time.

It is possible that the discrepancy may be partly explained by underreporting of sexual coercion occurring some years prior to the interview as the proportion of reported events in the year prior to the interview is much higher than would be expected. Reporting bias towards more recent events is common in any type of survey, but more so where the subject matter is painful, or, as in the case of rape, where women are often blamed by society for 'provoking' it in some way. It is also likely that sexual coercion by boyfriends or husbands is underreported, particularly as many women believe that a husband has a right to sex whenever he wants it and research has repeatedly shown that many people in the community restrict the term 'rape' to mean sexual coercion by a stranger or a gang (which may include a boyfriend) (Wood & Jewkes 1998, Wood et al 1998). The prevalence of rape reported here are almost identical to that reported in the South African Demographic & Health Survey (Department of Health, *forthcoming*) for Mpumalanga, and are about 50% higher than those reported for the other two Provinces.

Table Five: Prevalence of rape and attempted rape

Variable	Eastern Cape (n=403)		Mpumalanga (n=428)		Northern Prov. (n=475)	
	%	95% CI	%	95% CI	%	95% CI
Ever raped	4.5	2.3-6.6	7.2	4.8-9.7	4.8	2.5-7.2
Ever had an attempted rape	2.2	0.7-3.8	4.7	2.3-7.1	1.5	0.2-1.0

3.7 Prevalence of emotional and financial abuse

Table six shows the prevalence of women reporting one or more emotionally or financially abusive acts by a current or ex-boyfriend or husband during the year prior to the survey among ever partnered women. It also presents the prevalence of reports of individual acts. The practices focused on in the questions were reported in research from South Africa and Zimbabwe (Musasa 1996), as well as in focus groups done in preparation for this study, as common abusive practices. Reports of a form of emotional or financial abuse were significantly less common in the Northern Province than in the Eastern Cape and the difference with Mpumalanga only narrowly failed to reach the given 5% significance level. Partners in Mpumalanga were significantly more likely to prevent their women from working than those in the Northern Province. The difference may, however, be related to the greater opportunities for female employment in Mpumalanga. Internationally studies have shown that women who are economically independent are much less likely to be abused by male partners (Counts & Campbell 1990). Preventing women from working is both a form of abuse and reduces women's ability to resist other abusive acts.

Women in Mpumalanga were significantly more likely to have been evicted from their home by their male partner in the year prior to the study than those in the Northern Province. This was experienced by one in ten. Some of women in focus groups indicated that eviction often resulted from women's attempts to complain about other forms of abusive behaviour, notably spending money on girlfriends instead of on the family. At least one in ten of the women with children reported not being supported financially by their partner even when he had the money to do so.

The findings also indicate that a sizeable proportion of men attempt to isolate their wives or girlfriends socially by preventing them from seeing family and friends, working or speaking with other men. This is a commonly reported abusive act internationally.

Table Six: Prevalence of emotional & financial abuse

Variable	Eastern Cape (n=403)		Mpumalanga (n=428)		Northern Prov. (n=475)	
	%	95% CI	%	95% CI	%	95% CI
Experience of emotional or financial abuse by current or ex-partner in previous year	51.4	45.1-57.7	50.0	43.1-56.9	39.6	34.9-44.1
Intentional humiliation	4.5	2.1-6.9	1.8	0.6-3.1	3.9	2.1-5.8
Boasted about girlfriends or brought them home	5.0	2.7-7.4	10.4	5.7-15.1	7.0	4.7-9.2
Prevented from seeing family & friends	4.5	2.5-6.5	9.4	6.5-12.3	6.7	4.5-9.0
Prevented from working	5.9	3.8-8.0	8.1	5.3-10.8	3.7	2.1-5.3
Prevented from speaking to other men	13.7	9.8-17.6	17.2	13.3-21.1	12.3	9.3-15.3
Evicted from home	5.3	2.7-7.9	9.0	5.7-12.3	3.6	1.9-5.2
Has not provided money to run the home or look after children but has money for other things*	10.2	6.8-13.7	15.7	11.5-19.9	10.1	7.2-13.0

* only calculated for women with children

3.8 Abuse in pregnancy

Table seven presents the results of questions about abuse in pregnancy among women who have been pregnant. These show that although children are in general highly valued in South African society, many men refuse to buy things which are necessary for the baby, prevent their partner attending for antenatal care and are physically violent towards her in pregnancy. Men in the Eastern Cape were significantly more likely than those in the other two provinces to refuse to buy things for the baby and significantly more likely to prevent their partners from using antenatal care than those in Mpumalanga (the difference in the Northern province is large but is just below the 5% significance level).

The study shows that where physical abuse occurs, women normally experience it in more than one pregnancy, violence is commonly directed at the pregnant abdomen and was often reported to cause miscarriage or premature labour. These findings suggest that abuse by a partner in pregnancy is a factor which needs to be given far more attention as an influence on women's pattern of attendance for antenatal care and adverse pregnancy outcomes, although the numbers here were small.

Table Seven: Abuse during pregnancy

Variable	Eastern Cape (n=403)		Mpumalanga (n=428)		Northern Prov. (n=475)	
	%	95% CI	%	95% CI	%	95% CI
Proportion of women who have ever been pregnant	85.9	80.8-91.0	91.5	88.7-94.2	91.2	89.2-93.3
Partner refused to buy things for the baby	25.8	20.0-31.6	15.8	12.3-19.3	12.9	9.3-16.5
Partner prevented her from using antenatal care	10.0	6.5-13.4	3.6	1.6-5.6	5.2	3.4-6.9
Physical abuse when pregnant	9.1	5.5-12.6	6.7	4.1-9.3	4.7	2.8-6.6
<i>For women reporting abuse:</i>						
Mean no. of pregnancies in which physical abuse occurred (SD)	2.07 (1.93)		2.16 (2.41)		1.79 (1.23)	
Violence directed at abdomen (n)	14.8 (4)		38.9 (7)		53.8 (7)	
Miscarriage due to abuse (n)	14.8 (4)		27.8 (5)		5.3 (1)	
Premature labour due to abuse(n)	24.0 (6)		27.8 (5)		11.1 (2)	
Proportion of abused women who were either hurt on abdomen, went into premature labour or miscarried due to physical violence (n)	29.0 (9)		30.8 (8)		40.0 (8)	

3.9 Prevalence of injuries from physical violence and associated mental health problems

The health consequences of violence against women are manifold. Injuries and death are the most visible and immediate consequences, but studies have shown that abused women attend services more frequently for a range of non-injury related medical problems including chronic pelvic pain, stomach pains, headaches, disability, and mental health problems including (para-)suicide, depression, anxiety and sexual dysfunction (Koss et al 1991). In addition teenage pregnancy (Vundule et al n.d.), STDs and HIV have been associated with sexual coercion.

In order to investigate associations between mental health problems and abuse, the study inquired about women's experiences of suicidal thoughts and mental distress (expressed idiomatically as the heart being "painful" and "spirit low") in the month prior to the interview. The findings are shown in Table Eight and show that considerable mental distress is associated with abuse. The associations were statistically significant. The exact relationship between suicidal thoughts and suicidal attempts is not known but these should be regarded as at least potentially life threatening.

Table Eight: Physical abuse and mental ill-health in the month prior to interview

	Never abused		Abuse in past year		Pvalue
	%	95% CIs	%	95% CIs	
<i>Suicidal thoughts:</i>					
Eastern Cape	9.3	6.2-12.4	27.9	10.9-44.9	<0.0001
Mpumalanga	6.7	3.7-9.6	24.0	12.7-35.3	
Northern Province	5.9	3.2-8.5	14.3	0-30.5	
<i>Heart painful:</i>					
Eastern Cape	62.4	55.1-69.7	74.4	62.4-86.4	<0.0001
Mpumalanga	48.0	40.5-55.5	84.0	71.6-96.4	
Northern Province	44.7	36.9-52.5	52.4	27.8-77.0	
<i>Spirit low:</i>					
Eastern Cape	59.7	52.2-67.1	65.1	50.8-79.4	0.014
Mpumalanga	51.0	44.5-57.5	74.0	60.3-87.7	
Northern Province	43.4	34.6-52.1	42.9	18.8-67.0	

Table Nine presents the prevalence of reports of injury due to physical violence. The very high proportions of abused women who reported being injured and seeking medical attention suggests that their partners are either often very brutal or that more minor forms of physical violence (e.g. slaps) were greatly underreported. The levels are particularly surprising in view of the rural nature of the sample and the quite considerable obstacles to access for some women. The fact that reports of injuries were highest in the Northern Province suggests that such under-reporting of lesser forms of violence is part of the explanation for the lower levels of physical violence reported in Table Four. The proportion of women who said they told a health worker who injured them is high and suggests that health workers could indeed play a greater role in identifying and supporting abused women.

Table Nine: Injuries from physical violence occurring in the previous year

Variable	Eastern Cape % (n)	Mpumalanga % (n)	Northern Prov. % (n)
Proportion of women abused by a current or ex-partner who were injured	34.9 (15)	48.0 (24)	60.0 (12)
Mean no. Of times injured	2.46 (1.51)	2.09 (1.78)	1.75 (1.21)
Proportion seeking medical attention	91.7 (14)	62.5 (15)	91.7 (11)
Proportion telling the health worker who injured her	71.4 (10)	93.3 (14)	90.9 (10)

3.10 Costs of injuries

Financial costing of the consequences of violence against women is extremely complicated and this is not attempted here in a comprehensive manner. None the less this study has provided data which shed light on some of the financial implications, these are presented in Table Ten (a note on the methods used for these calculations can be found in section 2.0). For each province estimates are made of the number of episodes of visits to health services in one year due to injuries caused by a current or ex-partner. It should be noted that the confidence intervals around these figures are relatively large as they are based on small numbers of episodes. The costs of these health sector visits can be crudely estimated if we assume that they were treated as outpatients at primary health care facilities. Data from costing studies in South Africa carried out in 1996 and adjusted for inflation indicate that the average cost of an episode of treatment at a provincial hospital emergency department 1999 is R101. (Centre for Health Policy, 1996). Table Ten shows the estimated costs to the health sector of treating injuries in each province in one year.

In order to gain insight into the cost of injury to women, her family and the national economy questions were asked about days lost from income-generating work (in both the formal and informal sectors) and days spent in bed, away from house work after injury in episodes of physical abuse. The number of days lost from activities around the home and from income generating work in each province in one year due to injuries caused by a current or ex-partner is also shown in Table Ten. The number of days lost from work reflects the low percentage of women with income-generating work (see Table One).

Table Ten: Some of the costs of injuries to the health sector, the women and employers

Variable	Eastern Cape (95% CIs)	Mpumalanga (95% CIs)	Northern Prov. (95% CIs).
Total number of women aged 18-49 yrs	1 218 526	589 165	928 470
No. Of episodes of health sector visits due to injury after partner abuse in one year	121 000 (69 943-171 934)	74 294 (29 929- 118 717)	93 868 (29 247 - 158 397)
Estimated costs of health sector visits for these injuries in one year (Rands)	12 220 963 (7 064 283- 17 365 336)	7 503 694 (3 022 888- 11 990 391)	9 480 700 (2 953 927- 15 998 095)
Days lost from work in the province due to injury after partner abuse in one year	96 751 (0- 206 540)	178 929 (0- 429 855)	197 392 (12 349-382 530)
Days spent in bed in the province due to injury after partner abuse in one year	480 709 (165 841-795 697)	154 184 (79 950-228 419)	263 871 (91 826-435 917)

3.11 Perceptions of abuse, need for and experiences with use of services

The proportion of women who had been raped or physically abused by a partner in the year prior to the study who said they would describe themselves as ‘abused’ is presented in Table Eleven. The finding that between half and a third of women who had had recent experiences of physical and sexual violence did not describe themselves as abused, undoubtedly has implications for the provision and targeting of services to such women.

The table also indicates that the proportion of women wanting some form of help is higher than the proportion identifying with the label ‘abused’. The proportions of these abused women who wanted particular types of services is also presented in the table. It is possible to make some estimates of the demand for services of particular types in each province, using the method described on p.5). Estimates of the number of women wanting particular types of service in each province in one year are shown in the table. The interview context provided an opportunity for women to speak about services which they felt they would have liked, however such data would not be expected to equate directly with demand or need and further research is needed in this area.

Women who reported physical abuse in the year before the survey and those who had been raped were asked whether they had reported this to the police. Table Twelve shows the proportion of women who reported physical abuse, physical abuse resulting in injury, rape and attempted rape. These figures confirm that only a small proportion of abuse of women is reported to the police. The levels of reporting of rape and attempted rape in this study are higher than the police themselves suspect. Our data suggests that this is because rape was underreported in this study.

Table Eleven: Perceptions of abuse and need for services

Variable	Eastern Cape		Mpumalanga		Northern Prov.	
	%	(n)	%	(n)	%	(n)
Proportion of women raped or subject to physical violence by a current or ex-partner in the previous year who describe themselves as 'abused'	45.8	(22)	67.2	(41)	52.0	(13)
Proportion of women raped or subject to physical violence by a current or ex-partner in the previous year who want services or assistance	64.6	(31)	80.3	(49)	68.0	(17)
<i>Type of assistance wanted:</i>						
shelter	8.3	(4)	13.1	(8)	4.0	(1)
help with an interdict	8.3	(4)	6.6	(4)	8.0	(2)
counselling/therapy	45.8	(22)	36.1	(22)	38.0	(7)
police to charge him	14.6	(7)	21.3	(13)	28.0	(7)
support group	2.1	(1)	11.5	(7)	8.0	(2)
another home to go to	-	-	1.6	(1)	-	-
financial support to help leave	-	-	4.9	(3)	12.0	(3)
other	-	-	3.3	(2)	-	-
<i>Estimates of number of women in each province wanting particular services in year prior to study, with 95% CIs:</i>						
Shelter	12 185	(487 - 23 761)	11 017	(3 123 - 18 912)	1 950	(0-5 756)
Help with an interdict	12 063	(0-26 564)	5 479	(236 - 10 723)	3 900	(0-9 285)
Counselling	57 393	(29 245-85 662)	28 928	(15 200-42 597)	13 649	(3 435- 23 955)
Police to charge male partner	21 202	(6 093-36 556)	17 911	(7 954-27 809)	13 649	(4 178- 23 212)
Support group	3 046	(0-9 139)	9 662	(3 005-16 261)	3 900	(0-9 099)
Another home to go to	-	-	1 355	(0-4 124)	-	-
Financial assistance to enable her to leave him	-	-	4 124	(0-8 779)	5 849	(0-12 256)

Table Twelve: reports of physical and sexual abuse to the police

Variable	Eastern Cape		Mpumalanga		Northern Prov.	
	%	(n)	%	(n)	%	(n)
Proportion of women physically abused by a current or ex-partner in last year who reported it to police	15.0	(6)	20.4	(10)	15.8	(3)
Proportion of women injured by a current or ex-partner in last year who reported it to police	20.0	(3)	33.3	(8)	27.3	(3)
Proportion of women raped in last year who reported it to police	33.3	(1)	22.2	(2)	25.0	(1)
Proportion of women experiencing attempted rape in last year who reported it to police	16.7	(1)	40.0	(4)	27.8	(5)

Table Thirteen indicates that a fairly large number of abused women had at some stage reported abuse to the police and, as is commonly reported, this was often after months or years of abuse. In most cases the very act of reporting it led to a cessation or reduction in abuse. Whilst the majority of women went to the police wanting an interdict or for the man to be prosecuted, nearly half of the women reported that they were actually seeking other forms of intervention from the police when they reported the abuse. Of the women who went in order to get an interdict or prosecution, 32% were advised by the police not to follow this course of action. Most notably, prosecution occurred much less often than the women wished when they first approached the police. It is possible that in some cases this was because of the restrictive nature of the 1994 Family Violence Act.

Table Thirteen: Experiences with police and courts

Variable	%	(n)
<i>Duration of abuse before seeking help:</i>		
first time	63.0	(46)
weeks	2.7	(2)
months	21.9	(16)
years	12.3	(9)
<i>Impact of reporting on abuse:</i>		
stopped	51.4	(38)
reduced	29.7	(22)
no change	18.9	(14)
<i>Action wanted from police when reported:</i>		
interdict	9.5	(7)
prosecution	46.0	(34)
to frighten him	24.3	(18)
talk with family	9.5	(7)
other	12.2	(9)
<i>Advice given by police to woman:</i>		
interdict	13.4	(9)
prosecution	28.4	(19)
nothing	31.3	(21)
other	26.9	(18)
<i>Action ultimately taken by the woman:</i>		
interdict	8.3	(6)
prosecution	26.4	(19)

4.0 Discussion and policy implications

4.1 Confirmation of the high level of violence against women.

The preliminary results of this major community study confirm the widely held belief that violence against women is a major problem in South Africa. The levels of abuse reported here should probably be regarded as minimums as women classically under-report abuse in surveys. The main reasons for this are that women are ashamed, see it as a private matter, do not wish to

speak badly of their husband, are afraid to admit that they are abused or view their experiences as just 'normal'. Despite this violence can be seen as a major impediment to achieving the goals of health, development, equity and social justice for all in South Africa. Although 32% of the population lives in the three provinces where the survey was only carried out, the results cannot be generalised to the whole country. The South African Demographic Health Survey (Department of Health, *forthcoming*), however, will show that the broad picture in the other provinces is very similar. Supporting abused women and combatting abuse is clearly a major challenge for the country, particular for the police, social services, health sector and NGOs.

4.2 Causes of Violence Against Women

The data on the cultural context of gender relations confirms that South African society is immensely patriarchal. The finding that many women themselves accept ideas that women are subservient to men in relationships is not surprising and should rather be seen as a testament to the 'success' of patriarchy. It would be difficult to see how men could continue to be abusive towards women if it were not for the fact that many women, at some level, perceive this as their entitlement and women as deserving this at times. South Africa, unlike many countries, has made the critical first steps towards eliminating violence against women in openly acknowledging the problem at a governmental level and committing resources to supporting abused women. It is, however, difficult to imagine that great progress will be made in reducing violence against women until there is a change of general perceptions about gender relations at a community level.

- We recommend that efforts be made to ensure that the growing awareness which is permeating government is taken across to a community level and that levels of violence against women are seen as a reflection of gender relations in society more broadly and tackled in this wider context.

4.3. Abuse During Pregnancy

There is a growing recognition internationally that violence against women is common in pregnancy and an important cause of problems in pregnancy (e.g. the Royal College of Obstetricians and Gynaecologists' publication, Bewley et al 1997). The results of this study show that abuse during pregnancy is also a serious problem in South Africa, its prevalence is comparable with that of many more widely recognised causes of reproductive morbidity.

- We recommend that understanding of violence against women and strategies for inquiry and assistance of abused women be incorporated into the curriculum for training and clinical practice of midwives and doctors.

4.4 Violence Against Women and HIV

The findings of this study reinforce what is already known about some of the antecedents of the HIV epidemic. Many women reported their partner openly bringing girlfriends home or boasting about them and even more women indicated that they did not perceive that they were able to refuse sex with their husband. Given the pattern of gender relations, it is likely that women would not be in a position to insist on condom use, even if they wanted to, and in relationships characterised by physical violence they risk further abuse. Although probably under-reported, levels of reported rape were still high. South Africa has the fastest growing HIV epidemic in the world. The latest national HIV sero-prevalence survey indicates that young women in their 20's have the highest infection rates, 26.1% and 26.9% of pregnant women aged 20-24 and 25-29 respectively are HIV positive. (Department of Health, 1999).

- We recommend that reducing levels of violence against women and equalising gender relations be seen as inseparable parts of an overall strategy for tackling the HIV epidemic and be taken into account in all AIDS prevention programmes.

4.5 Violence Against Women and Mental Health

In this survey we have that the association between abuse and mental distress which is reported internationally is also found in South Africa. Although the relationship between suicidal thoughts and attempted or actual suicide is not straight forward, research internationally has shown that one of the ways in which abuse of women can lead to fatalities is through suicide. Women suffering severe mental distress also work less well both in their roles at home, in the community and in employment. They also commonly consult health services with complaints which represent a somatisation of this distress.

- We recommend that efforts be made to ensure that health workers need to have a greater awareness of the possibility that violence may underlie consultations for a variety of factors and that abused women may be a danger to themselves through suicide. They should be trained to recognise clinical scenarios which are suggestive of underlying abuse, to ask appropriately and provide empathy, assess safety and make referrals.

4.6 Violence against women and injuries

This study has shown that women who are abused by their partners are often injured and that a substantial number of health sector consultations each year are consequent on abuse and considerable health sector resources are expended on treating injured women. The authors accept that the confidence intervals are wide, the costing is quite crude, abuse-related consultations for other causes are not explored and neither is abuse of health sector staff. The figures quoted here should be seen as a first stage in a process which will require considerable further research, to document the impact of violence against women on the health services.

Consultations for injury represents one potential point of contact between statutory services and abused women. In many rural areas health services may be the most accessible statutory service. There are clearly opportunities for identifying women who suffer abuse in these circumstances and offering information and referrals to sources of help. Building capacity within health sector staff to perform such roles should be a service development priority. Whilst this activity would undoubtedly represent another call on medical and nursing time, it would be an efficient use of health sector resources if it were able to contribute to reducing mortality from violent partners and suicide, improving the health of abused women and reducing violence against women overall.

4.7 The impact of violence against women on development

In the same way as the injury treatment data provides a window on the costs to the health sector, so the data from this study on days lost from work and domestic activities provides a window on broader costs to society. The data shows that injuries alone are responsible for a substantial number of lost days of employment and days lost from household activities. Such data is valuable for advocacy in raising the visibility of the problem and demonstrating that violence against women has a broad impact far beyond the individual woman and her family. However, the figures presented here must be seen as only one part of a much bigger picture. This is an area in which further research would be useful.

The findings regarding forms of financial and emotional abuse demonstrate some of the links between violence against women and poverty. They indicate that whilst poverty is a great problem in the country, many women are prevented from working by their partner. The focus group findings suggest that in many cases these would be the same men who would often not provide financial assistance even when they were able to. Thus women and their children may often have access to relatively fewer resources than the husband's level of income would suggest.

4.8 Violence Against Women and the Criminal Justice System

The survey results support the findings of previous studies which indicate that levels of reporting are far lower than levels of violence. Historically this has been due to distrust between communities and the police, experiences of police siding with perpetrators and low conviction rates as well as unwillingness to expose a private matter in public and fear of being blamed. Crime statistics therefore need to be treated with caution. Many women found that the criminal justice system was helpful and indicated that they did not always want the police to prosecute when seeking their help. Many women reported that just the fact of their partners knowing they had gone to the police sometimes resulted, however temporarily, in decreased levels of violence. There were also women who reported that they had gone to the police, wanting the police to take action, and the police had done nothing. In other cases they had been given incorrect advice about the legal situation by the police. The role of police in helping abused women is an important one, particularly in rural areas where there are few other services.

- We recommend that initiatives to train the police in the new legislation and in gender sensitivity need to be given full support.

4.9 Services for abused women

The study has shown that many women who experience abuse would like assistance in the forms of counselling, help with access to the criminal justice system, support groups and shelters. The demand revealed by this study is at a much high level than current services. Whilst this obviously does not directly equate with need or even intended service use, it does highlight how woefully inadequate is the provision of current services for abused women. Whilst most current services are located in towns, abuse is also a major problem in rural areas. Organisations which work with abused women in such places, like the Masisukumeni Women's Crisis Centre are the exception.

- We recommend that ensuring that abused women in rural areas also have sources of assistance be prioritised. Research should be supported into ways of augmenting traditional sources of help, particularly traditional healers and leaders.
- Research should be supported into development of appropriate models of service provision, particularly in rural areas and incorporating partnerships between government, NGOs and CBOs. The capacity of staff within existing services to respond needs to be developed, particularly in the police service, justice sector, health sector and among social workers.

5.0 Conclusion

This study is the first large scale, community-based prevalence study which has been undertaken in South Africa. The main findings are that:

- emotional, financial and physical abuse are common features of relationships and that many women have been raped.
- physical violence often continues during pregnancy and constitutes an important cause of reproductive morbidity.
- many women are injured by their partners and considerable health sector resources are expended providing treatment for these injuries.
- injuries result in costs being incurred in other sectors, notably to the family and the women's community and to employers and the national economy.

President Mbeki has identified reducing violence against women as a major challenge for his government. This study confirms the importance of this, the need to develop services to help women, to develop capacity within existing services and the need to promote a change in attitudes in society in general about the status of women and gender violence.

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References

Abrahams N, Jewkes R, Laubsher R. (1999) "I do not believe in democracy in the home" .men on relationships with and abuse of women. Medical Research Council Technical Report, Medical Research Council, Tygerberg.

Angless T (1992) Violence in the family. *Critical Health* 41:52-55.

Beijing Conference Report (1994) Country report on the status of South African Women. Cape Town: CTP Book Printers.

Bewley S, Friend J, Mezey G (1997) Violence against women. Royal College of Obstetricians and Gynaecologists, London.

British Medical Association (1998) Domestic violence: a health care issue. BMA, London.

Buga GAB, Amoko DHA, Ncayiyana D (1996) Sexual behaviour, contraceptive practices and reproductive health among school adolescents in rural Transkei. *South African Medical Journal* 86,523-527.

Counts D, Campbell J (1990) Sanctions and sanctuary: cultural perspectives on the beating of wives. Boulder: Westview Press.

Department of Health (forthcoming in 1999) The South African Demographic & Health Survey: preliminary report. Department of Health, Pretoria.

Department of Health (1999) 1998 National HIV sero-prevalence survey of women attending public antenatal clinics in South Africa. Pretoria: Health Systems Research and Epidemiology, Department of Health.

Health in Our Hands (1995) Proceedings and policy of the 1994 Women's Health Conference. Women's Health project, Centre for Health Policy, University of Witwatersrand.

Human Rights Watch/Africa. (1995) Violence Against Women in South Africa: state response to domestic violence and rape. New York/Washington: Human Rights Watch.

Jewkes R, Abrahams N, Mvo Z (1998) Why do nurses abuse patients? Reflections from South African obstetric services. *Social Science and Medicine* 47: 1781-1795.

Jewkes R, Vundule C, Maforah F, Jordaan E (n.d.) Sexual dynamics in teenage pregnancy: findings of a case control study. Manuscript in preparation.

Koss M., Koss P., Woodruff J. (1991) Deleterious effects of criminal victimisation on women's health and medical utilisation. *Archives of Internal Medicine* 151: 342-7.

Mager A (1998) Youth organisations and the construction of masculine identities in the Ciskei and Transkei, 1945-1960. *Journal of Southern African Studies* 24 (4): 653-667.

Musasa (1996) Questionnaire for survey of violence against women in the Midlands Province, Zimbabwe. Musasa Project, Harare.

Simpson G (1991) *Explaining sexual violence: some background factors in the current socio-political context*. Johannesburg: Project for the Study of Violence.

Soul City (1997) Violence Against Women. A Report compiled by Social Surveys (Pty) Ltd.

Vogelman L, Eagle G (1991) Overcoming endemic violence against women in South Africa. *Social Justice* 18 (1-2): 209-229.

Vundule C, Maforah F, Jewkes R, Jordaan E (n.d.) Risk factors for teenage pregnancy among sexually active African adolescents in Cape Town. Paper currently being considered for publication.

Wood K, Maforah F, Jewkes R (1998) 'He forced me to love him': putting violence on adolescent sexual health agendas. *Social Science and Medicine* 47 (2):233-242.

Wood K, Jewkes R (forthcoming) 'Dangerous' love: reflections on violence among Xhosa township youth. In: Morrell R (ed) *Of boys and men: masculinity and gender in South African Studies*. University of Natal Press.

Wood K, Jewkes R (1998) 'Love is a dangerous thing': micro-dynamics of violence in sexual relationships of young people in Umtata. CERSA(Women's Health) Technical Report, Medical Research Council, Pretoria.

Wood K, Jama N, Puzi M (1999) sexual health needs assessment among male prisoners in Umtata prison. Unpublished report, Planned Parenthood Association of South Africa, Port Elizabeth.