



FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

**THE PREVALENCE OF INTIMATE PARTNER VIOLENCE AMONG HIV INFECTED
WOMEN PRESENTING AT NEW LIFE POST TEST SUPPORT CENTRE , TSHOVANI,
CHIREDDZI**

BY

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DEDICATION

This dissertation is dedicated to my mum, siblings, future husband and children.

ABSTRACT

The study sought to find out the prevalence of intimate partner violence among HIV infected women. The research was conducted at FACT Chiredzi New Life post-test support centre. The research was prompted by the realisation that the prevalence of intimate partner violence, combined with the severity of its impact at many levels, on HIV infected women affects their ART uptake and wellbeing. Simple random sampling was employed to get a sample of 60 participants who were HIV infected women. A self-administered questionnaire was used to collect data for the study. Data presentation was done descriptively and SPSS was used for data analysis. Main findings were that though a substantial minority of HIV positive women do not experience physical violence, the prevalence of physical violence among HIV infected women is more than 50%. The most prevalent form of physical abuse among HIV infected women is that of being stroke by partner with his hands /feet though only a few get visible injuries. Findings on the prevalence of sexual abuse indicated that 48, 3% of HIV infected women are not sexually abused and their partners understand them when they don't feel like sex whilst 51, 7% are sexually abused and their partners don't understand them when they don't feel like sex. On the prevalence of emotional abuse among HIV infected women, over 50% of them are sometimes emotionally abused by their partners as they feel controlled or isolated by their partners, kept away from friends or relatives, humiliated by partners and partners destroy things they care about. Furthermore, the research findings of this research indicated that HIV positive women are sometimes verbally abused by their intimate partners. However, a greater percentage of 88, 3% indicated that they quarrel much very often about financial matters with their partner. Therefore the most prevalent form of intimate partner violence among HIV infected women being physical abuse followed by emotional abuse, tailed by sexual abuse and lastly verbal abuse. Having recognised the prevalence of intimate partner violence among HIV infected women the researcher recommends organisations that offer post-test support services to develop, implement and monitor programmes aimed at primary prevention of intimate partner violence against women. These should include sustained public awareness activities aimed at changing the attitudes, beliefs and values that condone partner violence as normal and prevent it being challenged or talked about. The researcher also recommends women to identify the warning signs of IPV and speak up if they suspect intimate partner violence or abuse.

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May God bless you

LIST OF ACRONYMS

AIDS	-	Acquired Immunodeficiency Syndrome
HIV	-	Human Immunodeficiency Virus
IPV	-	Intimate Partner Violence
UNAIDS	-	Joint United Nations Program on HIV/AIDS
WHO	-	World Health Organisation

CHAPTER ONE:

INTRODUCTION

1.1 Introduction

The study is centred on finding the rate of intimate partner violence among HIV infected women. This chapter concentrate on introducing the research, through the background of the study with some factors which prompted the researcher to engage in such a study with the given topic. All this will be done through the significance, purpose, limitations and delimitations of the study. This introductory chapter will end up defining some key terms to the study which are the terms which made up the topic of research.

1.2 Background of the study

Maman et al (2002) noted that, there is an intensifying substantiation networking on the increase on HIV and violence against women. They further assert that leading types of vehemence against women worldwide is abuse by intimate male partners as noted by percentages between 10% to 50% women who have experienced some physically assaults. In a study by Decker and others (2013) with 310 HIV-positive women, 45% experienced physical abuse emanating from disclosure of their HIV status. They further went on to say violence, and more broadly constructed traumatic life events can compromise ART uptake and adherence, and are associated with poor treatment response since partners can undermine medication adherence and medical appointments. Furthermore, suffering and other traumatic events can speed up HIV disease progression, likely in part through compromised immune functioning and that HIV-positive men and women who experience cherished spouse vehemence in most cases engage in unprotected sex hence reinfection and pregnancy and this led to reports of lowest health- related quality of life in all four areas of functioning (cognitive, physical, role, social) and three areas of well-being (mental health, energy/fatigue, and quality of life) (International Family Planning Perspectives, 2005)

WHO (2012) also posits that, there is rampant cases of cherished spousal abuse on multi-cultural countries which includes include Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Thailand, the former state union of Serbia and Montenegro, and the United Republic of Tanzania. 24 000 women from these countries has recorded prevalence of intimate spouse violence and this was further supported by a document on women's health and domestic violence which was

produced by WHO (2012). 13–61% recorded a range of women who once experienced physical violence; 4–49% states those who once experienced unadorned bodily violence by their spouses; 6–59% experienced violence by a spouse at a certain time of their lives; and 20–75% experienced violence from their life partners.

Additionally, Demographic and Health Survey (DHS) survey which was done on women showed a ratio of 18% women in Cambodia versus 48% in Zambia who had experienced spousal violence, and 4% to 17% for violence. More so from the 10 above stated countries, it showed that most of the affected women were married and the ratio stretched from 17% women in the Dominican Republic to 75% in Bangladesh according to the DHS statistics.

In 2007, Calgary and Alberta's piloted researches showed that the level of occurrence of IPV among HIV-positive women and its impact on health is unbalanced. The outcomes proved that it was distressing to the women, IPV was a common issue and 40% of HIV-positive women were observed in the province's most metropolitan clinics. In addition to that, HIV-positive women whom had disclosed IPV showed some worse bad health compared to others whom were only HIV-positive. All these results lead the researcher to think of exploiting to the occurrence of intimate partner violence as the results proved that those whom had IPV were likely to be hospitalised than without although both groups had HIV (Hein, 2013).

Of importance again to note is the fact that, most countries have shown some levels of violence. This is supported by the statistics that 80% (339) of women receiving HIV treatment in Southern Alberta were selected on accounts of violence during the course of the study (Gielen et al, 2000). 40% (137) of women reflected history of IPV, 20% of women showed violence was still occurring in their existing affiliations, 8% (11) women of those already detected with IPV showed violence of current and past relationships and 22% women displayed violence in the childhood. Additionally, most shared types of violence were emotional, physical and sexual violence

The International Family Planning Perspectives (2005) states that violence against women is a worldwide problem, and this was noted by a comparison of the prevalence of IPV in Sub-Saharan African countries such as Zambia with 48% in the developing region which is higher than developed countries and continents such as the ranks high even in comparison with levels in other developing regions for instance, as many as Latin America, Southeast Asia and South Asia with 26% and as well records exposure to intimate partner violence, according to Maman et al (2012). Most of the studies has proved to lead the causes to be lack of financial autonomy,

control of household income by a partner, partners' other relationships, women's negotiated condom use, partners' alcohol consumption, shorter duration of relationship (years), lower education of partner, lower household income, drug use, women's multiple sex partners, lack of a steady male partner and women's positive HIV status (Bogart et al., 2005), hence this study is about to explore prevalence of it on the HIV infected in New post support centre

Mashiri (2013), asserts that IPV can also be perpetrated as a result of one being HIV positive for instance, they face a lot of stigma from family and society as a result of their HIV positive status. Mashiri (2013) went further to say, violence restricts women's ability to exercise their sexual and reproductive rights and has a direct and dangerous impact upon effectively addressing preventable maternal mortality and morbidity. In support of Mashiri's study other researches that were once carried out showed that spousal vehemence has found its place in most developing countries in Sub-Saharan Africa and it has been acknowledged and acceptable by almost half of the women themselves, for example the cultural beliefs which are hold by some Zimbabwean women. This lead to women being the face of AIDS for example the 60% recorded in Zimbabwe of women who are HIV positive and these being all adults (SAFAIDS, 2009). Most reasons had been attributed to some lower socio economic and cultural status and findings they are said to increases the chances and risks of contracting HIV and AIDS, as well as violence and the fact that the status itself puts one at risk of being a victim of IPV (Fact sheet: Gender Based Violence and HIV and AIDS) . Most relationships ushers concerns on the global health and human development and these, in turn, have major implications for the reproductive health behaviour and decision making capacity of abused women (UNFPA, n.d).

In a nutshell, this study will focus on the rate of intimate partner violence among HIV infected women in Zimbabwe since the severity of its impact is affecting mostly HIV infected women's wellbeing. Thus the researcher seeks to establish the prevalence of intimate partner violence among HIV infected women presenting at New Life Post Test Support Centre, Tshovani, Chiredzi.

1.3 Statement of the problem

The occurrence of IPV, combined with its severity and impact at many levels, is affecting their ART uptake and wellbeing, of HIV infected women.

1.4 Significance of the study

This research is going to offer light on the occurrence of IPV on HIV positive women. The findings of the research will likely benefit the following:

1.4.1 Women

They will be educated and encouraged to report any form of abuse they will be subjected since they would now know the warning signs of abuse.

1.4.2 Organizations

The study shall help organizations that provide HIV post-test counselling to know where they need improvements in the counselling they offer in order to screen clients for IPV.

1.5 Purpose of the study:

The researcher seeks to evaluate the prevalence of IPV among HIV infected women presenting at New Life Post Test Support Centre.

1.6 Research Questions

- ❖ What is the prevalence of emotional abuse among HIV infected women presenting at New Life Post Test Support Centre, Tshovani, Chiredzi?
- ❖ What is the prevalence of physical abuse among HIV infected women presenting at New Life Post Test Support Centre, Tshovani, Chiredzi?
- ❖ What is the prevalence of verbal abuse among HIV infected women presenting at New Life Post Test Support Centre, Tshovani, Chiredzi?
- ❖ What is the prevalence of sexual abuse among HIV infected women presenting at New Life Post Test Support Centre, Tshovani, Chiredzi?

1.7 Delimitations:

This study is going to be confined on HIV infected women presenting at New Life Post Test Support Centre, Tshovani, Chiredzi

1.8 Limitations:

The research is however, subject to some limitations which include complacency on members under study. The most common limitation will be that people are usually not willing to disclose privacy of their life status and day to day living due to fear of stigmatisation.

1.9 Assumptions:

Some HIV infected women feel apprehensive to report abuse because they are afraid of the husband and judgmental reactions from the society

1.10 Definition of terms:

Intimate Partner violence

Intimate partner violence, is a form of behaviour which includes the mistreatment by one partner against another in an intimate relationship such as marriage, cohabitation, dating or within the family (Corey, 2009).

HIV infected women

These are women living with human immunodeficiency virus.

1.11 Summary

The chapter provided a background of the study and also highlighted the problem area, research questions as well as the purpose and significance of the study. Assumptions of the research were outlined and demarcations of the study area were stated also. Limitations of the research were specified and the researcher defined key terms as well. The chapter has set a scene for anticipated research on the prevalence of intimate partner violence among HIV infected women.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The chapter will highlight previous research that has been done on the prevalence of IPV among HIV infected women. It will also focus on the theories that have been forwarded to explain the causes of IPV and the knowledge gap.

2.2 Intimate partner violence

IPV is a form of behaviour which includes the mistreatment by one person against another in an intimate relationship such as marriage, cohabitation, dating or within the family (Corey, 2009). This may also be practised by people in heterosexual or same-sex relationships. There are also some several forms of IPV which comprises bodily, emotional, verbal and sexual abuse, ranging from subtle, forced forms of abuse that result in deformity or death.

2.3 Physical abuse

Physical abuse is defined by WHO (2012) as the manipulation that involves contact with an intention to cause feelings of fear, discomfort, damage and added corporal destruction. Bodily manipulation includes striking, smacking, hitting, and some other kinds of interaction which may lead to bodily damage on the victim (WHO, 2012). Burning may include acid attacks and this is when acid is thrown in rage or revenge at the victim, usually at their face, scorching them and hurting skin tissue, often showing out and sometimes eroding away the bones and this may cause one to be blind and permanently get scarred at the face and the whole body (Tjaden & Thoennes, 2000). Smith & Segal (2014) defines physical abuse as the use of physical force counter to a person in a manner that damages or endangers them. They further assert that physical assault or hammering is a crime, whether it happens inside or outside of the family and the police have the command and power to protect people from physical attack.

Domestic violence is a serious issue which has resulted in deaths for both men and women. Levinson (1989) states that, although the rate of men is lower than those of women in the United Kingdom, 37 percent of killed women lost their lives as a result of attacks from their partners, 6 percent by cherished spouses. More so, Canada, Australia, South Africa, Israel and the United States has recorded a 40 to 70% whom also died as a result of spousal abuse. WHO (2012) postulates that, 38% of deaths that has been recorded on women are through spousal abuse. This is further reflected by 397 individuals whom were surveyed and reflected that 36% of these people in Cambodia, are afraid of physical assault due to their HIV status, and most of them indicated that the attacks was from their own household.

Furthermore, according to Jacobson et al (2001) a different research piloted in the United States revealed that 4% of HIV- positive ladies testified bodily manipulation after disclosure, and 45% experienced it sometime after diagnosis. There were some studies from different three countries from the US, scrutinising on HIV-positive women's practices of IPV. (Bogart et al., 2005), propounded that bodily manipulations (physical abuse) was ranging from 14.0 to 19.8% of IPV while exposure to (physical) IPV as an adult ranged from 60 to 67%.

Physical assault of intimate partners is consistently linked to several factors and resultantly it is extensively thought to play some fundamental role. Bachman & Saltzman (1995) pointed out poverty at societal level whilst Levinson (1989) asserts that physical abuse might be due to social norms that reveal male supremacy in societies. At individual level, it has been established that those who witnessed interparental violence during their child hood are more likely to physically assault their female intimates (Hotaling & Sugarman, 1986), experienced child abuse (Wekerle & Wolfe, 1998), come from patriarchal families (Fagot, Loerber & Reid, 1998; Gwartney-Gibbs, Stockard & Bohmer, 1987; Riggs & O'Leary, 1989), subscribe to patriarchal values (Yllo & Straus, 1990), and engage in drug abuse (Kantor & Straus, 1989)

Additionally, in a study by Gielen and others (2006) 4% of women agreed to the question on whether any of them experienced any form of violence or bodily attack after exposing that they were finding out they were HIV positive. Their responses comprised of some violent events and reported that their husband beat them accusing them that they were trying to kill them (Gielen, McDonnell, Burke, and O'Campo, 2000)

2.4 Sexual abuse

Sexual violence, or erotic manipulation, is explained by W H O (2012) as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim.

American Psychological association (2014) defines sexual abuse as unwelcome sexual action, with committers using power, making intimidations or taking benefit of victim's inability to give consent. The APA, (2014) also outlined shock, fear or disbelief, anxiety, fear or post-traumatic stress disorder as the instant reactions to sexual abuse.

WHO (2012) posits that, there is rampant cases of cherished spousal abuse on multi-cultural countries which includes include Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Thailand, the former state union of Serbia and Montenegro, and the United Republic of Tanzania. 24 000 women from these countries has recorded prevalence of intimate spouse violence and this was further supported by a document on women's health and domestic violence which was produced by WHO (2012). 13–61% recorded a range of women who once experienced physical cherished spousal abuse, 4–49% states those who once experienced unadorned bodily vehemence by their spouses; 6–59% erotic vehemence by a spouse at a certain time of their lives; and 20–75 emotional abusive from their life partners.

Three studies, all from the US, investigated HIV positive women's experiences of IPV as adults. Prevalence estimates of sexual abuse during adulthood ranged from 32 to 46% (Gielen, McDonnell, Burke, & O'Campo, 2000; Henny et al., 2007).

In addition Maman and colleagues theorised that exposure to IPV can increase women's risk for HIV infection in three ways: (1) through forced sex with an infected partner; (2) through limited or compromised negotiation of safer sex practices; (3) through increased sexual risk-taking behaviours (Maman et al., 2000). Forced sex occurs in approximately 40 to 45% of physically violent intimate relationships and increases a woman's risk for STIs by two to 10 times over that of physical abuse alone (Campbell & Soeken, 1999; Wingood et al., 2000). As a result of forced sex, genital injuries, such as vaginal or rectal lacerations, facilitate disease transmission (Liebschutz, Feinman, Sullivan, Stein, & Samet, 2000)

Additionally, Karamagi, Tumwine, Tylleskar, & Heggenhougen, (2006) are of the view that fear of violence can effect whether women utilize voluntary counseling and testing services. Further, a

past or diagnosis of an STI may be an initiating factor for partner violence (Gielen et al. 2000). Studies by Maman et al. (2002) and Kiarie and colleagues (2006) found that this fear was validated, as HIV positive women were twice more likely to experience instant violence after disclosure than HIV negative women. Karamagi, Tumwine, Tylleskar, & Heggenhougen (2006) supported Maman and his colleagues when they said that fear of violence from an intimate partner may also hinder HIV positive women seeking and obtaining needed health care.

2.5 Emotional abuse

Emotional abuse is defined by WHO (2012) as any behaviour that looms, threatens, weakens the victim's self-worth or self-esteem or panels the victim's liberty and can comprise intimidating the victim with injury or harm, scaring that they are going to be killed if they ever leave the relationship, separating them from friends and relatives, and public disgrace. Constant criticism, degrading speeches, and name calling are emotionally abusive behaviours. Another meaning of emotional abuse is: "any action with detention, segregation, verbal mugging, embarrassment, coercion, or some other behaviour which may reduce the logic of individuality, self-confidence, and self-worth" (Hein, 2013). Emotive cruelty is also recognized as mental abuse by researchers.

Hein (2013) noted ten types of emotional abuse which are described below and these comprise offensive prospects, aggression, endless turmoil, negating, domination, emotional intimidation, invalidation, minimising, erratic reactions and uttered assaults.

Offensive prospects, according to Institute on Domestic Violence (2011), are when the husband places irrational expectations on the wife and requests the wife to side line all duties so that they attend to what they want themselves. This could be a demand for continuous courtesy, or an obligation that all the spare time is devote to him and no matter how much they are given, they don't appreciate(Levinson, 2012). In such a case, the wife is exposed to continuous censure, and she is constantly rebuked because she doesn't attain all her spouse's demands.

Ordering, name-calling, blaming accusing and threatening, are forms of aggressive behaviours and these are generally direct and obvious and may even be camouflaged as "assisting" (Zieler, 2009). Advising, appraising, analysing, proposing answers, questioning, and ascertaining another individual may be a genuine effort of assistance, however, in some cases these behaviours may be an effort to belittle, control, or humiliate rather than assistance (Hosein, 2003). The original critical "full of I know it all" tone the perpetrators take in such circumstances is wrong and generates unsatisfactory balance in intimate relations and this may cause learned dependence.

Furthermore, Stewart (2005) says that when a person starts arguments deliberately and always wants to be in conflict with others constantly, this is constant chaos. He further explained this as emanating from the fact that the person is "used to drama" since it generates enthusiasm. Also, negating a person's emotive requests, particularly when they feel that it's essential, with an intention of punishing, hurting or humiliating someone is emotional torture. This can be particularly damaging as it can eventually cause one to query and mistrust his/her own perceptions and emotional experience and lose certainty in their mind (Levinson, 2012).

Emotional Intimidation is when somebody plays on another person's guiltiness, fear, morals compassion, or other "sensitive knobs" to acquire what they need (Levinson, 2012). This might contain intimidations to terminate the affiliation, abandonment or total rejection, ignoring or employing other tactics to control someone.

Invalidation is when the abuser rejects reality, for instance, if a lady tells her husband that she felt hurt by his actions or deeds, the husband might say might label his wife as being too sensitive to things that shouldn't hurt her, exaggerate events and blow things out of proportion and all these suppress the wife's feelings hence emotional abuse, this is according to Riggs & O'Leary (1996).

Unpredictable Responses which include extreme temper deviations or unexpected emotional explosions is another form of emotional abuse. This behaviour is detrimental since it places another person on superiority all the time as they certainly not discern what's expected of them. They must stay nervous, before for the other person's next burst or change of temper (Zieler, 2000). An alcoholic or drug abuser is prospective to perform like wise and staying with somebody of sort is very difficult and anxiety provoking, triggering the ill-treated individual to always feel scared, anxious and off balance.

Lastly but not least, verbal Assaults are also a form of emotional abuse and they include belittling, berating, criticizing, screaming name calling, and threatening and this wear away one's sense of self-reliance and self-image (Hosein, 2003).

Sareen, Pangura & Grant, (2009) postulate that emotional abuse is far worse than physical abuse. They argued that, though physical abuse can cause visible injuries and permanent scar which may lead to hospitalisation, the wounds of emotional exploitation are concrete, because they run deep. Emotionally abused individuals may sense that their counterparts have nearly full control over them. Segregation harms the victim's sense of inner strength, leaving them feeling helpless and unable to escape from the situation (Sareen, Pangura & Grant, 2009).

To add on, as stated by Levinson (2012), a study which was carried out by college students in Spain in 2007 study revealed that emotional hostility (as measured by the Conflict Tactics Scale) is so universal in intimate relationships that it is seen as normal component in courting, and that ladies are extensively more expected to display psychosomatic aggression. This is in agreement with the findings of Strauss et al (2004) study which stresses that females dating males were more likely than males to incorporate emotional hostility, with intimidations to knockout or lob an object. Moreover, a change to psyche and actions has been noted on those women that have been experiencing IPV but depending on the length of time one has been in the abusive environment. Long-term emotional abuse also has long term devastating propensities on an individual's sense of self and integrity. Hence, findings have indicated that emotional abuse is a forerunner of physical abuse in the sense that there are some three types of emotional abuse which comprises of: threats, restriction of the abused party and damage to the victim's property.

Some of the researches that have been carried showed that most of those who had been abused do not refer to it as mistreatment or abusive. Goldsmith & Freyd (2005) concurred that these people also tend to exhibit higher than average rates of alexithymia (difficulty identifying and processing their own emotions). This is often the case when referring to victims of abuse within intimate relationships, as non-recognition of the actions as abuse may be a coping or defence mechanism in order to seek to master, minimize or tolerate stress or conflict.

Jacobson et al (2001) discovered that most women recorded rates of fear during marital conflicts. By contrast, this allegation was argued that Jacobson's results were not true since men and women's drastically differ on the interpretations of questionnaires. More so, Coker et al (1999) discovered that the effects of mental abuse were similar regardless of sex. In a more precise manner, Pimlott-Kubiak and Cortina concluded that the severity and duration was only accurate predictors after considering time fact of the effects of abuse.

Lastly of a study that was carried in 2007 by Laurent, et al, it purports that psychological aggression young couples is linked with lessened gratification for both partners: it may be called an impediment to couples' growth as it displays childish forced strategies and failure to managed self efficiently. This was further concurred by a research of 2008 that was done by Walsh and Shulman that it is connected with, in women, psychological aggression and, in men, with withdrawal.

2.6 Verbal abuse

Verbal abuse is an abusive behaviour encompassing the practice of language containing insults, threats, accusing, disrespect, mockery, and blame (Tjaden & Thoennes, 2000). Verbal abuse is described by Gielen et al (2000) as a bad defining speech voiced to the target person or about the target individual, or by suppressing any answer, thus describing the victim as imaginary. If the abuser does not instantly apologize and retract the defining statement, the relationship may be a verbally abusive one.

Evans (2006) gave 15 diverse types mostly used by verbal abusers, which will be explained below. The types are: suppression, disputing, overlooking, verbal abuse masked as a joke, hindering and distracting, blaming and refereeing and panning, rudeness, discouragement, intimidating, insulting, disremembering, collation, rejection and offensive rage.

To start with, suppression basically implicates suppressing oneself from the typical affection necessary for an intimate connection (Stewart, 2005). According to the Institute of Domestic violence (2011) verbal abuse can be experienced as a lengthy muteness, or refusal to intermingle with others, or merely develop the impression that their spouse doesn't spent time with them. When a spouse is withholding, there can be no affection, no interchange of feelings, views or beliefs, the vibe needed for an intimate relationship will be gone (Stewart, 2005). Therefore people end up feeling lonely in a relationship and time and again questioning what they have done immoral to isolate their lover.

As postulated by Zieler (2005), countering refers to disagree with any opinion, feeling or thought. If the wife for instance, state that she feel as though there is a mounting space between her and his husband, a counterer husband would reply "you're immoral", as if she had just indicated a certifiable point and the husband discerned well. The wife's feelings are suppressed; her perceptions and opinions are challenged. As a result this reduces communication, since the husband ignores his spouse's state of mind or opinion but merely clash with whatever she says (Riggs & O'Leary 1996).

Discounting is described by Hosein (2003) as a situation whereby a person gives their emotions, feelings, opinions and thoughts lesser value, hence degrading or disregarding themselves. Discounting tells victims that their experiences and thoughts are worthless.

Hindering and Distracting are both ways of avoiding or guiding a discussion or altering the subject (Stewart, 2005). For instance, denying discussing a problem, whereas deterring alterations

of the conversation from the original focus to one of choice, repeatedly by condemning others in a certain way so that they end up trying to protect themselves or clarify themselves and lose picture of the original goal of the discussion.

Belittling is when one for instance, talk to in such a way that they end up feeling that whatever they do is not essential and worthless (Hosein. 2003). Abusers tend to underestimate other people's interests and hobbies, attainments and regularly effort or occupations (lack of appreciation for the work of a stay-at-home mum being an obvious one). Victims may feel confused or that they have not clarified themselves quite well that their partner simply doesn't understand (Zieler, 2000).

Intimidations are an obvious type of verbal abuse, similar to shouting and commotion and these are also similar to insults. Both of them are intended to upset or damage others (Stewart, 2005). More so, verbal abusers conveniently 'forget' events or assurances which are vital particularly prior occurrences of verbal abuse. Less noticeably hostile practices of verbal abuse comprise declarations that may appear gentle on the exterior that are finely obscure efforts to embarrass, insincerely blame, or control others to bow to detrimental actions, make others feel unsolicited and despised, bully others economically, or detach sufferers from upkeep systems (Tjaden & Thoennes, 2000). In a 2006 study conducted in the United States, 18% of HIV-positive women reported disclosure-related violence, including verbal abuse and physical assault.

2.7 Theoretical Framework

The study is guided by the Sociological theory of Intimate Partner Violence which is the Feminist perspectives.

2.7.1 Feminist Perspectives

In contrast to the theories comprising the family violence framework, feminist perspectives are united by a common central underpinning: Intimate partner violence is fundamentally a gender issue that cannot be sufficiently understood through any lens that does not include gender as the central component of analysis. The seminal, ground-breaking work elucidating the feminist perspective of intimate partner violence is *Violence against Wives: A Case against the Patriarchy* by Dobash and Dobash (1979). The fundamental proposition of Dobash and Dobash is that wife abuse is a countenance of male supremacy over females. As they state in the foreword of their 1979 work, "The practice of physical violence counter to womenfolk in their place as helpmeets is not the only means by which they are controlled and troubled but it is one of the most ruthless

and clear expressions of male domination” (p. ix). Dobash and Dobash assert that the patriarchal domination of women through wife abuse (as they call it) is held over from the long cultural history of legally authorized masculine demotion, abuse, and absolute possession of females. They state that regardless of the fact that it is no longer lawful for men to physically beat their wives, this history of disparity is still at work in the important fabric of the marriage relationship in terms of gender roles and norms and social sanctioning of male domination. Moreover they assert that though there are numerous types of violence within families (such as violence between children, between parents and children, and between spouses), violence against wives is a separate unit of analysis that must be studied on its own. In other words, wife beating is not just another expression of a larger whole of family violence; it is a separate phenomenon with its own causes, correlates, and properties and, therefore, it cannot be viewed through the same lens as other types of family violence. They acknowledge that many couples might experience some occasional use of physical force during conflict, including force used by women, but they note, “We do not consider them to be indicative of a violent relationship nor should we speak of battered wives or battered husbands in such cases especially when these terms imply the systematic, frequent, and brutal use of physical force” (p. 11). As previously noted, the feminist perspective advocated by Dobash and Dobash (1976) promotes use of gender-specific terms such as wife beating over gender-neutral terms such as spousal abuse or marital violence, believing that these terms “mask centuries of oppression of women and contribute to their further oppression by neutralizing the very word that describes the continued practice of wife beating” (p. 12). As stated by Dobash and Dobash, “Rather, men who assault their wives are actually living up to cultural prescriptions that are cherished in Western society aggressiveness, male dominance, and female subordination and they are using physical force as a means to enforce that dominance” (p. 24). Yllo (1993) also advocates for a feminist framework in understanding intimate partner violence, and she specifically contrasts the use of feminist theory with family violence perspectives. Like Dobash and Dobash, Yllo maintains that gender, rather than the family, must be the central unit of analysis in any intimate partner violence theory, as it is the primary frame- work that defines the problem. She acknowledges the causal complexity of intimate partner violence, but asserts, “Despite this complexity, the most fundamental feminist insight into all of this is quite simple: Domestic violence cannot be adequately understood unless gender and power are taken into account” (p. 47). Though not ruling out the application of other theories (including family violence theories) as potentially useful, she contends that no other theory can be valuable without a feminist component because feminism is “a necessary lens without which any other analytic perspective is flawed” (p. 48). According to the feminist

perspective, the theoretical focus on family conflict in understanding intimate partner violence is misguided because the basis of intimate partner violence is seen as domination, not conflict of personal interest. Kurz (1989) also provides a comparative analysis of family violence and feminist theories, concluding that “feminist theories portray the realities of battering more accurately” public (Gelles, 1993; Dutton, 2006; Dobash & Dobash, 1979). In describing the feminist perspective, Kurz asserts that, conceptually, wife abuse has more in common with rape and sexual harassment than with other types of family violence, such as elder abuse or sibling violence. (Dobash & Dobash 1976).

2.8 Knowledge Gap

Research has been done extensively on the prevalence of intimate partner violence among HIV infected women. However, the researcher noted that not much has been done to highlight on the prevalence of emotional and verbal IPV as the researches focused on sexual and physical IPV only.

2.9 Summary

The chapter offered a related literature focusing on the forms of intimate partner violence which are physical, sexual, emotional and verbal abuse. The chapter also highlighted the theories which explain the causes of intimate partner violence

CHAPTER THREE:

RESEARCH METHODOLOGY

3.1 Introduction

This chapter will lay out a concise description of the design, research instruments, data collection procedures, data presentation and analysis used to conduct the research. This will give an insight and an understanding on the research methodology which was used to collect data.

3.2 Research approach

In this research a quantitative research approach was used. Quantitative research approach is defined by Godwin (2011) as a type of research in which results are presented as numbers which are usually in the form of descriptive and inferential statistics.

3.3 Research design:

The Descriptive survey method was used in this research. It involves collecting numerical data to test hypotheses or answer questions concerning current status which is then conducted either through self-reports collected through questionnaires or interviews (Coolican, 2004).

3.4 Descriptive Survey method

According to Babie (1999), descriptive survey method simply looks with intense accuracy at the phenomena of the moment and then describes precisely what the researcher sees. Descriptive survey attempts to find out the effect of some event on people's behaviour (Macmillan and Schumer, 2001). Thus, the survey approach provides the best opportunity for fishing out hidden information. Survey method does not attempt to alter the environment to see what would happen. Rather, the researcher's aim is to describe events as they currently stand (Coolican, 2004). Hence, by identifying the current status, descriptive survey thus, provided the researcher with information on which to base decisions on.

3.5 Target Population:

The target population of this study was female New Life Post Test Support Centre clients. According to Creswell (2009), a population is a group of individuals that have one or more characteristics in common that are interest to the research. On a weekly basis, approximately sixty five HIV positive women visit the New Life Post Test Support Centre for counseling and psycho-social support.

3.6 Population Sample and Sampling Procedure:

The researcher applied simple random sampling to get a sample of 60 HIV positive women.

3.6.1 Simple Random Sampling

According to Godwin (2002), simple random sampling is a technique taken from a defined population. He further posits that it is a process whereby every person in the population of interest has an equal chance of being selected to take part in the research. In addition, Bonyard & Grayson (1990) argued that a random sampling technique is a gold standard to which other techniques aspire. The idea of simple random sampling is to ensure that each unit in the population has an equal chance of being included in the sample. Since this sampling technique is taken from a defined population, the researcher assigned a consecutive number from 1 to 65 per week for 3 weeks to HIV positive women who came to New Life Post Test Support Centre Tshovani, Chiredzi for psycho-social support and counseling. Next, she needed a list of random numbers before she could select a sample of 20 HIV positive women from a total of 65 per week and these were found using random tables. Finally, the researcher selected which of the 65 female clients per week to be invited to take part in the research. In this case, this would mean selecting 20 random numbers from the random number table. To come up with a population sample of 60 female clients, the researcher kept doing this for 3 weeks.

3.7 Research Instruments:

Questionnaires were used in this research. Solso et al (1998) defines research instrument as a testing device for collecting data needed to find solutions to the problem under investigation.

3.7.1 Questionnaire

A questionnaire is defined by Gavin (2008), as a research instrument consisting of a series of questions and other prompts that the respondent has to provide with answers for the purpose of gathering information.

The questionnaires had many advantages in this study in the sense that administering the questionnaires was inexpensive for the researcher as all equipment needed was readily available to the researcher. Also, using the questionnaire in this study was time economic sine the time taken to administer the questionnaires was little as the questions were closed ended questions. The questionnaires covered a large number of respondents in a short space of time.

A disadvantage faced by the researcher in using questionnaires was the need to have to translate other questions to Shona to the respondents who did not understand.

3.8 Data Collection Procedures:

Questionnaires were distributed to the selected participants and the researcher ensured that questionnaires reached the targeted individuals by distributing the forms personally and some by the help of entrusted key person. The questionnaires were completed and returned to the researcher on the same day to reduce costs and increase the return rate.

3.9 Ethical considerations

In every study there are ethics which are considered when carrying out research. According to Ellsberg and Heise (2005), confidentiality, anonymity, informed consent and withdrawal are major issues to be considered when carrying out research.

The respondents were assured that the information that they were providing was going to be confidential. Thus, the respondents' identity was kept anonymous and the information was not disclosed to anyone.

Respondents were given a consent form to sign which was informing respondents of the nature of the research. The respondents were free to participate, to decline to participate or to withdraw from the research. This was to ensure that the participants were taking part voluntarily and were aware of what was happening. According to American Psychology Association, it is agreed that people have the right not to be disturbed as well as the right not to reveal certain information about them. That is the right to privacy and freedom from coercion (Levant, 1999).

3.10 Data presentation and analysis procedures:

The data collected was presented in the form of tables, graphs and pie charts. Information gathered from the respondents was presented in detail in relation to objectives of the study.

Data analysis was done using percentages and descriptive data analysis methods. The researcher also used SPSS programme for data entry and analysis.

3.11 Summary

The chapter looked at the research methodology that was used to gather data. Questionnaires were the research instruments used. The chapter also highlighted the ethical guidelines that were implemented in conducting the research and how data was collected, presented and analysed.

**CHAPTER FOUR:
DATA PRESENTATION AND ANALYSIS**

4.1 Introduction

This chapter looked at the analysis and presentation of the findings. The results were presented in the form of graphs, tables and pie charts. Sixty questionnaires were given to HIV positive women presenting at FACT Chiredzi New Life centre. Sixty questionnaires were returned to the researcher answered. The tables, graphs and pie charts showed the responses for each response from the questionnaire, the responses were presented in the order of the research questions, demographic data that is age of respondents, marital status, level of education and employment status.

4.2 Section A: Demographic Data

4.2.1 Age of respondents

Table 4.1 Age of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-23 yrs	5	8.3	8.3	8.3
24-29yrs	13	21.7	21.7	30.0
30-39yrs	19	31.7	31.7	61.7
40-49yrs	23	38.3	38.3	100.0
Total	60	100.0	100.0	

Table 4.1 shows the age of respondents. The age range 18-23 years constituted of 5 respondents (8, 3%). The age range 24-29 years had 13 respondents which is 21, 7% of the total population. 19 respondents which are 31, 7% of total respondents were aged between 30-39 years and 23 respondents (38, 3%) were in the 40-49 years age range. Majority of the respondents were in their middle ages.

4.2.2 Marital status

Table 4.2 Marital status of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid divorced	11	18.3	18.3	18.3
widow	17	28.3	28.3	46.7
married	32	53.3	53.3	100.0
Total	60	100.0	100.0	

The data was collected from 11 (18, 3%) divorced women; 17 (28, 3%) widows and 32 (53, 3%) married women. Many of respondents were married.

4.2.3 Level of education

Fig 4.1 Level of education of respondents

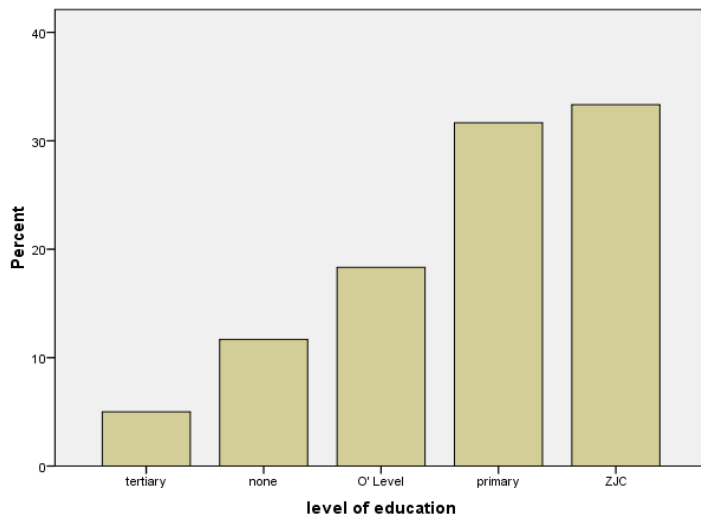


Figure 4.1 shows that 5% of the respondents reached Tertiary level, 11,7% have never gone to school, 18,3% reached O' Level, 31,7% reached primary level and 33,3% reached ZJC level. Therefore most of the respondents reached primary and ZJC level.

4.2.4 Employment status

Fig 4.2 employment status of respondents

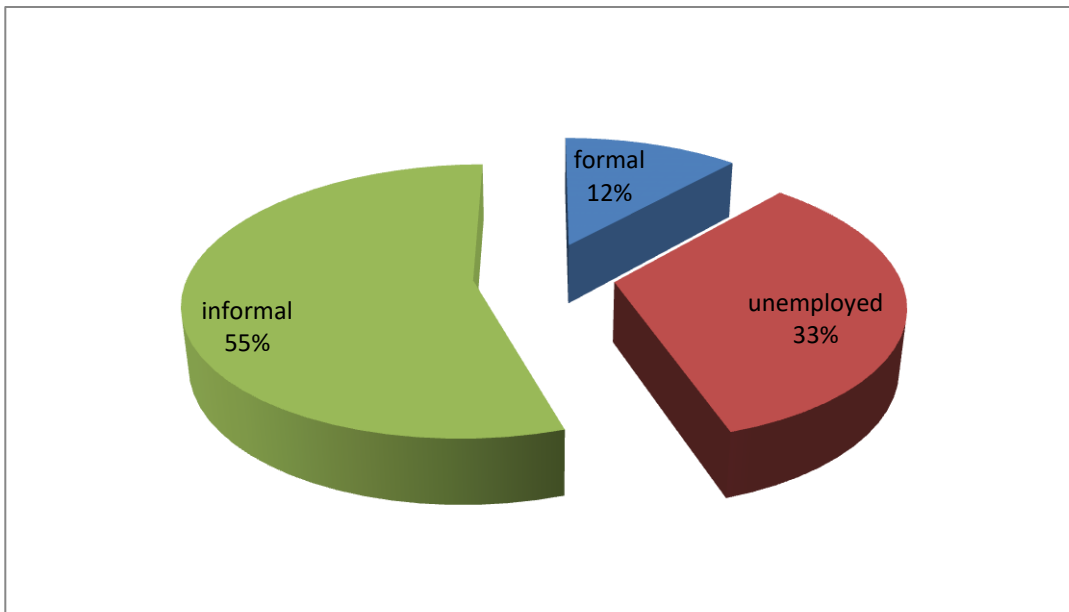


Fig 4.2 above shows that 12% of the respondents were formally employed, 33% were unemployed while 55% were informally or self-employed. The majority of the respondents were informally or self-employed.

4.3 Section B: Physical abuse

The aim of this section is to determine the prevalence of Physical intimate partner violence among HIV positive women.

4.3.1 Being choked by partners

Table 4.3 Choked by partners

	frequency	Percentage (%)
often	2	3,3
Very often	4	6,7
sometimes	13	21,7
never	41	68,3
Total	60	100

The majority of respondents in table 4.3 which is 68, 3% responded that their partner have never tried to choke them. While, 27, 7% responded sometimes; 6, 7% very often and 3, 3% responded often.

4.3.2 Stroke by partner with hands/feet

Fig 4.3 Stroke by partner with hands /feet

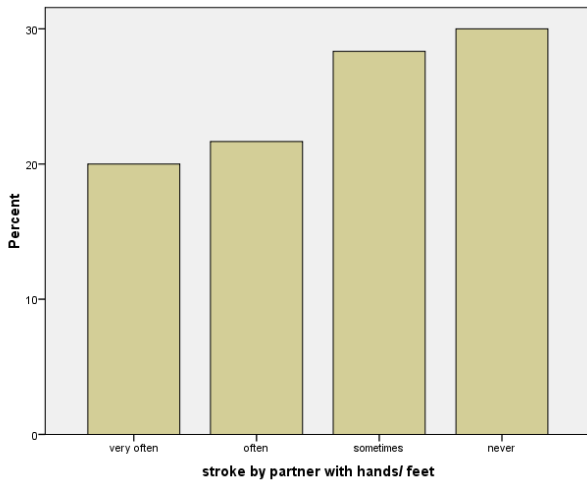


Fig 4.3 above shows how often HIV positive women are stroke with hands or feet by their partners. Majority of the respondents are stroke by their partners and only 30% have never been stroke.

4.3.3 Stroke with an object by partner

Fig 4.4 Stroke with an object by partner

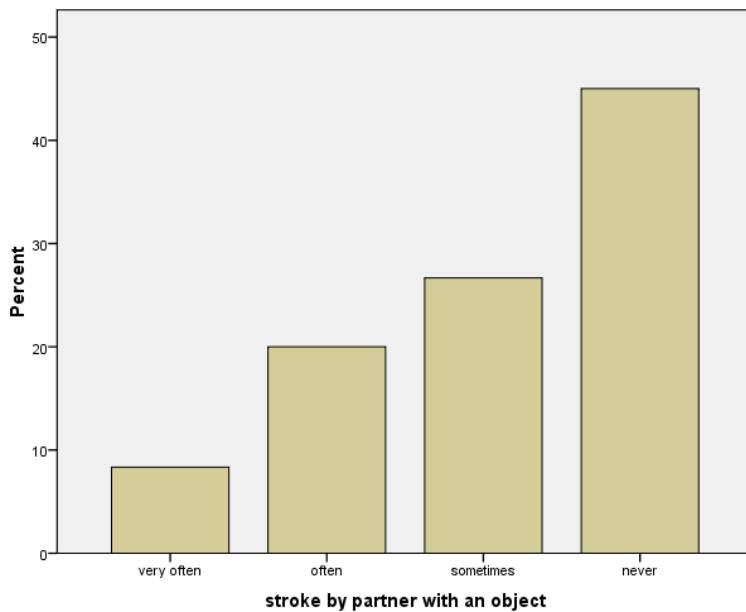


Figure 4.4 shows how often HIV positive women's partners have ever strike them with an object. The results show that 8, 3% are stricken very often, 20% often, 26, 7% sometimes while 45% have never been stricken with an object by their partners

4.3.4 Given visible injuries (such as bruises, cuts or lumps) by partner

Fig 4.5 Given visible injuries by partner

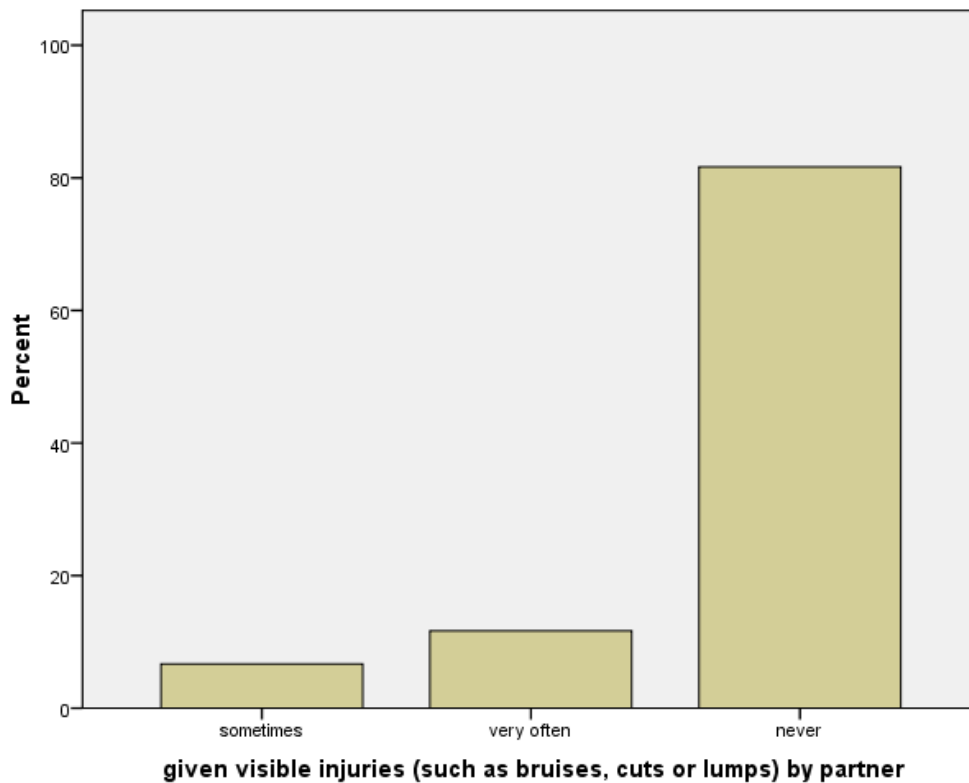


Figure 4.5 above shows that the majority 81, 7% have never been given visible injuries by their partners, while 11, 7% answered very often and 6, 7% of the women are sometimes given visible injuries.

4.4 Section C: Sexual abuse

The aim of this section was to find out the prevalence of sexual abuse among HIV infected women.

4.4.1 Had sex with partner or performed sex acts they didn't want to.

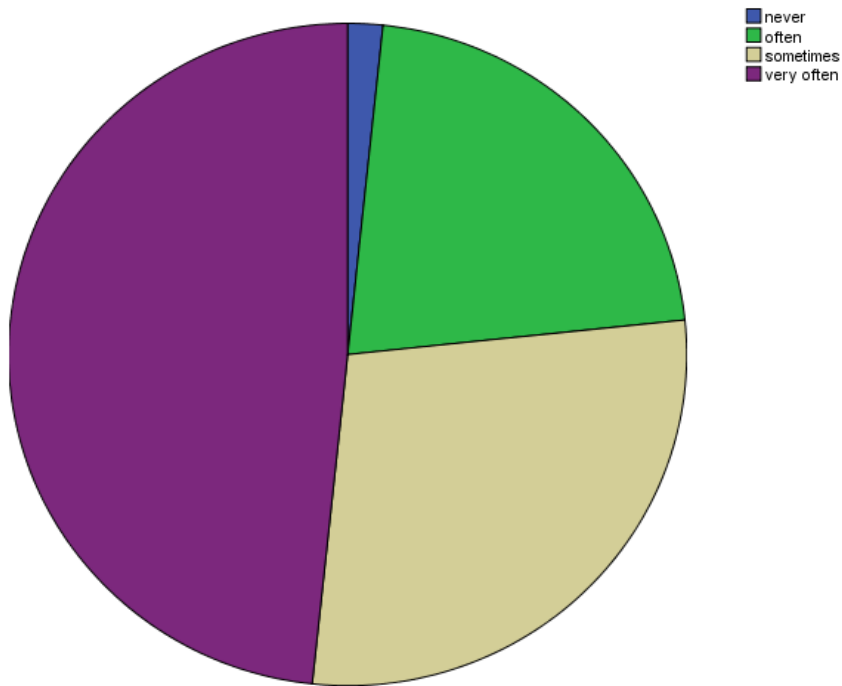
Table 4.4 Had sex with partner or performed sex acts they didn't want to.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid very often	1	1.7	1.7	1.7
often	13	21.7	21.7	23.3
sometimes	17	28.3	28.3	51.7
never	29	48.3	48.3	100.0
Total	60	100.0	100.0	

Table 4.4 shows whether the respondents have ever performed sex acts that they didn't want to, 1, 7% had performed very often, 21, 7% often, 28, 3% are abused sometimes and 48, 3% had never performed sex acts they didn't want to do.

4.4.2 Partner understand when not feeling like sex

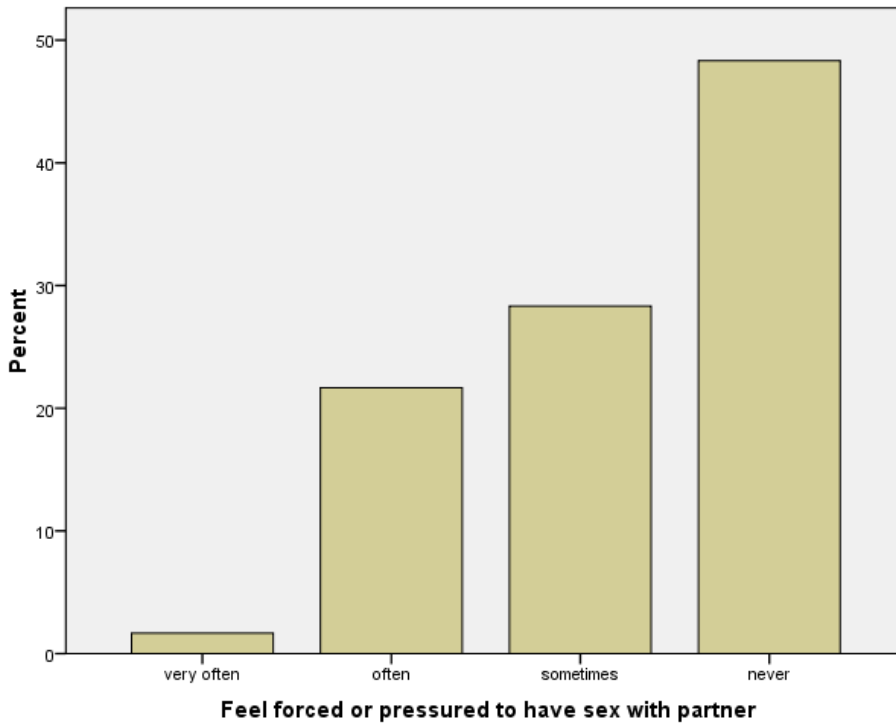
Fig 4.6 Partner understand when not feeling like sex



Respondents showed that their partners understand when they don't feel like sex with 48, 3% reporting very often, 28, 3% sometimes, 21, 7 often and 1, 7% showing that their partners don't understand them at all when they don't feel like sex, by answering never to this question.

4.4.3 Feel forced or pressured to have sex with partner

Fig 4.7 Feel forced or pressured to have sex with partner



As shown in figure 4.7, 1,7% of respondents feel pressured to have sex with their partner very often, 21,7% often, 28,3% feel forced or pressured sometimes 48,3% never feel pressured to have sex with their partner. This implies that the majority (51, 7%) of HIV positive women feel pressured or forced to have sex with their partner sometime in their life time, hence sexual abuse.

4.4.4 Partner become angry when not going along with his request for sex

Fig 4.8 Partner become angry when not going along with his request for sex

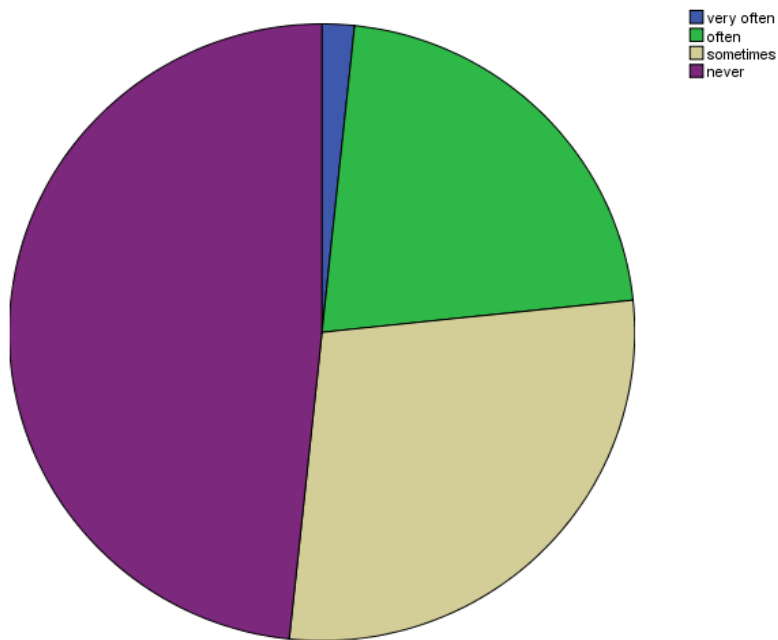


Fig 4.8 above shows whether the respondents' partners get angry when they don't go along with their request for sex. 1,7% had responded very often, 21,7% often, 28,3% sometimes and 48,3% have partners who don't get angry when they don't go along with their request for sex. Therefore, it can be concluded that HIV infected women are sexually abused by their intimate partners.

4.5 Section D: Emotional abuse

The main aim of this section is to find out the prevalence of emotional abuse among HIV infected women.

4.5.1 Feel controlled or isolated by partner

Fig 4.9 Feel controlled or isolated by partner

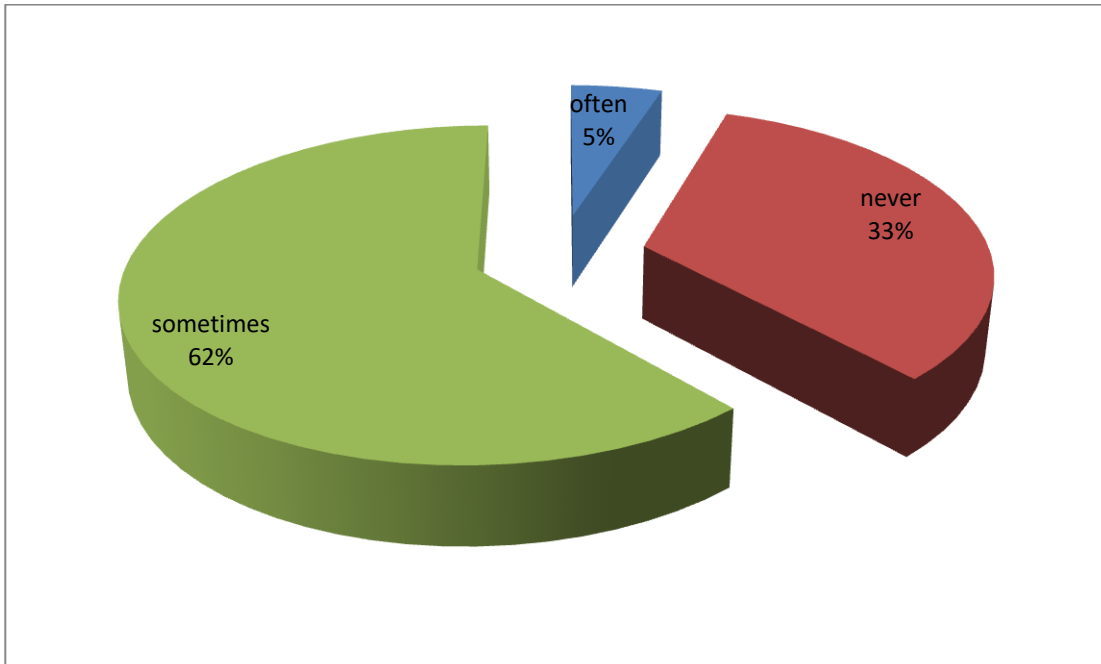


Fig 4.9 above shows how often HIV positive women feel controlled or isolated by their partners. 5% feel that often, 33% never get this feeling of being controlled or isolated and the majority 62% get the feeling of being controlled and isolated sometimes.

4.5.2 Kept away from family and friends by partner

Table 4.5 Kept away from family and friends by partner

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid often	2	3.3	3.3	3.3
very often	3	5.0	5.0	8.3
sometimes	15	25.0	25.0	33.3
never	40	66.7	66.7	100.0
Total	60	100.0	100.0	

The table above shows that HIV positive women are not kept away from their family and friends by their partners, with 66, 7% indicating that their partners never try to keep them away from their family and friends, 3, 3% indicated often, 5% very often and 25% sometimes.

4.5.3 Put down or humiliated by partner

Fig 4.6 Put down or humiliated by partner

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sometimes	15	25.0	25.0	25.0
never	45	75.0	75.0	100.0
Total	60	100.0	100.0	

Table 4, 6 above shows how often HIV positive women are put down or humiliated by their partners. 25% answered sometimes and the majority 75% answered never meaning to say their partners never put them down or humiliate them.

4.5.4 Partner ever destroyed cared about things

Fig 4.10 Partner ever destroyed cared about things

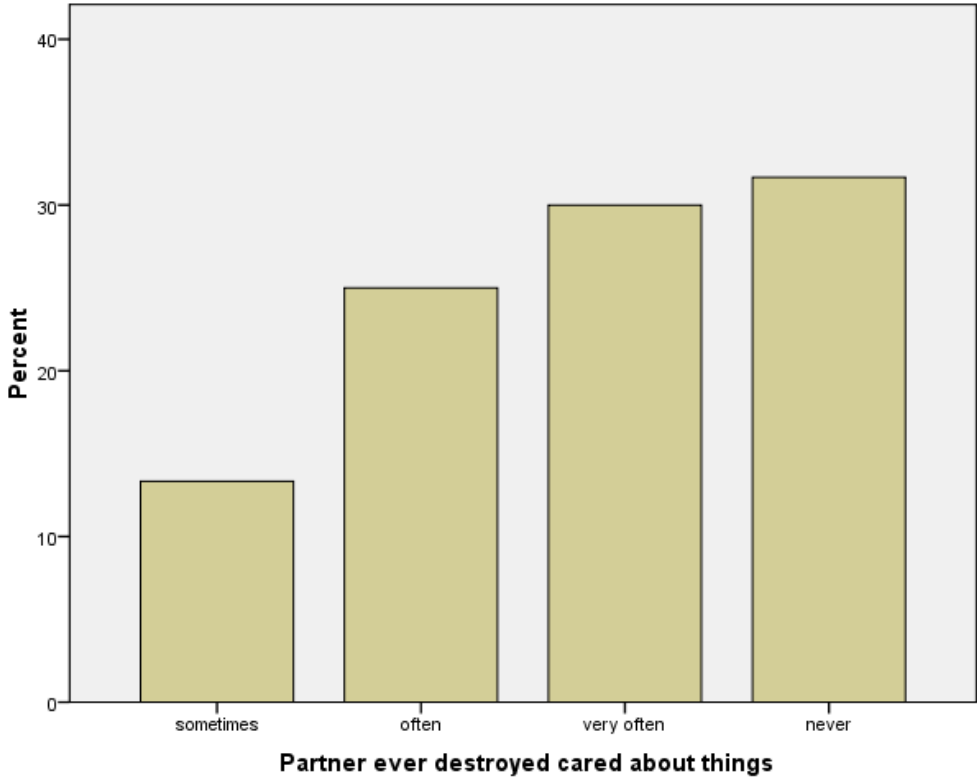


Fig 4.10 above shows how often partners of respondents have ever destroyed things that they cared about. 13, 3% answered sometimes, 25% answered often, 30% answered very often and 31, 7% answered never.

4.6 Section E: Verbal abuse

The aim of this section was to determine the prevalence of verbal abuse among HIV infected women.

4.6.1 Insulted or threatened by partner

Table 4.7 Insulted or threatened by partner

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid very often	1	1.7	1.7	1.7
never	29	48.3	48.3	50.0
sometimes	30	50.0	50.0	100.0
Total	60	100.0	100.0	

Table 4.7 shows how often HIV positive women's partners say insulting things to them. 1, 7% responded very often, 48.3% responded never and 50% answered sometimes.

4.6.2 Partner yells or screams in a way that frightens

Fig 4.11 Partner yell or scream in a way that frightens

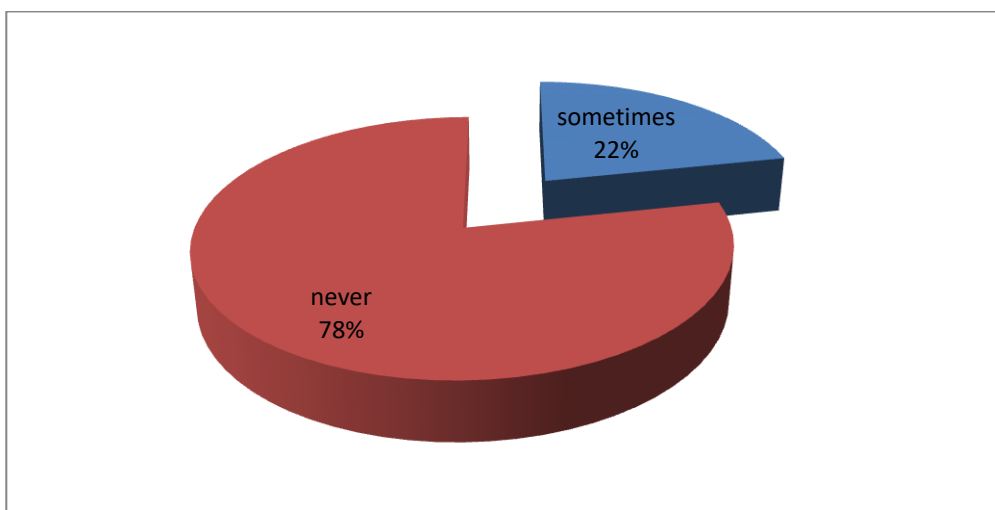
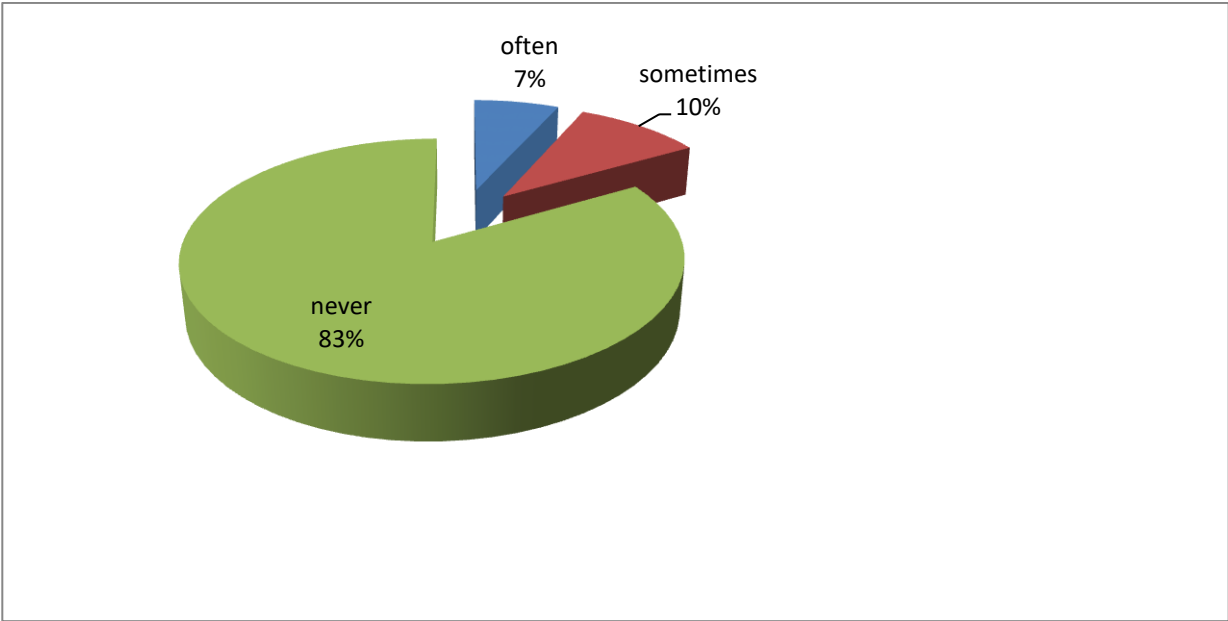


Fig 4.11 shows how often HIV positive women's partners yell or scream at them. 22% answered sometimes while 78% responded never.

4.6.3 Partner overallly critical on daily things such as cooking, duties or appearance

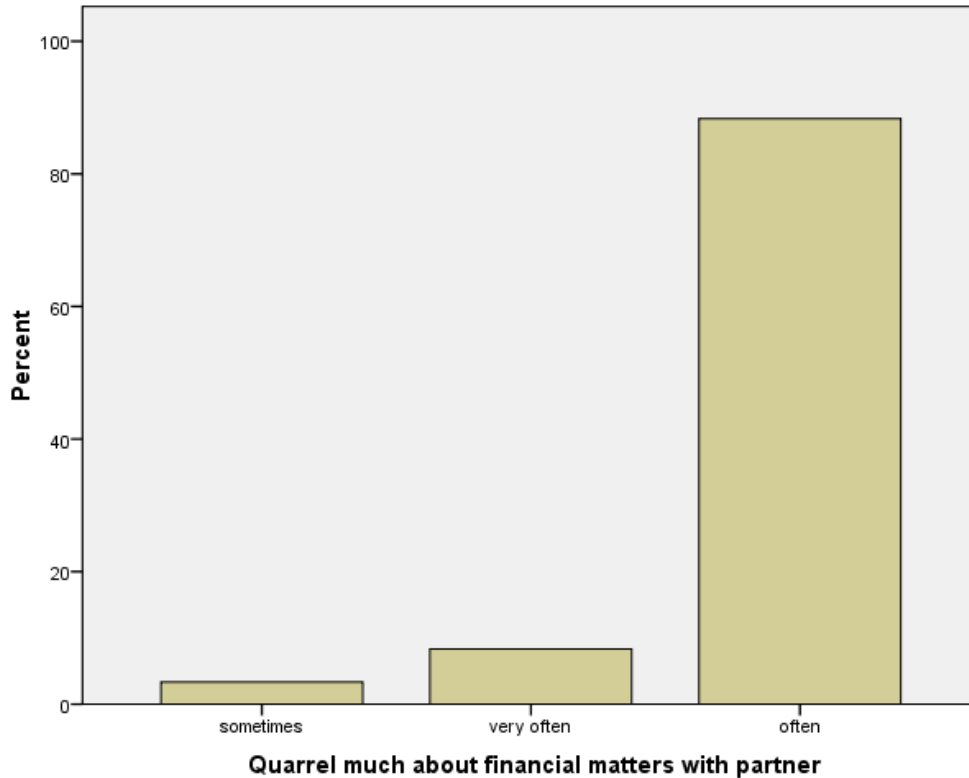
Fig 4.13 Partner overallly critical on daily things such as cooking, duties or appearance



The majority of the respondents (83%) in Figure 4.13 responded never while 10% responded sometimes and 7% answered often.

4.6.4 Quarrel much about financial matters with partner

Fig 4.14 Quarrel much about financial matters with partner



From the results collected from the questionnaires 3, 3% indicated that sometimes they do quarrel over financial matters with their partner, 8, 3% quarrel very often and 88.3% often quarrel over financial matters.

4.7 Summary

This chapter presented the responses from the questionnaires and analysis of data was done using SPSS. The prevalence of physical, sexual, emotional and verbal abuse among HIV infected women was also highlighted. The next chapter will give the research conclusions and recommendations.

CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter is going to discuss data presented, thereafter draw conclusions and make recommendations. The focus of this study was to determine the prevalence of intimate partner violence among HIV infected women.

5.2 Discussion of results

5.2.1 Prevalence of physical abuse

As noted from the HIV positive women response findings, most of them are physically abused by intimate partners , with 3,3% agreeing that their partner have tried to choke them often, 6,7% very often, 21,7% sometimes whilst 68,3% have never been choked. This is almost similar to the results of a study (Gielen & others, 2000) which has been conducted in the United States which reported that 4% of HIV-positive women reported physical abuse after disclosure, and 45% experienced it sometime after diagnosis. Dobash & Dobash (1976) in their feminist perspectives posits that physical abuse against ladies in their place as spouses is not the solitary means by which they are controlled and troubled but it is one of the most vicious and overt expressions of patriarchal domination.

To add on, HIV positive women's responses on whether their partners strike them with hands or feet shows that they are physically assaulted by their partners, because 20% answered very often, 21,7% often, 28,3% sometimes and only 30% answered never. These findings are also in line with those of a WHO (2012) survey of 397 people living with HIV in Cambodia, which states that 36% of the women feared physical assault due to their HIV status.

Findings on whether partners of HIV positive women have ever strike them with an object shows that 8,3% have been stricken with an object very often, 20% often, 26,7% sometimes and 45% have never are not stricken with an object by their partners. Therefore 55% are stricken with an object by their partners. These findings may be explained by the feminist perspectives as due to cultural prescriptions that are cherished within a society, for instance assertiveness, male

supremacy, and female subservience and they use physical power as a means to impose domination.

More so, with reference to figure 4.5 in the previous chapter, which shows responses on whether the respondents' partners ever give them visible injuries such as bruises, cuts or lumps, 11,7% responded very often, 6,7% sometimes and 81,7% responded never. Therefore it can be concluded that, though HIV positive women are more prone to physical violence, only a few get visible injuries.

5.2.2 Prevalence of sexual abuse

Table 4.4 shows that 51,7% have had sex or performed sex acts that they didn't want to, with 1,7% had performed very often, 21,7% often, 28,3% are abused sometimes and 48,3% had never performed sex acts they didn't want to do. This is almost consistent with a study conducted in the United States which states that 45%, of HIV-positive women reported experiencing sexual abuse sometime after diagnosis (UNAIDS, 2014). With reference to the theoretical framework, in describing the feminist perspective, Kurz asserts that, conceptually, wife abuse has more in common with rape and sexual harassment than with other types of family violence, such as elder abuse or sibling violence.

To add on, HIV positive women responses on whether their partners understand when they don't feel like sex shows that 48,3% are understood very often, 28,3% sometimes, 21,7% often and 1,7% showed that their partners don't understand them at all when they don't feel like sex, by answering never to this question. This implies that the majority of the respondents are understood by their partners when they don't feel like sex.

As shown in figure 4.7 in the previous chapter, 1,7% of respondents feel pressured to have sex with their partner very often, 21,7% often, 28,3% feel forced or pressured sometimes 48,3% never feel pressured to have sex with their partner. This implies that the majority (51,7%) of HIV positive women feel pressured or forced to have sex with their partner sometime in their life time, hence sexual abuse. This corresponds with the 2006, WHO published results of a Multi-country Study on Domestic Violence and Women's Health (Garcia-Moreno et al., 2006) conducted in 10 countries with more than 24,000 women which reported that lifetime prevalence of sexual violence ranged from 15 to 71%, with six of the 10 countries reporting prevalence rates of 50-75%.

The findings also revealed that the respondents' partners get angry when they don't go along with their request for sex. 1,7% had responded very often, 21,7% often, 28,3% sometimes and 48,3% have partners who don't get angry when they don't go along with their request for sex. Therefore, it can be concluded that HIV infected women are sexually abused by their intimate partners and this can compromise HIV positive women's health. This view is supported by Decker and others (2013), they state that HIV-positive men and women who experience IPV are more likely to engage in unprotected sex hence reinfection and pregnancy and this led to reports of lowest health-related quality of life in all four areas of functioning (cognitive, physical, role, social) and three areas of well-being (mental health, energy/fatigue, and quality of life)

5.2.3 Prevalence of emotional abuse

The research findings indicated that 5% of HIV positive women feel controlled or isolated by their partner often, 62% sometimes and 33% never feel isolated by their partner. 3, 3% witnessed that they are kept away from family or friends often, 5% very often, 25% sometimes and 66, 7% are never kept away from their family and friends by their partners. Dobash & Dobash in their feminist perspective explains this by asserting that the patriarchal domination of women through wife abuse (as they call it) is held over from the long cultural history of legally sanctioned male subordination, abuse, and outright ownership of women.

Additionally, 75% of HIV infected women said that they are not put down or humiliated by their partners whereas 25% admitted that sometimes they are put down or humiliated by their partners. These findings are slightly different from the 1996, National Clearinghouse on Family Violence, for Health Canada, report which reported that 39% of married women or common-law wives suffered emotional abuse by husbands/partners;

The findings also revealed that HIV positive women are emotionally abused by their partners because 13,3% admitted that their partners sometimes destroy things they care about, 25% said often whilst 30% said very often and 31,7% said their partners have never destroyed things they cared about. This is linked with poor treatment response since partners would be stressed and resultantly undermine medication adherence and medical appointments (Decker et al, 2013).

The emotional abuse by an intimate partner may be due to aggression. Lastly of a study that was carried in 2007 by Laurent, et al, it purports that psychological aggression in young couples is linked with lessened gratification for both partners: it may be called an impediment to couples' growth as it displays childish forced strategies and failure to managed self efficiently This was

further concurred by a research of 2008 that was done by Walsh and Shulman that it is connected with, in women, psychological aggression and, in men, with withdrawal.

5.2.4 Prevalence of verbal abuse

Table 4.7 in the previous chapter shows how often HIV positive women's partners say insulting things to them. 1, 7% responded very often, 48.3% responded never and 50% answered sometimes. However, Gelles (1993) views fight between intimate fellows as widespread and unavoidable, and violence among any intimate associates (including violence between spouses) is viewed as one method used by those members to resolve this predictable conflict.

Additionally, findings from this research shows that HIV positive women's partners yell or scream at them with 22% answering sometimes while 78% responded never. This may be attributed to patriarchy as the feminist perspective in chapter two posits that history of disparity is still at work in the ultimate fabric of the marriage relationship in terms of gender roles and customs and social authorizing of male supremacy.

The majority of the respondents (83%) in Figure 4.13 in chapter four responded never while 10% responded sometimes and 7% answered often to whether partner is overallly critical on daily things such as cooking, duties or appearance and this is in agreement with a study piloted in 2006 in the United States, which exposed that 18% of HIV positive women testified disclosure-related violence, plus verbal abuse and physical assault.

From the results collected from the questionnaires 3, 3% indicated that sometimes they do quarrel over financial matters with their partner, 8, 3% quarrel very often and 88.3% often quarrel over financial matters. These findings support what Maman et al (2012) stated, that absence of monetary independence and control of domestic income can be definitely linked with ladies' menace for violence.

5.3 Conclusion

In a deep analysis of the responses on physical abuse by participants, it can be safely concluded that, since a substantial minority of HIV positive women do not experience physical violence, the prevalence of physical violence among HIV infected women is more than 50%.The most prevalent form of physical abuse among HIV infected women is that of being stroke by partner with his hands /feet though only a few get visible injuries.

With reference to the findings on the prevalence of sexual abuse the researcher concluded that 48, 3% of HIV infected women are not sexually abused and their partners understand them when they don't feel like sex whilst 51, 7% are sexually abused and their partners don't understand them when they don't feel like sex.

To sum up on the prevalence of emotional abuse among HIV infected women, over 50% of them are sometimes emotionally abused by their partners as they feel controlled or isolated by their partners, kept away from friends or relatives, humiliated by partners and partners destroy things they care about.

Furthermore, the research findings of this research indicated that HIV positive women are sometimes verbally abused by their intimate partners However, a greater percentage of 88, 3% indicated that they quarrel much very often about financial matters with their partner.

5.4 Recommendations

After an analysis of the findings on the prevalence of intimate partner violence among HIV infected women, the researcher made recommendations to the women and organizations that provide post-test services.

5.4.1 Organizations

- ❖ Improve, implement and monitor programmes aimed at primary prevention of intimate partner violence and sexual violence against women. These should include sustained public awareness activities aimed at changing the attitudes, beliefs and values that condone partner violence as normal and prevent it being challenged or talked about.
- ❖ Reinforce official and casual support systems for women living with violence.
- ❖ Integrate violence and IPV screening within routine HIV prevention and treatment services.
- ❖ Ensure that staff is trained to address violence, and refer patients to support services.
- ❖ Provide cross-training between HIV programs and violence support services.
- ❖ Connect clients with local domestic violence/sexual assault resources and services
- ❖ Develop a policy on partner notification for clients disclosing abuse.
- ❖ Create a safer environment for screening, intervention, and education about IPV.

5.4.2 Women

- ❖ Identifying the cautionary signs of domestic violence and abuse.

- ❖ Voice up if you suspect intimate partner violence or abuse.

5.5 Summary

The main emphasis of this chapter was to discuss the research findings from the questionnaires in relation to the relevant literature review. It gives conclusions of the research and meaningful recommendations were put forward for women and the organizations which offer post-test services to implement.

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APPENDIX A: QUESTIONNAIRE

My name is Loraine Mbatani; I am a final year student at Midlands State University studying BSc Honours Degree in Psychology. In partial accomplishment of the requirements of the university I am undertaking a study on the prevalence of intimate partner violence among HIV positive women. Your involvement is of paramount importance to this study. Confidentiality and anonymity is also assured and this is only to be used for academic purposes.

Section A: Demographic data

Please tick in the appropriate box or write the requested information in the spaces provided

1. Sex Female
 Male

2. Age range 18-23 yrs
 24-29yrs
 30-39yrs
 40-49yrs

3. Marital Status
- Single
 Separated
 Married
 Divorced
 Widow

4. HIV Status
- Positive
 Negative

5. Number of children

6. Level of academic education
- None
 - Primary
 - ZJC
 - O level
 - A Level
 - Tertiary

7. Employment
- Formal
 - Informal/ Self employed
 - Unemployed

Section B: Physical violence

1. Does your partner ever try to choke you?
- NEVER**
 - SOMETIMES**
 - OFTEN**
 - VERY OFTEN**
2. Does your partner strike you with his hands or feet?
- NEVER**
 - SOMETIMES**
 - OFTEN**
 - VERY OFTEN**
3. Does your partner ever strike you with an object?
- NEVER**
 - SOMETIMES**
 - OFTEN**
 - VERY OFTEN**

4. Does your partner ever give you visible injuries (such as bruises, cuts or lumps)?

NEVER

SOMETIMES

OFTEN

VERY OFTEN

Section C: Sexual Violence

1. Have you had sex with your partner when you didn't want to or performed sex acts that you didn't want to do?

NEVER

SOMETIMES

OFTEN

VERY OFTEN

2. Does your partner understand when you don't feel like sex?

NEVER

SOMETIMES

OFTEN

VERY OFTEN

3. Do you ever feel forced or pressured to have sex with your partner?

NEVER

SOMETIMES

OFTEN

VERY OFTEN

4. Does your partner become angry if you don't want to go along with his request for sex?

NEVER

- SOMETIMES**
- OFTEN**
- VERY OFTEN**

Section D: Emotional abuse

1. Do you feel controlled or isolated by your partner?

- NEVER**
- SOMETIMES**
- OFTEN**
- VERY OFTEN**

2. Does your partner or spouse try to keep you away from your family or friends?

- NEVER**
- SOMETIMES**
- OFTEN**
- VERY OFTEN**

3. Does your partner put you down or humiliate you?

- NEVER**
- SOMETIMES**
- OFTEN**
- VERY OFTEN**

4. Has your partner ever destroyed things that you cared about?

- NEVER**
- SOMETIMES**
- OFTEN**
- VERY OFTEN**

Section E: Verbal abuse

1. Does your partner sometimes say insulting things or threatens you?

NEVER

SOMETIMES

OFTEN

VERY OFTEN

2. Does your partner sometimes use words, yell or scream in a way that frightens you, put you down or make you feel rejected?

NEVER

SOMETIMES

OFTEN

VERY OFTEN

3. Is your partner overallly critical on daily things, such as your cooking, clothes or appearance?

NEVER

SOMETIMES

OFTEN

VERY OFTEN

4. Do you quarrel much about financial matters with your partner?

NEVER

SOMETIMES

OFTEN

VERY OFTEN

APPENDIX B: RESEARCH LETTER

Midlands State University



Established 2000

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GWERU

Telephone: (263) 54 260404 ext 261
Fax: (263) 54 260233/260311

**FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF PSYCHOLOGY**

Date: 23-07-14

To whom it may concern

Dear Sir/Madam

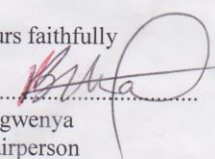
RE: REQUEST FOR ASSISTANCE WITH DISSERTION INFORMATION
FOR LORAINÉ R. MBATANI R112065X
BACHELOR OF PSYCHOLOGY HONOURS DEGREE

This letter serves to introduce to you the above named student who is studying for a Psychology Honours Degree and is in his/her 4th year. All Midlands State University students are required to do research in their 4th year of study. We therefore kindly request your organisation to assist the above-named student with any information that they require to do their dissertation.

Topic: Prevalence of intimate partner violence among
HIV infected women presenting at New Life Post Test
support Centre, Tsholoni, Chirecki.

For more information regarding the above, feel free to contact the Department.

Yours faithfully


F. Ngwenya
Chairperson



F.A.C.T.



W/O 17/89

By love serve one another

Galatians 5:13

FAMILY AIDS CARING TRUST (CHIREDCI)

3246 LIGHT INDUSTRIES

CHIREDCI

ZIMBABWE

P.O. BOX 381

TELEPHONE: (263) (031) 3375/3002/3417/3818/3950/3766

TELEFAX: (263) (031) 3002

EMAIL: factchr@mweb.co.zw

factprograms@zol.co.zw

23-07-14

To whom it may concern

Dear Sir/ Madam

RE: AUTHORISATION FOR DATA COLLECTION

This letter serves to inform you that Loraine R. Mbatani has been granted permission to get information that she require to do her dissertation from the New Life Post Test Support Centre.

Yours faithfully

F. Hove

F. Hove
Acting Director.

Family AIDS Caring Trust (FACT) - Chiredzi

3246 Light Industries

Tel: 031 - 3375 / 3002 / 3766

23 JUL 2014

P.O. Box 381
Tshovani, Chiredzi
Zimbabwe

DISSERTATION

SUPERVISOR-STUDENT AUDIT SHEET

Date	Activity/ Chapter	Lecturer's Signature	Student's Signature
21/04/14	Research Proposal		
05/05/14	Research Proposal		
19/05/14	Chapter 1		
02/06/14	Chapter 1		
16/06/14	Chapter 2		
30/06/14	Chapter 2		
14/07/14	Chapter 3		
28/07/14	Chapter 3		
18/08/14	Chapter 4		
25/08/14	Chapter 4		
01/09/14	Chapter 5		
08/09/14	Chapter 5		
30/09/14	First draft		
20/10/14	Final draft		

SUPERVISOR- MRS J. MUTAMBARA

STUDENT - LORAINÉ R. MBATANI

R112065x

