
Interpersonal and community-level factors influencing intimate partner violence in South Sudan: a literature review

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ABSTRACT

The pervasive intimate partner violence continues to be perpetuated by entrenched gender norms, weak women's economic power, and post-war realities in South Sudan. In the face of global attention, South Sudan now considers gender-based violence not only as a health risk but also a human rights issue to safeguard. This study strived to identify and analyse interpersonal and community-level factors influencing intimate partner violence in South Sudan, from the existing literature. A systematic literature review was conducted using Heise's ecological framework, focusing on marital relations, household decision-making dynamics, and women's socio-economic status. The search engines utilised to obtain literature included PubMed, Medline, VU Library, Google Scholar, and the Ministry of Health's website. The research findings reveal that the genesis of intimate partner violence, in most cases, emanates from marital arrangements, including forced unions, polygamous setups, and bride price transactions. Importantly, women's exclusion from critical family decision-making processes exacerbates physical and sexual violence. Also, low educational attainment among women, as well as the levels of household poverty, unemployment, and peer influence, are strong predictors of violence in intimate relations. It is important to note that addressing intimate partner violence must be grounded in proper identification and understanding of the dynamics that perpetuate it. The interventions include a threshold for education above primary education, which is protective, women's empowerment, and poverty reduction at the community level.

Keywords: sexual violence, intimate partner violence, ecological model, marital dynamics, community factors, South Sudan

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Introduction

In South Sudan, intimate partner violence (IPV) is rooted in social traditions, norms, beliefs, marital dynamics, and post-civil war realities.^[1,2] The legal framework presents ambiguities that perpetuate such violence, although the national constitution proclaims gender equality.^[3] The constitution is glaringly contravened by customary laws that "legitimise" male dominance and female subservience.^[3]

At the core of IPV lies the institution of marriage, considering how the union is initiated and the prevailing social structure.^[4-8] Marital violence often results from forced unions, polygamy, and bride price transactions.^[6-8] These practices commodify women and affirm the men's entitlement over their spouses. With the judicial systems grounded in the long-standing customs, norms, and cultures, women often find it hard to file for divorce and exit from abusive relationships.^[1] Importantly, women are excluded, or rarely consulted, in decision-making regarding family matters, which are the prerogative of men.^[9] The already sore marital dynamics are compounded by economic violence, which subjects women to dependency and acquiescence to harmful practices.^[10]

IPV is usually perpetuated by socialised negative notions that emanate from peer networks, mental health disorders, and militant masculinities emerging from the legacy of conflicts.^[11-13] In the face of economic marginalisation of women, violence is strongly manifested in post-conflict situations as a means of reasserting male dominance and shifting gender roles.^[13] At the community levels, IPV is shored up and enabled by shocking levels of household poverty, unemployment, and financial hardships.^[10]

This study undertook a multi-layered inquiry into IPV, examining how relational and community-level factors converge to perpetuate abuse within marital relationships.^[18] This includes reimagining marital relations, gender roles, and accountability based on the rule of law.

Method

This research is a literature review that combines both peer-reviewed journals and grey literature. The search engines used to ascertain articles include PubMed, Medline, VU Library, Google Scholar, and the Ministry of Health websites to obtain relevant IPV literature in South Sudan and other relevant contexts. Articles published in the last ten years (2010 – 2019) in English were preferred as there is little change in attitudes, beliefs, and cultural norms related to IPV in South Sudan over this period.

The Heise's Integrated Ecological Framework was chosen for this review since it is more appropriate for the analysis of IPV in the context of South Sudan. However, the focus was on the analysis of interpersonal factors: marital conflict and types of marriages, women's decision-making status, educational level, community, and men's controlling behaviours. The remaining categories of the framework, such as the individual, society, and policies, were not within the scope of this study.^[18]

Results

Interpersonal relations

The interpersonal factors include marital conflict and types of marriages, women's decision-making status, educational level, and men's controlling behaviours.

Marital conflict and types of marriages

In South Sudan, marital conflict was found to be a major predictor of IPV.^[4] Girls who were once raped were forced to marry the perpetrators as a way of resolving stigma issues associated with the survivor of violence. This was found to result in parental conflict between the couples with physical and emotional IPV.^[5] Women married through abduction, payment of dowry, or married into polygamous relationships were more at risk of IPV.^[6-8]

A study of gender norms in low- and middle-income countries (LMICs) found that IPV was associated twice as often with multiple sexual partners or extramarital sex compared to women with single sexual partners.^[19] In Uganda, physical IPV was associated with extra-marital sex by women in intimate partner relationships, while sexual IPV was related to women whose husbands were jealous of seeing their wives talk with other men. The jealous men accused women of unfaithfulness and severely restricted them from contact with strangers and family members, resulting in emotional IPV.^[20]

A study in LMICs found that physical IPV was 2.6 times more common where women had conflict in marital relationships compared to women who had agreeable relationships.^[21] Women who offered sex to their husbands were less at risk of sexual violence compared to women who denied sex.^[22] Additionally, in Ethiopia, physical IPV was more likely to affect women whose husbands had girlfriends and thought there was nothing they could do about it.^[23] The odds of IPV were doubled for women who refused sex compared to those who complied.^[7]

A study found that HIV infection was a source of marital conflict and increased IPV in northern Uganda, where there are South Sudanese refugees.^[24] It was recognized that IPV was higher among couples infected with HIV compared to those who were not infected.^[25]

Women's decision-making status

In South Sudan, men were found to exclude women from important household decisions. Women were considered foreigners to their husbands' families.^[9]

A multi-country study in conflict-affected settings, which included South Sudan, found that women were excluded from negotiating peace deals. Hence, peace accords failed to address violence against women and girls during the post-conflict period.^[26] Women were not consulted or considered in decision-making that was related to politics or serious household issues.^[27]

In Ethiopia, a study found a 50% reduction in IPV when women had equal decision-making power. There was also a 35% reduction in sexual IPV in women who equally shared in household decision-making processes with their husbands.^[28]

A study in LMICs found that women in intimate partner relationships where men dominated decision-making were 8.2% more at risk of physical violence.^[21] Additionally, joint spending of husbands' incomes was less associated with IPV.^[21]

Educational level

In South Sudan, 84% of women were found to be illiterate and vulnerable to IPV.^[4,29] Poor education of women was associated with economic violence in intimate partner relationships, as they were forced to be financially dependent on men for survival.^[30] Physical IPV was associated with gender inequality in less educated women compared to highly educated women.^[31]

A multi-country cross-sectional study indicated that increased educational levels were associated with 9% decreased odds of physical IPV and 85% reduction in sexual IPV in the Democratic Republic of the Congo.^[31] Research has shown that secondary or higher education for both partners was associated with reduced risks of IPV, while there was no protective effect of primary education against IPV.^[25]

A combined study in Ethiopia and Tanzania found a two-thirds decrease in IPV when both partners had completed secondary education.^[25] Another study found that the risks of IPV were twice as likely for uneducated or only primary-educated women.^[32] IPV was less prevalent among women who had achieved higher educational levels.^[21]

However, women who were more educated than their husbands were at higher risk of IPV compared to women who had less or equal educational levels as their husbands. Also, women in marriages where couples were equally highly educated experienced the lowest levels of IPV in Uganda.^[21,33] The odds of IPV were three times higher for uneducated women compared to educated women in

intimate partner relationships.^[21,34]

Men's controlling behaviours and mental disorders

In South Sudan, women whose husbands exercised controlling attitudes were more likely to suffer both physical and emotional IPV.^[5] Women whose husbands threatened their well-being were more at risk of IPV compared to women who were not afraid of their husbands.^[35] There was evidence that men who exercised controlling behaviour over women were more likely to be violent compared to men who acknowledged gender equality.^[4,25] IPV was also associated with women whose husbands were rude or hostile.^[21,35] Men in rural areas who are more controlling and possessive of women compared to men in the towns were at higher risk of inflicting violence in intimate relationships.^[4,9]

A multi-country study found that the odds of IPV were 3.5 times higher where husbands had a history of physical fights.^[21] Emotionally stressed women were also more likely to experience IPV, and women with mental disorders had double the risk of IPV compared to women with healthy minds.^[21]

Community level

At the community level, factors that contribute to IPV include unemployment, poverty, and negative peer influence.

Poverty, socio-economic status, and unemployment

South Sudan's families with low socio-economic status were more associated with IPV compared to affluent families.^[10] Women of high socio-economic status were less at risk of IPV compared to women of poor backgrounds.^[5] IPV was associated with a low Human Development Index (HDI), with South Sudan ranking 169th out of 188 countries worldwide.^[4] Women were found to be the poorest and most vulnerable to economic IPV than men.^[3,29] Families headed by women were the poorest compared to families headed by men.^[4] A study in South Sudan found that unemployed poor women were at risk of economic violence compared to women who earned salaries.^[4]

In Uganda, couples living in poverty were more at risk of IPV, which is associated with the perpetuation of social vices such as transactional sex and infectious diseases like HIV, sexually transmitted infections, and tuberculosis.^[24] A multi-country study found that a lack of women's empowerment was associated with negative cultural norms

that denied women the right to own land and property.^[25] Poverty made men lose control over their families, resort to drinking alcohol, and engage in physical IPV.^[31]

A cross-national study on gender norms found that women dependent on informal jobs or farming were more likely to experience IPV compared to women who worked in formal jobs.^[21] IPV was less likely when husbands were employed. Women of low socio-economic status were more vulnerable to IPV compared to women of high socio-economic status.^[21] Sexual IPV was more likely when women were economically dependent on men compared to women who were financially independent. There was a 50% reduction in IPV where women owned businesses.^[21]

Negative peer influence

Multicountry studies have found that peer-group socialization is a major contributor to IPV.^[25,36,37] Boys who socialized and oriented themselves negatively on how to handle women were more likely to inflict IPV compared to those who were not influenced through peer pressure.^[21,38] Negative peer influence was associated with alcohol and drug abuse, resulting in IPV.^[2] Intoxication with substances was found to trigger violence in the family, especially battery of women, compared to relationships in which couples were sober.^[39,40]

Discussion

Interpersonal level

Marital conflicts should be addressed through couples' training and advocacy programmes aimed at raising awareness of human rights and women's rights. Skills that strengthen negotiation, conflict resolution, and leadership capabilities are important. Extreme patriarchal practices such as girl-abductions that are used to initiate marriages need to be addressed urgently, as are traditional practices such as polygamy that are rooted in gender inequality. Uganda's IPV prevention projects, such as Safe Homes and Respect for Everyone (SHARE) and Start Awareness, Support and Action (SASA), should also be adopted in South Sudan to confront household sexual violence and extra-marital sex or concurrent sex, which are associated with marital conflict and IPV. These strategies have proven to be effective in reducing IPV and concurrent sex associated with HIV infections.

Promoting girls' formal education is an important mechanism to ensure that more girls achieve secondary

education, thereby reducing the risk of IPV. Women should also be given capacity-building programmes through vocational training to acquire lifelong skills that enable them to achieve economic independence, thereby reducing IPV. Higher educational attainment is also associated with improved socio-economic status, thereby increasing employability.

Community mobilisation with group training and advocacy through video show projects such as "Through Our Eyes" (TOE) are directed at improving women's decision-making abilities. Equal gender decision-making processes are associated with reduced levels of IPV and improved gender relations. This also raises awareness of women's rights to participate in decisions about important family matters.

Community level

The livelihood programmes, such as microfinance and cash transfers, coupled with skills training, are important interventions directed towards reducing women's poverty and vulnerability to IPV at community levels. Women who are economically empowered have increased ways of mitigating abusive relationships. Reduced household poverty levels also lead to satisfying reproductive and sexual lives, as women can access health services.

The livestock microfinance for peace in other sub-Saharan Africa is associated with decreased IPV and less poverty. These programmes should also be adopted in South Sudan where livestock (cattle and goats) is abundant, as a way of promoting peace, improving livelihood, and mitigating IPV.

Group training and advocacy for boys and men, engaging them in transforming negative attitudes towards women to reduce negative peer influence, is also a significant strategy for addressing IPV. The negative socialisation by men is seen to be associated with IPV at community levels. These training programmes should target gender norms and long-held traditional beliefs and practices that subjugate women.

Conclusion

The evidence demonstrates IPV in South Sudan is deeply rooted in interpersonal, socio-economic, and community factors. Addressing IPV, therefore, requires multi-layered interventions. At the interpersonal level, couples' training, advocacy, and conflict resolution programmes can mitigate marital discord. Expanding girls' access to secondary education and vocational training enhances women's

autonomy and reduces vulnerability. At the community level, livelihood initiatives such as microfinance, cash transfers, and livestock-based peacebuilding can alleviate poverty and empower women economically. Finally, engaging men and boys in transformative gender training is essential to dismantling harmful norms and reducing peer-driven violence.

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