

August 2020

Susceptible Lives: Gender-based Violence, Young Lesbian Women and HIV Risk in a Rural Community in South Africa

Johannes N. Mampane
University of South Africa

Follow this and additional works at: <https://vc.bridgew.edu/jiws>



Part of the [Women's Studies Commons](#)

Recommended Citation

Mampane, Johannes N. (2020). Susceptible Lives: Gender-based Violence, Young Lesbian Women and HIV Risk in a Rural Community in South Africa. *Journal of International Women's Studies*, 21(6), 249-264. Available at: <https://vc.bridgew.edu/jiws/vol21/iss6/15>

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.

This journal and its contents may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Authors share joint copyright with the JIWS. ©2022 Journal of International Women's Studies.

Susceptible Lives: Gender-based Violence, Young Lesbian Women and HIV Risk in a Rural Community in South Africa

By Johannes Ntshilagane Mampane¹

Abstract

In South Africa, as in many parts of the world, lesbian women are still perceived to be immune from the risk of contracting HIV as compared to heterosexual women. However, the South African media has been inundated with reports on the scourge of gender-based violence (GBV) perpetrated against lesbian women and their consequent risk of acquiring HIV as a result of being raped (or gang raped). As a result of this situation, this study was conducted in March to July 2015 to explore and describe the experiences of young lesbian women regarding their susceptibility to GBV and HIV in a rural community in South Africa. The aim was to gain a better understanding of the dynamics involved in the relationship between GBV and HIV among these young women in order to inform policy and practice in the development of interventions. A phenomenological research design was adopted in this study. The findings of the study revealed that there were direct and indirect forms of GBV that exacerbated the susceptibility of these young lesbian women to the risk of contracting HIV. The study concluded that there was a need to implement community solidarity and social cohesion activities among members of the lesbian, gay, bisexual and transgender (LGBT) community in order to combat GBV and HIV in the communities that they live in.

Keywords: Gender-based violence, Young lesbian women, HIV risk, Phenomenology, Rural community, South Africa.

Introduction

Gender-based violence (GBV) is a global phenomenon. It is currently one of the major issues that frequently appear in socio-political agendas of many countries worldwide. For instance, the United Nations (UN) views GBV as one form of human rights violations and has listed gender equality as one of its 17 Sustainable Development Goals (SDGs) to transform the world by the year 2030 (UN, 2015). GBV is defined by United States Agency for International Development (USAID) as “violence that is directed at an individual based on their biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life” (USAID, 2014, p. 3). The most common forms of GBV in sub-Saharan Africa (SSA) in general, and in South Africa in particular, are mainly physical, verbal, sexual and emotional in nature (Yount, Krause & Miedema, 2017). GBV is primarily influenced by societal norms and disparate power relations

¹ Johannes N. Mampane, PhD, is an Academic and a Researcher at the University of South Africa. His research interests lie in the fields of Gender, Health and Sexuality. He advocates for social justice, inclusivity, equality and diversity issues concerning marginalized, disenfranchised and minority populations in society.

whereby men are often viewed to be far more superior to females. As a result, women and girls are in most cases victims of GBV (Sikweyiya, Nduna, Shai & Jewkes, 2017).

According to the United Nations (UN), global statistics indicate that one in every three women has been beaten, forced into sex and/or abused in their lifetime (Lips, 2014). In South Africa, for instance, there are about 500 000 rapes, hundreds of murders and countless beatings against women every year (Martin, Kelly, Turquet & Ross, 2009; Mkhize, Bennett, Reddy & Moletsane, 2010). Lesbian women are also victims of GBV. Their susceptibility to GBV is higher than that of heterosexual women due to the fact that they are seen as dissidents who deviate from acceptable societal gender norms. Although the Constitution of South Africa prohibits discrimination of people on grounds of their sexual orientation, lesbian women continue to experience high levels of GBV in South African communities, especially sexual violence. There has been increasing incidents of the so-called 'corrective rape' phenomenon whereby lesbian women are raped (in most cases gang raped) by male perpetrators who believe that they can 'correct' or change the sexual orientation of these lesbian women into that of heterosexual women (Judge, 2018).

In rural South Africa, where the principles of patriarchy, heterosexism and heteronormativity are highly upheld, lesbian women experience double marginalisation due to the fact that they are women (sexism) and that they are lesbian (homophobia). Heterosexism refers to an automatic assumption and belief that everyone is and should be heterosexual, and that other sexual orientations are unhealthy, unnatural and a threat to the society (Szymanski & Henrichs-Beck, 2014). Heteronormativity on the other hand is an idea, dominant in most societies, that heterosexuality is the only normal sexual orientation, and that only sexual relations between men and women are acceptable (Duggan, 2017).

Hate crimes such as GBV which are perpetuated against the lesbian, gay, bisexual and transgender (LGBT) community are a global phenomenon, especially on the African continent where homosexuality is regarded to be 'un-African'. A hate crime, in the context of this study, is a criminal act motivated by prejudice, and committed against people because of their sexual orientation. According to Kotze and Bowman (2018), perpetrators of anti-homosexual hate crimes seek to harm, demean and dehumanise LGBT people because of their actual or perceived sexual orientation. The criminal act could be physical or verbal (i.e. hate speech) in nature. They include violent assaults, murder, rape, torture, destruction of property, threats of violence and other acts of intimidation (Breen, Lynch, Nel & Matthews, 2016). According to the Hate Crimes Act of 2000, enacted by the New York State legislature:

"Hate crimes do more than threaten the safety and welfare of all citizens. They inflict on victims incalculable physical and emotional damage and tear at the very fabric of free society. Crimes motivated by invidious hatred toward particular groups not only harm individual victims but send a powerful message of intolerance and discrimination to all members of the group to which the victim belongs. Hate crimes can and do intimidate and disrupt entire communities and vitiate the civility that is essential to healthy democratic processes" (Nel & Judge, 2008).

In many countries all around the world, where same-sex sexuality is decriminalised, there is still no legislation that is put in place to protect victims of anti-homosexual hate crimes. In South Africa for example, the National Prosecuting Authority reported that:

“Whilst we are mindful of the fact that hate crimes—especially of a sexual nature—are rife, it is not something that the South African government has prioritised as a specific project” (Martin et al., 2009).

Basically, the statement above means that law enforcement agencies view hate crimes as not an urgent issue whilst many LGBT persons in South Africa remain victims of homophobic attacks and violent crimes including rape and murder. A national non-governmental organisation advocating for human rights of the LGBT community in the country, OUT LGBT Well-being, reported that 10 percent of LGBT people have been victims of sexual violence and homophobic attacks in Gauteng province alone (OUT LGBT Well-being, 2010). The country has nine provinces in total. It is revealed that many incidents of homophobic attacks and rape have gone unreported because in most instances the victims fear further harassment, humiliation and abuse by law enforcement officers and health care workers, although the Minimum Standards on Services for Victims of Crime and Violence clearly prohibits discrimination of victims on grounds of their sexual orientation (OUT LGBT Well-being, 2010). Although many cases of hate crimes against the LGBT community have gone unreported, Mkhize et al. (2010) mention some of the known cases of young lesbian women who have fallen victim to GBV in the country:

- Motshidisi Pascalina Melamu, aged 21 years old, from Evaton in Gauteng province, was raped, murdered and body mutilated on 18 December 2015.
- Zoliswa Nkonyana, aged 18 years, from Khayelitsha in Cape Town, was murdered on 4 February 2006.
- Madoe Mafubedu, was raped and stabbed to death on April 2007.
- Sizakele Sigasa, aged 34 years, from Meadowlands in Soweto, was raped, tortured and murdered on 7 July 2007.
- Salome Massoa, aged 23 years, from Meadowlands in Soweto, was raped, tortured and murdered on 7 July 2007.
- Thokozane Qwabe, aged 23 years, from Ezakheni, Ladysmith in KwaZulu-Natal, was stoned and murdered on 22 July 2007.
- Eudy Simelane, aged 31 years, from Kwa-Thema in Springs, was raped and murdered on 28 April 2008.
- Khanyiswa Hani, aged 25 years, from New Brighton in Port Elizabeth, was stabbed and murdered on 26 May 2008.
- Daisy Dube, in her 20s, from Yeoville in Johannesburg, was shot and murdered on 2 June 2008.
- Sibongile Mphelo, aged 21 years, from Strand in Cape Town, was raped, her vagina cut off, shot and murdered on 20 June 2008.
- Girly Nkosi, aged 37 years, from Kwa-Thema in Springs, was stabbed and murdered on 22 June 2009.

Generally, GBV, especially rape, has been identified as one of the major risk factors for HIV infection. However, many studies on lesbian women have not addressed the link between GBV and HIV among this sexual minority group. Studies on the link between GBV and HIV have focused mainly on heterosexual women and overlooking lesbian women. In addition, studies on lesbian women in South Africa have focussed more on lesbians in urban areas rather than rural areas. The latter is attributed to the conservativeness of rural areas where most lesbian women

choose to conceal their sexual orientation to avoid being victims of GBV. Therefore, this present study seeks to fill in these research gaps. In relation to HIV, it is worth noting that HIV in South Africa is seen as an urban problem rather than a rural one, which results in a misconception that people in rural areas are immune from the epidemic, especially lesbian women who are perceived to be non-sexual.

Purpose and aim of the study

The purpose of this study was to explore and describe experiences of young lesbian women regarding their susceptibility to GBV and HIV in a rural community in South Africa. The aim was to gain a better understanding of the dynamics involved in the relationship between GBV and HIV in these young women in order to inform policy and practice in the development of interventions.

The research setting

This study was conducted in a rural community comprised of rural villages in North West province in South Africa. The province is one of the poorest provinces in the country with more than half of people living in rural areas (Statistics South Africa, 2016). Rural areas are usually associated with strict traditional values, rigid cultural norms and strong religious beliefs which promote the subordination of women and thereby encouraging GBV. The latter situation inevitably makes rural women to become susceptible to HIV infection. It is also worth noting that the conservativeness of rural areas prohibits lesbianism. As a result, lesbian women in rural areas are highly marginalised and are prone to GBV and consequently HIV risk.

Theoretical framework

The syndemics theory is used to frame the argument of this paper. The theory was conceptualised in the 1990s by American medical anthropologist Merrill Singer in order to study the interrelationships of epidemics in populations, particularly the link between substance abuse, violence and AIDS (SAVA). The term 'syndemics' originates from the combination of two terms, namely, 'synergy' and 'epidemic'. According to Singer (2009), syndemics theory refers to high rates of health risks which interact together in a synergistic manner to result in excess burden of disease. In the context of this study, this synergy refers to the interrelationship between GBV and HIV. Douglas-Vail (2015) concurs that syndemics theory refers to two or more afflictions that interact synergistically to contribute to excess burden of disease. According to Singer, Bulled, Ostrach & Mendenhall (2017), syndemics in a population are often aggravated by poor living conditions, health disparities and social injustices. Against this backdrop, it is significant that the interrelationship between GBV and HIV among populations, in this case young lesbian women, is understood within the biopsychosocial model of health. The latter refers to biological factors (e.g. gender or sex), psychological factors (e.g. identity or behaviour) and social factors (e.g. norms or culture) that exacerbate the susceptibility of young lesbian women to GBV and HIV (Singer et al., 2017). In this light, the syndemics theory is best suited to understand the dynamics involved between GBV and HIV risk in young lesbian women in a rural community in South Africa.

Method

A phenomenological research design was adopted in this study. The aim of phenomenology, according to Streubert and Carpenter (2011), is to describe the lived experiences of human beings and to explore the possible hidden meaning behind those experiences. In this regard, the phenomenological approach was best suited to accomplish the purpose and aim of this study, i.e. to explore and describe experiences of young lesbian women regarding their vulnerability to GBV and HIV in a rural community in South Africa. Phenomenology is primarily concerned with describing ways in which human beings make sense of what they experience in their day-to-day lives as individuals and in interaction with others. According to Smith, Flowers and Larkin (2009), the phenomenological approach involves the ‘bracketing’ of one’s preconceived ideas as well as prior knowledge in order to allow participants to speak for themselves, in their own words, concerning their own lived experiences. The process of ‘bracketing’, which is based on Husserlian transcendental phenomenology, ensures that the true phenomenon under investigation is not influenced by the researcher (Grove, Burns & Gray, 2013). Husserlian transcendental phenomenology is defined as “a scientific study of the appearance of things, of phenomena just as we see them and as they appear to us in consciousness...returning to the self to discover the nature and meaning of things as they appear and in their essence” (Moustakas, 1994, p. 26, 49). In this light, the researcher put in abeyance his presuppositions and predispositions about the study during data collection and analysis in order to preserve data in its purest form. This means that the researcher refrained from being subjective and remained objective throughout the study, and was not influenced by his personal views, values and beliefs regarding the phenomenon under investigation.

Data collection

Data for this study was collected over a period of five months from March to July 2015 while the researcher was conducting his doctoral study on sexual minority groups that are at risk of HIV infection in a rural community in South Africa. Eight young lesbian women were recruited through purposive and snowball sampling techniques to participate in the study. These lesbian women were recruited through their social networks and friendship circles. Data was collected through two focus group discussions (FGDs) and eight individual in-depth interviews (IDIs). According to Roller and Lavrakas (2015), FGDs and IDIs are the most common methods of data collection in qualitative research. These data collection methods were used in this study because of their effectiveness in stimulating dialogue between the researcher and participants in order to explore and describe the experiences of the participants (Streubert & Carpenter, 2011). FGDs were used to explore and describe broad topics on the subject under investigation whereas IDIs were used for more sensitive, private and confidential information. In this regard, themes which emerged from the FGDs that were of interest to the researcher and relevant to the study were further probed in the IDIs. The inclusion criteria for these young lesbian women was that they should be aged 18-35 years so that they should be able to provide their own informed consent to participate in the study. This age cohort was chosen because the South African legal framework defines young people or youth as individuals who fall under this age group (National Youth Policy, 2015). To ensure the diversity of the experiences in the study, the researcher sampled young lesbian women with different socio-demographic characteristics in terms of age, level of education, occupation, monetary income and religion. Although the researcher was able to recruit only eight lesbian women, it is worth noting that in qualitative research the sample should be

chosen based on how appropriate the participants are in relation to the purpose and aim of the study. Furthermore, qualitative research does not depend on statistical representativeness, however, the researcher should ensure data saturation to the point that no new information is emerges from the participants (Roller & Lavrakas, 2015).

A “grand tour” question was asked to all the participants. The question asked was:

“Could you please share with me your experiences regarding your sexual orientation as well as your vulnerability to GBV and the consequent risk of contracting HIV in this community?”

The researcher then probed further to elicit relevant information and to pursue more information pertaining to the study. The researcher used the interview strategy of “funneling”, which Minichiello, Aroni and Hays (2008) describe as the process of starting an interview with a broad general question and thereafter continuing to narrow the discussion using more specific questions which ask directly about the issues that are relevant to the study. The FGDs and IDIs were conducted in English and the local language spoken in the area (Setswana). For precision and accuracy reasons, the FGDs and IDIs were recorded using an audiotape in order to capture the dialogue between the researcher and the participants verbatim. In some cases, follow-up IDIs were scheduled with participants to clarify the information previously supplied and to further obtain new information. The FGDs and IDIs were conducted in a quiet, private and remote space in the car of the researcher. The two FGDs lasted for approximately ninety minutes each whereas the eight IDIs lasted for about sixty minutes each. The conversations between the researcher and the participants were later transcribed verbatim and those conducted in Setswana were translated into English.

Data trustworthiness

Polit and Beck (2014) propagate that in order to maintain the trustworthiness of data in a study, four criteria need to be taken into consideration, namely, (1) credibility, (2) transferability, (3) dependability and (4) confirmability. These criteria were used similarly to another study which was conducted among gay men in the same rural community in South Africa (Mampane, 2017b).

Credibility refers to the correctness and truthfulness of the data supplied by the participants (Polit & Beck, 2014). The researcher established the credibility of the data by sharing the transcripts of the interviews with the participants to confirm and verify whether the transcripts were a true reflection of what the participants meant.

Transferability refers to the degree to which the findings of a study can be applied to other contexts or settings (Polit & Beck, 2014). The researcher established the transferability of this study by using purposive sampling where he deliberately selected participants who he knew would provide rich and relevant information pertaining to the study. In addition to purposive sampling, the researcher also used snowball sampling where participants referred the researcher to other possible participants who could provide rich and relevant information. Because young black lesbian women have common experiences in the communities that they live in, there is a possibility that the study would yield similar findings if applied in other contexts or settings.

Dependability refers to the consistency and stability of the data supplied by the participants (Polit & Beck, 2014). The researcher established the dependability of the study by documenting

authentic accounts of the participants. Due to the fact that the researcher is an experienced researcher in the field of sexual minorities and HIV in the area, the participants were able to identify with the researcher and were comfortable to discuss their knowledge, experiences and perceptions with someone who understood their context and perspective. Therefore, the study participants trusted the researcher with the information they provided and felt at ease to communicate with someone who was an insider rather than an outsider. Moreover, the insider role of the researcher increased the consistency and stability of the data because he could identify with the issues the participants raised.

Confirmability refers to the degree to which the findings of the study could be confirmed or substantiated by others (Polit & Beck, 2014). To ensure confirmability in the study, the researcher used the concept of triangulation by comparing and matching the responses of the participants to see if they corroborated each other. In addition, the researcher triangulated the findings of the study with previous studies done on the topic of lesbian women and HIV risk.

Ethical considerations

According to Brink, Van Der Walt and Van Rensburg (2014), all research involving human subjects should be conducted in accordance with the following three fundamental ethical principles:

Respect for persons

Respect for persons incorporates two ethical principles. The first principle is respect for an individual's autonomy, which requires that those who are capable of deliberation about their personal choices should be treated with respect for their self-determination. The second principle is the protection of persons with impaired or diminished autonomy, which requires that those who are dependant or vulnerable should be afforded security against harm or abuse. In this regard, participants were not forced to answer questions that they did not want to answer. Moreover, they were allowed to discontinue their participation in the study if they wished to do so without being penalised.

Beneficence

Beneficence refers to the ethical obligation to maximise benefits and minimise harms when working with human subjects. The principle contends that the risks of the research should be reasonable in light of the expected benefits, that the research design be sound, and that researchers should be competent with regard to both conducting research and safeguarding the welfare of their subjects. Due to the sensitivity of talking about experiences of GBV and the risk of HIV infection, the researcher was ready to refer participants for debriefing sessions at the Centre for Applied Psychology within the University of South Africa.

Justice

Justice refers to the ethical obligations to treat each person in accordance with what is morally right and just. There must be equitable distribution of burdens and benefits of research participation. For instance, the research participants should be recruited with the aim that the research will be beneficial to them and not merely because they can provide the answers that the researcher seeks to establish. The right to privacy is also another variable in ensuring justice to the participants in a research study. Meaning that participants have the right to determine the extent to

which private information is shared or withheld during the research process. The participants were required to sign consent forms to agree to be interviewed and tape recorded. Their confidentiality and anonymity were ensured through the use of pseudonyms instead of their real names, and the interviews were conducted in a private space.

Findings and discussion

Table 1: Socio-demographic characteristics of the participants

Pseudonym	Age	Education level	Occupation	Income per Month (ZAR – South African Rand)	Openly lesbian	Religion
YLW1	19	Middle school	Unemployed	None	No	Christian
YLW2	21	Secondary school	Street vendor	R500	Yes	Baptist
YLW3	22	Primary school	Unemployed	None	No	Anglican
YLW4	25	Secondary school	Unemployed	None	Yes	Christian
YLW5	25	Secondary school	Unemployed	None	No	Catholic
YLW6	28	Primary school	Shopkeeper	R1800	Yes	Presbyterian
YLW7	30	Secondary school	Farm worker	R2500	Yes	Methodist
YLW8	32	College	Teacher	R15 000	Yes	Catholic

Themes and sub-themes

Two themes and five sub-themes of GBV emerged from the data collected in this study. Table 2 below denotes the themes and sub-themes that emerged during data analysis:

Table 2: Themes and sub-themes

Themes	Sub-themes
Direct GBV	<ul style="list-style-type: none"> • Physical GBV • Sexual GBV • Emotional GBV
Indirect GBV	<ul style="list-style-type: none"> • Community GBV • Institutional GBV

Direct GBV

Direct GBV in the context of this study refers to violence that occurs in close relationships that lesbian women have with people they interact with on a daily basis. This includes physical, sexual and emotional GBV.

Physical GBV

Most of the participants responded that they often experienced physical GBV from men in their community, including men from their families and relatives. This was apparent in the following responses:

“My brother once caught me kissing and fondling with my girlfriend in my room, he then told my father who became angry and beat us until we were bruised and we fled to my grandmother’s place” (YLW2).

“I am from a strong Christian family where lesbianism cannot be tolerated, once my family found out that I was a lesbian they reported me to the church elders who congregated and beat me up with a sjambok because they said I was a demonised and rebellious child” (YLW1).

“There was this boy from my neighbourhood who used to tease me and even swear at me because I was a lesbian, one day I retaliated and hit him with a stone...he then called his friends and they ganged up on me and assaulted me to the point that I was hospitalised” (YLW5).

“My uncle’s neighbour told him that I’m a lesbian and he got angry and he physical assaulted me” (YLW3).

“I was at a tavern and this guy wanted to have sex with me and when I refused and told him that I’m a lesbian he hit me in the face with a bottle of beer. My face was scratched and I was bleeding heavily” (YLW7).

These findings are consistent with a study conducted in rural Lesotho by Poteat, Logie, Adams, Mothopeng, Lenoba, Letsie and Baral (2015) in which they also found increasing cases of physical GBV among their participants. This physical abuse was also mainly perpetrated by male members of their participant’s families, relatives and community. According to the study conducted by Higgins, Hoffman and Dworkin (2010), there is a correlation between physical GBV perpetrated against women and HIV. These researchers argue that women who are usually physically abused are also likely to be victims of sexual violence which puts them at risk of HIV. These findings are also consistent with a study conducted by Mampane (2016) among physically abused HIV-positive women in a rural community in South Africa.

Sexual GBV

The participants in this study concurred that the ‘corrective rape’ phenomenon was rife in their community and that this phenomenon potentially put them at risk of contracting HIV. Some of the participants reported that:

“My lesbian girlfriend was gang raped by three guys from another village and she contracted HIV...they said they wanted to cure her from lesbianism” (YLW7).

I’m dating this married woman and her husband always subject her to what we call ‘marital rape’...he’s a Casanova and I’m afraid that he’s going to give her HIV” (YLW4).

“I am now HIV-positive because I got it from my ex-boyfriend who used to sexually abuse me. I used to have a relationship with him just to hide my lesbian sexuality from my family but now I’m out of the closet. He was a womaniser and used to force me to have sex with him although I didn’t want to...he’s the only guy I’ve ever had sex with and of course it is him who infected me...he now has full-blown AIDS and he’s on his death bed” (YLW6).

These testimonies corroborate research that has been done worldwide on the close link between coercive sex and HIV. Due to increasing instances of homophobic attacks on lesbians in South Africa, many are involved with men in order to hide their true sexual orientation in fear of being stigmatised. Therefore, the fact that they have sex with both men and women exacerbates their susceptibility to HIV infection. Moreover, because of their sexuality, many are prone to intimate partner violence (IPV) which research has identified as one of the major drivers of the HIV epidemic worldwide, especially on the African continent. Those lesbians who are married to men or who have boyfriends for reasons of concealing their sexual orientation, research by Maleche and Dey (2011) revealed that consensual sex is assumed within marriage and relationships which automatically means that marital rape or relationship rape is not a crime. This situation inevitably puts many lesbian women at risk of acquiring HIV. Morgan, Kheswa and Meletse (2009), in their book entitled “Creating memory: documenting and disseminating life stories of LGBT people living with HIV in South Africa”, show that many young lesbian women who are victims and survivors of GBV have contracted HIV through incidents of being raped or gang raped.

Emotional GBV

Most of the participants in this study indicated that they are in many cases emotionally distressed because of the volatile nature of the environment they live in which is attributed to homophobia. As a result, many resort to substance abuse, particularly alcohol and cannabis (marijuana). Some reported that:

“I get high in order to be able to mingle with people without me fearing that they may judge me because of my sexual preference” (YLW4).

“When I was at school I used to smoke dagga a lot and also bought it for my friends so that they could accept me for who I am” (YLW2).

“I must confess that in few occasions I passed out from alcohol and I found myself in bed with a guy from the tavern and I don’t remember what happened to the point that I got there” (YLW3).

“There are these group of guys who target us lesbians at taverns and they put drugs in our beers so that they can sleep with us because they say we are virgins so they want break our virginity” (YLW6).

Research worldwide has found that members of the LGBT community, including lesbians, are prone to substance abuse due to their marginalisation in society. This situation in turn creates mental health problems for them. In South Africa, alcohol and substance abuse rank among the highest in the world. According to Chersich and Rees (2008), alcohol abuse in South Africa is prevalent among the Black population living in impoverished communities such as rural areas, and incidents of heavy drinking occur mainly during weekends when people are not working. Research worldwide has identified alcohol and substance abuse as major risk factors for HIV infection. This is because a person who is under the influence of alcohol may not take precautionary measures when engaging in sex. This is because in many instances alcohol suppresses their likelihood to use condoms or if they are used there is a possibility that they may not be used correctly. To substantiate this situation, a study conducted in sub-Saharan countries revealed that African women with tendencies of heavy drinking usually use condoms inconsistently and incorrectly, and are likely to be raped and are also highly vulnerable to sexually transmittable infections (STI's) including HIV (Scorgie, Chersich, Ntanganira, Gerbuse, Lule & Lo, 2012).

Indirect GBV

Indirect GBV in the context of this study refers to any form of structural inequality that discriminates against lesbian women and puts them in a subordinate position in communities that they live in. Indirect GBV is characterised by norms, beliefs, attitudes, values, traditions and stereotypes that influence the marginalisation of lesbian women in society.

Community GBV

Some lesbians in this study mentioned that they are often harassed and discriminated against in community public spaces. These were their experiences:

“I was in a taxi and the driver and some of his male passengers started to touch me on my private parts saying they want to see if I have a vagina or penis...and if they find that I don't have a penis they will show me how a woman must behave...they promised that they will rape me and I jumped out of the taxi while it was moving and run away” (YLW7).

“I went to the public toilets at the shops and some guys followed me and they showed me their penises and said I must show them mine and they will leave me” (YLW2).

“We were going home late from the tavern with my lady friends and some guys just appeared before us and demanded money from me...they said they wanted money from me specifically because I am acting like a man so I should have the money...I ran away and they chased me until I managed to get home safely...I don't know what could have happened to me” (YLW8).

These participant's experiences indicate that lesbian women are not safe in community public spaces and they are prone to sexual violence which in turn is a risk factor for HIV acquisition (Logie, Lee-Foon, Jones, Mena, Levermore, Newman, Andrinopoulos & Baral, 2016). These findings are consistent with the findings of a study conducted by Mampane (2017a) in a rural community in South Africa among members of the LGBT community who also experienced high levels of sexual violence and the risk of acquiring HIV.

Institutional GBV

Some lesbian women also reported discrimination in major structures of the society. These are their experiences:

"I went to the clinic with my new girlfriend so that we can test for HIV before we have sex and the nurse told us that why are we wasting her time because lesbians cannot get HIV because they don't have real sex...she then called other nurses and they made fun of us in front of other patients who also joined in and mocked us until we eventually decided to leave" (YLW4).

"My former principal at the school where I teach demanded sex from me in exchange for a promotion. I told him that I'm a lesbian and he said after I have sex with him I'll never prefer women again...I didn't get the promotion because he refused to give a recommendation and started spreading rumours about me in the school and the education district that I'm a paedophile who shouldn't be working with children and that I'm a bad example to the children" (YLW8).

"I was chased away from church because the church elders said I'm possessed with demons and should repent from my lesbianism...this created a lot of stress for me because I'm a spiritual person and I can't nurse my faith anymore...I'm now drinking alcohol like crazy and drowning my sorrows away because there's nothing left within my soul" (YLW1).

"Once my ex-boyfriend beat me up when he found out that I am a lesbian, I went to the police station but I was a laughing stock there when I told them that I'm a lesbian and they said he had the right to beat me up in order to show me right place where a woman belongs, not someone like me who wants to take the place of men...the other policeman said he wanted my numbers so he can visit me at night to show me how beautiful sex is between a man and a woman" (YLW6).

"I tried to approach the magistrate that I know and he said he doesn't have time to play stupid cases like mine" (YLW6).

These experiences clearly denote how vulnerable lesbian women are in major societal structures such as health, education, religion and law enforcement. For instance, being ridiculed in health care facilities because of the misperception that lesbian women are immune from HIV inevitably denies these women services such as HIV counselling, testing, prevention, treatment, care and support. This situation in turn aggravates their susceptibility to HIV infection and those who are already infected may succumb to the disease due to lack of health care services (Logie,

Perez-Brumer, Jenkinson, Madau, Nhlengethwa & Baral, 2018). A study by Mampane (2017a) in rural villages in South Africa also found that members of the LGBT community avoid using health care facilities because of prejudice from health care practitioners.

Conclusion

The risk of HIV infection among lesbian women remains to be an under-researched subject on the African continent. In light of this statement, and based on the findings of this study, it is evident that lesbian women in rural communities in South Africa are a high-risk population for HIV infection. The study argued that GBV is seen as a problem only for heterosexual women with lesbian women often being overlooked when discussing issues of GBV against women. This situation has been apparent in South African women's social mobilisation and advocacy campaigns against GBV, especially in the month of August when the country celebrates women's month. In these prominent occasions, lesbian women are conspicuously ignored and absent from the agenda.

When looking at the previous National Strategic Plans for HIV and AIDS in South Africa, prevention and treatment needs of lesbian women were also not addressed. This is attributed to the misconception that lesbian women are invulnerable and immune from HIV infection. However, this study and other studies conducted around the world, particularly in sub-Saharan Africa, have proven that there are direct and indirect factors that influence the vulnerability of young lesbian women to the risk of HIV infection. Due to the fact that homosexuality is regarded to be un-African, this study has discovered that GBV (both direct and indirect) is one of the major social determinants of health for young lesbian women in South Africa. It is revealed in this study that young lesbian women face stigmatisation and discrimination on a day-to-day basis at individual, community and societal levels. As a result, the study propounds that there is a need to implement community solidarity and social cohesion activities among members of the LGBT community in order to combat GBV and HIV in the communities that they live in. This could be achieved through community engagement activities such as community outreach campaigns and community peer education programmes. However, these community-based strategies have to be implemented through collaboration with influential structures of the society such as health care workers, educators, religious leaders and law enforcement authorities. This is because community engagement approaches have been proven to be efficacious in improving the health and wellbeing of marginalised and minority populations in underprivileged and disadvantaged communities such as rural areas.

References

- Breen, D., Lynch, I., Nel, J. & Matthews, I. (2016). *Hate crime in transitional societies: the case of South Africa*. New York: Oxford University Press.
- Brink, H., Van Der Walt, C. & Van Rensburg, G. (2014). *Fundamentals of research methodology for health care professionals*. Cape Town: Juta.
- Cameron, E. (2009). Foreword. In Reddy, V., Sandfort, T., & Rispel, L. (Eds.), *From social silence to social science: same-sex sexuality, HIV & AIDS and gender in South Africa* (p. vii). Pretoria: HSRC Press.
- Chersich, M.F. & Rees, H.V. (2008). Vulnerability of women in southern Africa to infection with HIV: biological determinants and priority health sector interventions. *AIDS*, 22(1):27-40.
- Douglas-Vail, M. (2015). Syndemics theory and its applications to HIV/AIDS public health interventions. *International Journal of Medical Sociology and Anthropology*, 4(1):81-90.
- Duggan, M. (2017). *Heteronormativity and the inverted relationship between sociopolitical and legislative approaches to lesbian, gay and bisexual hate crime*. New York: Routledge.
- Grove, S.K., Burns, N. & Gray, J.R. (2013). *The practice of nursing research: appraisal, synthesis and generation of evidence*. Saint Louis: Elsevier Saunders.
- Higgins, J.A., Hoffman, S. & Dworkin, S.L. (2010). Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS. *American Journal of Public Health*, 100(3):435-445.
- Judge, M. (2018). *Blackwashing homophobia: violence and the politics of sexuality, gender and race*. New York: Routledge.
- Kotze, E. & Bowman, B. (2018). Coming-out confessions: negotiating the burden of lesbian identity politics in South Africa. *Journal of Homosexuality*, 65(1):1-18.
- Lips, H.M. (2014). *Gender: the basics*. New York: Routledge.
- Logie, C.H., Lee-Foon, N., Jones, N., Mena, K., Levermore, K., Newman, P., Andrinopoulos, K. & Baral, S. (2016). Exploring lived experiences of violence and coping among lesbian, gay, bisexual and transgender youth in Kingston, Jamaica. *International Journal of Sexual Health*, 28(4):343-353.
- Logie, C.H., Perez-Brumer, A., Jenkinson, J., Madau, V., Nhlengethwa, W. & Baral, S. (2018). Marginalization and social change processes among lesbian, gay, bisexual and transgender persons in Swaziland: implications for HIV prevention. *AIDS Care*, 30(2):33-40.
- Maleche, A. & Day, E. (2011). *Traditional cultural practices and HIV: reconciling culture and human rights*. Working Paper for the Third Meeting of the Technical Advisory Group of the Global Commission on HIV and the Law, 7–9 July 2011.
- Mampane, J.N. (2016). Factors influencing the vulnerability of women to the risk of HIV-infection in rural villages in North West province, South Africa. *Gender and Behaviour*, 14(2):7338-7346.
- Mampane, J.N. (2017a). *Guidelines for mitigating the risk of HIV-infection among Black men who have sex with men (MSM) in a rural community in South Africa*, (Unpublished doctoral dissertation), University of South Africa, Pretoria.
- Mampane, J.N. (2017b). The impact of an HIV community engagement programme among men who have sex with men in a rural community in South Africa. *Africa Journal of Nursing and Midwifery*, 19(3):1-14.

- Martin, A., Kelly, A., Turquet, L. & Ross, S. (2009). *Hate crimes: the rise of 'corrective' rape in South Africa*. London: Action Aid.
- Minichiello, V., Aroni, R., & Hays, T. (2008). *In-depth interviewing: principles, techniques, analysis*. Sydney: Pearson Education.
- Mkhize, N., Bennett, J., Reddy, V. & Moletsane, R. (2010). *The country we want to live in: hate crimes and homophobia in the lives of Black lesbian South Africans*. Pretoria: HRSC Press.
- Morgan, R., Kheswa, B. & Meletse, J. (2009). *Creating memory: documenting and disseminating life stories of LGBTI people living with HIV in South Africa*. Pretoria: HSRC Press.
- Moustakas, C. (1994). *Phenomenological research methods*. London: Sage.
- National Youth Policy. (2015). *We are generation 2020*. Pretoria: The Presidency.
- Nel, J.A. & Judge, M. (2008). Exploring homophobic victimisation in Gauteng, South Africa: issues, impacts and responses. *Acta Criminologica*, 21(3):19-36.
- OUT LGBT Well-being. (2010). *Hate crimes in Gauteng Province, South Africa*. Available at: <https://www.out.org.za> (accessed on 15/08/2018).
- Polit, D.F. & Beck, B.P. (2014). *Essentials of nursing research: appraising evidence for nursing practice*. Netherlands: Wolters Kluwer.
- Poteat, T.C., Logie, C.H., Adams, D., Mothopeng, T., Lenoba, J., Letsie, P. & Baral, S. (2015). *Stigma, sexual health, and human rights among women who have sex with women in Lesotho*. *Reproductive Health Matters*, 23(46):107-116.
- Reddy, V., Sandfort, T., & Rispel, L. (Eds.). (2009). *From social silence to social science: same-sex sexuality, HIV & AIDS and gender in South Africa*. Pretoria: HSRC Press.
- Roller, M.R. & Lavrakas, P.J. (2015). *Applied qualitative research design: a total quality framework approach*. New York: The Guilford Press.
- Scorgie, F., Chersich, M.F., Ntaganira, I., Gerbuse, A., Lule, F. & Lo, Y.R. (2012). Socio-demographic characteristics and behavioral risk factors of female sex workers in sub-Saharan Africa: a systematic review. *AIDS and Behavior*, 16(4):920–933.
- Sikweyiya, Y., Nduna, M., Shai, N. & Jewkes, R. (2017). Motivations for participating in a non-interventional gender-based violence survey in a low-income setting in South Africa. *BMC Public Health*, 17:605. <https://doi.org/10.1186/s12889-017-4525-z>.
- Singer, M. (2009). *Introduction to syndemics: a critical systems approach to public and community health*. New Jersey: Jossey-Bass Publications.
- Singer, M., Bulled, N., Ostrach, B. & Mendenhall, E. (2017). Syndemics and the biosocial conception of health. *The Lancet*, 389(10072):941-950.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: theory, method and research*. London: Sage.
- Statistics South Africa. (2016). *Provincial community census 2016*. Pretoria: Statistics South Africa.
- Streubert, H.J. & Carpenter, D.R. (2011). *Qualitative research: advancing the humanistic imperative*. Philadelphia: Lippincott, Williams & Wilkins.
- Szymanski, D.M. & Henrichs-Beck, C. (2014). Exploring sexual minority women's experiences of external and internalized heterosexism and sexism and their links to coping and distress. *Sex Roles: A Journal of Research*, 70(1):28-42.
- United Nations. (2015). *Transforming our world: the 2030 agenda for sustainable development*. New York: UN.

- United States Agency for International Development. (2014). *Toolkit for Integrating GBV Prevention and Response into Economic Growth Projects*. Washington, DC: USAID.
- Yount, K.M., Krause, S.H. & Miedema, S.S. (2017). Preventing gender-based violence victimization in adolescent girls in lower-income countries: systematic review of reviews. *Social Science and Medicine*, 192:1-13.