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**AN EXPLORATION OF INTIMATE PARTNER VIOLENCE DURING
PREGNANCY: AN INTERPRETATIVE PHENOMENOLOGICAL STUDY**



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SOCIAL SCIENCE IN THE DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF
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DECLARATION

I, Welekazi Serame, Student No: 201310555 hereby declare that the research project entitled: "An Exploration of Intimate Partner Violence During Pregnancy": An Interpretive Phenomenological Study", submitted to the University of Fort Hare for the fulfilment of the Master's Degree in Psychology, that this study, apart from the sources used or quoted as listed in the references, is my own work and has not been submitted for any degree or examination at any university.



Signature... *PP* *W. Serame* Date... *02/08/2016*
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ABSTRACT

Intimate Partner Violence (IPV) is the most common form of violence against women worldwide, and alarmingly, South Africa is reported to have one of the highest rates and prevalence. This study was conducted to establish the participant's perceptions of IPV and their descriptive presentation of their experiences of IPV during pregnancy. The study further explored the social, cultural and gendered power relations underpinnings of IPV.

A qualitative exploratory research design was employed for this study as a method of enquiry that aims at describing and clarifying human experience as it appears in people's lives. Interpretive phenomenological analysis (IPA) was employed in this study as its theoretical framework. Data was gathered in the form of spoken language utilising semi-structured face-to-face interviews. A convenient sample of five participants was drawn from survivors of IPV during pregnancy at an organisation that offers support to women who have been abused.

Results indicated that IPV in the lives of the five participants was introduced during the first month of pregnancy, the main trigger being the announcement of pregnancy. An increase in IPV ensued and continued after birth with adverse emotional and physical consequences. IPV was found to be common during pregnancy especially to those who are economically dependent on their partners. Cultural influences of the AmaXhosa were also found to have played a dominant role.

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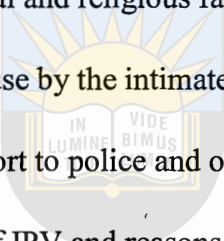
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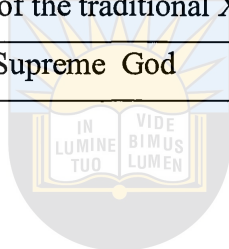
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LIST OF TRANSLATIONS

• Ilobola:	Price offered by the groom to the in-laws for the bride
• Imbeleko:	Introduction of child to the ancestors
• Intonjane:	Transition from childhood to womanhood
• Isishumane:	Men with no sexual relations
• Isithembu:	Polygamy
• Qhamani nande:	Be Fruitful and multiply
• Ukonyuka nengalo:	An act of embracing pregnancy by proposing marriage
• UQamata:	God of the traditional Xhosas
• UThixo:	The Supreme God



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LIST OF ACRONYMS

ADHD:	Attention Deficit Hypertensity Disorder
AIDS:	Acquired Immuno Deficiency Syndrome
HIV:	Human Immunodeficiency Virus
IPA:	Interpretive Phenomenological Analysis
IPV:	Intimate Partner Violence
WHO:	World Health Organisation



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CHAPTER ONE

1. BACKGROUND AND OVERVIEW OF THE STUDY

1.1 Introduction

Intimate partner violence (IPV) is the most common form of violence against women worldwide, and alarmingly, South Africa is reported to have the highest rate and prevalence (Cain, Eaton, Kalichan, Pitpan, Sikemma, Skinner, Watt & Pieterse, 2012). IPV is ranked as an internationally recognised pandemic which does not discriminate, and as such its prevalence is observed in any racial group, educational class, and economic class. It also cuts across societies and cultures (Amoakohene, 2004 in Marais, 2009). Furthermore, pregnant women are neither insusceptible nor immune to IPV (Matseke, Mlambo & Peltzer, 2012), with some research reports indicating increase of violence after delivery (Jasinski, 2004).

The World Health Organization (WHO, 2011) noted that there is a growing recognition that women living in on-going abusive relationships are more likely to experience increased abuse when they become pregnant. Furthermore, IPV by men against women is on the increase and becomes more complex and challenging when it is initiated during pregnancy. As such, a study conducted by Cain et al. (2012) revealed that as many as 4 – 8 per cent of all pregnant women in Mpumalanga in South Africa were found to be victims of IPV. Interestingly, the WHO (2011) also reported alarming evidence that pregnancy does not prevent the occurrence of IPV, regardless of the direction IPV takes during gestation (whether IPV is initiated prior to, during or after pregnancy) and the level of severity (whether IPV decreases or increases during pregnancy).

The National Centre for Disease Control (2010) uses the term 'intimate partner violence' to describe violence that occurs within intimate relationships specifically. According to Ilika, Okonkwo and Adogu (2001) IPV may be considered as an act of gender based violence that results in or is likely to result in physical, sexual, or psychological harm and suffering to women. These acts may include threats, coercion, or arbitrary deprivation of liberty against the other person, whether occurring in public or private life. Sally (2006) concurs that IPV delineates a gender violence denoting a gross violation of human rights that is influenced by gender inequalities between men and women in a relationship. Some of the common terms used to describe intimate partner violence have been domestic abuse, spouse abuse, domestic violence, courtship violence, dating violence, battering, marital rape, and date rape (Marais,

2009). In addition, Hamel (2008) refers to a spousal relationship, as any couple, self-identified, whether married, cohabiting, or recently separated.

IPV becomes more complex when it is initiated during pregnancy due to both the physical and psychological consequences. Studies by Bedi and Gordard (2007) also point to serious consequences not only to the pregnancy outcomes of the victim but also on the children, and other family members. Furthermore, these may include miscarriages and foetal injuries (Dawson, 2001).

IPV initiated during pregnancy may also be associated with social factors which may be regarded as contributing and consequential. These factors include social factors such as health related factors; socio-economic factors; substance abuse; socio-cultural factors and socio-political factors. The social factors play a vital role in the manifestation and intensification of IPV initiated during pregnancy (Hamel 2008). In addition, there are also negative consequences which may exacerbate the challenge of IPV initiated during pregnancy significantly. These may include health related outcomes, such as psychological and physical health outcomes (Sadock & Sadock, 2007; Gwandure & Mayekiso, 2012).

IPV is undeniably, recognised as a universal challenge (Cain et al., 2012), and has been proven to be dominant in South Africa in comparison to other countries (Peltzer, Jones, Shikwane, Cook, Vamos & Weiss, 2010). Moreover, the highest prevalence and annual increase of IPV in intensity have been detected within the Eastern Cape Province (Cain et al., 2012; Ogumbanjo, Salawu & Zungu, 2010). In addition, Harris (1999) also recounted the highest proportions of IPV within the Buffalo City region in the Eastern Cape Province (where the current study is undertaken). It was for this reason that the researcher was inspired to contribute more insight to the existing literature of IPV in this region, particularly, to IPV initiated during pregnancy.

1.2 Background to the study

This is an exploratory study with the intention of investigating and exploring how survivors understand and deal with the occurrence of IPV during pregnancy, and furthermore to investigate the social, cultural and gendered power relations underpinning IPV during pregnancy. Three critical questions stemming from this phenomenon were examined:

The questions to be addressed in this research are as follows:

- What are the experiences of survivors of intimate partner violence initiated during pregnancy?
- What is the understanding of survivors of intimate partner violence initiated during pregnancy concerning their plight?
- How do survivors of IPV make sense of their experiences?

The theoretical framework that framed this research was interpretive phenomenological analysis (IPA). IPA focuses on the lived experiences of the individual and involves the exploration in detail of these experiences, how the individual participant makes sense of the experiences and what meanings those experiences hold for the participants (Smith & Eatough, 2007). In order to achieve the aim of the study, in-depth interviews were held with participants who had experienced IPV initiated during pregnancy.

To analyse the data generated from these interviews, the principles of IPA for analysing data as outlined by Biggerstaff and Thompson (2005) were employed. These were incorporated into the methodology chapter in the section dealing with the analysis of data. The themes emerging from the data analysis were then discussed in the analysis and discussion of the results chapter.

1.3 The contextual background

The following section represents the contextual background to the study. The study on Intimate Partner Violence (IPV) during pregnancy was conducted in a non-governmental organisation, at the Buffalo City Municipality in the Eastern Cape, South Africa. The study participants were accessed through a support centre for women where the participants received support services and legal advice. The main objective of the organisation is to decrease the number of gender-based crimes committed against women and children and to ensure that women and children who experience gender-based violence, and those who are infected and affected by HIV/Aids, receive appropriate support services. This organisation has been identified as one of the relevant contexts in which survivors of IPV can be identified and studied, mainly due to its accessibility and for the reason that women who have experienced this form of violence or abuse, make greater use of such services.

1.3.1 The 'AmaXhosa culture'

For the purpose of the discussion on IPV, cultural discourses seem to take centre stage in the analysis of personal experiences and understanding of IPV by the participants. For this reason, it became vital to provide a background to the AmaXhosa culture, as it appears to shape not just philosophies, but also the existence of the people. The Supreme Being among the AmaXhosa is *uThixo*, or *Qamata* (God), who may possibly be approached through ancestral intermediaries and honoured through ritual sacrifices (Koyana, 1980). Ancestral worship is also a very common practice and the ancestors make their wishes known to the living through dreams. AmaXhosa religious practice includes lengthy rituals, initiations, and feasts. These are informed by beliefs which in turn affect cultural practices such as *ulwaluko* (circumcision), and *intonjane* (transition from childhood to womanhood), *ukuzila* (mourning ritual), and *imbeleko* (introduction of child to ancestors). AmaXhosa marital practices included such practices as *isithembu* (polygamy) which permitted men to marry *multiple wives*, especially if the men had sufficient livestock to pay, *ilobola* for more than one bride. According to AmaXhosa customary law, *ukulobola* is the custom whereby a young man gives cattle or their monetary value to his wife's father or guardian on the occasion of his marriage (Koyana, 1980; Soga, 1932). Additionally, it has been reported that in most cultures, particularly, in the AmaXhosa culture, cohabitation is valued as a normal part of the dating process and in some situations, is seen as an alternative to marriage. Furthermore, lower income individuals may delay or avoid marriage due to difficulty of paying for the wedding or *ilobola* in the case of AmaXhosa and fear of financial hardship (Rowling, 2012). Cohabitation is arrangements where two people who are not married live together in an emotionally and/or sexually intimate relationship on a long-term or permanent basis.

An African man having no sexual partner or dating one partner is known as *isishumane* within the Xhosa culture, and this behaviour was considered very offensive and humiliating. It is also reported that the AmaXhosa are among the poorest ethnic groups in South Africa, and this status quo makes them prone to different misfortunes and behaviours (Koyana, 2013).

1.4 Problem statement

IPV is highly prevalent among communities and tends to escalate during pregnancy. It has been observed that pregnancy does not exempt one from IPV, as such its occurrence cuts across any racial group, educational class, economic distinctions, societies and cultures

(Marais, 2009). Additionally, it has been established that IPV initiated during pregnancy continues to exacerbate after pregnancy (Edin, Hogberg, Dahlgren & Lalos, 2009). Consequently, this research seeks to explore the experiences of survivors of intimate partner violence initiated during pregnancy, and how survivors of IPV make sense of their experiences.

1.5 Aims and objectives

The aim of the study is two fold. Primarily it is to explore how survivors understand and deal with the occurrence of IPV during pregnancy, and furthermore to investigate the social, cultural and gendered power relations underpinning IPV during pregnancy.

1.6 The structure of the thesis

This thesis consists of eight chapters. The first chapter introduces the background and the context of the study. The chapter also outlines the research question, the problem statement and aims and objectives of the study. The second chapter explores in detail the theoretical framework chosen for the study, namely IPA and its specific principles and the reasons for selecting this type of framework. The third chapter outlines the literature on IPV. The literature was collected from global studies, national and local studies, coupled with the examination of the social factors and consequences associated with IPV initiated during pregnancy. The fourth chapter provides an account of the methodology utilised, including the research design of the study, sampling procedures, data collection and management, ethical considerations, anticipated risks, and concludes with the reflexivity. The fifth chapter provides the results and findings of the entire study, followed by chapter six, which presents the analysis and discussion of results. Finally, chapter seven provides a comprehensive summary of the entire study, recommendations as well as limitations of the study of IPV initiated during pregnancy.

CHAPTER TWO

2. INTERPRETIVE PHENOMENOLOGICAL FRAMEWORK

2.1 Introduction

The preceding chapter dealt with the background to the study and provided an introduction pertaining to the purpose and focus of this study. It highlighted the devastating impact of IPV on women, particularly those who are pregnant and living in South Africa.

This chapter provides an outline of the theoretical framework of the study. The current study falls within an interpretive research paradigm and employs interpretive phenomenological analysis (IPA) as its theoretical framework. IPA is rooted in phenomenology and hermeneutics principles, and it is influenced by philosophical, epistemological, ontological and methodological underpinnings. In the paragraph that follows, the interpretive research paradigm will be discussed and contrasted with positivism research paradigm, in an attempt to clarify the reasons for selecting IPA as the theoretical framework for this particular study.

2.2 The interpretive research paradigm

Generally, social scientist utilise the positivist and interpretive paradigms in order to understand social behaviour (Rubin & Babbie, 1997). In the paragraph that follows the two paradigms will be briefly explored in an attempt to clarify the reasons for selecting the interpretive research paradigm for this study.

Firstly, positivism stresses objectivity and generalizability of research. The researcher aims at establishing a cause and effect relationship of variables under study and utilises a quantitative research approach (Rubin & Babbie, 1997). Researchers who work from this paradigm employ specific quantitative tools such as surveys and experiments and pursue measurements or statistic based research (Neuman, 2011). Critics of the positivist approach maintain that it “reduces people to numbers” and ignores the subjective lived experiences of people (Neuman, 2011 p.63).

In contrast, the paradigm known as interpretivism is connected to the objective of the study as it aims to understand and interpret the experiences of people regarding a particular phenomenon. Unlike researchers who adopt a positivist paradigm, researchers adopting an interpretive paradigm believe that, in order to comprehend the experiences of others, a “flexible” and “subjective” approach is required rather than objectively measuring and

isolating behaviour from the context in which it occurs (Rubin & Babbie, 1997, p. 40). Instead, a researcher adopting this paradigm aims to access the research participant's world through his or her "own eyes" (Rubin & Babbie, 1997, p. 40). Similarly, Neuman (2011) asserts that from this paradigm the researcher interprets the participants' views of the world through "their eyes" (1997, p. 69). It is stated that a researcher whose aim is to gain an understanding of how participants make sense and meaning of their experiences adopts an interpretive social approach (Neuman, 2011). The interpretive paradigm is guided by specific principles, namely ontological, epistemological, methodological principles (Terre Blanche & Durheim, 1999), and philosophical principles, and these will be outlined in the later section.

2.3 Interpretative phenomenological analysis (IPA)

IPA with its roots in health psychology was introduced as yet another corresponding approach to more traditional qualitative and quantitative methodologies employed in the field (Cassidy, Reynolds, Naylor & De Souza, 2009). According to Shaw (2001). IPA affords the researcher the opportunity to answer in-depth research questions pertaining to people's experiences, which was believed to be previously omitted from psychology. The researcher, being interested in hearing the voices of participants in this study, required a tool which afforded the participants with sufficient space to narrate their stories and which allowed the researcher enough room to work with the data. This approach is suitable for exploring the subjective experiences of women who have been subjected to IPV initiated during pregnancy and how they survived the devastating effects thereof.

IPA pays cognisance to the way that various people perceive the world, its various ways based on their personalities, motivations and previous life experiences. Additionally, it aims at exploring, understanding and making sense of participants' personal experiences (Smith, 2004). In this study the researcher was interested in exploring the experiences of women who were exposed to IPV during pregnancy. According to (Smith & Eatough 2007) IPA focuses on the lived experiences of the individual and involves the exploration in detail of these experiences, how the individual participant makes sense of the experiences and what meanings those experiences hold for the participants. This is pertinent in this study as the attempt is to explore and try to understand and make sense of the IPV initiated during pregnancy. IPV becomes more complex when it is experienced by those who are pregnant, or when it is initiated during pregnancy, due to a number of consequences for the victim and the unborn child, as well as the perpetrators (WHO, 2002). IPA in this regard examines and explore in detail the participant's lived experiences of IPV (the occurrences of IPV in their

lives), how they make sense of their ordeal (what meanings do they attach to their experience, and what motivated them to remain in such circumstances. Additionally, IPA explores how people ascribe meaning to their experiences in their interactions with the environment (Smith & Osborn, 1999)

Finally, Smith and Eatough (2007) assert that IPA is concerned with trying to understand what it is like from the point of view of the person or to take the side of that person. The researcher's role in this regard is trying to make sense of the participants who are trying to make sense of their personal and social world. The researcher therefore has an active interpretive role in making sense of the participant's interpretation of their experience regarding IPV. In this study, based on the narratives of the participants, the researcher tried to make sense of what it is like to be a victim of IPV, and understand the reasons and meanings attached to the circumstances. In other words the researcher reflected on the information given by the participants, and made meaning without judgment.

2.4 Principles of IPA

2.4.1 The philosophical underpinnings of IPA

The following section will now introduce the philosophical underpinning of IPA which includes phenomenology and hermeneutics.

2.4.1. Phenomenology

Studies by (Terre Blanche & Durrheim, 1999; Smith, 2009) view phenomenology as an interpretive research tradition. Additionally, phenomenological psychological research pertains to a qualitative research design which looks at a phenomenon as it is experienced by those who have lived with or through it (Willig, 2001).

Similarly, Creswell, 1998 states that a phenomenological study describes individuals' meaning of their lived experiences of a phenomenon. In other words, the research participant's version of experience of IPV initiated during pregnancy becomes the phenomenon that the researcher explores (Willig, 2001).

Phenomenological studies usually relate to and deal with significant existential issues of considerable moments to the participants or the researcher, thus may refer to significant life transforming, or life threatening events (Smith, 2009). These may include life threatening experiences such as IPV initiated during pregnancy and its consequences thereof. In addition,

Smith, Flowers and Larkin (1999, p.14) designate phenomenology as the “philosophical approach to the study of experience”.

2.4.1.2 Hermeneutics

Another theoretical benchmark for IPA stems from hermeneutics (Smith, 2009). Hermeneutics aims to gain understanding of a phenomenon of the world as it appears to the individual. Hermeneutic phenomenology therefore focuses on the way in which people “interpret their lives and make meaning of what they experience” (Cohen, 2000, p.5). The researcher works with the data in order to gain an insider’s view of the participant’s experience. It is thus expected that the researcher utilises his or her own resources and experiences in order to make sense and interpret what the participant is saying. Smith refers to this as the “biographical presence” of the researcher (Smith, 2004 in Cassidy et al., 2009, p. 7). Thus, the use of reflexivity is crucial here as the researcher is required to utilise his or her own context as a foundation of insight and at the same time being clear about their views and how it influences their interpretation and analysis of the participants’ accounts (Finlay, 1999 in Cassidy et al., 2009).

2.4.1.3 Epistemological, ontological and methodological underpinnings of IPA

According to Terre Blanche and Durrheim (1999, p.6), epistemology is the “nature of the relationship between the researcher (knower) and what can be known”. IPA’s stance in relation to epistemology is “reflexive” and “inter-subjective” (Willig, 2001, p.66). In the sense that, reflexive analysis in research encompasses continual evaluation of subjective responses (Finlay, 1998). Whereas, inter-subjectivity refers to shared (or partially shared) divergences of meaning. Accordingly, IPA seeks to understand how the research participants perceive and experience the world of IPV initiated during pregnancy in their lives. In addition, IPA recognises that it is not possible to directly gain access to the private world of others and thus, requires an interpretive stance from the researcher in order to make sense of the participant’s story (Willig, 2001). Nonetheless, Willig (2001) encourages researchers to take on an “insider perspective” and engage closely with the subjective accounts of participants. In the analysis of the research transcripts the researcher is interested in understanding how participants perceived and experienced the phenomenon under study. Having said this, however, the researcher’s interpretation is necessary in making sense of participants’ experiences (Willig, 2001). Through this interpretive stance of the researcher, IPA adopts principles of hermeneutical phenomenology as mentioned earlier in this chapter. Therefore, IPA produces knowledge which is dependent on the researcher’s own outlook. In

other words, the knowledge produced by the researcher using IPA is “reflexive” in nature (Willig, 2001, p. 66). IPA does not make any assertions about the external world or ask participants to give a “true” or “false” account of their experience (Willig, 2001, p.66). Instead, IPA seeks to acquire how participants “experience” a situation and thus, subscribes to “relativist” ontology (Willig, 2001, p. 66). According to Cohen (2006) relativist ontology assumes that reality as we know it is constructed intersubjectively through the meanings and understandings developed socially and experientially. As a result, in this study the socially and experientially developed meanings and understanding of IPV initiated during pregnancy by participants were explored.

IPA thus utilises a purposive sampling strategy and fairly small sample sizes as the purpose of an IPA study is to understand a particular phenomenon from the view of the participants who experience that phenomenon and not to obtain a sample which is randomly selected or is representative of a larger population (Smith, 2004). As such, the study participants were only a small sample of five whom all shared a similar experience or a common denominator, in this case IPV initiated during pregnancy. IPA was employed in combination with semi structured interviews as a mode of gathering data. Through this marriage the aim was to employ a method that would allow the researcher to explore in detail, the participants personal lived experiences of IPV initiated during pregnancy and how they made sense of those personal experiences. This methodological component of IPA is further explored in chapter four of this study.

2.5 Reasons for selecting IPA

IPA is an approach which provides the researcher with ideal tools to explore the subjective experiences of research participants. The following paragraph outlines some of the benefits of IPA and also endorses its suitability in the present study. IPA affords the researcher the opportunity to explore the experiences of the research participants in a flexible manner by adopting open-ended questions which may yield information that the researcher had not expected (Shaw, 2001). Biggerstaff and Thompson (2005) added that the vast majority of IPA studies have been conducted on data obtained from semi structured interviews, and this form of data collection might be considered the exemplary one for this type of research.

Akol (2011) added that the usual approach adopted by the IPA researcher is to collect data from (very loosely) semi-structured interviews, where the interviewer develops a 'prompt sheet' with a few main themes for discussion with the participants.

According to Smith (2004) IPA is concerned with studying and understanding the experience of individuals who have encountered a particular phenomenon, in this instance IPV initiated during pregnancy. IPA can be singularly used as a methodology and not only as an analysis tool as the name may indicate (Cassidy et al., 2009). IPA examines in detail the "life worlds" of participants' experiences. The term life world refers to participants' experience of the phenomenon under study, the way in which they make sense of it, and the meaning they ascribe to their experiences (Smith, 2004 in Cassidy et al., 2009, p. 5).

IPA is a flexible approach to conducting qualitative research. It is firmly influenced by phenomenology as it is concerned with the subjective experiences of individuals and as mentioned above explores in detail the life world of participants (Smith, 2004). It is for this reason that the present study employed IPA as the focus was on exploring women's experiences of IPV initiated during pregnancy.

The role of the researcher in IPA is a dynamic one, where the researcher tries to make sense of the participants attempting to make sense of their own experiences. Therefore, IPA follows a two-stage process of interpretation whereby the researcher interprets the participants making sense of their experience. This two-stage process of interpretation is also referred to as a "double hermeneutic" (Smith & Osborn, 2008, p. 53).

Adopting an IPA approach affords the researcher an opportunity to investigate a phenomenon from a fresh perspective by learning about the experiences of those who have encountered the phenomenon as opposed to learning from theories which may be out dated (Shaw, 2001).

Therefore, the research becomes current and is thus relevant to the current experiences of participants' lives (Shaw, 2001). Another benefit of IPA is that it gives voice to participants by affording them a platform to share their experience without predefined hypotheses presented to them. As a result, the research "becomes very much the work of the participants" (Shaw, 2001, p. 50). In this study, participants' narratives were central as they were given an opportunity to narrate their lived experiences on IPV initiated during pregnancy.

Another benefit of IPA is that it has the ability to investigate the experience of people within the cultural context in which it occurs (Shaw, 2001). Emphasis is placed on the circumstantial factors which exist within the lives of people and how such factors may either directly or indirectly influence the way in which they make sense of IPV (Shaw, 2001). Therefore, IPA, in its idiographic sense, is able to reveal elements unique to participants as well as those elements which are shared amongst them (Shaw, 2001). In this regard, the study participants shared common cultural connotations (AmaXhosa culture) and backgrounds, and these played a vital role in shaping their understanding of IPV during pregnancy in their lives.

IPA analysis revolves around the close reading and re-reading of the text and narratives from participants (Smith et al., 1999 in Brocki & Allison 2005). This allows the researcher to make notes of any thoughts, observations and reflections that occur while reading the transcript or other text. Such notes are likely to include any recurring phrases, the researcher's questions, their own emotions, and descriptions of, or comments on, the language used. This process leads to identification of themes that best capture the essential qualities of that interview (Willig, 2001, p. 55). The researcher usually identifies themes from within each section of the transcript, and is also looking for possible or likely connections between themes. Smith et al. (1999) concurs that IPA may be inductive in nature, as it allows researchers to employ techniques which are flexible enough to allow unanticipated topics or themes to emerge during analysis. The process of invention of themes through coding analysis also forms a basis of data analysis procedures of this study and will be discussed in detail during the data analysis stage.

2.6 Disadvantages of using IPA.

Smith (2002) states that, taking extensive notes during an interview may however be distracting, interrupting the free flow of conversation. There are obvious limitations of the interviewer's remembrance, such as rapid forgetting of exact linguistic formulation, whereas the bodily presence and the social atmosphere of the interview situation, lost on the tape, may

remain in the background of memory. Such limitations in the current study were avoided by making use of an audio tape recorder and notes were transcribed at a later stage.

Kvale (2009) cited certain risks involved in the study of IPA, such as language issues, technical errors relating to recording devices, and noise. These factors are pertinent for this study, and were avoided by using a relevant language that was suitable for all participants, namely isi-Xhosa which was later translated into English. Additionally interviews were conducted in a noise free environment, and a backup file for the audio material was saved on a computer disc.

Given the stated recognition in IPA of the researcher's interpretative and reflexive role in analysis, it would seem appropriate for such an acknowledgement to be made generally of the researcher's involvement (including the role of preconceptions, beliefs and aims) prior to the analysis stage of the research proceedings. During the analysis and reflexive stage of the current study the researcher applied continual evaluation of subjective responses of the participants and distanced self from own preconceptions, beliefs and values.

Qualitative methods are often applied to sensitize issues such as sexuality or violence. This meant that a more careful consideration was taken into cognisance when collecting the data from participants (Smith & Osborn, 2003). When the participants were asked about the experiences of IPV initiated during pregnancy, they had to revisit painful memories and events in their lives, which could cause emotional distress. A provision was offered to all of them to attend counselling sessions with the social workers of the women support centre. The structured interview can also become stilted because of the need to ask questions in exactly the same format and sequence to each participant (Smith & Osborn, 2003). In such cases whereby new questions developed from the responses of the participants, the schedule was slightly adjusted.

Finally, Smith (2004) stated that semi-structured interviews may reduce the control the researcher has over the situation, they take longer to carry out and are harder to analyse. For this reason a convenient sample of eight participants were intended to participate in the study, and eventually only five committed to take part. The small number of five participants was employed to avoid the complications mentioned above.

2.7 Concluding remarks

The chapter shared and explored a broad overview of IPA as the theoretical framework which formed the foundation of the study and its specific principles. The nature of the relationship between the researcher and the data gathered from participants was explored. This was

coupled with the reasons for employing IPA as the theoretical framework of the present study and analytical basis for exploring the experiences of participants on their experiences of IPV initiated during pregnancy for this study were also examined in length. The chapter was concluded with some of the shortfalls of IPA. The chapter that follows will introduce and discuss literature on IPV collected from global and local studies.



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CHAPTER THREE

3. LITERATURE REVIEW

This chapter presents a review of literature pertaining to problem of IPV initiated during pregnancy. One of the most common forms of violence against women is that performed by a husband or intimate male partner (WHO, 2011). However, it has been reported that women can be violent in relationships with men, and violence is also found in same-sex partnerships (WHO, 2011). As indicated in the introductory chapter, IPV has been proven to be global challenges that favour no one, not even pregnant females are immune to it. In the following section, the definition of IPV, different forms of IPV, global studies pertaining to IPV, African studies in IPV, South African studies in IPV, IPV and pregnancy, IPV initiated during pregnancy, factors contributing to IPV and consequences of IPV during pregnancy will be explored.

3.2 Definition of IPV

IPV can be defined as a physical, sexual or psychological abuse or threat by a partners or ex-partners in whom women have lived or live with, regardless of formal marriage or cohabitation.

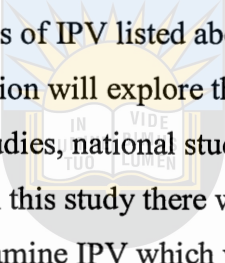
3.2 Different forms of IPV

According to Hamel (2008); Ilika et al. (2001); Stockman and Lucea (2012); WHO (2011), there are three main types of intimate partner violence:

- Physical violence which refers to the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon; and use of restraints or one's body, size, or strength against another person.
- Sexual violence denotes such acts as physical force to compel a person to engage in a sexual act against his or her will, attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act.

- Psychological/ emotional violence which involves trauma to the victim caused by acts, acts of threats or coercive tactics. Psychological/emotional abuse may include humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources.

Wilson (1997) recognised physical abuse as the worst form of IPV. Furthermore, WHO (2011) concurs that the majority of studies on IPV during pregnancy measure physical violence as the worst form of abuse, although sexual and emotional abuse during pregnancy are also considered detrimental to women and their children's well-being. The researcher in this study sought to explore all the forms of IPV listed above and their impact in the lives of the participants. Primarily, the next section will explore the literature on IPV during pregnancy, focusing on international studies, national studies and local studies. In contrast to what other researchers have reported, in this study there will be no trace of the IPV prior to pregnancy. The researcher will only examine IPV which was introduced during pregnancy.


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3.3 IPV and pregnancy

According to the WHO (2002) IPV is viewed as an important public health and human rights issue. Various studies have presented substantial evidence of the association between IPV and pregnancy. Recently, attention has focussed not just on IPV but also included IPV initiated during pregnancy. This is due to its commonness, adverse consequences and intervention potential. It is recorded that IPV becomes more complex when it is experienced by those who are pregnant, or when it is initiated during pregnancy. This is due to the fact that IPV during pregnancy is coupled with serious physical and emotional consequences for the victim, the unborn child, as well as the perpetrators (WHO, 2002).

Sharmu, Abrahams, Temmerman, Musekiwa and Zarowsky (2011) found a link between IPV among females and unplanned pregnancy. Furthermore, it is stated that females with unplanned pregnancies have four times the odds of experiencing IPV than females with planned pregnancies. Concurrently, the (WHO, 2011) reported that the US population based survey revealed that women who had mistimed or unwanted pregnancies reported significantly higher levels of abuse during pregnancy compared to those with intended pregnancy (15 versus 5 per cent).

Silverman (2006) also reported that women, who experienced IPV in the year prior to or during pregnancy, were 40 per cent to 60 per cent more likely to have pregnancy-related problems, such as low births, and miscarriages, than were pregnant women who were not abused.

From the above information, it is clear that pregnancy does not exempt women from IPV. However, inferences can be made at different levels of gestation periods, and directions. For example, whether IPV decreases or increase during pregnancy, and whether it continues after pregnancy.

Although, there is a growing body of literature point to an intensification of IPV during pregnancy, the literature is mixed on how IPV is presented (Anderson, Mashack & Hebbeles, 2002). The WHO (2002) also concurs that pregnancy does not prevent the occurrence, but conflicting evidence exists about whether IPV increases or decreases during pregnancy. Correspondingly, given the broad understanding of IPV against women, links during pregnancy can be made on different levels (Okwonkwo, 2007). The following section will examine different views on the IPV initiated during pregnancy.

3.4 IPV initiated during pregnancy

Silverman (1993) asserts that in those relationships in which IPV is already occurring, IPV tends to escalate during pregnancy. Furthermore, Edin et al., (2009) also affirmed that IPV in itself may not be initiated during pregnancy, but pregnancy was seen as one of many circumstances that can give rise to a quarrel and aggression or violence. Therefore, pregnancy can be viewed as an exacerbating factor in an already bad relationship and as such, may trigger violence. In addition, in some cases pregnancy may cause a relationship to deteriorate and end up in separation or divorce. Additionally, Okwonkwo (2007) contends that when IPV commences before pregnancy, it becomes a strong predictor of physical abuse during pregnancy.

As already alluded to earlier, this study seeks to examine the association between IPV and the announcement of pregnancy, and the factors that exacerbate it. Mc Farlane, Parker, Soeken and Bullock (1992) traced the onset of IPV on route to pregnancy, by pointing out that very often a woman's announcement of her pregnancy may be a trigger factor of the very first assault leading to a relationship of beatings by her partner. Some studies found that in relationships with no prior IPV, the abuse is initiated during pregnancy (Anderson et al., 2000). Edin et al. 2009 also agree that IPV can be initiated during pregnancy. However, in

most cases women report the abuse before pregnancy. The WHO (2000) study, revealed that the majority of women who reported physical abuse during pregnancy, had also been beaten prior to getting pregnant. However, 50 per cent of women in three sites reported that they were beaten for the first time during pregnancy. It is suffice then to declare that despite the direction, occasion, and the stage of pregnancy, it is evident that IPV does occur during pregnancy and pregnancy does not imply protection from the perpetrator (Jasinski, 2004). Most women reporting abuse both before and after pregnancy also report a greater severity of abuse during gestation (Castro, Peek-Asa, & Ruiz, 2003). Anderson et al. (2002) refer to perinatal IPV as the abuse that occurs before, during, and up to one year after pregnancy. Given the above encounter, one may surmise that pregnancy does attract IPV and that pregnancy does not guarantee protection from IPV, and most cases report escalation of IPV rather than decrease during pregnancy.

Studies have identified the significant prevalence of IPV during pregnancy as a universal problem that is worth exploring (WHO, 2011). For this reason, the focal point of my literature search will explore the gaps identified from previous studies and future studies of IPV. This will be followed by different reviews of IPV during pregnancy, from international, national, and regional ranks. The literature review will be concluded by factors and consequences associated to IPV during pregnancy.

3.5 Identified gap and future studies

Literature has established that IPV exists during pregnancy and that it intensifies and escalates rather than decline (Anderson et al., 2002). This is particularly so in situations which involve unplanned pregnancy, impoverished low income, cohabitating, and African communities (Nduna & Jewkes, 2012; WHO, 2011). The announcement of pregnancy is generally welcomed and celebrated in most situations, and responded to positively. However, there are instances where pregnancy attracts violence among intimate partners. Therefore, studies are needed to look more closely on IPV initiated during pregnancy. Inorder to understand and provide more contextual information concerning the roots of the rage associated behaviours and reactions that are often displayed by African men when they are informed of the existence of pregnancy by the intimate partner. Furthermore to understand the link between the anger and the announcement of pregnancy. The answers offered regarding the prevalence of IPV may yield to sound intervention strategies that will help eliminate the extent of these encounters. A similar qualitative study to this one, which

explored unacknowledged pregnancies, and distress associated with sexual relations was conducted by Nduna and Jewkes (2012). As such, there is still a great need for such studies, in order to examine the issue of IPV extensively, and to expose the affliction by men towards their expecting partners.

3.6 Global studies on IPV

Violence against women has emerged as a focus of international attention and concern since 1993, when United Nations General Assembly passed the declaration on the elimination of violence against women. It was reported that the most common form of violence against women is abuse by their husbands or other intimate male partners (Okonkwo, 2007). Correspondingly, Lovenduski and Randall (1993) noted that over 12.000 women in the United States of America are reported to go to refugee camps for safety and support, annually. Furthermore, thousands more experience IPV during pregnancy, but they either seek alternative help or remain in the situation forever. Research from the United States by Halner and Itzin (2000) also revealed the rise in statistics of IPV and compared this with IPV in Mexico, citing contributing factors, with alcohol abuse, low socio economic status, and pregnancy being the strongest predictors of IPV. Consequently, in countries such as the United States and Mexico, IPV during pregnancy was reported to be significantly prevalent (Gazmarian, Petersen, Saltzman & Marks, 2000). In addition, a study of abuse during pregnancy carried out by Castro et al. (2003) brought the matter of IPV home. The study sample consisted of 914 women. It was undertaken during the third trimester of pregnancy by trained nurses and social workers. Through this study, it was revealed that for all women, the severity index for physical and sexual violence had decreased significantly whereas emotional violence increased significantly.

3.7 African studies on IPV and pregnancy

The regional prevalence of IPV in Africa is reported as among the highest globally. A review of clinical studies from Africa reports IPV prevalence rates of 23 – 40 per cent for physical, 3 – 27 per cent for sexual and 25 – 49 per cent for emotional intimate partner violence during pregnancy (WHO, 2011). In 2007, Okonkwo's studies of IPV among women of child bearing age provided a good account of IPV dominance. Through interviewer-administered questionnaires, with a systematic sample of 300 women, significant levels of IPV were identified. The findings revealed that over 40 per cent had experienced violence within 12 months, and contributing factors leading to IPV varied from economic demands, reproductive

issues, alcohol and drugs. Studies conducted by Gwandure and Mayekiso (2012) concur with the forms of violence prevalent in Africa and their consequences. According to their study, IPV was the most significant. Through their investigation, it was revealed that IPV was correlated with negative health outcomes, and low social economic status.

3.8 South African studies on IPV

IPV in South Africa is very common, especially in black communities, and is regarded as the highest in the world, rating at 8, 8 per cent, with women being murdered by current or ex-intimate male partners in most relationship (Thaler, 2012). Correspondingly, linked to IPV prevalence in South Africa is the HIV/AIDS epidemic. South Africa is rated as one of the highest countries with incidences of HIV/AIDS, and gender based violence has long been recognised and continues to be a strong factor in determining women's status.

Coupled with this, crime officials often ignore and embarrass IPV victims, leading to the IPV matter being not resolved or unreported or under-investigated by the police (Harris, 1999; Brown 2015). A study by Peltzer et al., (2010) on IPV during pregnancy and sexual risks in rural South Africa reported the prevalence of IPV as growing. The study established that IPV was mostly prevalent in HIV infected women rather than in uninfected ones. Moreover, these studies further identified an on-going violence and high levels of HIV risk behaviour among couples in South Africa during pregnancy.

Correspondingly, studies that were undertaken in Cape Town, by Matseke et al. (2012) examined the relationship between gender based violence, alcohol use and sexual risk behaviour among women attending informal drinking venues. It was reported that women who consumed more alcohol were more likely to report being recently abused by a sex partner.

3.9 Eastern Cape studies on IPV

The Eastern Cape region reports high levels of both intimate partner and interpersonal violence (Harris, 1999). Peltzer et al. (2010) note the prevalence and annual increase of IPV in intensity within this province. A pilot study of IPV, by Harris (1999) with a sample of Mdantsane Xhosa speaking persons, highlighted the matter of IPV even further. The aim of the study was to examine the incidence of IPV and to explore individual and socio-cultural correlates of IPV. The findings revealed a significant level of IPV (battering) by 60-70 per cent of respondents (Harris, 1999).

A study conducted by Nduna and Jewkes (2012) investigated disempowerment and psychological distress in the lives of young people in the Eastern Cape. The investigation focused on the interconnections between structural factors, such as death, poverty and IPV that cause distress. Through qualitative, semi-structured in-depth interviews, distress was correlated with IPV, whereas sexual relationships, unacknowledged pregnancies and transactional sex, were rated as the most contributing factors. The dominant feature of the narratives was that IPV is correlated with hurtful experiences related to denied and disputed pregnancy by the intimate partner.

Similarly, a phenomenological (qualitative, semi-structured, and individual in-depth interview) study was undertaken in the Butterworth region (Eastern Cape) by Peltzer et al. (2012). The study sought to explore factors leading to disempowerment and psychological distress in the lives of young people in the Eastern Cape. The study found links between sexual relationships, unacknowledged pregnancy, IPV and the level of distress in the young people's lives. A link was found between gender based violence, and unacknowledged pregnancy.

3.10 Factors contributing to IPV during pregnancy

The following paragraph examines some of the factors that have been raised when accounting for the incidence of IPV. These range from socio- demographic factors, such as child bearing age, educational status, number of children and cohabitation, to social factors such as health factors, socio economic factors, substance abuse by the intimate partner and socio cultural and religious factors and consequences of IPV.

3.10.1 Socio demographic factors

3.10.1.1 Child bearing age

According to Okonkwo (2007) it is stated that the child bearing age falls between 15 and 42 years. Furthermore, research undertaken in South Africa by Joiner and Marsh (2012) concurred that many women (ranging from 18 to 49 years of age) experience physical, emotional and sexual abuse. Incidentally, pregnant women are at high risk of experiencing gender based violence because they are more likely to be in relationships compared to the non-pregnant population (Sharmu et al., 2011).

3.10.1.2 Educational status

Linked to the child bearing age of the victims of IPV, lies the subject of educational background. Matseke et al. (2012) revealed that women with less education are generally

more prone to experience violence than those with higher levels of education. Additionally, Zungu, Ogumbanjo and Salawu (2010) also pointed to the lower educational status that exposes women to IPV. Although lower educational status has been implicated in IPV, IPV can be observed in any racial group, educational class, and economic distinctions and it cuts across societies and cultures (Amoakohene, 2004 in Marais, 2009). As a result, higher educational status does not rule out the occurrence of IPV. It occurs irrespectively.

3.10.1.3 Number of children

The presence of children in a relationship plays a vital role in the occurrence and severity of IPV. According to Matseke et al. (2012) it is stated that those with one child who concealed the birth of the second child exacerbated IPV in their lives. Having up to four or more children was significantly associated with physical partner violence, whereas having no children was associated with less experience of physical partner violence (Matseke et al., 2012). Within the South African context, more children in the family accounts for increased parental responsibilities, resulting in distress and financial strain for both parents who are unemployed. In addition, pregnancy was viewed as potential trigger of violence and a big step, particularly when it is the first child, and when the relationship is volatile. Okonkwo (2007) purported that women who had no male children, were reported to experience more violence from partners. Furthermore, male children are regarded as very important to keep the name of the family. Such women are more likely to have a large number of unwanted pregnancies, coerced sex and poor spacing of pregnancies with high risk of morbidity and mortality.

3.10.1.4 Cohabitation and IPV

Cohabitation is categorised as common law marriage and as such the indigenous South African customary law regarding marriages delegates a legal basis (protection and inheritance in the event of death of a cohabitating partner) and an agreement between partners (Rowling, 2012). In Malan (2013) it is reported that common law marriages increase by 100 per cent a year. Furthermore, Switzer (1993) noted that 60 per cent of all marriages are preceded by a period of cohabitation. Devries, Kishor, Johnson, Stokl, Bacchus, Garcia- Moreno and Watts (2010) also perceived a striking prevalence of IPV among pregnant women who are single, cohabitating or dating. Ilika et al. (2001) refer to productive issues contributing to IPV, such as unplanned, untimed or multiple pregnancies, and feuds between the two unmarried partners. Additionally, Anderson et al. (2002) indicated that IPV during pregnancy puts

women at a greater risk than when they are unmarried or cohabitating, as they are mostly restricted to remain in their relationships.

According to Switzer (1993) there are various reasons which influence people to opt for cohabitating relationships. In some cases cohabitants could live together in order to save money; others may live together for convenience of living with another or a need to find housing. In addition, lower income individuals facing financial uncertainty may delay or avoid marriage, not only because of the difficulty of paying for a wedding but also because of fear of financial hardship if a marriage were to end in divorce (Switzer, 1993).

3.10.1.5 Employment status and IPV

According to Edin et al. (2009) it is stated that being a housewife, unemployed or having a low level employment often leads to IPV. However, in some settings where only women are employed, and when both partners are employed, there may be increased risk of IPV. This could be attributed to the fact that male partners who cannot derive power from their employment will use their dominance in their relationships. Additionally male partners may perceive their female partners' employment as a threat to which they might respond violently (Villareal, 2007). Conversely, there is some evidence that woman in relationships where neither she nor her partner works are at increased risk of IPV (Crawford, 2007). In view of the above, it appears that employment status of the victim, play a significant role in IPV initiated during pregnancy

3.10.2 Factors associated to IPV

The problem of IPV cannot be fully understood by referring only to its survivors. Instead, contributing factors such as socio-cultural factors, socio-economic factors, socio-political and health related factors need to be also brought into consideration. This study sought to examine the link between such associated factors and the prevalence of IPV during pregnancy. The following section will chiefly explore the social factors and the consequences of IPV.

3.10.2.1 Social factors of IPV during pregnancy

Social factors implicated in IPV during pregnancy include health related factors, socio economic factors, substance abuse, and cultural factors. All these factors will be outlined below.

3.10.2.1.1. Health related factors

Psychological health factors

IPV against women is a significant public health problem with negative physical and mental health consequences (WHO, 2000). Edin et al. (2009) assert that some factors related to pregnancy are associated with the psychological status of the perpetrator. Psychological status may include increased stress over having to support the baby, anger over unplanned pregnancy and jealousy that the partner's attention may have shifted to the baby (Brown, 2015). IPV forms such as physical, sexual, and psychological IPV during pregnancy are associated with higher levels of depression, and anxiety (WHO, 2002). Nduna and Jewkes (2012) identified rejection and denied pregnancy by the putative father as the most hurtful of sources of distress. According to Edin et al. (2009) the period of pregnancy is a big step and a tough period marked by struggles, stress and great strain that develops into a crisis for most relationships, particularly when it is the first child that is expected, and especially when the couple has a volatile relationship.

Likewise, the adverse effects of IPV have been reported by Peltzer et al. (2010) to include mental disorders such as suicidal ideation, suicide and post-traumatic stress disorders.

Physical health factors

Around the world there are high levels of physical and sexual abuse of pregnant women, usually by a male partner. In addition, such violence may have serious health consequences for both the woman and the baby

Other sexual relationships and risk of STI and HIV - The physical factors may include infectious diseases such as HIV infection, sexually transmitted infections, and gynaecological and obstetric disorders, such as chronic pelvic pain and preterm deliveries (Peltzer et al., 2010). In addition, the South African data suggested a direct link between violence and HIV infection, where HIV-positive women are more likely than HIV-negative women to have experienced physical violence perpetrated by their partners (Gwandure & Mayekiso, 2012). Furthermore, Peltzer et al. (2010) noted an on-going violence and high levels of HIV risk behaviour among couples in South Africa during pregnancy.

Unplanned and unacknowledged pregnancy – IPV seem to manifest in situations where there is unplanned or unacknowledged pregnancy among partners. According to Jasinski (2004) having an unplanned pregnancy was significantly associated with IPV during pregnancy. Matseke al. (2012) also found a link between gender based violence, and unacknowledged pregnancy. Ilika et al. (2001) suggested that domestic violence often escalates during stressful life events such as pregnancy, particularly if they are unplanned or occur in tangent with economic difficulties. Unintended pregnancy and unplanned pregnancy often lead to such acts as IPV, blame on the female partner, threats in some parts of Africa, irresponsible behaviours such as dating other partners, divorce and single parenting (Devries et al., 2010). As such, these may further bear devastating consequences for the children, such as growing up in single-parent families, being exposed to poverty, being troublesome at school, and becoming teen parents.

Other implications of unplanned pregnancies are most likely to surface when relationships are still new. A study of new mothers conducted by Marais (2009) revealed that those who become pregnant within days or weeks of meeting their baby's father are up to three times as likely to suffer from potentially life-threatening conditions, as those who wait to start a family. Becoming pregnant towards the start of the relationship can also stunt the unborn child's growth and may also lead to IPV.

3.10.2.1.2 Financial dependency and socio-economic factors

According to the WHO (2011) low socio-economic status or income is one of the main predictors of IPV during pregnancy documented in literature (MacMahon & Armstrong, 2012; Brown, 2015). Edin et al. (2009) referred to the increased stress experienced by the parents over having to support the baby. Concurrently, the dependency on the abuser for financial support needed for the child is believed to be an exacerbating factor (Crawford, 2007). However, Hunt and Martin (2001) highlighted that ethnicity and social class can give no assurances about the safety of women in relationships. Women from every conceivable background have been subjected to violence in their personal relationships. Other factors contributing to IPV during pregnancy, included, physical vulnerability on the part of the pregnant woman, lack of or limited family support systems and an aggressive mind-set of the perpetrator (Jasinski 2004).

There is some evidence that women in relationships where neither she or her partner work are at increased risk of IPV (Crawford, 2007). However, in some settings where only women are employed, and when both partners are employed, there may be increased risk of IPV. As

such, male partners may perceive their female partners' employment status as a threat to which they might respond violently (Villareal, 2007). Consequently IPV seems to manifest and introduce itself due to low socio economic status between intimate partners. However in some settings it appears to manifest irrespectively.

3.10.2.13 Socio- cultural and religious factors

Socio Cultural factors - Joiner and Mash (2012) perceive IPV as culturally accepted and normalised, especially in African countries. Many African women identify culture as one of the causes of violence against women (Booyesen-Wolthers, 2007). Furthermore, women are particularly vulnerable to abuse by their partners in societies where there are marked inequalities between men and women, rigid gender roles, cultural norms that support a man's right to inflict violence on his intimate partner, and weak sanctions against such behaviour (WHO, 2002). According to the Human Rights Watch (2003) it is reported that customs such as the payment of 'bride price', whereby a man essentially purchases his wife's sexual favours and reproductive capacity, underscore men's socially sanctioned entitlement to dictate the terms of sex, to use force to do so, and to put women in a position of submission.

Traditional gender norms that require women to stay at home, that prohibit women from entering the world of work, to remain submissive to their husbands, those that encourage men to support their families and become dominant decision makers within the household, are still very much prevalent. As such, prescriptions of this nature are sometimes encouraged by our societies, culture, economic factors and sometimes by religion. IPV is still regarded as culturally accepted especially in African countries and is thus normalised (Okwonkwo, 2007). Women, who had no male children, were reported to experience more violence from partners. Male children are regarded as very important to keep the name of the family. Such women are more likely to have a large number of unwanted pregnancies, coerced sex and poor spacing of pregnancies with high risk morbidity and mortality (Okonkwo, 2007).

Power and control - Power and control are at the centre of abusive relationships. As such, IPV is associated with unequal power relations between men and women. Men tend to dominate women in patriarchal societies and have more decision making powers than women. Furthermore, men may access the economic resources of a woman with whom he is an intimate partner, against her will, and may rape her as part of his role as a husband in a traditional context (Gwandure & Mayekiso, 2012).

The UN Declaration on the Elimination of Violence against Women (1993) states that violence against women is a manifestation of historically unequal power relations between

men and women, which has led to domination over and discrimination against women by men and to the prevention of the full advancement of women. Besides, violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. In most traditional societies a man was considered superior to a woman (Okwonkwo, 2007). This predisposition of inequality and imbalance of power exercised within the relationship predestined women to be victims of abuse from their partners, and positioned IPV against the female partner as part of the norm. According to Dangor, Hoff, and Scott (1998) patriarchy, women's rights, and their position in the society, economic deprivation, apartheid and unemployment are graded as major reasons for the abuse of women in society. Similarly, Bloomquist (1989) regarded violence against women as a result of patriarchal social constructs which define the relationship between women and men as one of insubordination and dominion. Simpson (1992) refers to a crisis in masculinity or emasculation, which has resulted in erosion of masculinity and a loss of power and control by men.

Religious factors - Bartkowski and Anderson (1999) viewed religion as a fact of life for most people. Whether in childhood or adulthood, most people have had some association with a faith or tradition. It appears that there is an association between religion and IPV. Moreover, it is stated that no religion sanctions violence against women", However, there are some religious scriptures that have been "taken out of context" to support discrimination against women within a community. For instance, in Ephesians (5, p.22) it is stated that a wife shows submission unto her husband when she allows him to take leadership in the relationship. The Greek word for submission is *hupotasso*, "to subordinate or put under". The concept emphasises that God exhort women to voluntarily follow their husband's leadership and perceive men as heads of the families (A woman, therefore, does not submit because her husband deserves it in his own merit. She submits because she knows it is pleasing to her Lord). Besides, Rzepka (2002) concluded that a domestic violence victim faces an ethical and spiritual dilemma. Fleeing to safety results in guilt for breaking her commitment and remaining in the abusive relationship which promises more violence. The IPV situation is sometimes exacerbated by religious leaders who encourage endurance, prayer and forgiveness towards the perpetrators. By the same token, religious congregations are mostly preferred by the IPV sufferers, as they provide an environment of both formal and informal support for their members (Christopher, Ellison, Trinitapoli, Anderson & Johnson, 2007).

3.10.2.14 Substance abuse by the intimate partner

Generally, substance abuse is often implicated in violence. Studies by Matseke et al. (2012); Hunt and Martin (2001) have found a strong association between excessive alcohol use and perpetrating partner violence, though there is debate as to whether heavy drinking causes men to be violent or whether it is used to excuse violent behaviour. In South Africa, heavy drinking is prevalent and maybe a particular risk factor regarding physical abuse from intimate partners.

The occurrence of IPV has also been associated with high risk behaviours by the mother (Armstrong & MacMahon, 2012) and alcohol is often used by the victims as a way of coping with IPV (Jewkes, Penn-Kekana & Levin, 2003). Castro et al. (2003) states that women often seek prescription drugs or alcohol to deal with the ordeal of IPV. Hunt and Martin (2001) point out the correlation between drinking excessively and behaving violently and men pointing to alcohol, rather than attitude as influencing their behaviour. In the studies conducted by Dobash and Dobash (1979), alcohol was reported to be among the listed sources of conflict, which resulted in violent behaviour.

3.10.2.15 Failure report to police and other support services

It appears that most IPV victims tend to fail to report the incidents to the police and other support services. According to Gwandure and Mayekiso (2012) there are reasons for concern about the failure to report. Firstly, when IPV goes unreported, offenders go undetected and unpunished, thereby robbing the law of any deterrent effect it might have had. Secondly, failure to report may mean that victims do not receive the mental and physical support they need or would benefit from. Thirdly, the IPV victims are often ignored and embarrassed by crime officials.

In addition, where cultural norms seem to favour gender based violence, victims of IPV are least likely to report to the police or open up to health care workers to avoid breaking traditional norms or incurring community sanctions (Okonkwo, 2007). According to it is commended that a major factor in helping a victim to establish lasting independence from the abusive partner is her or his ability to get legal assistance. It appears that the kind of support provided by the the police services plays an inevitable role in the reporting of IPV by the victims. Furthermore, the law seem to endorse very weak sanctions as far as IPV is concerned.

3.10.2.16 Acceptance of IPV and reasons for not leaving

It appears that some women would remain in the abusive relationship and others return to abusive relationships after having been exposed to IPV. Thaler (2012) noted an acceptance of IPV to be the highest among African women. Heise, Ellsberg and Gottemoeller (1999) corroborated various reasons for remaining in IPV situation, such as fear of becoming homeless, going hungry, being alone, fear of being traced and brought back to the abusive environment, being killed, the inability of being able to care for or protect their family and social stigma. Edin et al. (2009) were also of the view that victims remained in such circumstances with the hope that prayer could change their situation. In addition, the options of IPV victims are limited by the fact that many who leave often face one or more additional barriers including having at least one dependent child.

However, Salamone (2010) suggested that the reasons why women return to abusive relationships are extremely complex and have less to do with the content of the woman's character and more to do with the effects of abuse. In addition, an abused woman may leave her abuser seven to eight times before she leaves permanently.

Other strategies include hiding the victimisation, adapting to men's wishes and presenting a happy family front, coping with men's attempt to control and isolate blame self and deny the violence and using tactics to control the severity of the violence and keep the self-intact (Turner, Cullen & Fisher, 2000).

Yet, Rowling (2001) refers to factors associated with a woman leaving an abusive partner permanently. These may include an escalation in violence severity; a realization that her partner will not change; and the recognition that the violence is affecting the victim.

3.10.2.17 Self-Blame and others

One of the devastating effects of IPV may be attributed to self-blame and others, instead of blaming the perpetrator. According to Loue (2001) the act of blaming self is most often accompanied by the tendency to excuse or normalise the partner's violence with the reasoning that their partner really loves them. Turner et al. (2000) referred to rationalisation as a way of coping and as a survival strategy in the abusive relationship. In addition, blaming the victim and blaming of self may also be reinforced by cultural factors, where men are considered the head of households, in control of their family, wife battering may be not perceived as a serious behaviour or misconduct that needs to be reported. By contrast, men would also put the blame on the victim due to fear and avoidance of legal consequences. Furthermore men

are of the opinion that when a woman gets pregnant she had consented to it by having sex, for which the woman is responsible for the consequences of that sex. In other words the men singularly put all the blame and the burden of a child on the woman.

3.10.2.18 Fatherhood and men's reactions towards pregnancy

For the purpose of this segment, fatherhood is defined as the status attained by having a child and is irrevocable (unless and only if the child dies). In contemporary research literature, the term fatherhood is used interchangeably with the term "fathering". Fathering includes, beyond the procreative act itself, all the childrearing roles, activities, duties, and responsibilities that fathers are expected to perform and fulfill (Tranfer & Mott, 1997). Generally, men's response to pregnancy is positive, especially those who are married. However, for some men's reactions vary from a misplaced sense of pride that they are able to impregnate a woman, fear of increased responsibility, aggression and violence, and subsequent termination of the relationship. According to Nduna and Jewkes (2012) it was reported that many males deny paternity and abandon their partners when they get pregnant. The majority of men who are required to pay child support also do not fully comply, and a significant proportion of men leave their wives or partners without any child support agreement or arrangement (Tranfer & Mott, 1997).

Having examined the factors that have been implicated in IPV, the following section looks at the consequences of IPV during pregnancy.

3.11 Consequences of IPV during pregnancy

3.11.1 Health related outcomes

Violence against pregnant can have serious health consequences. During pregnancy, women are more likely to come into contact with health care system (Shadigan, 2005), for the purpose of prenatal care and a critical opportunity to identify and address IPV (Armstrong and MacMahon (2012). The following section will address both the physical and psychological health related outcomes of IPV.

Psychological health outcomes- Women who experience IPV during pregnancy are more likely to experience psychological and emotional challenges. The psychological challenges may have lasting consequences during and after pregnancy. Furthermore they may affect both

the expectant mother and the unborn child. According to Armstrong and MacMahon (2012) the psychological health outcomes may include mental health complexities, such as anxiety, post-traumatic stress disorders, depression, low self-esteem, suicide and fear of intimacy. In addition, Saddock and Saddock (2007) refer to post natal depression, as a form of depression which manifests four to six weeks after childbirth. This form of depression is mostly associated with factors such as stressful life events, insufficient family or social support, pregnancy loss, childbirth related distress.

Physical health outcomes - IPV can have adverse effects on maternal health and on birth outcomes, such as birth weight, foetal injuries (Dawson, 2001), and foetal alcohol syndrome which may occur as a result of alcohol usage during pregnancy). IPV during pregnancy may result in serious consequences for the children, as well as other family members who may be harmed during these incidents (Bedi & Gordard, 2007). It seems that there are often strong association between excessive alcohol use and perpetrating partner violence (Hunt & Martin, 2001). Saddock and Saddock (2007) refer to alcohol foetal syndrome which affects about one third of all infants born to alcoholic women. The syndrome is characterised by growth retardation of prenatal origin (height, weight), minor anomalies and learning disorders such attention-deficit hyperactivity disorder.

The most obvious and serious risk to the unborn child is that of death. Injury to the mother's abdomen, such as being punched and kicked, can cause foetal death by placenta separation or abruption. Bullock, Mc Farlane, Parker and Soeken, 1992 stated that women, who are battered, are four times more likely to have miscarriages. Epilepsy has been identified as one of the consequences suffered by IPV victims during pregnancy, as it is believed that head injuries and other blows subsequently lead to epilepsy.

3.12 Concluding remarks

This chapter explored the literature review pertaining to intimate partner violence initiated during pregnancy. The substantial associations between IPV and pregnancy were examined as well as the direction IPV takes before, during and after pregnancy. Due to the wealth of information gathered for the current study, few gaps were identified and implications for future research were presented. A vast array of information regarding IPV during pregnancy was reviewed five different ranks, namely the international, African, national, provincial and local studies. A sizeable chunk of information pertaining to the factors contributing to IPV was deeply scanned. The chapter was concluded with a discussion on the consequences

impinging on IPV during pregnancy. The following chapter will explore the research methodology pertaining to the current study.



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4. RESEARCH METHODOLOGY

4.1 Introduction

As alluded to earlier, this study was grounded in an interpretive orientation, thus guided by a qualitative research paradigm. Therefore this chapter seeks to explore and outline the research methods that were employed in the present study, focusing on the research design, interviews and sampling methods. A study of this phenomenon and the nature of it, namely a qualitative study, require that suitable techniques are used in order to capture relevant information on IPV. The section below examines the research design chosen, namely the qualitative, exploratory research design.

4.2 Research design

Terre Blanche and Durrheim (2006, p. 34) state that “a research design is a strategic framework for action that serves as a bridge between the research questions and the execution or implementation of the research”.

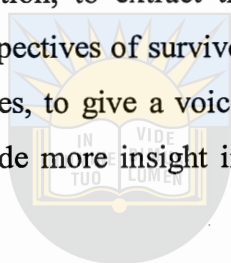
4.2.1 Qualitative research design

According to Polkinghorne (2005, p.137) “qualitative research is an enquiry aimed at describing and clarifying human experience as it appears in people’s lives, and data is gathered primarily in the form of spoken or written language rather than in the form of numbers”. This method aimed to describe in detail the nature of IPV, the circumstances around it and to answer questions about IPV, during pregnancy. By virtue of employing qualitative exploratory research in the present study, the researcher was able to gather information regarding the participants’ personal experience of IPV, their understanding of IPV during pregnancy, and the socio-cultural factors linked to it. This is in line with Denzin and Lincoln (2008), who advocate the relevance of using a qualitative research design which embraces an understanding of people’s personal experiences. Furthermore, a qualitative research design also allows the researcher to be open minded, curious, empathic, flexible and able to listen to people telling their own stories. The researcher in this study embraced this understanding by listening to participants sharing their experiences of IPV, and combined this with the above listed principles (open minded, curious, empathic, and flexible) in order to achieve the objective of the study.

Additionally, Silverman (1993) cited some of the qualitative methods, relevant to the study of IPV, and these include the use of everyday context (IPV) rather than experimental analysis, a

preference or unstructured data collection (no prior hypothesis) and a concern with micro fixtures of social life (a single or a group setting). Hennik, Hutter and Bailey (2011) view qualitative research as an approach that is much more than just the application of qualitative methods, since it allows the researcher to identify issues from the perspective of the study participants and understand the meaning and interpretation that they give to behaviour, events and objects.

Nicholls (2011) asserts that the qualitative research design allows the researcher much more detail in investigation of issues, answering questions such as who is affected by IPV, why, what factors are involved and whether individuals react or respond differently towards IPV. Therefore, it is safe to suggest that the use of the qualitative research design in this study placed the researcher in a good position, to extract the loops of IPV, predominantly in understanding the behaviours and perspectives of survivors in relation to IPV, to explore the meanings they give to their experiences, to give a voice to such issues as violence against pregnant women and finally, to provide more insight into IPV occurrence initiated during pregnancy.



4.3 Selecting participants

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4.3.1 Units of analysis and sampling procedures

For the purpose of this study, non-probability purposive sampling was employed to obtain different views from participants who shared similar experience of IPV initiated during pregnancy. IPA researchers usually try to find a fairly homogeneous sample. The basic logic is that if one is interviewing, for example, six participants, it is not very helpful to think in terms of random or representative sampling. IPA therefore goes in the opposite direction and through purposive sampling, finds a more closely defined group for whom the research question will be significant (Smith, 2009). For the current study, it was decided that a convenient sample of five participants be drawn from survivors of IPV during pregnancy, who were accessed through social workers who worked with the victims and the survivors of IPV at an organization that offers support to women who have been abused. Five participants who reside in an informal settlement were sought and were interviewed over a period of three weeks.

Those who were willing to participate in the study, particularly those who had been victims of IPV initiated during pregnancy, volunteered to participate. All five participants shared similar demographic characteristics, such as being involved in miscellaneous type

relationships or cohabitating, unemployed, dependent on partners financially, uneducated, residing in an informal settlement within the Buffalo City Municipality, and all shared a common denominator (they all experienced IPV initiated during pregnancy). Smith (2004) adds that the group of participants should be homogenous to the extent that they share the experience of a particular condition. Nicholls (2011) also concurs that participants should be homogenous and share a common denominator. The study focused on a limited number of IPV victims and survivors (five participants) as prescribed by the probability purposive sampling procedure. This prescription allows one to gather in-depth information about the phenomenon under investigation. Radzilani (2010) in Akol (2011) agrees that a small number of texts or interview transcripts generally generate quite a large pool of information whereas a larger number of transcripts may be more difficult to interpret. Likewise, IPA studies are usually conducted with relatively small sample sizes (Smith & Eatough, 2007). Additionally, the purposive sample complemented the goal of the study even more, as it allowed the researcher to seek groups or individuals where the process being studied was likely to occur (Denzin & Lincoln, 2008). Following is description of the process that was followed in order to complete the sampling process.

Once a willing candidate was identified her contact details were obtained through the social workers from the women support centre. The interviews were organized as follows:

- Four participants spoke only isiXhosa, one spoke both isiXhosa and English.
- Initially it was planned that eight participants would be interviewed. However in the end only five participants committed to participate in the process. Three identified participants who indicated their willingness to participate withdrew from the interviews at the last minute, out of respect and fear of their partners.
- The ages of the interviewees ranged from 35 to 42 (35, 35, 36, 39 and 42).
- All five participants dwelt in rural informal settlements around Buffalo City Municipality (about 10 km away from the centre).
- They all experienced IPV during pregnancy

Table 1. The following table is a summary of participants` demographics and particulars. The distinctive codes denote participant 1 to participant 5

Participant Code	Age	Dwelling place	Formal / informal settlement	Urban / rural	Highest level of education	Religion	Number of children
EIU-1	35	Ezipunzana	Informal	Urban	Lower than grade 12		2
DIU-2	36	Duncan Village	Informal	Urban	Lower than grade 12	Christian	2
EIU-3	39	Ezipunzana	Informal	Urban	Grade 12 / above	Christian	1
DIU-4	35	Duncan Village	Informal	Urban	Lower than grade 12	Christian	1
EIU-5	42	Ezipunzana	Informal	Urban	Lower than grade 12	Christian	3

4.4 Procedures for data collection and management

As this is a qualitative study, interviews are regarded as dominant method in qualitative research used for gathering information and data collection. IPA researchers wish to analyse in detail how participants perceive and make sense of things which are happening to them. It therefore requires a flexible data collection instrument (Smith, 2009). In this study interviews were chosen for purposes of collecting data, and gathering more information in order to inform and address the research questions and objectives (Flick 2005). As the aim of the research was to gain an in-depth understanding of the experiences of survivors of IPV initiated during pregnancy, the personal interaction with participants through the interviews facilitated the process to its completion.

The data was collected through semi-structured face -to- face interviews which, because of their flexibility have been found to be a useful method of obtaining information (Walliman, 2005; Akol, 2011). Kvale (2009) proposes that semi-structured interviews are used for the purpose of obtaining thoroughly tested knowledge, and a description of the life world of the interviewee with respect to interpreting the meaning of the described phenomenon, in this case IPV initiated during pregnancy. Semi-structured interviews as a tool of information

gathering simplified the process and also brought the aim of the study home. In addition as stated by Kvale (2009, p. 11), “semi structured interviews come too close to everyday conversation, however, it has purpose and it involves a specific approach and technique. Therefore, if it is semi structured, it is neither open ended everyday conversation nor a closed questionnaire”.

To instigate the process, the interviews were initiated through a briefing session in which the researcher duly communicated the aim of the research to the participants, as well as the purpose of the interview and informed the participants that each interview would be recorded through the use of a tape recorder and gave the reasons for doing so thereof. This was followed by allowing participants to ask questions before starting the interviewing as suggested in Kvale (2009). Additionally, semi- structured interviews were preferred for this study as they allowed the investigator to follow a set of questions with an attempt to establish a rapport with the respondents, as well as giving freedom to probe areas that arises, and to follow the interviewee’s interest or concerns (Smith & Osborn, 2003). This form of interviewing received a lot of recognition in research as it was described as an exemplary method for IPA, hence the touchstone of this study is IPA. Semi structured interviews were found to be more appropriate and valid to meet the expected objective of the study.

No personal data form was completed by the participants in order, as stated by Kruger (1998, p. 151) in Akol (2011), “to afford the participants greater ease in expressing their true feelings”. The duration was about 1 hour and 30 minutes. Subsequent to each interview, the respondents were thanked and given R50 for their time and participation in the research.

4.4.1 Interview schedule

The interview schedule contained 25 open ended questions, and these are found in Appendix IV. The questions were carefully prepared and put to the participants and centred on three broad categories, namely, (A) Understanding of IPV, (B) Experiences of survivors of IPV, and (C) Socio cultural factors relating to IPV.

A. UNDERSTANDING OF IPV

1. What do you understand about IPV?
2. What is your experience of IPV?
3. When was your first time experiencing IPV?

B. EXPERIENCES OF SURVIVORS OF IPV

1. What were the causes of IPV in your situation?
2. Can you describe what usually initiated the incidents, where, and when?
3. How long would it usually last?

C. SOCIO-CULTURAL FACTORS ASSOCIATED WITH IPV

1. What is your opinion with regards to IPV in your community?
2. Do you blame yourself for the IPV situation in your life?
3. Do you associate IPV in your situation with love and affection from your partner?

All these questions were asked identically to each person who was participating and the exact responses were recorded. The questions were from a position of flexible and open ended enquiry, and adopted a stance which was curious and facilitative. In addition, the questions were brief and simple as advocated by Kvale (2011).

The questions were asked in isiXhosa and the responses narrated by participants during the interview were documented by note taking and audio taping for later analysis. According to Bogdan and Biklen (2003) audio tape recording is also a more preferred form of interacting with people than completion of questionnaires. The data can be collected more quickly and at lower costs. It is in this regard that in this study, audio tapes were ideal to record important information narrated by the survivors of IPV initiated during the interview. Kvale (2009) proposed that tape and audio recording are regarded as the most common way of recording the interviews, and nowadays digital recorders are available to provide a high acoustic quality and can record for many hours without interruptions. Moreover, the recordings can be transferred directly to a computer where they can be stored and played for analysis. During recording, measures to avoid background noise were taken in order to get an audible recorded conversation during transcribing. The words and their tone pauses and the like were recorded in a permanent form that made it possible to return to them again and again for re- listening.

Subsequently, all the recorded conversation was transcribed from an oral to a written language. This process entailed that all the recorded conversation was transcribed verbatim, observing frequent repetitions noting the 'mh's in isiXhosa and later translated into English for coding and analysis. In this regard all the data from the audio recording was transformed and changed from one form to the other. The following section will explore the four phases of coding and data analysis, accompanied by sample of a list of themes that were identified,

and a final refined list of themes which will inform the discussion and the interpretation of the results later.

4.5 Analysing qualitative data

This section presents an overview of the data analysis through various phases of coding. Primarily, the data analysis process of this study was informed by the principles of IPA and the conventions of the thematic analysis viewed as being complementary and used as one method. As stated earlier, all the recorded conversation was transcribed verbatim, in isiXhosa and later translated into English for coding and analysis by the researcher. Therefore, all the data collected for the purpose of this study was organised for interpretation and analysis. As part of the process of data analysis and to gain insight into the data collected the researcher resorted to coding analysis. The coding process is occasionally referred to as the major stage of qualitative data analysis. Gibbs and Graham (2009) concur that "coding" bears a resemblance to analysis which is also an important part of developing and refining interpretations of the interview data. In addition, coding is the process of organizing and sorting data, and it serves as a way to label, compile and organize the collected data, thereby allowing the researcher to summarize and synthesize what is happening in the data. Consequently, the coding process reinforced the data analysis process of the current study, as it allowed the researcher to locate meaningful segments and categorise major themes that were prominent in each interview.

The coding process was guided by four stages of coding as proposed by Smith and Eatough (2007), namely the first stage which focuses on the first encounter with the text, the second stage which focuses on the preliminary themes identified, the third stage which centres around grouping together of themes as clusters and the final stage which tabulates themes in a summary of tables

The researcher, in collaboration with the research supervisor and the research project coordinator carried out the process of coding. The first stage of analysis involved reading and re-reading the individual tape-recorded sessions transcribed as text. In the second stage the researcher identified and labelled themes that characterized each section of the text. The third stage involved structuring the themes into meaningful groups. In the fourth and final stage the researcher produced a summary of the structured themes (Willig, 2001) or a narrative account of the interplay between the researcher's interpretative activity and the participants' account

of their experiences (Smith & Eatough, 2007). All four stages of analysis were followed in the following fashion:

4.5.1 Stage 1: First encounter with the text

Biggerstaff & Thompson (2005) posited that the text needs to be read and re-read. Marshall and Rossman (1999) add that this stage entails that the researcher reads and re-reads data and takes preliminary notes on a separate sheet of paper.

By reading and re-reading the text the researcher familiarizes herself/ himself with the text and becomes aware of any phenomena as they occur in the text (Willig, 2001). Here, the emphasis is to pinpoint, examine, and record patterns and discrepancies within the data. This entailed making note of any observations, meanings, figures of speech and discrepancies that occurred during the interview. This was carried out and interrogated bearing in mind the research questions of the study. The attention was drawn from what the participant was saying, what words were used in reference to IPV during pregnancy (in vivo coding), as well as the meaning of what was said, and what it represented or what it was an example of. Furthermore, the meanings that I as a researcher attach to what was said were noted (descriptive coding). (See below section 4.5.1.1). Biggerstaff and Thompson (2005) concluded that it is usual to record the initial notes in one margin of the transcript. Therefore, all the observations were either recorded in bold in the margins of each interview or on a separate piece of paper for further interrogation.

The following were extracted directly from the interviews, and the information bracketed in bold represent how the first stage of coding was carried out.

Interviewer: What is your understanding and experience of IPV?

Participant 1: [Coughing.....} "In my view mem, I would say, when you get involved with a man in the beginning of the relationship, you feel very happy, but as time went by, the situation really changed. (Introduction of change of environment within the relationship, from being happy to being unhappy , a sense of disappointment)

Interviewer: What were the main causes of IPV in your situation?

Participant 1: "It was due to my pregnancy, as I relayed the news to him, then that's when it all started, and things got bitter at home". (Pregnancy introduced a change in the relationship,

atmosphere of the relationship changes to bitterness, lack of happiness and enjoyment within the relationship).

Interviewer: Can you tell us more about the changes that you experienced in your relationship after you got pregnant?

Participant: “He would come back from work, very late, I would stay all alone in the house” (Change of behaviour and introduction of loneliness, treatment is different after pregnancy).

The first stage facilitated the beginning point of organising themes for classification which emerged during the next phase.

4.5.2 Stage 2: Preliminary themes identified

Similarly, the categories which were central to the conversation and those that kept emerging across the spectrum of responses were the central focus for interpreting the data. This led to the identification of themes that best capture essential qualities of the interview (Biggerstaff & Thomson, 2005) (See below section 4.5.1.1). The researcher usually identifies themes from within each section of the transcripts, and is also looking for possible or likely connections between themes. The data was analyzed through identification of themes that emerged from each participant's interview. In other words, the relationship between emerged categories was interpreted in terms of how they relate, and what factors were contributing to the relationship or contradicting it in answering the research questions of the study.

To simplify the process a random list was drawn from all the data that was recorded at the margins of each response. The same procedure was undertaken for all five participants, and the data (random list) was now ready for further interrogation and analysis. This exercise entailed looking for any connections, similarities and metaphors that appeared to be dominant in the data. Subsequently it was noted that there were numerous events and incidents that suggested changes that took place in the lives of the participants, and all these were experienced by the participants as a result of pregnancy. This was identified through counting the number of occasions the term ‘*change*’ appeared in each conversation, whether subtly or tacitly.

It then became evident that ‘*change*’ was one of the major themes as it was prominent in most conversations with the participants. This process was followed by identification and creation of other prominent themes in the data. Marshal and Rossman (1999) propose that the researcher would formulate ‘Analyst Constructed Typologies’ which entails a process of

continuous re-reading and developing of more detailed themes while highlighting the quotes that are relevant. The data which was already highlighted and recorded at the margins of each transcript together with the random lists was interrogated again for further coding. It was observed that new information emerged, which suggested factors that play a role in IPV initiated during pregnancy. When all these emergent concepts were explored, it was then observed that they all suggested '*social factors*' in a very broad scope. This resulted in the identification of other prominent themes, namely the '*metaphors*' and '*contradictions*'.

4.5.3 Stage 3: Grouping together of themes as clusters.

The third stage involved an attempt to provide an overall structure to the analysis by relating the identified themes into clusters (Biggerstaff & Thompson, 2005). The process commenced with the interrogation of the major themes (change, social factors, contradictions and metaphors) by primarily looking at all the categories or concepts which implied different types of changes, social factors, metaphors and contradictions that were identified during the second stage of analysis. At that point the categories were coded from certain words and expressions that displayed specific emerging patterns reflecting and revealing, repetitions, similarities and contradictions with regards to the experience of IPV (Smith & Seagul, 1999). A random list was drawn from all the identified themes and prepared for clustering and grouping. The information was collapsed into subthemes or clusters which attested to changes that were initiated during pregnancy. Such changes included changes in the relationship, changes in behaviour, changes in communication and changes in relation to the announcement or initiation of pregnancy. The categories (clusters) were then placed side by side to seek joint themes, and categories which shared similar meanings. Once more the information was further collapsed and this resulted in the development of further sub themes or emergent codes that suggested types of social factors, namely the socio economic factors, cultural factors, risk factors, forms of IPV and values of the relationships. Finally, the data was interrogated for the last time, and a group of concepts which suggested a metaphorical language that was used by the participants and contradictions were also identified and clustered accordingly.

All the codes that were developed and themes that were identified were informed by how the changes were recognised, how the changes were introduced, what type of changes were prevalent, the social factors that were contributing or consequential to the lives of the participants and the meaning of IPV in their lives.

4.5.4 Stage 4: Tabulating themes in a summary of tables

The fourth stage was to develop, a master list of themes from the random list of the third stage. This entailed the location of these themes in an ordered system that identified the main feature and concerns identified by the research participant (Smith & Seagul, 1999) (See below section 4.5.1.1). A final refined list, tabulating all the codes with linking themes and subthemes was drawn up, ensuring that each theme was placed and recorded under the relevant table.

The following table is an illustration of a final drawn list of codes with their linking themes and subthemes. It must be noted that two major codes were developed in this study, namely, the changes and social factors, with their major themes, and subthemes. It should be noted that the following is an example of how the coding process was undertaken.

Below is detailed illustration of four stages of the coding process:

4.5.1 .1 MAJOR THEME AND SUBCATEGORIES

MAJOR THEME -1: CHANGE

Sub-theme 1: Change in the relationship

- Violence started exactly when I got pregnant
- When I told him I was pregnant, he became violent
- When I told him I was pregnant, all hell broke looses
- As the time goes things do really change. I got very unhappy

Sub-theme 2: Change in behaviour

- He would even kick me in the stomach
- When he got drunk he would say hurtful things, and started beating me
- He became very aggressive
- He would come home very late

Sub-theme 3: Change in communication / lack of communication

- Suspected that I was pregnant
- We did not plan nor discuss the pregnancy
- We usually do not talk about issues

- He was curious to know how a woman would not know about contraceptives

MAJOR THEME 2: SOCIAL FACTORS

Subtheme 1: Socio economic factors

- IPV is very high in the neighbourhood, because women are not working
- He is the only one working
- Bad situation back at home
- He would leave me without money to buy bread

Subtheme 2: Cultural factors

- We should respect our husbands
- They are the heads of the families
- My husband is possessed
- Our cultural traditions do have an impact



Subtheme 3: Source and prevalence of IPV

- When I realised I was pregnant
- I became pregnant
- When I told him that I was pregnant, treatment was bad
- Due to my pregnancy

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Subtheme 4: The nature of the relationship

- He was just fooling around with me
- He was just exploring with me
- Was not truly in love with me
- He had other girlfriends

Subtheme 5: Meaning of IPV

- Too obvious that he did not love me
- He loves me
- I loved him
- He deprived me of my happiness

Consequences of IPV

- Fell on the floor
- The ordeal carried on until the birth of my child
- Internal wounds
- Suffered miscarriage

MAJOR THEME-: 3 METAPHORS

- Heads of family
- Men behave like animals
- Children are stumbling blocks
- The lost and found such as “*khumbulikhaya*”

MAJOR THEME - : 4 CONTRADICTIONS

- I love him though he beats me
- Not ready to be a father
- Quite scared of HIV, but we have sex without condoms
- I'm single but I do have a partner



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According to Seidel (1998) in Akol (2011) it is accentuated that the role of code words is to help the researcher collect the things noticed in the data and subject them to further analysis. They are viewed as flags or signposts that point to patterns in the data. Likewise in this study, all the information acquired from the coding exercise assisted the researcher during the reporting and interpretation of findings phase and these will be discussed in the latter section.

4.6. Ethical considerations

The term ethical comes from the Greek ethos, meaning either a community's shared customs or individuals' character, good or bad. In its broader sense, “ethics” is the forging of bonds that create a community and the moral choice one faces when acting in that community (Booth, Colomb & Williams, 2008). Terreblanche and Durrheim (1999) posited that the purpose of ethical research planning is primarily to protect the rights and welfare of the participants. The following section presents a brief account of all the ethical considerations pertaining to this study.

4.6.1 Ensuring informed consent

Prior to the commencement of the study the researcher requested permission to carry out the

study from the management of the women support centre organisation. Subsequent to that, the researcher duly communicated the purpose and the aims of the study to the participants, in their own language (isiXhosa) and allowed them opportunity to ask questions and voice their concerns regarding the study. The researcher clarified and answered all questions prior to the research process. Thereafter, the participants consented to participate (See Appendix iii). It is stated that “informed consent entails informing research participants about the overall purpose of the investigation and the main features of the design as well as of possible risk and benefits from participation in the research project” (Kvale, 2009, p. 27) . All participants were cautioned in advance that some of the questions were of a very intimate and sensitive nature and were informed that their participation in the study was voluntary, and they were free to withdraw their informed consent at any time. However, this was combined with a provision to utilise counselling services from social workers of the women support centre, and by their withdrawal or refusal to participate would not affect the services they were receiving at the centre. Kvale (2009) also concurs that the researcher must obtain the voluntary participation of subjects and inform them of their rights to withdraw from the study at any time.



4.6.2 Respect of privacy of participants

This study is very sensitive in nature, and participants are more likely to be vulnerable. As such, sharing information about IPV with the researcher could lead to the risk of aggravating further violence of the women by their partners, as in most cases women are forbidden to disclose such information by their partners. Furthermore, information shared during these kinds of studies tends to be very confidential. Thus, prior to the commencement of the interviews, the researcher committed to issues of confidentiality by providing the participants with a written contract that was binding and confidential. This meant implied that the private data identifying the participants in the study subjects was not disclosed (Kvale, 2009, p. 27). Distinctive codes (EIU1 - EIU 5) instead of names were created and utilised to protect the identity of participants during the study and the transcripts containing information of participants. Therefore, the interviews were carried out in a very respectful, confidential, sensitive, considerate and ethical manner by the researcher. All the participants who were approached participated voluntarily in the study.

All interviews were tape recorded to enable the researcher to later transcribe and translate them from isiXhosa to English. The purpose of using tape recorders during the interviews was duly explained to the participants, and information was kept securely and confidentially.

4.6.3 Avoiding harm to participants

Research is considered harmful if it causes a participant to be embarrassed, ridiculed and belittled (Gray, 2004). The researcher initially verified the questionnaire schedule with the supervisor, established rapport with the participants by explaining the purpose of the study and discussed willingness to participate also in order to avoid harm to participants. The interviews were also conducted at the participants' homes and the therapy offices at Fort Hare University in a private space, at a time which suited them. The alternative venue was arranged and used due to fear by the respondents of partners arriving in their homes in the middle of the interviews. In addition, the questionnaire schedule which covered the following three main categories: the understanding of IPV, the experiences of survivors of IPV and the socio-cultural factors of IPV was followed identically in each interview, in the participant's home language, and in a most sensitive manner in order to avoid secondary trauma and judgement. Consequently all questions that were asked were only addressing IPV related matters, and no irrelevant questions were asked during the interviews. Subsequent to the interviews the participants were requested to give brief feedback on their experience and were provided an opportunity to indicate if they needed further counselling. All the participants reported that they had been taken care of and that the interview was meaningful to them. However out of the five participants, one participant reported that some wounds were opened by certain questions. Provision for counselling by social workers at the women support centre was made available for the participants should the need arises.

4.6.4 Avoiding deception to participants

Deceptive measures were avoided from the commencement of the study. The participants of the study were not deceived by the researcher in order to gain information, as this could negatively impact the purpose and the results. This principle is based on the rule that participants should not be manipulated to perform in any desired way by the researcher, and that the exact process, purpose and duration of the research be cleared by the researcher prior to the commencement of the research process. In addition, the R50 incentive was not used to buy information from participants or to pressure them into taking part in the study. It was meant to appreciate the participants for their valuable contribution in the study, their time and willingness to participate.

4.7. Anticipated benefits

There are some benefits associated with this method of study. Smith (2004) asserts that a semi-structured type of interview may facilitate rapport, allows a greater flexibility of coverage, allow the interview to go into novel area and tend to produce richer data.

In this study, participants received an opportunity to share their experiences, and feelings from their perspective regarding IPV, and possibly some cathartic effect of this could be reached. Awareness regarding possible coping and prevention strategies could also be attained due to sharing of information.

Through participation in these types of studies, participants could gain a good sense of relief, and strength as this process will allow them to ventilate, share experiences, as well as to identify with similar experiences of others.

4.8. Anticipated risks

Kvale (2009) cited certain risks involved in the study of IPA, such as language issues, technical errors relating to recording devices, and noise. The above mentioned factors were pertinent for this study and were avoided by using relevant language (Xhosa, which was later translated to English), also by keeping back up audio material and by conducting the in-depth interviews in a noise free environment. As mentioned earlier, the researcher also provided a noise free environment by conducting three interviews at the therapy offices at Fort Hare University in a private space at a time which suited the participants, and two interviews were conducted in their homes when there was no one else present.

The nature of the study is very sensitive, participants could be reluctant to share certain information pertaining to IPV. Rapport was established with the participants by explaining the purpose and benefits of the study, and by further acknowledging the risks involved. The participants were encouraged to participate and were assured of safety. They were also informed that should they experience distress through talking about their experiences they would further be allowed to discontinue with the interview at any stage should they wish to do so.

There could be other factors relating to IPV, such as drug abuse, sexual related offences and diseases that participants may find difficult to discuss during the interview process. The researcher assured them that they could discuss only what was comfortable to them. Participants could be reluctant to give information pertaining to IPV, and could negatively be affected by sharing those experiences and this could lead to secondary traumatisation and

reliving of those experiences. A provision was put in place for those who are affected to be referred to social workers who work at the women support centre for further counselling sessions and support.

Finally, Smith (2004) stated that semi structured interviews may reduce the control the researcher has over the situation; it takes longer to carry them out, and they are harder to analyse. The researcher opted for a convenient sample of five participants to avoid the above mentioned challenges.

4.9. Reflexivity

During the interpretation period, the qualitative researcher has a broader scope for making sense of data collected, based on his / her intuition, creativity and personal experience. This is typically referred to as reflexivity and usually forms part of discourse analysis and feminist research. Kvale (1996) in Evans (2007) refers to the interpretation process as personal subjectivity. Additionally, Finlay (1998) points to the importance of a reflexive stance that the researcher takes during this process, which may lead to a good understanding of the data collected. A key principle of reflexivity concerns an exploration of the position of the researcher's role in the research process and the consequences thereof. Specifically reflexivity recognises that knowledge cannot be separated from the knower (Alvesson & Skolberg, 2000, p.8, in Ngqangweni, 2014). Parker (2005) in Ngqangweni (2014) offered caution against the danger of reflexivity which may turn into a confession. This may occur in the event of the use of first person accounts ending up being just mere subjectivity and highlighting emotional investments (good or bad feelings) about what happened in research. Therefore, he advocated for a rational character of research. The research project has influenced the way I view situations and has loaded me with new lenses of information. As a Xhosa speaking female, enrooted from an impoverished community and neighbourhood, characterised by a strife environment, the findings painted a daunting picture and made a lasting impression on me. I infiltrated these women's world thinking that I carried knowledge that was much more prominent than their experiences instead I was imparted with new understanding of their world.

I was particularly distressed by the entrapment the participants found themselves in. I was compelled to reason that their loyalties served predominantly their partners, their religion and culture rather than themselves. The participants were highly stricken by poverty, and were struggling to take care of themselves. However, the IPV situation led them to consider other

people's needs first. My curiosity directed me to enquire about motives that led to choose to endure a cross of IPV for others. I was particularly curious to know the reasons of a woman stricken by hunger, who may hardly feed herself, repeatedly fall pregnant for an abusive man. Another question that bothered my thoughts was around the issue of not leaving the circumstances regardless of the conditions they were facing. However, certain assumptions could possibly be drawn from cultural and religious related explanations. Such as those which place women in a position of submission and respect for men, and as well as enduring hardships, all in the name of love.

Disappointingly, the sufferer of all the IPV afflictions remains the woman, regardless of how much she is willing to give and sacrifice for the relationship. The picture portrayed in this study, designate that ultimately, women are facing multiple kinds of oppressions, since they carry the burdens and the sins of their partners / men, cultures and communities they live in. Additionally, as the Bible states that the sins of the forefathers will be endured by the offspring's and third generations, so are the children who are born in IPV relationships. These circumstances preordain a dreary future for the children and as such lead to aggressive behaviour and IPV when they grow up.

Although, I had all these dilemmas in my mind, the walk with the participants was remarkable and enlightening. I was particularly humbled by the standards and the values (love for their families and culture) upheld by the participants in the mist of IPV adversity.

Carpenter (1999) states that information and thoughts shared by participants in interviews often depends on whether they position the researcher as one of themselves or as an insider or outsider. For me as the researcher, it was difficult to take an objective or an outsider stance. As a woman I could relate to certain issues that were shared by the participants. Such as being pregnant and in love at the same time. This was demonstrated in my reactions and responses during the interviews, e.g. I would use sounds such as "Mhmm"... and non-verbal cues such as nodding or shaking my head sometimes instead of saying yes to the participant. This was mostly due to the sympathy I felt when I was listening to the participants. I also noted that there were some contradictions in the statements of participants, which left me speculating. However I had to avoid applying a sense of judgement, and maintained objectivity and sensitivity all the time. For example, their decision to remain in the IPV relationships was influenced by Christian values. However, they were involved in such practices as sex before marriage, and cohabitation which are mostly prohibited by Christian

values. I began to wonder which of the so called Christian principles were more important to uphold, between forgiving an abusive partner regularly, and sinning by engaging in a sexual relationship prior to marriage.

I was also disempowered in my position as a researcher to probe and provide intense information regarding forms of IPV, particularly, sexual IPV. This lack of attaining the information was due to cultural connotations that had an influence on me, as a young Xhosa adult. Since, I share an identical cultural background (Xhosa culture), the subject of sex and intimacy is treated privately and sometimes sacred. Therefore I had to be mindful and sensitive when approaching particular questions

During the course of the study, there were moments when I felt like celebrating and applauding the conduct of the participants throughout the IPV predicament. There were certain lessons drawn from cultural connotations, which were shared and which I was not even aware of. For example, all five were very fluent and familiar with what is required of them by the Xhosa culture, and I was very humbled by the sense of dedication and respect they possessed towards the culture. Moreover, with regards to the fact that, rather than quitting the cohabitation (marriage) relationship, they chose to endure the situation and stood by their men irrespective of the problems they faced. Similarly, the participants showed a commitment to one partner (application of values drawn from such cultural notions as *intonjane*), even though their partner were dating multiple partners. Yet, there were also times which I felt dismayed by the very same cultural influences which posed as a threat to participants. For example, the same culture encourage men to behave in a manner that is insulting towards females (such as having more than one partner), and to practise polygamy. As a researcher am In no position to hold culture solely accountable for the ills of the violent men, as there are some notions which are still noteworthy. Such as *ilobola* (price offered by the groom to the in-laws for the bride), *intonjane* (the transition and training from childhood to womanhood) and *Ukonyuka nengalo* (which refers to an act of embracing pregnancy by proposing marriage).

The study taught me valuable lessons, as I thought there was something I could teach the participants. Even more so, I thought I could usher them through their healing process by providing them with a platform to share their experiences or more so by inculcating my own principles and ideas to them. To a certain degree, the participants' experiences and bravery taught me to respect people more, and as a bonus I gained a sense of healing and revival. I

myself, was once brutally bruised in a relationship which involved unplanned pregnancy, and suffered similar experiences and consequences as noted in the study. As a result, some wounds were re-opened during my journey with the participants. However I have gained a lot from sharing their experiences. Ultimately, the benefit was communal, as we all (myself and participants) benefited. Participants reported that they were all revived and hopeful. My benefit was that I received an opportunity and more insight in my future endeavours which I will be applying when working with abused women.

I was hoping to refer the participants to social workers at the women support centre for further counselling. However, they all shared that talking about their experiences in such a pleasant and accepting environment, yielded healing and consolation. I have to admit that during my journey with the participants, there were various positions and stances I undertook which could have possibly influenced my research. For example as a black isiXhosa speaking, young adult, a Christian single female South African, who is employed in a support services field with the youth of South Africa, upholding feminist values, and living in an urban area but with rural and low economic roots. It was a journey worth travelling- I have been honoured!

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4.10. Concluding remarks

The chapter dealt with research methodology relevant to the study. The research design, namely the qualitative, exploratory research design was identified as the one suitable for the study of this phenomenon. The sampling methods, as well as procedures for data analysis were explored. In order to gain meaning of the collected data, the analysis of qualitative data processes were undertaken, guided by principles of IPA. The data was collected through semi- structured face- to- face interviews which because of their flexibility were found to be the useful method of obtaining information. The method of data collection through audio recording allowed the capturing of all information provided by the participant and together with follow up questioning provided rich data for transcription and analysis. Initially it was planned that eight participants would be interviewed. However in the end only five participants committed to participate in the process. An in-depth coding process of the data collected was administered for all five participants. The chapter was concluded with the ethical considerations that guided the data collection process and finally the reflexive evaluation of the data collected by the researcher. The following chapter will explore the results of the study.

CHAPTER FIVE

5. RESULTS

5.1 Introduction

This study extends our knowledge of IPV initiated during pregnancy by examining a convenient sample of five participants, who were survivors of IPV, at a women support centre.

The aim of the study was twofold. Primarily it was to explore how survivors understand and deal with the occurrence of IPV during pregnancy, and furthermore to investigate the social, cultural and gendered power relations underpinning IPV during pregnancy. Three critical questions stemming from this phenomenon were examined:

- What are the experiences of survivors of IPV during pregnancy?
- What are the socio-cultural factors underpinning IPV?
- What is the understanding of survivors of IPV initiated during pregnancy concerning their plight?

Bogdan and Biklen (2003) described qualitative data analysis as “the process which is like a funnel: Things are open at the beginning (or top) and more directed and specific at the bottom”. Due to the simultaneous process of data collection and data analysis some researchers avoid using the term “data analysis” (Evans, 2007), instead they prefer to use the term “data interpreting” (Silverman, 2003). In addition Hammersley and Atkinson (1995) refer to “making sense of data”. Both interpretations, namely the data analysis and data interpreting were employed in this study, for the purposes of making sense of the data collected.

Following is the summary of findings and interpretation of results. The first segment of the results is graphically presented, outlining the sample characteristics, followed by the characteristics of IPV initiated during pregnancy and finally, the factors and consequences contributing to IPV during pregnancy. The findings are complemented by relevant abstracts from the participants in order to gain more insight into the data collected.

5.2 Sample characteristics

The following illustration depicts a frequency distribution of the participants' age group in years, marital status and educational background.

5.2.1 Sociodemographic characteristics

From a sample of eight participants that were recruited, five participants consented and participated in the study with a 100% response rate. The age group of all participants ranged between 36 and 42 years. The results indicated the participants at the time of the study were single, and all were cohabitating. The results indicated that two of participants had two children with the same partner, two had one child and one reported to have three children. The majority of participants (four) indicated that they had no formal education (lower than grade 12). Only one indicated that she had formal education. Additionally, the majority of participants (four) were unemployed. The following quote was taken directly from the interviews.

Interviewer: Firstly I need to get your details. How old are you and how many children do you have?

Participant 5: I'm 39 years old, with three children

Interviewer: Are you married, cohabitating, or in a relationship?

Participant 4: I am staying with husband or my partner

Interviewer: What was the highest grade you completed at school?

Participant 4: grade 7

Interviewer: what is your employment history?

Participant 4: Never worked before

In addition to highlighting the Sociodemographic characteristics of IPV, the extracts emphasize that the marital status of the victim, the number of children within the relationship, the low levels of education, and the employment status of the victims, may sometimes be associated with IPV.

5.3 Characteristics of IPV

Detailed information about IPV initiated during pregnancy in the lives of the participants are summarised below:

5.3.1 Participants` awareness of IPV initiated during pregnancy

Perceptions about awareness of IPV within their community were collected, and results revealed that all the participants possessed a sizeable knowledge of IPV and similarly recognized it as violent acts by men or abuse of women by their intimate partners, not vice versa. However, one of the five participants acknowledged that both genders (male and females) could be guilty of the acts of violence against each other, not just men. The following quote was taken directly from the interview.

Interviewer: What is your opinion with regards to IPV in your community?

Interviewer: What is your opinion with regards to IPV in community?

Participant1: Wow mem, IPV it is too much exaggerated in our neighbourhood, women are not happy, it doesn't matter whether one is married or not it is the same experience to all of us, the mere fact that we were created as women by God, men saw an opportunity to abuse us, and this needs to be dealt with.

Participant 3: Yes Mem, there are a lot of victims of IPV, like us, but unfortunately this will never end and be fully reported as the victims tend to keep it a secret.

Participant 4: IPV in my neighbourhood is our daily bread. Most women are being abused, and it is almost regarded as if it is a norm in our society. It's almost as if, if you don't get abused you are not loved by your partner.

In addition to highlighting the prevalence of IPV, the extracts emphasize how abuse is sometimes confused with love.

5.3.2 Initiation of IPV

The results about the prevalence of IPV in the lives of the participants indicated that IPV was dominant in all their relationships, and that they had experienced it in one form or the other in their lives, with all of them recounting the experience within the previous year. All participants said that their relationships with their partners were good (*almost perfect*) prior to pregnancy, and stated that the main trigger (*things really changed*) of the violence was the announcement of pregnancy. Four of them experienced violence on every occasion when the

partner came home following the announcement of pregnancy. The following quote was taken directly from the interview.

Interviewer: Do you have a personal experience of IPV in your life? When was it introduced in your life?

Participant 2: Yes I have experienced it twice, as I have two children, every time I get pregnant I get abused by my partner, his behaviour just changes, he would stay out very until the next morning, and would beat me on arrival, asking me all kinds of silly questions, about why I got pregnant, he would get moody and become a stranger to me.

Participant 5: Yes Mem, I have a lot of experience. I was exposed to the abuse in my relationship. My first experience was due to my pregnancy, that's when it all started. My husband, my partner, when I told him about the news, and he got angry that I am bringing a burden in the household, as he was just working for a construction, was not getting paid well

In addition to highlighting the initiation of IPV in the relationship, the extracts emphasise the change of behaviour of the intimate partner.

5.3.3 Prevalence and escalation of IPV

The results about when the violence started and whether it escalated or decreased after the announcement of pregnancy indicated that the onset of IPV was during the first three months of pregnancy. All participants indicated that the announcement of pregnancy brought IPV in their lives and it escalated and continued until birth and afterwards. The following quote was taken directly from the interview.

Interviewer: What was the main reason for this treatment of IPV to take place in your life?

Participant 1: The news of my pregnancy was not good news for him. When I told him that I was pregnant all hell broke loose. It escalated and progressed, as sometimes he would even kick me in the stomach.

Participant 2: When I told him I was pregnant, he was very furious, and the violence were my daily bread until I gave birth to the baby, and after birth as well.

In addition to highlighting the prevalence and escalation, the extracts emphasise that pregnancy did not exempt participants from IPV, instead it intensified it.

5.4 Different forms of IPV during pregnancy

The results revealed three forms of IPV that were prevalent in these relationships in varying degrees, namely physical, psychological (which includes verbal) and sexual violence. All the participants reported that they had been objects of physical violence and sexual abuse with

their partners with the most frequent act as being physical abuse. However, not every woman who had been exposed to physical and sexual abuse had also been exposed to psychological violence. Three participants indicated that they were very unhappy during the incidents, whereas two of them specified that they were depressed throughout the entire episode of IPV. The following quotes were taken directly from the interview.

Interviewer: Describe these incidents, what form of abuse would take place; was it physical, verbal or sexual abuse?

Participant 2: I would say all three. If he started by provoking me with a small thing, it doesn't matter whether I respond or not respond he would be very furious and start beating me. Also in bed he would sexually abuse me even if I am not interested he would force himself on me. I was very unhappy during my entire pregnancy.

Participant 3: He would be very wild and would sexually abuse me, he becomes unreasonable. I was so frustrated and suffered from depression during my entire pregnancy.

In addition to highlighting the different forms of IPV associated with pregnancy, all forms of IPV were present, with both the physical and sexual forms being dominant. Moreover, pregnancy did not exempt them from sexual abuse either.

5.5 Factors associated with IPV

Factors associated with IPV included socio economic factors, cultural beliefs and practices, religious beliefs, substance abuse, reporting the abuse and unplanned pregnancies. These are discussed in detail below.

5.5.1 Socio-economic factors

Participants were asked if they were employed and had a source of income, and the results indicate that initially, all of them had no source of income, and were all dependent on their partners, and later resorted to child support grants. In addition, due to the advancement and the consequences of IPV, two of them left the relationship to stay with parents and one of them managed to get employed. One of the participants indicated that although her partner was the sole breadwinner within the household, she was denied financial independency. Four participants reported that they fought daily to get money from their partners, and had to forcefully share the social grant fund with their partners. The following quotes were taken directly from the interview.

Interviewer: Do you regard unemployment as a contributing factor to IPV, in your community, and in your own situation? Please elaborate.

Participant 3: Yes Mem, there is a big connection, because if I was employed, things could not be as bad as they are. I am not working so I'm depending on him for survival.

Participant 4: Yes, a lot Mem, unemployment is the reason why my partner saw my child as a burden to his success because he was not working and still trying to educate and develop himself for better opportunities.

In addition to highlighting socio-economic factors as interconnected to violence, the extracts emphasise the level of dependency on the abusive intimate partner.

5.5.2 Cultural beliefs and religious connotations as supporting violence against women

When participants were asked about the impact of cultural and religious beliefs, the results revealed that both cultural and religious beliefs played a contributing role in the experience of IPV by the participants. All five participants reported that culturally they had been taught to respect men and that men were the *'heads of the family'* and *'figures of authority'*. All highlighted that there was no open opportunity for communication and discussion of household or personal issues with their partners. Three of the participants alluded that their attempts to communicate with partners always invited fights within the relationship. However, another two attributed the violence to being possessed, bewitched, or cursed by the ancestors. The following quotes were taken directly from the interview.

Interviewer: What role do your cultural and religious beliefs play in the abuse of women by men?

Participant 3: Cultural connotations have a very big impact on the way we are being treated, by our men, especially us as black women. Men are regarded as being everything, as the heads and authority figures within the families. Our culture also encourages them to disrespect us and do whatever they want with our bodies. We, as women, are expected to be humble and be submissive to our husbands `.

Participant 1: IPV is the same experience to all of us, the mere fact that we were created as women by God, men saw an opportunity to abuse us, and this needs to be dealt with.

Participant 3: We as women our duty is to humble ourselves and give our full support and humility to our husbands.

From this extract, the participants draw on cultural and religious discourses. In addition to highlighting the association between IPV and cultural and religious beliefs, both the principles of culture and religion seem to be applied interchangeably by participants, as their cultural principles appear to be deeply grounded on Biblical and religious principles.

5.5.3 Substance abuse by the intimate partner

When the participants were asked the effect of alcohol abuse in their current situation, all five of them reported alcohol to be one of the exacerbating factors. All of them suffered violence on every occasion when their partners were under the influence of alcohol, and declared that their partners drinking level escalated subsequent to the announcement of pregnancy. One confessed that she was not aware that her partner consumed alcohol until the announcement of pregnancy, and two of them reported both alcohol and illegal drug related incidents. The following quote was taken directly from the interview.

Interviewer: Does alcohol/ drug abuse have any association to your experience of IPV? Please elaborate?

Participant 2: Anytime when he is not drunk, but what I noticed is that he would not beat nor insult me. But would be very moody, and quiet, but when he got drunk he would become very violent.

Participant: Yes he abuses drugs almost daily. He becomes so hyper hyper hyper hyperactive mh... Make a lot of noise, asking why I'm bringing an extra burden in the house by getting pregnant.

In addition to highlighting the association between IPV and alcohol / drug abuse, the extracts emphasise how often the presence of alcohol in the relationship always invited IPV during pregnancy.

5.5.4 Report to police services and support services

The results of whether the participants made use of support services indicated that the majority (four) never consulted the police during these incidents. This was explained as lack of trust of the police services, and fear of losing their partners in case they got arrested. Only one participant attempted to seek assistance from the police and reported the incidence. However, there was no assistance or protection order granted to them. The following quotes were taken directly from the interview.

Interviewer: How did you make use of the available resources during the occurrence of this incident such as police, clinics?

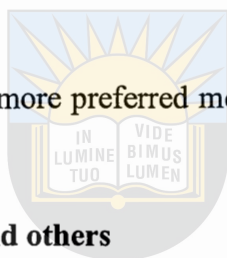
Participant 2: No mem, I could not report him to the police, I went to the hospital when he kicked me. I love him even though he beats me I cannot say he must go to jail, I will have to endure this situation. What would I do to survive if I report him to the police?

Participant 5: Yes I went to report the matter to the police. I never got any assistance not even a restraining order. So I went to the clinic and I got some assistance, and I also was provided with pamphlets of abuse and was referred to social workers for counselling and advice.

In addition to highlighting the association between IPV and lack of reporting to the police, the extracts emphasise how far the participants were willing to go in-order to protect their partners from being arrested. This was coupled with the fear of losing partners and their self-confessed love, dedication towards the partner and financial dependency..

Furthermore, four of the participants also admitted that they never sought assistance from healthcare workers, such as social workers, even though it was offered to them at antenatal clinics. Only one of the participants admitted that she consulted social services for counselling and resulted in her joining the women support centre. Additionally, four of them also indicated that they too later joined the Women Support Centre for counselling and empowerment, but still affirmed that the gesture was not to report their partners to the authorities.

It appears that health centres were the more preferred method of intervention rather than the police.



5.5.5 Support from family, friends and others

The results also revealed that the majority, four participants resorted to spiritual resources for support and counselling, and hoped that prayer could change their situation. They all admitted that they disclosed the matter to their families and friends after having received spiritual counselling. Whereas the remaining one decided to keep the pain of IPV to herself and endure the situation alone. This is reflected in the following extract.

Interviewer: What are your sources of strength? Do you have any support structure available for you?

Participant 1: "Yes I do have people to support me, my family, brethren from my church. And my pastor used to pray for me. I used to share all my pain with my church members and they would pray for me. That is where I gain my strength to deal with the situation.

Participant 3: Yes, I do get support from my friends, I do share the frustration with them, they encourage me to leave the relationship, but I always think about the bad situation back home as my parents are both pensioners, they would not be in a position to support me, so the best way is for me to stay and be strong for the situation I am in.

In addition to highlighting the association between IPV and the availability of a support structure, the extracts emphasise that spiritual support was preferred more than family and friends.

5.6 Other factors associated to IPV

5.6.1 Unplanned pregnancy and IPV

The majority of participants admitted that all the pregnancies were unplanned or untimed with a further two admitting that the relationship were still in the early phases when they got pregnant and pregnancy got in the way of knowing each other well. The following quotes were taken directly from the interview.

Interviewer: What do you think is the main cause of this abuse you are getting from your lover, when you are pregnant?

Participant 1: Yes, sister. The relationship was still very new when I got pregnant, when I realised that I was pregnant. I did not know him much I became pregnant, prematurely, and when I reported this to him, he became very violent, and demanded to know the reason why I did not prevent pregnancy.

Participant 2: I think the main reason is that he was not ready yet to be a father again, he said he would have told me when he was ready, and the fact that I got pregnant twice.

Participant 3: The main reason was that the pregnancy was not discussed and planned by both of us.

Participant: I was the one who decided to get pregnant. Even though I was unemployed.

In addition to highlighting the association between IPV and unplanned pregnancy, the extract emphasise that communication, the nature and the stage of the relationship (whether it is a new or long term relationship) play a significant role in reproductive issues of the couple and IPV.

The results also indicated that the majority of women, three, particularly those with more than one child, acknowledged that being pregnant with a second child exacerbated the IPV even further in their lives. This is reflected in the following extract.

Interviewer: What do you think is the main cause of this abuse you are getting from your lover, during pregnancy?

Participant 4: He would accuse me of delaying and giving him a drawback in his life by bringing a child who is going to be a stumbling block in his life.

Participant 5: My husband, my partner , when I told him about the news , and he got angry that I am bringing an extra burden in the household, as he was just working for a construction, was not getting paid well

In addition to highlighting the association between IPV and unplanned pregnancy, the extracts emphasise the acceptance and the metaphorical language that was used by the intimate partners in reaction to pregnancy (*financial strain, additional burden, stumbling block*). In addition, it emphasise that men failure to take responsibility by male partners within the relationship.

5.6.2 Termination of pregnancy and IPV

Two of the participants reported that they were exposed to violence on a daily basis after refusing to terminate the pregnancy. This is reflected in the following extract.

Interviewer: Can you describe what would happen during these incidents, how long would they take?

Participant 4: This abuse, Mem, the abuse continued on a daily basis after the pregnancy. Every time he looked at me, he would ask me to abort the child. So this went on until I went to labour.

Participant 5: The abuse was continuous, when he came home from work he would come home drunk. He would beat me, give insults and would use his drugs here at home, would beat me even in the stomach wishing and hoping that I lose the baby through miscarriage or abortion.

In addition to highlighting the association between IPV and termination of pregnancy, the extracts describe the level of detachment from pregnancy by the intimate partner, as well as the level of desperation to get rid of it.

5.6.3 Other sexual relationships and risk of STI and HIV

All five participants admitted that they were aware that their partners were involved in other sexual relationships, but only two out of five shared their concerns about STI and HIV infection. The majority of women (four) confessed that they did not use protection or any form of contraceptive. Furthermore, one participant indicated that she used condoms for protection instead of contraceptives, which eventually broke and resulted in both pregnancy and IPV. The following quote was taken directly from the interview.

Interviewer: Does your partner have other sexual relationship? If yes, what are your views with regards to this?

Participant 5: Yes Mem and my main concern it to get STI, and HIV AIDS. I am quite scared this man just beats me, and he's the kind who comes from drinking and demands that we sleep without a condom, we just have sex without protection.

Participant 2: Yes, I don't know what else to do, I will just bear the situation, even though he does have other relationships. What is important to me is the fact that he is staying here with me, even if he comes home in the early hours of the morning. At least he does not come back the following day, he would arrive between 2 and 3, but I always know that he come from his other girlfriends.

In addition to highlighting the concern for risk of STI's and HIV, the extracts emphasise the sense of desperation to belong to a relationship., irrespective of disloyalty of the male partner.

5.7 Consequences of IPV

The results about whether these participants suffered any consequences during these acts of violence indicated that the majority of women, three, acknowledged that they nearly encountered miscarriages through bleeding as a result of being kicked and pushed by the partner on different occasions. One participant suffered a miscarriage of the child at six months, whereas another one of them carried the child to full term and gave birth to a still born child, due to a heart condition. All five participants reported that they suffered psychological strain due to the extent of trauma they were facing due to IPV. The following quotes were taken directly from the interview.

Interview: Have you suffered any injuries due to IPV when you were pregnant? If yes, can you please elaborate?

Participant 2: .Yes, in one incident in the evening he kicked me in my stomach, and ended up bleeding...I went to the hospital. I was six months pregnant then, he again kicked me, and had a miscarriage.

Participant 4: The abuse started when I got pregnant, and it escalated throughout the pregnancy until birth of a stillborn child. Mem, what happened to me is that, I did not get just get physically wounded but also psychologically, I was bleeding inside as a result the foetus got negatively affected because I was diagnosed a heart condition and that also affected the child too.

In addition to highlighting the physical consequences of IPV, the extracts emphasise that all the participants also suffered psychological consequences during pregnancy from IPV incidents.

5.8 Significance and meaning of IPV

5.8.1 Acceptance of IPV as love

The results about the meaning of IPV in their relationships indicated the majority of participants, (three) viewed IPV as part of love and affection by their partners, and as something they could not escape from. The three participants further acknowledged that their partners had multiple sexual partners. However, the remaining two participants associated the

occurrence of IPV in their lives with lack of love and respect by their partners. This is reflected in the following extract.

Interviewer: Do you associate IPV in your situation with love and affection from your partner?

Participant 2: My partner loves me very much, because I do not know what else to say, he does love me. I will just bear the situation, even though he does have other relationships. What is important to me is the fact that he is staying here with me, even if he comes home in the early hours of the morning. I love him even though he beats me”.

Participant 3: What is important to me is that he loves me too and therefore he might as well go and attend to some of his relationships”.

In addition to highlighting the meaning IPV, the extracts emphasize conflicting views, as the majority of the participants view IPV as a sign of affection by the intimate partner, as well as a mark of meekness and acceptance or willingness to share an intimate partner with other girlfriends, whereas, few consider it as a lack of respect and lack of compassion.

5.8.2 Reasons for not leaving

The majority of the women reported that they remained with their partners with the hope that the situation would change, and due to lack of finances. Furthermore, two of the participants eventually left the relationships after the birth of their children, due to the escalation and severity of IPV. The following quote was taken directly from the interview:

Interviewer: Did you ever try and leave your partner due to IPV?

Participant 2: Yes, But I always think about the bad situation back home as my parents are both pensioners. They would not be in a position to support me, so the best way is for me to stay and be strong for the situation .I do trust God that someday he will change him.

Participant 3: Not at all. I rather stay here, because my partner loves me and he the father of my two children, and I believe someday he will change.

In addition to highlighting reasons for not leaving the violent partner, the extract also emphasise the level of commitment and hope for change towards the intimate partner.

5.8.3 Self-Blame and others

Participants were asked if they blamed themselves for the occurrence of IPV in their lives, and all recounted that their relationships with their partners were good (*almost perfect*) prior to pregnancy. Three participants blamed themselves for getting pregnant and saw the abuse as

their fault, whereas two of them directed the blame on the partners. The three participants associated the severity of IPV incidents with the number of times they got pregnant (they had more than one child). Furthermore, two participants indicated that their partners were not ready to become parents. This is reflected in the following extract.

Interviewer: Do you blame yourself for the IPV situation in your life?

Participant 3: Yes Mem, I do blame myself for the abuse it is all my fault, I'm the one who got pregnant without discussing the matter with my lover, I got myself pregnant . I have a strong feeling that if I never got pregnant things would be very different, or we would be very happy.

Participant 2: I blame myself for IPV in my life. I got pregnant for the second time, and this made my partner very furious.

In addition to highlighting self-blame and IPV, the extracts indicate that the majority of the participants were taking full responsibility for IPV in their lives. Self-condemnation, guilt, accusation of other sources (including pregnancy) for the occurrence of IPV seemed pivotal instead of blaming the perpetrators. The perpetrators are left off the hook, thus indirectly perpetrating the IPV even further.

5.9 Concluding remarks

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The chapter presented an overview of the results on IPV initiated during pregnancy. The chapter attempted to respond to the three main questions which carried the rationale behind the study phenomenon. The Sociodemographic characteristics of the sample were outlined, the characteristics of IPV, the factors contributing to IPV, and consequences of IPV. Through the wealth of data collected, more insight and revelations were discovered. A definite prevalence of IPV was found, and a strong connection was identified between the announcement of pregnancy and IPV in all the relationships. As such, IPV was manifested in different forms, namely physical, sexual, and psychological, with physical being the most prevalent. Both cultural and financial factors were central and significant in the reports of the participants. Moreover, the acceptance of IPV as love, self-blame and the level of commitment in the relationship by the participants was equally recognised. The perpetrators were not found accountable for IPV, instead, self-condemnation, guilt, and accusation of other sources such as pregnancy.

CHAPTER SIX

6. ANALYSIS AND DISCUSSION OF RESULTS

6.1 Introduction

This research set out to examine IPV initiated during pregnancy. The primary aim of the research was to explore the experiences of women who had been on the receiving end of IPV initiated during pregnancy. A further aim was to examine the socio-cultural factors and gender power relations underpinning IPV initiated during pregnancy.

This chapter analyses and discusses the results of the study of IPV initiated during pregnancy. It covers the analysis and discussion of Sociodemographic characteristics of IPV, the forms of IPV, factors associated with IPV and health-related consequences of IPV initiated during pregnancy.

6.2 Sociodemographic characteristics of IPV participants

Socio demographic characteristics of participants were related and homogenous. They were all above 36 years of age, all had a child or two before the current pregnancy, they were all cohabitating during pregnancy, they were all exposed to IPV for the first time when they were pregnant, and the majority of them were not educated and were all unemployed during pregnancy.

Smith (2004) advocated that IPA utilise a purposive sampling strategy and fairly small sample sizes to understand a particular phenomenon from the view of the participants. The sociodemographic characteristics pertaining to this study are discussed below.

6.2.1 Age distribution of participants

According to the results, the age range of participants was between 36 and 42 and all participants reported that they experienced IPV initiated during pregnancy. The reflected age range in this study is what is referred to as the high risk of IPV and falls within the child bearing age of 36 and 42 (Okonkwo, 2007). Pregnant women are at high risk of experiencing gender based violence because they are more likely to be in relationships compared to the non-pregnant population. Furthermore, the age of the participants (36 to 42) has also been identified as a high risk group of IPV (Sharmu et al., 2011). The findings are supported by the community-based study undertaken in South Africa by Joiner and Marsh (2012) which

concurred that many women (ranging from 18 to 36 years of age) experience physical, emotional and sexual abuse.

6.2.2 Educational background

This study's findings revealed that the majority of participants had no formal education (lower than grade 12), only one indicated that she had formal education. The lack of educational qualifications positioned the participants at an even higher risk of IPV. The above finding was also echoed in Matseke et al. (2012) which reported that women with less education are generally more prone to experience violence than those with higher levels of education. Zungu et al. (2010) also pointed to the lower educational status that exposes women to IPV.

6.2.3 Number of children

The results indicated that the majority of the participants had more than one child, and they admitted that being pregnant with the second child exacerbated IPV in their lives. Their partners felt that, bringing another child into the relationship caused a financial strain to the relationship. Therefore, the present study yielded a strong association between IPV and the number of children of the participant. In this study the number of children ranged from one to three per participant and those with more children were exposed to higher levels of IPV, both in occurrence and severity. Those with more than one child also acknowledged that the birth of the second child exacerbated the IPV even further in their lives. The above finding corresponds with the study conducted by Matseke et al. (2012) which revealed that having more children was both significantly associated with physical partner violence. This is not surprising, especially in the situation of these African couples, since more children in the family means increased parental responsibilities, which can sometimes lead to distress for both parents, and result in financial strain.

6.2.4 Cohabitation

The results revealed that all the participants were cohabitating with their partners during pregnancy, whereas at the time of the interviews, only three of the participants remained with their partners. Two had already left due to IPV. The results in the study also revealed that the majority of the study participants referred to their partners as either 'boyfriends' or 'husbands', interchangeably. It appears that the living arrangement/ cohabitation was recognised as a marriage type of relationship. According to Malan (2013) it is reported that the customary type marriages or cohabitation continues to be a common practice within the

African communities. Moreover, cohabitation increases by 100 per cent annually. Anderson et al. (2002) found that IPV during pregnancy put women at a greater risk when they are unmarried or cohabitating. In contrast to single women, married or cohabitating women are mostly restricted to remain in their relationships irrespective of the occurrence of IPV. The above account of findings could also be attributed to the fact that, in most cultures, particularly, Xhosa culture, cohabitation was valued as a normal way of dating and in some situations is seen as an alternative to marriage. This practise is particularly prevalent among black Africans, or low income communities especially when men avoid giving *ilobola* (price paid for the bride, as prescribed by the Xhosa tradition). The study findings indicate an association between IPV during pregnancy and cohabitation.

6.2.5 Participants' employment status and income

The results regarding the employment statuses of the participants indicated that four of the participants were unemployed, and only one participant was employed. Furthermore, during the time of the study, the majority (four) of the participants depended on social grants and their partners who were working in informal jobs. As such, the situation of being unemployed placed them in a higher risk of IPV and were involved in continuous disputes with the partners. Devries et al. (2010) point to the African feminization of poverty which claims that many poor women (mostly black / African) often rely on their partners for household maintenance and pregnancy care. Sadly, this dependency on men during pregnancy, presents a gloomy image which appears to compel the participants to vulnerability and being prone to violence. Contrary to the above findings, Abramsky, Watt, Garcia-Moreno, Devries, Kiss, Ellsberg and Jansen (2011) observed that in some settings where women are working and when their partners are not, these women may be at increased risk of IPV. Men, as previously alluded, are mainly providers and leaders in their households. As a result, when such roles are not fulfilled due to economic reasons, men become abusive and jealous of the female partner who may be economically active. On the contrary, women in relationships where neither she nor her partner work, are at increased risk of IPV. This again may be associated with poverty and lack of resources for survival and sustenance, which then leads to more aggression by the intimate partner.

6.3 Essential characteristics of IPV

6.3.1 Participants' awareness of the prevalence of IPV initiated during pregnancy

The narratives of the participants were examined focusing on their knowledge of IPV within their community. The findings presented common views regarding the knowledge of IPV and contributing factors. For example, all the participants presented sufficient knowledge and understanding of IPV in their communities. The majority of the participants attested that it was mostly committed by men. It appears that men were viewed as the perpetrators of IPV not victims. However, one of them implicated both genders as both victims and perpetrators of IPV. All participants shared some serious concerns and admitted that there was definite prevalence of IPV in their community, and a definite exposure to the pandemic. IPV seemed to be part of their living (*daily bread*), and the majority of participants seem to accredit this behaviour to affection rather than aggression.

The above finding is in line with the studies conducted by Cain et al., (2012) which rated South Africa as highest in IPV in the world, particularly, among African women. In addition to this, the WHO (2011) population-based survey carried out in 1998 estimated the national lifetime prevalence of IPV among women to be 13 per cent and the Eastern Cape Province (where the current study is undertaken) to have the highest lifetime prevalence of 27 per cent, with the past-year prevalence of 11 per cent.

6.3.2 Initiation and trigger of IPV

Anderson et al. (2001); Mc Mahon and Armstrong (2012) postulate that even though a body of literature does point to an increase in IPV during pregnancy in relationships with no prior IPV, the abuse is initiated during pregnancy. The results in this study bore striking resemblance with the above statement, as all the participants shared their personal experience and encounter of IPV, initiated during pregnancy. All five participants reported that their relationships with their partners were good (*almost perfect*) prior to pregnancy. The participants experienced IPV for the first time subsequent to pregnancy. Regarding the results about when the violence started and whether it escalated or decreased after the announcement of pregnancy, all five of participants reported that the onset of IPV was during the first month of pregnancy and the main trigger was the announcement of pregnancy. It appears that unpleasant changes were introduced in the lives of the participants upon the announcement of pregnancy.

The above finding was noted in Edin et al. (2009) in which pregnancy was viewed as a potential trigger of violence and as a big step that is marked with struggles, stress and great strain, which may develop into a crisis for most relationships, particularly when it is the first child and when the relationship is volatile. Martin et al. (2004) asserted that the occurrence of IPV during pregnancy gets exacerbated in an already bad relationship. Undeniably there is a prevalence of IPV during pregnancy. However, most studies from previous research present conflicting ideas regarding causal inferences and the direction of IPV during pregnancy. Contrary to the findings of the present study, some researchers point to the prevalence in an already bad relationship (Edin et al., 2009). Yet few reviews coincide with the study findings as they point to the initiation of IPV during pregnancy (WHO, 2011; Martin et al., 2004). It appears that there is a strong relationship between the announcement of pregnancy and the onset of IPV.

6.3.3 Prevalence and escalation of IPV during pregnancy

All the participants indicated that IPV initiated during pregnancy was prevalent in their lives and in their community. Remarkably, all five participants were on point, regarding when and how the IPV started and how it got escalated in their lives. The results revealed that IPV during pregnancy got escalated instead of declining. Furthermore, it continued until and after birth, and was marked with consequences. It appears that the existence of pregnancy did not exempt the participants from being victims of IPV instead it made the ordeal more distressing.

The above finding is consistent with that reported by Matseke et al. (2012) which highlighted that one in three South African women attending antenatal clinics in Mpumalanga were found to have experienced IPV from a partner in the previous year. Moreover, Anderson et al. (2001) are of the opinion that pregnant women are at a high risk of experiencing gender based violence because they are more likely to be in a relationship compared to the non-pregnant population. The above findings of this study were not surprising, given the reported heightened proportions of IPV within the black South Africa communities, particularly the Eastern Cape Province where this study was undertaken (Cain, et al., 2012).

A greater proportion of IPV initiated during pregnancy in this study was noted, and the emphasis was placed on the onset of IPV which is firmly connected to the announcement of pregnancy. Furthermore, intensification rather than a decline, coupled with marked physical

consequences and emotional consequences, was highlighted. Contrary to the above, Sharmu et al. (2011) point to the decrease rather than an increase of IPV during pregnancy by at least ten per cent. The WHO (2011) also presented a combination of findings as it reported both on the onset and prevalence of IPV both prior to and first time during pregnancy.

Various triggers relating to the challenge of IPV initiated during pregnancy have been identified, and these may include the psychological status of the perpetrator, increased stress over an unplanned pregnancy, support for the baby, jealousy that the partner's attention may have shifted to the baby, the stage of the relationship (Edin et al., 2009) and the maturity phase of the relationship (Nduna & Jewkes, 2012). Nonetheless, the study does not overlook the differences that often take place between partners, nor justifies the acts of violence during pregnancy. Instead, it hopes to contribute some insight into the challenges that one faces during IPV. For instance, one cannot overlook the influence of hormonal fluctuations experienced by women during pregnancy, such as mood swings, constant fighting with the partner, anger and sadness with the occurrence of IPV (Martin et al., 2004; Murkoff, 2013).

6.4 Naming forms of IPV during pregnancy

Abuse can take a variety of pathways and in this study, three forms of IPV appeared to be prevalent in the relationships of the participants. The forms presented in varying degrees, were physical, psychological (which includes verbal) and sexual violence. All the participants reported that they had been victims of physical violence (slapping, hitting, kicking and beating) and sexual abuse (forced sexual intercourse) with the most frequent act being physical abuse. Several studies (Hamel, 2008; Ilika, 2001; Stockman & Lucea, 2012; WHO, 2011) position IPV into categories such as acts of physical violence (slapping, hitting, kicking and beating). Sexual violence took the form of forced sexual intercourse, emotional psychological abuse included insults, belittling, constant humiliation and intimidation and finally, controlling behaviours such as isolating a person from family, friends, monitoring their movements, and restricting access to financial resources, employment, education or medical care. Physical abuse has been noted as the first prevailing form of abuse experienced by the participants during pregnancy, and sexual abuse seemed to come second. One explanation for this could be accredited the one provided by Murkoff (2013) which indicated that the majority of expectant mothers find that their desire for sex fluctuates during certain stages in pregnancy. They find that sex becomes uncomfortable as their bodies get larger.

Furthermore, it was added that it was normal for a sex drive to increase or decrease during pregnancy, due to symptoms such as fatigue, nausea, breast tenderness, and the increase need to urinate during the first trimester. However, Edin et al. (2009) expressed a concern and anticipated a potential danger to this, by noting that men abuse their power and consider sex as their right by victimising women during pregnancy.

The results in the present study also indicated that not every woman who had been exposed to physical and sexual abuse had also been exposed to psychological violence. Castro et al. (2003) corresponded that for all women particularly for women who experience violence during pregnancy, emotional abuse increased over the course of pregnancy. Additionally, Martin et al. (2004) reported that pregnancy onset was associated with significant increases in the rates of psychological aggression, coupled with an increased rate of sexual aggression during pregnancy.

6.5 Factors associated to IPV

Factors associated IPV that are discussed below, included socio economic factors, cultural beliefs associated to IPV, religious connotations relating to IPV, substance abuse by intimate partner, reporting of IPV incidents to police, friends, and religious leaders.

6.5.1 Socio-economic factors

The results in this study found a significant connection between IPV initiated during pregnancy and socio-economic factors. IPV was found to be common during pregnancy, particularly to those who were economically dependent on their male partners. According to Edin et al., 2009 being a housewife and being unemployed or of low economic status often leads to IPV. This is in line with Kaukinen's (2004) assertion that economic and employment roles and responsibilities are important mechanisms by which men assert power and control within marriage and family. Furthermore, Anderson et al. (2002) regarded low socio-economic status as the most significant demographic factor for IPV initiated during pregnancy documented in literature. The above finding bear a striking resemblance to the current study, as it revealed that all five participants were reported to be unemployed, economically dependent on their partners, who were working in informal occupations. Moreover, the participants were reported to be dependent on child support grant as an additional source of income. None of the participants shared any interest or concerns about finding employment. Women who are economically dependent on partners are perceived to

be less able to end or leave violent relationships than women in relationships where the balance of economic resources is more nearly equal (Njezula, 2006).

Given the above situation, it is suffice to conclude that IPV appears to present itself irrespective of the socio-economic status. However, some situations are worse than others. One may therefore argue that a significant link exists between socio-economic factors and IPV during pregnancy.

6.5.2 Cultural beliefs and conventions associated to IPV

One of the benefits of IPA is that it has the ability to investigate the experience of people within the cultural context in which it occurs. Emphasis is placed on the circumstantial factors which exist within the lives of people and how such factors may either directly or indirectly influence the way in which they make sense of IPV (Shaw, 2001). The results of the study revealed a striking association between cultural connotations such as one's belief system and the experience of IPV initiated during pregnancy by the participants. Central to the encounter of IPV, are deep culturally endorsed constructions. Culture is a very important feature of the AmaXhosa ethnic group. It underpins a basis from which guiding principles concerning behaviour and norms are regulated (Rowling, 2012). Consequently, it is not a coincidence that culture and its implications have gained most prominence in this study. When participants were asked whether cultural beliefs and practices had an impact on their current situation, the results revealed that cultural beliefs played a prominent role in the experience of IPV by the participants. All five participants responded that culture has taught them to respect men as the heads of the family and figures of authority. All the participants highlighted that there was no opportunity for communication and discussion of personal issues with their partners, and they attributed this to culture. Three of them suggested that their attempts to communicate with partners always invited fights within the relationship.

These findings were not unanticipated, given that a 'Xhosa man' traditionally was considered superior to a woman, and fulfilled the roles of warrior and hunter, while a woman adhered to traditional roles which involved looking after the land, children, and submission to the man (Switzer, 1993). This lack of predisposition of inequality and imbalance of power exercised within the relationship predisposes women to be victims of abuse from their partners, and to consider IPV as part of the norm. According to Bloomquist (1989) violence against women can be seen as a result of patriarchal social constructs which define the relationship between women and men as one of dominion. Concurrently, Okwonkwo (2007) contends that IPV is

still regarded as culturally accepted especially in African countries and is thus normalised. In addition, issues relating to intimacy are not discussed openly and females are denied a voice as they are regarded as inferior particularly in African cultures.

From the above encounter, strong associations between IPV and cultural connotations were drawn.

6.5.3 Religious connotations relating to IPV

African people's religion lies at the very heart of their cultures. Linked to this, are certain religious elements that share mutual cultural principles. Marais (2009) linked the role of spirituality and religiosity with culturally diverse domestic violence survivors. These include such Biblical principles as positioning men as heads of families, and place women to submit to their husbands. Likewise, within the Xhosa culture, girls and boys were socialised in the same notion of men being superior to women from a very young age (Rzepka, 2002). For this reason, such Biblical notions were distinctive in the utterances of the participants. When they were asked to indicate if religious beliefs played a contributing role in the experience of IPV by the participants, their responses indicated that all five of them were Christians, and as Christians, they are expected to respect, show support and humility to their husbands. The participants believed that God created them, as women to be inferior, to be humble and submit to men, and to respect men as heads of families. It appears that the participants correlated their reasoning behind remaining in the IPV situation to religious principles, such as forgiveness and respect for the partners and as a way of showing obedience to God as Christians.

However, the very same Bible which is used as a guiding principle by the participants forbids such acts of sexual relations outside of wedlock. Such acts are considered as sinning against. In view of what is expected of the participants and what is being practised, there seem to be a contradiction. It appears that on one hand they hold deep-rooted Christian principles, and on the other hand, they sin against Godly principles. Yet again, their behaviour be could endorsed to the fact that they rated their cohabitating relations on the same levels as marriage (customary marriage) thereby under-looking certain Bible connotations. Clearly, the religious community is not immune from the existence of domestic violence. In some cases, it may actually encourage it through teachings and traditional beliefs about the roles of men and women (Rzepka, 2002).

6.5.4 Substance abuse by the intimate partner

The participants reported alcohol to be one of the exacerbating factors, with four of them reporting their partners to be habitual alcohol drinkers, and that they suffered violence on every occasion when their partners consumed alcohol. They all declared that their partners' drinking level escalated the announcement of pregnancy.

Alcohol is often implicated in most IPV related studies as one of the factors which play a key role in IPV (Cain et al., 2012). The link between IPV and substance abuse in reaction to the introduction of pregnancy by the intimate partner also seems to be recurrent in the current study. Similarly, strong association between excessive alcohol and perpetrating partner violence were also identified. However, the debate continues on whether heavy drinking causes men to be violent or whether it is used to excuse violent behaviour. But the issue of substance abuse being utilised as a scapegoat IPV against the partner, remains. Furthermore, Devries et al. (2010); Zungu et al. (2010) attested to this by concluding that substance abuse does not cause IPV. However it is frequently implicated by most researchers leading to irresponsible behaviour such as IPV during pregnancy and that it has been declared as a major cause of many social vices, relating to IPV.

6.5.5 Reporting to police, support from friends, and religious leaders

The results indicated that four participants admitted that no assistance was sought from the police and authorities during these incidents, as they feared to aggravate IPV further by their partners. Another reason cited was the fear of losing their partners in case they got arrested. Only one participant attempted to seek assistance from the police. Although, the police never granted her with protection order against the partner. Fear of aggravating IPV further by the intimate partner, coupled with fear of losing the relationship was common in all the participants. One could argue that, part of the reason why the participants were reluctant to report the IPV occurrences, could be linked to the fact that mostly, police officials are men. Therefore, they represent the same gender of the perpetrators of IPV. Furthermore, victims of IPV are often ignored by crime officials, and on various occasions they are made to feel embarrassed by their situation, leading to the IPV matter not being resolved, unreported or underreported by the police (Gwandure & Mayekiso, 2012).

The majority of the participants sought spiritual resources for support and counselling, with the hope that prayer could change their situation. The participants admitted that in the beginning they were reluctant to report IPV to family members and friends. However, due to

its severity and escalation, they were all compelled to disclose it for further support. Only one participant decided to endure the situation alone and dealt with it single-handedly. This trend of failure to seek assistance appears to be very common especially among Africans. Ilika et al. (2001) concurred that a higher percentage (48 per cent) of victims of violence, reported incidence to family members, pastors and friends, with only 1 per cent reporting the matter to the police.

Only one participant consulted social services for counselling and this later led to membership of the women support centre. The remaining participants accessed the women support centre through networking with other people in the clinics for counselling and empowerment.

Supplementary to the above, it became evident that spiritual resources were preferred as reliable sources of support rather than professional resources such as police, social workers, and support services and personal resources such as friends and family members. It appears that the participants were unable to communicate the ordeal with other services, friends and family members and reluctance to consult professional services, due to ethnically associated principles and values, which prohibit them from disclosing private family matters to the police and other resources.

6.6 Health related factors associated to IPV initiated during pregnancy

Health related factors associated to IPV included unplanned and untimed pregnancies, other sexual partners and risk of HIV. These are discussed in detail below.

6.6.1 Unplanned and untimed pregnancies

The findings in the present study revealed that the majority of participants (four) admitted that all the pregnancies were unplanned or untimed, and a further two admitted that the relationships were still in the early phases and pregnancy got in the way of knowing each other accurately. Ilika et al. (2001) stated that domestic violence often escalates during stressful life events such as pregnancy, particularly if they are unplanned or occur in tangent with economic difficulties. The findings of this study also revealed that the majority of participants (four) declared that they did not use protection or any form of family planning to prevent either pregnancy or HIV. There were no valid reasons given for this kind of behaviour, except for quoting cultural and Biblical connotations. Besides, two of the participants reported that they were exposed to violence on a daily basis after refusing to terminate the pregnancy. Undeniably, in this study pregnancy was increasingly depicted as an

interference and hindrance to the relationship by the intimate partner. It is then implied in this report that the majority of the pregnancies were unplanned, and untimed, and all contributed immensely to the experience of IPV by the participants.

Primarily, it is often common for women, especially from African cultures to use pregnancy as a way of strengthening a relationship and as an invitation for a marriage (*Ukonyuka nengalo* – an act of embracing pregnancy by proposing marriage to the pregnant partner). Sadock and Sadock (2003) noted that sometimes parenthood is rationalized as a way to achieve intimacy in a conflicted relationship or marriage. Furthermore, there is a notion that a woman bearing no children is perceived as barren (*idlolo*) and this is regarded as a disgrace in African communities (family of origin, and so called in-laws). This may result in either a permanent break up in the relationship and in severe cases may result in divorce in married couples, or even in polygamy (*isithembu*) for a second wife to give birth to children (Soga, 1932). As such women with longer or lasting relationships, such as cohabitation, may be under pressure to prove that they are fertile, by bearing children as a gift to their partners. This usually occurs without communicating with the male partner. Thus, in most cases, women might use the baby as a way of strengthening the relationship, whereas the baby may represent an obstacle to a man who may in fact have planned to leave the relationship (Edin et al., 2009). In addition, a study conducted by Nduna and Jewkes (2012) among Xhosa speaking young women in the Eastern Cape, such consequences resulted in fatherless children, denied and disputed paternity, high levels of stress, and HIV. According to Tranfer and Mott (1997) it is recounted that men's response to pregnancy are generally positive, especially those who are married. However, for some men reactions vary from a misplaced sense of pride that they are able to impregnate a woman to fear of increased responsibility, and subsequent termination of the relationship (Nduna & Jewkes, 2012; Sadock & Sadock, 2007). It appears as though the role of fatherhood was rather undesirable and moreover regarded as a burden by the male partner. There was no account of any form of consensus about the existence of the pregnancies, as the majority of the participants indicated that their partners stated that they were not ready to be fathers. Under ideal circumstances, the decision to become a parent and have a child should be agreed on by both partners. One thing for sure was the fact that all the pregnancies were not unplanned, not welcomed by the intimate partners and subsequently not accepted nor thus put a strain in the relationships of all the participants.

6.5.2.2 Other sexual partners and risk of HIV

All five participants admitted that they were aware that their partners were involved in other sexual relationships, the majority of women (four) confessed that they did not use protection or any form of contraceptive, and only two out of five shared their concerns about STI and HIV infection. This finding can be viewed from the understanding that, it is still a common practice for African men to date multiple sexual partners even in this time and age, borrowed from AmaXhosa practices as 'isithembu' (polygamy – multiple wives) which dates back to their forefathers (Switzer 1993). Such practises permitted men to have more than one wife / partner, especially if the men had sufficient livestock to pay, ilobola (Switzer 1993). Such practices are no longer relevant due to the prevalence of sexually transmitted diseases. However, the fragments of such practices still remain. African men dating one partner are considered 'isishumane' (*men not having a sexual partner/ with only one sexual partner*), something very offensive within the African communities. Most alarming, with the high levels of the risk of HIV particularly prevalent within the African communities, it is still a challenge for African men to undertake actions such as practising safer sex and being loyal to their partners. Suffice, to say the findings of the current study depict women as placing men's interests in the foreground to those of their own health (risk of STI and HIV). Typically, this kind of treatment received from their partners expose them to sexual related threats, such as HIV / AIDS, and other sexually transmitted diseases. Studies conducted by Matseke et al. (2012) pointed out that women who are prone to IPV, are most probable prone to both HIV, risky sexual practices, and sexually transmitted and HIV infections. The findings portrayed an overall awareness and acceptance of sharing the intimate partner with other women. This says a lot about how much the participants were willing to sacrifice in securing these relationships.

6.6 Health related consequences

Health related factors relating to IPV included both physical and psychological consequences. The researcher utilised the IPA approach for the particular study, as it suitable in exploring the subjective experiences of women who have been subjected to IPV initiated during pregnancy and how they survived the devastating effects (Smith, 2009). The health related consequences which were identified in the study will be discussed in the following section.

6.6.1 Physical consequences

The results about whether these participants suffered any consequences during these acts of violence indicated that the majority of women (four) acknowledged that they nearly encountered beaten almost everyday. This was exhibited in the form of bleeding from being kicked and pushed by the partner on different occasions. One participant suffered a miscarriage at six months, whereas another one carried the child to full term and gave birth to a still born child, due to a heart condition.

This finding also corresponds greatly with Silverman (2006) in which IPV is associated with serious adverse health and pregnancy- related outcomes for both the mother and the unborn child, premature birth; foetal injury and foetal deaths and premature labour due to rupture of the placenta. Correspondingly, Matseke et al. (2012) refer to the victim's physical and mental health, the reproductive life of the woman, unintended pregnancy and poor maternal outcomes due to IPV.

6.6.2 Psychological consequences

All participants admitted that they suffered psychological strain as they were facing the IPV almost daily. One participant indicated that some wounds were open during the interviews and she was referred to social workers for counselling.

Ilika et al. (2001) share a similar view with the above finding by proposing that other forms of IPV, such as verbal abuse, and encounters with threats or insinuation, are sufficient to cause the victim emotional disturbances such as lack of sleep or excessive crying and depression. One participant reported that she chose to endure the ordeal of IPV on her own. The non-disclosure resulted into a heart condition which also led to a stillborn birth.

It can be deduced from the above findings that both the physical and psychological consequences of IPV were experienced by all participants with irrevocable scars.

6.7 Significance and meaning of IPV

The meaning of IPV included acceptance of IPV, self-blame and blaming others, and the reason for not leaving or returning to the relationship. These are discussed in detail below.

6.7.1 Acceptance of IPV

Conflicting ideas regarding IPV were presented by the study participants. However, it appears that the majority of the participants had a general acceptance of IPV as part of their lives. The results indicated that the majority of participants viewed and accepted IPV as part of the relationship. This was associated with love and affection for their partners and as something the participants could not escape from. However the remaining two participants viewed the occurrence of IPV in their lives differently. IPV was rather associated with lack of love and respect by their partners. Similarly, a study conducted by Thaler (2012) also noted that acceptance of IPV was found to be the high among African women than coloureds. As much as there appears to be dominant expression of love by the participants in the current study, it becomes very hard to imagine a scenario where both love and IPV exists at the same time. The meaning of IPV by the participants was somewhat qualified as unconditional love, something which only exists in the fantasy world and in this particular study it appears as though it was over graded. Having stated that, various notions, such as infidelity, a desperate need to belong, lack of a sense of identity, lack of self-sufficiency, and fear of losing the partner, appeared to have profoundly contributed to the choices that were made by the participants.

6.7.2 Reasons for not leaving and self-blame

In this study it was also revealed that irrespective of the severity and the number of occasion IPV occurred, three of participants remained in their relationships, whilst two eventually left the relationship due to the severity of IPV during and after pregnancy. The remaining three cited hope for change and lack of finances as key reasons for remaining in the IPV situation, followed by love, and fear of losing the partner, and disgrace and stigma within the community. The above findings are identical to the studies conducted by Mc Mahon and Armstrong (2012); Vatnar and Bjorkly (2008) which revealed that some women return to abusive relationships after having been exposed to IPV. Furthermore, the most cited justification for remaining in an abusive relationship by women was the hope that their partner would change. The study participants doubted their ability to support themselves.

Heise et al., (1999) cited various reasons for remaining such situation, such as fear of becoming homeless, going hungry, being alone, fear of being traced and brought back to the abusive environment, being killed, the inability of being able to care for or protect their family's needs and social stigma.

Edin et al. (2009) were also of the view that victims remained in such circumstances with the hope that prayer could change their situations. This was consistent with the findings of the study conducted by Lown and Vega (2011) which asserted that individuals who reported less or no church attendance were more likely to report IPV than those who went to church. Fear of losing their partners, coupled with fear of raising children alone, to fear of poverty, seemed to be dominant in the lives of participants., It became convincing that the danger of exposure to IPV by the intimate partner was replaced by fear for their own independence, freedom and safety.

The majority blamed themselves for getting pregnant and saw the abuse as their fault. One of them attributed the blame to the condom that broke during sexual intercourse and resulted in both the pregnancy and IPV in her life. However, she also blamed men for refusing to take responsibility for the abusive actions.

Self-condemnation and guilt seem to be the order of the day for the majority of participants, and it was employed mostly as a defence mechanism for accepting the actions of the intimate partners. The results embody even more interesting implications as the liability is placed on the self and pregnancy rather than the perpetrators. Only a few of them directed the blame towards the perpetrators. Turner et al. (2000) refer to this way of rationalisation as a coping and survival strategy. Other strategies include hiding the victimisation, adapting to men's wishes and presenting a happy family front, coping with men's attempt to control and isolate blame self and deny the violence and using tactics to control the severity of the violence and keep the self-intact. Most of the above mentioned strategies were also prevalent in the statements of the participants, namely, isolation, hiding the IPV by presenting a happy family front, keeping the self-content, putting the men's` needs first, and self-blame.

The study findings further show that two of the participants believed that their partners were possessed, bewitched, or cursed by the ancestors, and further recommended cleansing rituals to be performed for their partners. According to Leach (2004) a ritual is the communal celebration of social solidarity and a communal worship of the sacred. It is believed that such

ceremonies offer cleansing and healing for those involved. This notion further elucidates the reasoning and meaning of IPV held by the participants. It appears that IPV was not viewed as a digression to the norm, and partners were not held accountable for IPV. Instead other factors (such as ancestral powers, powers of darkness, pregnancy, broken condoms) were viewed as contributory to IPV and not men (the perpetrators). The only thing one could state with confidence from the above was that the participants presented selflessness by putting the needs of men to the fore.

6.8 Concluding remarks

The chapter presented a comprehensive analysis of the findings. Primarily, the sociodemographic characteristics of IPV were examined. Sociodemographic characteristics of the study were similar and homogenous. These included the age of participants, the number of children, the unemployment status, and lower level of education and the experience of IPV initiated during pregnancy. The findings regarding the strong associations between the sociodemographic characteristics and IPV were found to be common with previous researchers, such as Okonkwo (2007); Matseke et al. (2012); Hamel (2008).

This was followed by a deep scan of characteristics of IPV such as the participants' awareness of the prevalence of IPV, the triggers of IPV, the prevalence of IPV, naming of IPV, as well as fundamental factors of IPV initiated during pregnancy. The characteristics of IPV were proven to have played a vital role in the existence and the leap IPV took in the lives of the participants. The factors were complimented by the consequences of IPV initiated during pregnancy. There were that were found, and these commonalities were also noted in previous research, such as Kaukinen (2004); Matseke et al. (2012); Thaler (2012); Turner et al. (2000); Rowling (2012). The subjective interpretations and meaning of IPV by participants were explored, presenting the most interesting and insightful information. The findings of the study have depicted a rather convincing representation of the existence of IPV during pregnancy and the implications thereof. In view of the above, the following chapter will provide a summary of concluding remarks of the entire study. These will be followed by recommendations and limitations of the study.

CHAPTER SEVEN

7. CONCLUSION

7.1 Introduction

This chapter sets out to discuss the concluding remarks of the entire study of IPV during pregnancy. As indicated in the previous chapters, this study attempted to endorse the existence of IPV initiated during pregnancy, though answering three central questions, which focused on the experiences of survivors of intimate partner violence during pregnancy, the understanding of survivors of intimate partner violence, and the insight of the experience of IPV initiated during pregnancy. For the purpose of this chapter, a comprehensive summary of the entire study will be presented with specific reference to the essential highlights of the study, followed by recommendations which will talk directly to the findings of the study, and concluded by the limitations of the study of IPV initiated during pregnancy.

7.2 Conclusion

As alluded earlier, the study aim and objective of the study, primarily is to explore how survivors understand and deal with the occurrence of IPV during pregnancy, and furthermore to investigate the social, cultural and gendered power relations underpinning IPV during pregnancy. IPA as a framework was utilised as a suitable approach in exploring the subjective experiences of women who have been subjected to IPV initiated during pregnancy and how they survived the devastating effects. A purposive sampling strategy which employed a fairly small sample size was chosen to get an in-depth conception of the phenomenon of IPV during pregnancy (Smith & Osborne, 2007).

The literature search on IPV initiated during pregnancy, focused on three levels, namely international, national, and local studies. The wealth of information collected from various researchers, was very insightful, and attested to the existence of IPV during pregnancy. The prevalence was recounted in both international and local levels, with the highest proportions reported in South Africa and Eastern Cape where the current study was undertaken (Thaler, 2012). Although the literature presented the occurrence of IPV during pregnancy, the intensity of its existence was tracked from different directions. Such as onset before pregnancy and escalation of IPV during pregnancy (Castro et al., 2003) or onset during the announcement of pregnancy. The literature also shared some light on the fundamental factors

which play a pivotal role in IPV during pregnancy. Tied to the factors were the consequences, which also shared some light to the encounter of IPV during pregnancy.

IPA as a framework was utilised as a suitable approach in exploring the subjective experiences of women who have been subjected to IPV during pregnancy. The study was grounded in an interpretive orientation, thus guided by a qualitative research paradigm. A purposive sampling strategy which employs fairly small samples was chosen to get an in-depth conception of the IPV initiated during pregnancy (Smith & Osborne, 2007). This was followed by a full coding process which was undertaken in four stages, namely the first stage the first encounter with the text, the identification of preliminary themes, the grouping together of themes as clusters and the final tabulation of themes in summary of tables (Smith & Eatough, 2007).

The results of the study, presented a convincing representation of the prevalence of IPV during pregnancy. The study findings also attested to the fact that a direct link does exist between the announcement of pregnancy and IPV. IPV during pregnancy was particularly found to be common in situations which involved factors such as unplanned pregnancies, low socio economic status and substance abuse by the intimate partner. Furthermore it intensifies and escalates rather than decline during pregnancy and subsequent to the announcement. Socio cultural factors and religious factors also played a prominent role in support of IPV during pregnancy. The study findings bore some striking resemblances with previous researchers, such as Anderson et al. (2002); Edin et al. (2009).

The findings regarding the role played by culture in the study signify the core of the study phenomenon. Teachings from the participants' culture were depicted as both influential and dominant, particularly in shaping their thought processes, interpretations and meanings of IPV. However, the question remains as to whether one can separate a person from their culture, or whether it is possible to displace elements that are no longer appropriate. One thing for certain in the above findings, is that in the centre of the lives of the participants, rests rich and profound cultural roots

The subject of IPV during pregnancy is very sensitive and depressing, especially to those on the receiving end. Although, most couples respond positively to the demands of pregnancy, some do not. Mostly, pregnancy is regarded as gift of motherhood for women and a distinctive gift of fatherhood for men. As such, it calls for celebration and recognition. Instead, the findings of the present study discovered the contrary. A rather different and formidable response to the onset of pregnancy news was presented. Sadly, the participants

were denied the acknowledgement and embrace that most expectant mother would expect to receive from their partners. As well the gift of fatherhood was undermined, and rejected by the male partners, associated with such factors as poverty, lack of resources, unemployment and under employment, playing a significant role. In this regard, this study does not condone the violent acts that were experienced by the survivors of IPV during pregnancy. Nonetheless, it provides more insight into the extent of the problem.

Additionally, the loyalties and the level of commitment presented by the women towards their partners and their belief system deserve to be commended in this study. It appears that the level of faith played a vital role in sustaining them under the circumstances of IPV. The participants were also portrayed as passive recipients of the IPV challenge, as expected by their cultural religious belief systems. Furthermore, it looked as though the cultural background, religious systems, poverty and self-confessed affection almost held the survivors hostage to the IPV situation.

Profound connections between the way they viewed their situation and the reasons that compelled them to remain in such circumstances were taken into cognisance. Consequently, loyalties were rather invested in the belief systems and partners, rather than in themselves.

As such, all the recommendations mentioned below warrant immediate action to empower the communities which are still facing the challenge of IPV and to reduce the contributing factors thereof. Future research is needed to look more closely at IPV initiated during pregnancy, in order to provide more contextual information concerning the factors that contribute to IPV by men. Such exploration of these factors may reduce the impact and the scourge of IPV initiated during pregnancy.

The chunk of information presented in the study confirmed the occurrence of IPV during pregnancy. Furthermore, although having much in common with research done among other ethnic groups in South Africa, the study represent a record IPV initiated during pregnancy. The study also, successfully confirmed how IPV was introduced in the relationships of the study participants and how it continued during the course of pregnancy and after the pregnancy.

7.3 Recommendations and way forward

In view of the above encounter, certain recommendations that compliment the findings of the entire study are in order. The significance of the influence of the factors of IPV during pregnancy, suggests a starting point for possible intervention strategies for empowerment in communities, and these will be outlined below.

According to Smith and Seagull (1999) equality rather than power and control, is at the centre of the healthy relationship. Furthermore, when relationships are built on equality, trust, communication, and respect, there is no room for violence.

In addition, proactive programmes, such as SONKE, and OMC (One Man Can) which support men and boys to take action towards gender equality and the prevention of violence and HIV need to take a leading role and be visible in all localities of South Africa. Also, women's Support Programmes, which deal with gender based crimes, violence against women and children and HIV AIDS, need to spread their wings throughout the country, and

Cultural influences have been proven to be supportive of IPV in the study, therefore, culturally based programmes are needed which will focus on enhancement and empowerment of the people. WHO (2002) suggested that culturally sensitive training programmes be put in place to equip both men and women combined with projects that will be mandated and be funded by the government, and continuous training for support services.

Poverty alleviation projects to be introduced and life skills workshop that will assist fellow sisters to depend on them rather than depending on men for survival, as the study findings suggest. These may include combined efforts from parents, community leaders, educational systems and role models to start modelling good behaviours and instil good values to the communities.

7.4 Limitations of the study

The recommendation provided in this study should be considered within the context of a number of limitations, and these are listed below:

Caution should be used in inferring these study findings to other groups of pregnant women because the study participants were a convenient sample drawn from a women support centre that served predominantly poverty stricken families.

Self-reported responses could have had the potential to be biased due to the limited number of participants (five participants), which was a convenient sample drawn from settings that served predominantly low income women in East London. This poses limits to any kind of knowledge of IPV incidents from other populations that are independent single mothers or a bigger population comprising different cultural backgrounds. Therefore the findings cannot be generalizable to a larger population.

The nature of the study (IPV) is very sensitive as such, these kinds of studies may pose a risk of opening emotional scars to participants who were already recovering from IPV. As one study participant admitted, some wounds and scars were opened during the interview.

In addition such sensitive issues may aggravate further violence once the perpetrator becomes conscious that the partner is participating in such a study. Furthermore the nature of the study could also pose a risk to the investigator and sometimes he/ she could be attacked by the suspicious violent partner. In this study in particular, it was initially planned that eight participants would be interviewed. However in the end only five participants committed to participate in the process. Three identified participants who indicated their willingness to participate withdrew from the interviews at the last minute because they were still fearful of their partners finding out.

7.5 Concluding Remarks

The chapter presented a broad summary of the concluding remarks concerning the entire study, touching base in all the insightful and essential areas of the study. Evidence regarding the existence, and the impact of IPV initiated during pregnancy was presented. This was followed by certain recommendations which talked directly to the findings of the study. Finally, the limitations of the study were also explored. The existence of IPV is still alarming in the Eastern Cape region. Instead of a decrease, it is still escalating, even more so for the expectant mothers. Exposure of IPV phenomenon through studies of this nature may yield to relevant strategies of alleviation of IPV during pregnancy.

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RESEARCH ETHICS COMMITTEE

RESEARCHER'S DECLARATION AND CONFLICT OF INTEREST DECLARATION
(To be completed in typescript)

The principal investigator, as well as all sub- & co-investigators must each sign a separate declaration.

A. RESEARCHER

Surname	Serame	Initials	WB	Title	Ms
Capacity	Principal investigator	X	Sub-investigator	Co-investigator	
Department	Psychology				
Present position	Student	E-mail	Welekazi.serame@labour.gov.za		
Telephone no.	(w)	N/A	Cell	0780191765	Fax 0866355853

B. PROJECT TITLE (MAXIMUM OF 250 CHARACTERS FOR DATABASE PURPOSES)

Intimate Partner Violence initiated during pregnancy.

I, (Title, Full name) Ms Welekazi Serame declare that

- I have read through the submitted version of the research protocol and all supporting documents and am satisfied with their contents
- I am suitably qualified and experienced to perform and/or supervise the above research study.
- I agree to conduct or supervise the described study **personally** in accordance with the relevant, current protocol and will only change the protocol after approval by the Psychology Department Research and Ethics Committee, except when urgently necessary to protect the safety, rights, or welfare of subjects. In such a case, I am aware that I should notify the Psychology Department Research and Ethics Committee without delay.
- I agree to timeously report to the Psychology Department Research and Ethics Committee **serious adverse events** that may occur in the course of the investigation.
- I agree to maintain **adequate and accurate records** and to make those records available for inspection by the appropriate authorised agents when and if necessary.
- I agree to comply with all other requirements regarding the obligations of clinical investigators and all other pertinent requirements in the Declaration of Helsinki, as well as South African and ICH GCP Guidelines and the Ethical Guidelines of the Department of Health as well as applicable regulations pertaining to health and other research.
- I agree to comply with all regulatory and monitoring requirements of the Psychology Department Research and Ethics Committee.
- I agree that I am conversant with the above **guidelines**.

I will ensure that every research subject or other involved persons, such as relatives, shall at all times be **treated in a dignified manner and with respect.**

- I will submit all required reports within the stipulated **time frames.**

Principal /~~Sub~~ / Co-investigator /~~Supervisor~~ : Welekazi Serame

Signature :

Date :

CONFLICT OF INTEREST DECLARATION (OBLIGATORY)

The researcher is expected to declare to the Psychology Department Research and Ethics Committee the presence of any potential or existing conflict of interest that may potentially pose a threat to the scientific integrity and ethical conduct of any research in the University.



The Psychology Department Research and Ethics Committee will decide whether such conflicts are sufficient as to warrant consideration of their impact on the ethical conduct of the study.

Disclosure of conflict of interest does not imply that a study will be deemed unethical, as the mere existence of a conflict of interest does not mean that a study cannot be conducted ethically. However, failure to declare to the Psychology Department Research and Ethics Committee a conflict of interest known to the researcher at the outset of the study

will be deemed to be unethical conduct.

Researchers are therefore expected to sign *either* of the two declarations below:

- a) As the Principal Researcher in this study (Welekazi Serame)

I hereby declare that I am **not aware** of any potential conflict of interest which may influence my ethical conduct of this study.

Signature: _____ Date: _____

b) As the Principal Researcher in this study (name: _____)

I hereby declare that I am **aware** of potential conflicts of interest which should be considered by the Psychology Department Research and Ethics Committee:

Signature: _____ Date: _____



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Copy of Letter to Participants

Title of research : An Exploration of Intimate Partner Violence during Pregnancy

Purpose of the study

The aim of the study is two folds, firstly it is to investigate the social, cultural and gendered power relations underpinning Intimate Partner Violence during pregnancy, and secondly to explore how survivors understand and deal with this occurrence.

Procedure

A qualitative, exploratory research design, will be employed as it aims to describe in detail the situation, and circumstances and answer questions about situations, (IPV during pregnancy). Information regarding the participants' personal experiences of IPV, and the socio-cultural factors linked to it will be explored using the non-probability purposive sampling method, and Interpretative Phenomenological Analysis (IPA).

Potential risks and discomforts

The nature of study is very sensitive. The participants could be reluctant to share certain information pertaining to IPV and this could lead to them reliving those experiences. This will require that the researcher is equipped to deal with such situations, and be able to assist should further assistance be needed.

Anticipated benefits

Participants will obtain an opportunity to share their experiences, and feelings from their perspective regarding IPV, and possible some cathartic effect of this could be reached; an awareness regarding possible coping and prevention strategies could also be attained.

Payment for participation

R50

Confidentiality

The researcher is dealing with sensitive information and vulnerable groups of people. It is

therefore imperative that the information gathered from the IPV participants, be treated in a confidential manner.

Anticipation and withdrawal

Participation and withdrawal is voluntary

Identification of investigator

Name of Investigator : W. Serame

Physical address : 1 Harold Crescent

Telephone number : 078191765

Email address : 201310555@ufh.ac.za

Ethical approval

This study has been reviewed and approved by the University Research Ethics Committee (UREC) for studies involving human subjects. For research problems or questions regarding this study UREC may be contacted through Prof Gideon De Wet at the Govan Mbeki Research and Development Centre (GMRDC) at the University of Fort Hare.

Consent

I the undersigned, understand the procedures described above. My questions have been answered to my satisfaction, and I agree to XYZ for the purposes of this study. My consent is purely voluntarily, and I knowingly give informed consent to use this data for the purposes of this research.

Participants name: _____

☐ I consent to XYZ for the purposes of this study

☐ I do not consent to XYZ for the purposes of this study

Participants signature: _____



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**Isicelo mvume- ngesiXhosa
Iphepha mvume malunga nophando**

Isihloko Sophando

Uphando nzulu ngezimvo malunga nokuxhatshazwa kwababhinqileyo ngabalingane babo xa bekhulelwe

Injongo zolu phando

Kukwazi banzi malunga namava nemiceli mngeni malunga nokuxhatshazwa kwababhinqileyo ngabalingane babo xa bekhulelwe.

Inkqubo malunga nophando

Uzakubuzwa imibuzo uwedwa, impendulo zizakubhalwa ngokuphendula kwakho. Uzakucelwa unike ingcaciso xa kuyimfuneko.

Ushicilelo

Kuzakusetyenziswa ushicilelo ukuthabatha inkcukacha zophando ngokupheleleyo

Ubungozi ngophando

Akukho bungozi nakuphatheka kakubi ngexesha lophando kwaye uphando alunabungozi empilweni yakho, isihloko sophando singawenza umonakalo wokubuyisela umve ngengcinga, zamava abuhlungu ngenxa yohlukumezo, kodwa ke akhona amanyathelo anokuthatyathwa ukulungisa imeko elolohlobo

Inzuzo kubathathi nxaxheba

Akukho nzuzo ethe ngqo elindelekileyo, kodwa abathathi nxaxheba, bangafumana amacebiso aphantaleleyo malunga nendlela zokujongana nemeko xa benokujongana nayo kwixesha elizayo

Imfihlelo malunga nolu phando

Inxaxheba yakho izakuba yimfihlelo, akukho magama azakusetyenziswa, kwaye zonke incukacha ziyakupapashwa ngokwemvume yakho ngokwasemthethweni. Yonke lenkcazelo iyakubaselugcinweni olukhuselekileyo.

Ukuthatha inxaxheba nukurhoxa kolu phando

Unalo ilungelo lokungayiphenduli imibuzo ongafuniyo ukuyiphendula ngolu phando, kwaye akusayi kubakho sohlwayo ngokurhoxa kwakho kolu phando.

Inkcukacha ngonxibelelwano malunga nolu phando

Welekazi Serame
1 Harold Crescent
0780191765



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Impepha mvume

Ndiyifundile inkcazelo yalembalelwano , ndaqonda ndaneliseka , ndavuma ukuthatha inxaxheba kolu phando

Ndiyaqonda ukuba ndinako ukungayiphenduli eminye imibuzo kwaye ndinako kurhoxa xa kukho imfuneko. Ndiyavumelana nokuba inkcukacha zoluphando zisetyenziswe malunga nolu phando.



Mphathi nxaxheba.....umhla.....

Inggina.....umhla.....

Mphandi.....umhla.....



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Interview Sheet

Topic: An Exploration of IPV during pregnancy

Name of Interviewer: W. Serame

The participants will be asked the semi structured questions , to elicit more information regarding IPV, during pregnancy, Audio tapes will also be utilize to record important information. Any interesting information, gestures, behaviours that needs further exploration will be observed and noted, and further question will be developed, based on these observations.

UNDERSTANDING OF IPV

1. What do you understand about IPV?
2. What is you experience of IPV?
3. When was your first time experiencing IPV?
4. What initiated IPV in your life?
5. How often does it occur, where and why?
6. What do you see as the relationship between your pregnancy and IPV?

EXPERIENCES OF SURVIVORS OF IPV

- 6 What were the causes of IPV in your situation?
- 7 Can you describe what usually initiated the incidents, where, and when?
- 8 How long does it usually last?
- 9 What kind or forms does it usually take? (Weapons, swearing, sexual offences)?
- 10 Have you suffered any injuries due to IPV when you were pregnant? If yes, can you please elaborate?
- 11 How far pregnant were you when the IPV started in your situation?
- 12 Was it a once off incident/ did it continue/ and for how long?
- 13 Have you suffered any losses due to IPV during pregnancy? If yes, can you please elaborate? What resources do you usually use to cope with the situation?
- 14 How did you make use of available resources during the occurrence of this incidence, such as police, clinics?
- 15 What are your sources of strength? Do you have any support structure available for you?

SOCIO-CULTURAL FACTORS RELATING TO IPV

1. What is your opinion with regards to IPV in your community?
2. Do you blame yourself for the IPV situation in your life?
3. Do you associate IPV in your situation with love and affection from your partner?
4. Do you communicate openly with your partner regarding problems that are bothering you at home? Pease give examples.
5. Do you associate IPV with your living conditions?
6. Do you blame your partner about the incident of IPV?
7. Does your partner have other sexual relationship? If yes, how are your views with regards to this?
8. Does alcohol/ drug abuse have any association to your experience of IPV? Please elaborate?
9. Do you regard unemployment as a contributing factor to IPV, in your community, and in your situation? Please elaborate.