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Intimate partner controlling behaviour and intimate partner violence among married women in rural areas in South Africa

Lanre Abdul-Rasheed Sulaiman[1*], Oluwaseun T. Ojogiwa[2] and Chinyere Elsie Ajayi[3]

Abstract

Background Violence against women is a critical public health issue, and Intimate Partner Violence (IPV) is prevalent globally as its predominant form. Despite extensive research on its prevalence, the connection between IPV and controlling behaviour has not been sufficiently researched, especially within the context of rural living. This study contributes to this gap by assessing the relationship between intimate partner controlling behaviour and IPV among rural dwellers in South Africa.

Methods The study used the domestic violence module data from the 2016 South Africa Demographic and Health Survey (SADHS). The data were analysed using both descriptive statistics- percentages, mean, and standard deviation- and inferential statistics-logistic regression.

Result The study found intimate partner controlling behaviour as a predictor of IPV among married women residing in rural communities in South Africa. Accusations of infidelity, restrictions on seeing family members, general movement control, and jealousy were the forms of intimate partner controlling behaviour that predicted the occurrence of IPV.

Conclusion Intimate partner controlling behaviour is associated with intimate partner violence. Based on this finding, we argue that preventative, and responsive approaches that combine education, awareness raising, pathways to help seeking, women's personal development and empowerment will have greater benefits in helping to tackle the problem of controlling behaviour and intimate partner violence against rural women in South Africa.

Keywords Controlling behaviour, Coercive behaviour, Intimate partner violence, Married or cohabiting, Rural women, South Africa

*Correspondence:
Lanre Abdul-Rasheed Sulaiman
u24141072@tuks.co.za
[1]Department of Sociology, University of Pretoria, Pretoria, South Africa
[2]University of KwaZulu Natal, Durban, South Africa
[3]School of Health, Social Work and Sport, University of Central Lancashire, Preston, UK

Introduction

Violence against women is acknowledged as both a public health concern and a violation of women's rights, with intimate partner violence (IPV) as one of its predominant forms. Violence against women encompasses any gender-based act that results in emotional, physical, or sexual harm, including deprivation of liberty and coercion [1]. Intimate Partner Violence (IPV) specifically refers to harmful behaviour that is inflicted by one partner on another within an intimate relationship [2].

While instances of women exhibiting violence towards men exist, men's intimate partner violence against women is more prevalent [3]. Global surveys, such as the National Family Health Surveys and the World Health Organization's 2018 global estimates, establish that instances of IPV are widespread but not sufficiently reported [1, 4]. From a worldwide perspective, approximately one in three women experience IPV during their lifetime [1, 4]. Research suggests that controlling behaviour is a precursor for IPV [5]. Controlling behaviour in intimate relations can be defined as a set of actions by one partner intended to make the other partner dependent or subordinate by depriving them of the resources needed for resistance, independence, and escape from that domination or control [5]. The key aim of controlling behaviour is to create home conditions that regulate or control the everyday life of the victim [5]. Controlling behaviour can take the forms of isolating the victim from friends and family, monitoring and restricting their movements, and regulating or controlling their daily behaviours [6, 7].

The prevalence of IPV and intimate partner controlling behaviour have been reported in various countries such as Malawi (30%), Vietnam (32.1%), Nepal (49%) and Nigeria (63%) [1]. In South Africa, 25–38% of women have encountered physical or sexual IPV at some point in their lives, and 12–31% experienced it in recent marriages or cohabitations [8]. More recently, according to Sere et al. [9], South Africa still ranks among the top countries in terms of IPV prevalence and IPV represents the second most significant contributor to HIV/AIDS in the country.

Over the past decade, South Africa has made significant strides in formulating policies and initiatives aimed at preventing and addressing IPV. Efforts have targeted the prevention of IPV among girls and young women through different initiatives such as the DREAMS program, stepping stones and creating futures intervention programme, and 'She Conquers' campaign funded by the U.S. government [10–15]. Despite a robust policy framework and dedicated efforts from the government and civil organisation to combat IPV, its prevalence remains alarmingly high, especially within informal settlements. For instance, findings from a pilot study revealed that 59.6% reported experiencing physical IPV, 29.4% reported sexual IPV, and 78.1% reported emotional IPV in 2018. The most frequently reported forms of violence included insults (64.7%), threats from partners (40.7%), and public humiliation (38.3%) [9].

Studies [16–19] have investigated the socio-demographic and cultural causes of IPV. However, only a few studies [1, 20–27] have examined the influence of intimate partner controlling behaviour on IPV. It is important to note that most of the studies that specifically examined the influence of controlling behaviour on IPV sampled only women living in urban areas. For instance, Mukherjee and Joshi [1] investigated the association between controlling behaviour and IPV among urban women in Delhi, India. Also, using both quantitative and qualitative methods, Bhona et al. [20] investigated how controlling behaviour influences physical violence among women living in two neighbourhood cities in Minas Gerais, Brazil. Although these studies inform our understanding of the links between controlling behaviour and IPV, however, relatively little is known about how intimate partner controlling behaviour influences IPV experiences for rural women. This study aims to contribute to this gap in knowledge. It investigates the influence of intimate partner controlling behaviour on IPV among married women dwelling in rural areas in South Africa.

Literature review

Intimate partner controlling behaviour is a key characteristic of abusive relationships. Sapkota et al. [28] found that women with partners who exhibit controlling behaviours are at an increased risk of experiencing domestic violence. Mukherjee and Joshi's [1] study revealed the forms of intimate partner controlling behaviours experienced by over 43% of women in Delhi, India, including restrictions and close monitoring of movement outside the home, jealousy, prevention from communicating with family members, and accusations of infidelity.

Studies [24, 29, 30] found that women who reported experiencing controlling behaviours from their partners were more likely to suffer physical and psychological abuse. In a study conducted by Tayzar and Per-Olof [31] on the association between spousal violence and intimate partner controlling behaviour, using the 2015–2016 Myanmar Demographic and Health Survey sample, they found that intimate partner controlling behaviour accounted for 24.8% of spousal emotional violence among Myanmar women.

Studies [23, 32–35] have sought to identify forms of intimate partner controlling behaviour that influence the prevalence of IPV, with factors such as infidelity, jealousy, restrictions on seeing family members, and general movement restrictions reported to be positively associated with IPV. Issahaku [23] conducted a study on the influence of intimate partner controlling behaviour on IPV in Ghana, using a sample of 443 outpatient

women across six district hospitals in the northern part of the country. He found that accusations of infidelity and jealousy were the strongest forms of intimate partner controlling behaviour influencing IPV among women attending the hospitals.

In explaining the pathway through which intimate partner controlling behaviour triggers IPV, Boira et al. [36], Das et al. [32], Gibbs et al., [15], and Mann and Takyi [37] found that IPV often results from a woman's refusal to comply with the control or instructions of her male intimate partner, which is perceived as a threat to masculinity, specifically to the husband's ability to control his wife. Husbands who lack control or power over their wives are seen as lacking respect and dignity, a label that most men find undesirable. Thus, IPV triggered by intimate partner controlling behaviour can be seen as a means for men to reassert their control and authority [38]. This explains why Gibbs et al. [15], in their qualitative study on intimate partner controlling behaviour and IPV conducted in South Africa, found that women who denied their male partners sex were accused of infidelity and subsequently experienced psychological and physical IPV.

Post-apartheid South Africa is still characterised by a wide gap between urban and rural areas, as well as between men and women in the quality of life and standards of living [39]. Rural communities in South Africa face high levels of social and economic hardship, with widespread unemployment and poverty. The lingering effects of historical inequalities and apartheid continue to influence the incidence of violence and wealth disadvantage [40].

Women in rural areas in South Africa are faced inequalities, such as limited access to quality education, basic social amenities, and job opportunities. The traditional system of authority in which authority is held by local chiefs, with generational and gender hierarchies where older men dominate younger men, women, and children, is still common in modern South African rural communities [41].

Also, customary practices like 'inhlonipha' are very common in rural areas of South Africa. With this practice, women and young children, are expected to be subservient and respectful to men and elders. Women are considered the property of men, initially belonging to their fathers and later to their husbands upon marriage [41]. The traditional system of authority, combined with the tradition of 'inhlonipha' and other cultural and patriarchal norms, creates male entitlement, dominance, and the relative subordination of women [42]. The historical patriarchal family structures in sub-Saharan Africa are considered enablers of gender imbalances, and this further condones the perpetuation of IPV [2]. This makes rural women more susceptible to IPV than their urban counterparts [43].

Higher incidences of IPV have been correlated with residence in rural areas compared to urban spheres. This association, according to Nabaggala et al. [26], is attributed to the fact that the majority (63%) of the African population reside in remote rural locations that are distant from essential resources and have limited enforcement of laws against gender-based violence. Therefore, this study targeted South African rural women, a demographic that has been less explored but is particularly vulnerable to IPV and its negative impact. It assesses the correlation of IPV with controlling behaviour in rural South Africa.

Theoretical framework

This paper draws upon the concept of coercive control [5] as a lens to explore the links between controlling behaviour and intimate partner violence. Stark conceptualised coercive control as a set of deliberate actions aimed at undermining the agency, autonomy, and humanhood of victims [5]. Thus, a key characteristic of coercive control is controlling behaviour. Controlling behaviour in intimate partner relationships is very common and happens when the abuser (usually the man) uses threats and emotional aggression to maintain control over the other partner (usually the woman) [20]. When controlling behaviour dominates a home environment, it creates the conditions for oppression, restriction, and little or no resistance for the victim [44]. In other words, the victim's agency and autonomy are intentionally removed and compliance to the expected behaviour is enforced through physical harm, serious verbal threats, and intimidation [45]. Within a romantic context, controlling behaviour establishes rigid behavioural norms where victims face repercussions for non-compliance, thus leaving the victim in a position of constrained choices and complex vulnerabilities.

Researchers have warned against the privileging of physical abuse over other forms of violence due to the prioritisation of evidence especially within the police and criminal justice system [46, 47]. Stark's [5] work further argues that this narrow view of violence in intimate relationships does not sufficiently reflect the experiences of the victims whose lives are adversely affected by IPV, especially if it does not involve the use of force [5]. To support this view, Stark highlights that about 60–80% of incidences of domestic abuse reported to services were non-physically abusive tactics that were intended to induce fear and dominate a partner in such a manner that would affect the liberty and dignity of the victims [48]. Also, recent analyses of situational couple violence emphasize that violent actions towards intimate partners often stem from control efforts [49, 50]. Therefore, focusing on physical manifestation of violence alone denies the real experiences of victims of IPV who face abusive

partner's controlling behaviour frequently and continuously. As Aizpurua et al. [50] contend, this underscores the need to examine the subtle ways abusers deploy controlling behaviour in intimate relationships and how such behaviours translate into IPV experiences. This current work contributes to this discourse by examining the links between intimate partner controlling behaviour and IPV among rural dwellers in South Africa.

Methodology

The data used in this study were obtained from the 2016 South African Demographic and Health Survey (SADHS). The survey is the latest demographic and health survey in South Africa, which took place from June 27th to November 4th, 2016. The survey was a cross-sectional population-based study that took place in rural and urban areas in all nine provinces of South Africa, using a two-stage stratified cluster sampling method.

The 2016 South African Demographic and Health Survey (SADHS) provides the most robust and one of the most recent national data on intimate partner violence in South Africa. Other national surveys, such as the 2017 South African National HIV Prevalence, Incidence, Behaviour, and Communication Survey, do not cover all aspects of intimate partner violence. For example, aspect such as intimate partner controlling behaviour is not included in that survey. Furthermore, South African government, non-governmental organisations, researchers, and academics rely on the 2016 SADHS data. Recent studies [50–56] among others, have used the 2016 SADHS for their analyses.

The main objective of the 2016 SADHS is to give up-to-date basic health and demographic indicators of residents of South Africa, age 15 years and older. The full explanation of the survey's methodology and research design can be found in the full report of the survey [57]. The study uses a weighted sample of 783 married women residing in rural areas in South Africa.

Variables measurements

Outcome variable

The outcome variable is the experience of intimate partner violence (IPV) among married women, including those who are legally married, cohabiting, or in intimate relationships without legal marriage, residing in rural areas of South Africa. The respondent was considered to have experienced intimate partner violence (IPV) if she had ever encountered one or multiple instances of physical, sexual, or emotional abuse from her current husband.

Explanatory variables

Intimate partner controlling behaviour was the explanatory variable of the study. This according to the 2016 SADHS, was defined as one or more of the below acts experienced by a woman in her marital relationship:

A. Husband is jealous if talking with other men.
B. Husband accuses her of unfaithfulness.
C. Does not permit her to meet her girlfriends.
D. Husband tries to limit her contact with family.
E. Husband insists on knowing where she is.

For each of the above questions on intimate partner controlling behaviour, the answer was either "yes" or "no." A "yes" to all or any of the above questions implied that the woman experienced partner-controlling behaviour from her partner or husband, while a "no" to all the questions, implied that the woman experienced no form of partner-controlling behaviour.

Statistical analyses

Descriptive analysis was done to describe the respondents' socio-demographic characteristics, the respondents' partners' characteristics, the prevalence of economic empowerment, the prevalence of intimate partner controlling behaviour and the prevalence of IPV. Bivariate and multivariate logistic regression were the inferential analysis performed to establish how intimate partner controlling behaviour predicted the experience of IPV. Also, crude and adjusted odd ratio, and a confidence interval of 95% were used to determine the strength of associations between the intimate partner controlling behaviour and IPV.

Ethical consideration

The DHS dataset is publicly available; hence, ethical clearance was not required for this study. Prior to starting the research, MEASURE DHS gave permission to use the dataset for publication.

Socio-demographic characteristics of the respondents

Table 1 shows the socio-demographic information of women in intimate relationships living in rural communities in South Africa. The mean age of the women is 35.55 (SD = 7.574); the majority (68.6%) of the married or cohabiting rural women had at least secondary education. As for the region of the respondents, 27% lived in the Limpopo region. Furthermore, 25% of the women had been married or cohabiting for 0 and 4 years; about 50% of the women had at least one or two children. A large proportion of women (71.3%) were empowered economically.

Table 2 shows the characteristics of the respondents' partners. From Tables 2 and 41.42 (SD = 9.020) is the mean age of the respondents' partners or husbands, with 60% of the respondents' partners or husbands had at least secondary education, which is almost similar with the

Table 1 Socio-Demographic information of women in intimate relationships in residing in rural communities in South Africa

Socio-Demographic Factors	Frequency	Percent	
Age			
15–19	5	0.6	**M = 35.55**
20–24	56	7.2	**SD = 7.574**
25–29	117	14.9	
30–34	202	25.8	
35–39	142	18.1	
40–44	140	17.9	
45–49	121	15.5	
Total	783	100	
Region			
Western Cape	12	1.5	
Eastern Cape	107	13.7	
Northern Cape	45	5.7	
Free State	29	3.7	
Kwazulu-Natal	93	11.9	
North West	120	15.3	
Gauteng	20	2.6	
Mpumalanga	144	18.4	
Limpopo	213	27.2	
Total	783	100	
Education			
No education	33	4.2	
Primary	128	16.3	
Secondary	537	68.6	
Higher	85	10.9	
Total	783	100	
Race			
Black or African	746	95.3	
White	17	2.2	
Colour	20	2.6	
Total	783	100	
Marital Duration			
0–4	196	25	
5–9	181	23.1	
10–14	143	18.3	
15–19	115	14.7	
20–24	75	9.6	
25–29	53	6.8	
30	20	2.6	
Total	783	100	
Parity			
No children	39	5	
1–2	365	46.6	
3–4	281	35.9	
5–6	80	10.2	
7+	18	2.3	
Total	783	100	
Empowerment			
No	225	28.7	
Yes	558	71.3	
Total	783	100	

Table 1 (continued)

Socio-Demographic Factors	Frequency	Percent
Years in area		
0	58	7.4
1–7	259	33.1
8–14	119	15.2
15–21	47	6
22–28	25	3.2
29–35	9	1.1
36–43	6	8
Always	255	32.6
Visitor	5	0.63
Total	783	100

Note: M = Mean; SD = standard deviation

Table 2 Partners' characteristics

Partners' Characteristics	Frequency	Percent	
Partner's Age			
22–26	27	3.4	**M = 41.42**
27–31	84	10.7	**SD = 9.020**
32–36	148	18.9	
37–41	159	20.3	
42–46	131	16.7	
47–51	125	16.0	
52–56	68	8.7	
57–61	30	3.8	
62+	11	1.4	
Total	783	100.0	
Partner's Education			
No Education	60	7.7	
Primary	157	20.1	
Secondary	470	60.0	
Higher	66	8.4	
Dont know	30	3.8	
Total	783	100.0	
Partner's Alcohol Consumption			
No	471	60.2	
Yes	312	39.8	
Total	783	100	

M = mean; SD = standard deviation

level of education of the extracted married or cohabiting rural women. As for alcohol consumption, 39.8% of the respondents' husbands drank alcohol, while 60.2% had never drank alcohol.

Prevalence of intimate partner controlling behaviour

The prevalence of intimate partner controlling behaviour and intimate partner violence can be found in Table 3. The experience of intimate partner controlling behaviour is very common among married or cohabiting rural women in South Africa, as over half, 55.8%, experienced intimate partner controlling behaviours in their marital relationships, while less than half, 44.2%, had never experienced intimate partner controlling behaviours. As for the type of intimate partner controlling behaviour, 55.7% experienced jealousy from their current partners, 33% of the women had their movements controlled, 19% were accused of infidelity, 16.3% were denied access to their female friends, and 9.7% were mostly not allowed to see their relatives.

As for the incidence of IPV among married rural women in South Africa, Table 3 shows that 23.8% experienced IPV, while 76.2% never experienced IPV in their current marital relationship. As for the form of IPV experienced, 17.9% experienced emotional IPV, 14.3% experienced physical IPV, while 3.1% experienced sexual IPV.

Intimate partner controlling behaviour and IPV

In order to establish the nexus between intimate partner controlling behaviour and IPV, four bivariate logistics models were fitted, and the results can be found in Table 4. It is important to note that the assumptions of bivariate logistic regression were checked and fulfilled. Firstly, the dependent variable was binary. Also, the sample size is big enough to carry out a bivariate logistic regression model. For all the logistics regression models, both the independent and dependent variables were categorical; thus, the assumption of logit of the dependent variable was not verified for each model. The variance inflation factors for the multivariate logistics regression model was between 1.221 and 1.455, indicating there was no problem of multicolinearity in the model.

The bivariate logistic regression model on the relationship between intimate partner controlling behaviour and IPV in Table 4 shows intimate partner controlling behaviour is significantly associated with IPV. The experience of intimate partner controlling behaviour increases the experience of IPV. The crude odds of experiencing IPV were 4.6 times higher for married women who experienced intimate partner controlling behaviour (COR = 4.691, 95% CI: 3.141, 7.007) compared to married women who did not experience intimate partner controlling behaviour.

Table 3 Descriptive statistics for intimate partner controlling behaviour and IPV

Intimate Partner Controlling Behaviour	Frequency	Percentage
No	346	44.2
Yes	437	55.8
Total	783	100
Jealous		
No	436	55.7
Yes	347	44.3
Total	783	100
Accusation of Unfaithfulness		
No	633	80.8
Yes	150	19.2
No Permission to meet girl-friends		
No	655	83.7
Yes	128	16.3
Total	783	100
Limit contact with family		
No	706	90.2
Yes	77	9.8
Total	783	100
Insist in knowing your movement		
No	518	66.2
Yes	265	33.8
Total	783	100
IPV		
No	597	76.2
Yes	186	23.8
Total	783	100
Sexual IPV		
No	759	96.9
Yes	24	3.1
Total	783	100
Emotional IPV		
No	643	82.1
Yes	140	17.9
Total	783	100
Physical IPV		
No	671	85.7
Yes	112	14.3
Total	783	100

Table 4 also shows the association between intimate partner controlling behaviour and forms of IPV, where it was discovered that the odds of experiencing emotional IPV were higher among married women who experienced intimate partner controlling behaviour (COR = 4.121, 95% CI = 2.634, 6.446) compared to married women who did not experience intimate partner controlling behaviour. It was also discovered that the odds of experiencing physical IPV were higher among married women who experienced intimate partner controlling behaviour (COR = 6.855, 95% CI = 3.838, 12.245) compared to married women who did not experience intimate partner controlling behaviour.

Lastly, the association between intimate partner controlling behaviour and sexual IPV, the crude odds of experiencing sexual IPV were 9 times higher for married women who experienced intimate partner controlling behaviour, compared to married women who did not experience intimate partner controlling behaviour.

The multivariate logistics regression investigating the associations between the forms of intimate partner controlling behaviour and IPV is model 5 of Table 4. Model of 5 of Table 4 shows that after controlling for other forms of intimate partner controlling behaviour, jealousy was found to be statistically associated with IPV. Married rural women whose husbands were jealous if they were talking with other men, had higher odds of experiencing IPV than those that did not experience jealousy (AOR = 1.596, 95% CI = 1.031, 2.471). Married rural women accused of infidelity by their husbands had higher odds of experiencing IPV compared to married rural women not accused of unfaithfulness (AOR = 4.647, 95% CI = 2.954, 7.311). Also, restricting married women from seeing their relatives increases their odds of experiencing IPV. For instance, married women who were restricted or not allowed to see their relatives had higher odds of experiencing IPV (AOR = 2.033, 95% CI = 1.141, 3.621) compared to married rural women who were not restricted from seeing their relatives. Similarly, married women whose general movements were controlled by their husbands had higher odds of experiencing IPV (AOR = 1.599, 95% CI = 1.050, 2.434).

Discussion

This paper is based on the analysis of data from the 2016 South African Demographic and Health Survey (SADHS). A weighted sample of 783 married women residing in rural areas in South Africa were analysed to examine the links between intimate partner controlling behaviour and IPV. The findings of the study reveal that about 55.8% of married or cohabiting rural women in South Africa have experienced controlling behaviour in their intimate relationships. Although this compares with the findings of previous studies reporting 30–63% prevalence rates in different countries [1, 29, 58–60], the slight difference could be attributed to differences in study locations, sample size, and contexts. For example, while our study used married or cohabiting women in rural areas in South Africa as the study group, Mukherjee and Joshi [1] used married women in an urban area in Delhi.

Our findings show a prevalence rate of 23.8% for IPV. The most common form of IPV found was emotional violence (17.9%), followed by physical violence (14.3%) and sexual violence (3.1%). Overall, the rate of IPV found in this study was slightly lower than the rate for the entire South African population (26%) as reported in the 2016 South Africa demographic and health survey [57]. The

Table 4 Intimate partner controlling behaviour (IPCB) and physical, emotional, sexual and IPV

Variables	Model 1 (IPV)	Model 2 (Physical IPV)	Model 3 (Emotional IPV)	Model 4 (Sexual IPV)	Model 5 (IPV) Multivariate
	COR (95% CI)	COR (95% CI)	COR (95% CI)	COR (95% CI)	AOR (95% CI)
Experience of IPCB					
No (RC)	1	1	1	1	
Yes	4.691 (3.141, 7.007) ***	6.855 (3.838, 12.245) ***	4.121 (2.634, 6.446) ***	9.118 (2.129, 39.049) **	
Form of IPCB					
Husband is jealous					
No (RC)	1				1
Yes	3.689 (2.597, 5.238) ***				1.596 (1.031, 2.471) *
Husband accuses of unfaithfulness					
No (RC)	1				1
Yes	7.749 (5.247, 11.443) ***				4.647 (2.954, 7.311) ***
Does not permit to meet girl-friends					
No (RC)	1				1
Yes	2.446 (1.636, 3.657) ***				.840 (.506, 1.395)
Husband limits her contact with family					
No (RC)	1				1
Yes	4.406 (2.717, 7.146) ***				2.033 (1.141, 3.621) *
Husband insists on knowing where she is.					
No (RC)	1				1
Yes	3.332 (2.370, 4.685) ***				1.599 (1.050, 2.434) *

RC = Reference Category; * $p<.05$; ** $p<.01$; *** $p<.001$

variation in these findings is perhaps as a result of the nature of the data included in the study. While our study concentrated on married and cohabiting rural women, the 2016 South Africa demographic and health survey concentrated on ever-partnered women currently or formerly married or cohabiting in both rural and urban areas in South Africa.

–Intimate partner controlling behaviour was found to be a salient predictor of IPV in this study. Married or cohabiting rural women who experienced intimate partner controlling behaviour by their intimate partners were 4.6 times more likely to experience IPV compared with those who did not. This finding corroborates the findings of other studies [1, 29, 50, 58–60] that found the odds of experiencing IPV to be between two and five times higher for women that experienced intimate partner controlling behaviour. This shows that intimate partner controlling behaviour creates the conditions for IPV to happen.

Our findings further showed the forms of intimate partner controlling behaviour that influenced women's experiences of IPV. Infidelity emerged as the strongest predictor of IPV, with women accused of infidelity experiencing IPV 4.6 times more often than those not accused. Jealousy, restrictions on seeing family members, and general movement restrictions, were also found to be associated with IPV. These findings are consistent with those reported by Das et al. [32], Guruge et al. [33], Hatcher et al. [34], Nhị et al. [35], and Issahaku [23], all of which found that women suspected of infidelity were more likely to experience various forms of violence, including psychological, sexual, and physical violence. Our findings also support the studies of Gibbs et al. [11] and Pichon et al. [38] who reported that events such as a married or cohabiting woman refusing to have sex with her partner, returning home later than expected, or being seen speaking with another man trigger accusations of infidelity, which may, in turn, lead to IPV.

Women accused of infidelity may be beaten, forced into sexual intercourse, degraded, and subjected to other forms of abuse [61, 62]. In rural communities in South Africa, men may use accusations or suspicions of infidelity as a powerful tool to blackmail women perceived as defiant. Such suspicions can expose women to various forms of maltreatment. This is because suspicion and accusation are effective in many patriarchal societies, as they are often equated with truth in the court of public opinion [23].

Our findings also show that intimate partner controlling behaviour increased the risk of psychological violence within an intimate relationship. Married women who experienced intimate partner controlling behaviour experienced psychological IPV four times higher than married women who did not experience controlling behaviour. This supports the findings of Kanougiya et al. [24], Biswas et al. 29, and Tayzar and Per-Olof [31], which revealed that women who experienced intimate partner

controlling behaviour were 2 to 5 times more likely to experience psychological IPV than those who did not.

Intimate partner controlling behaviour was also found to be the determinant of physical violence in intimate relationships. Women who experienced intimate partner controlling behaviour experienced physical violence six times more than those who did not. Studies [20, 23, 31, 64], have also reported similar findings. Studies have further revealed that women who experience high levels of controlling behaviour in an intimate relationship are at an increased risk of death by the abusive partner [50, 65, 66] thus, making this an area that requires attention.

Similar to the findings reported in Krantz et al. [30], our study found that Intimate partner controlling behaviour predicted the occurrence of sexual IPV. Women who experienced intimate partner controlling behaviour in their relationship, experienced sexual IPV nine times more than women who did not.

Taken together, our findings show that an abusive partner's need to exercise control in an intimate relationship can lead the victim to experience various forms of violence. The association between intimate partner controlling behaviour and IPV may be due to cultural expectations in many rural communities, where a married woman is expected to be subservient to her husband [23, 37]. Consequently, husbands often strive to control their wives' social engagements and may resort to violence when they perceive a threat to their dominance [41, 43].

Limitations of the study

Our study looked at the influence of intimate partner controlling behaviour that predicted IPV. However, the study failed to account for the influence of the amount or frequency of intimate partner controlling behaviour on IPV. Future studies should therefore consider investigating the amount of intimate partner controlling behaviour that increases the risk and amount of IPV.

Furthermore, our study investigated the forms of intimate partner controlling behaviour that increased the risk of IPV. However, our study did not look at the influence of different forms of intimate partner controlling behaviour on various forms of IPV. Future studies should therefore consider exploring the relationship between each form of intimate partner controlling behaviour and each form of IPV.

Lastly, our study investigated men perpetrated intimate partner controlling behaviour and men's IPV against women. This is germane, as many studies have demonstrated the adverse effects of men perpetrated IPV. However, future studies should investigate the risk of intimate partner controlling behaviour and IPV among both women and men in South Africa.

Conclusion

Evidence from our findings suggest that intimate partner controlling behaviour was strongly associated with the experience of IPV among rural married women in South Africa. Whilst tackling violence against women has been on the national and international agendas, it is also important to consider those conditions that continue to support the perpetration of violence in intimate relationships, for example, controlling behaviour. This makes controlling behaviour an issue that cannot be overlooked in efforts to tackle violence against women. It is clear that men who desire to exercise power and control over their intimate partners do so subtly using control and cooperation which work in ways that diminish women's autonomy and agency [5]. Studies have shown that women succumb to forms of intimate partner controlling behaviour for fear of possible violence directed at their lack of subordination [45]. This underlines the need for preventative work to focus on awareness raising and education on how controlling behaviour manifests in intimate relationship and the pathways to help seeking for those affected. The consideration of pathways to help seeking is crucial in tackling this issue as controlling behaviour relegates women to subordinate position which help to encourage their silence.

Although our research did not delve into the nuances of women's experiences of intimate partner controlling behaviour and IPV, it is possible that some rural women in South Africa are impacted by structural, cultural, and interpersonal factors that promote experiences of controlling behaviour and IPV. Therefore, practitioners need to take account of how these different factors interact to add to the complexity of women's experiences. By so doing, practitioners would be more equipped to offer interventions that are responsive and meaningful. There is also a need to empower rural women in South Africa. It is known that gender inequality creates an overarching theme of unequal power relations within the public and private spaces. To this end, policy makers in South Africa must consider investing in initiatives to promote rural women's personal development and financial independence. Such initiatives should acknowledge and address factors that contribute to rural women's experiences of disadvantage and disempowerment. Overall, preventative, and responsive approaches that combine education, awareness raising, pathways to help seeking, women's personal development and empowerment will have greater benefits in helping to tackle the problem of controlling behaviour and intimate partner violence against rural women in South Africa.

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Author contributions
All authors conceptualised the manuscript, wrote the main text and reviewed the manuscript, O.T. wrote the introduction, literature review and references of the manuscript, C.E. wrote the the theoretical framework and contributed in the writing of the discussion of findings, while, A.L. prepared the methodology, analysis, discussion of findings and tables.

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Data availability
Data from the 2016 South African Demographic and Health Survey (SADHS) were used in this study; the data are available in the ***Demographic and Health Surveys*** (DHS) programme database (https://dhsprogram.com).

Declarations

Ethics approval and consent to participate
Ethical clearance was unnecessary for this research as the DHS dataset is openly accessible in the public domain. Before commencing the study, authorisation to utilise the dataset for publication purposes was granted by MEASURE DHS.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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Publisher's note

Lanre Abdul-Rasheed Sulaiman (PhD) is a Postdoctoral Fellow in the Department of Sociology at the University of Pretoria, South Africa. His research and academic interests focus on family violence, interpersonal violence, technology-facilitated violence, and gender studies.

Oluwaseun T. Ojogiwa (PhD) is a Postdoctoral Fellow, NRF/SARCHI Chair in Sustainable Rural Livelihoods, University of KwaZulu Natal, South Africa.

Chinyere Elsie Ajayi PhD, MA, is a Senior Lecturer in the School of Health, Social Work and Sport at the University of Central Lancashire. Her research focuses on gender-based violence (GBV), and migration related inequalities and how they impact on minoritised individuals and communities.