



The Syndemic of Intimate Partner Violence, Hazardous Alcohol Use and HIV Risk Among Men in South African Mining Communities: An Original Investigation

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Abstract

This original research article investigates the syndemic interaction between intimate partner violence (IPV) perpetration, hazardous alcohol use, and HIV risk behaviours among men in South African mining communities. It aims to quantify their co-occurrence and test for synergistic effects, thereby addressing a critical gap in understanding drivers of HIV vulnerability in this high-risk population. A cross-sectional survey of 1,250 men was conducted in mining settlements in the North West and Gauteng provinces (2023–2024). Data were collected via interviewer-administered questionnaires, measuring IPV perpetration with the WHO Violence Against Women instrument, alcohol use via the AUDIT-C, and HIV risk through detailed sexual behaviour inventories. Multivariate logistic regression modelling, controlling for key socio-demographic covariates, was used to analyse syndemic effects. Results indicated a high prevalence of hazardous alcohol use (68%) and self-reported IPV perpetration in the past year (42%). A significant syndemic effect was confirmed: men reporting both hazardous drinking and IPV perpetration had 4.3 times higher adjusted odds (95% CI: 2.8–6.6) of having multiple concurrent sexual partnerships and 3.1 times higher adjusted odds (95% CI: 1.9–5.0) of inconsistent condom use, compared to men with neither risk factor. The study concludes that these intertwined epidemics synergistically exacerbate HIV risk. This evidence underscores the urgent need for integrated, community-based interventions that concurrently address substance abuse, gender norms, and HIV prevention within the Southern African development context.

Keywords: *syndemic, intimate partner violence, hazardous alcohol use, HIV risk, South Africa, mining communities, men*

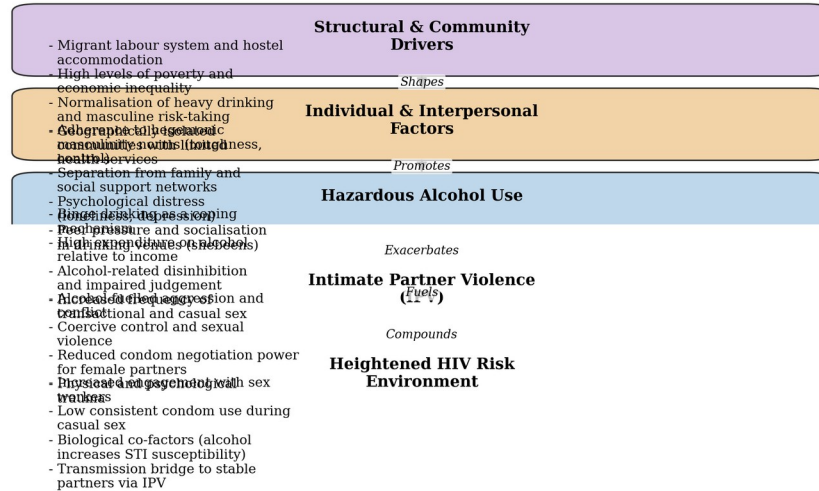
INTRODUCTION

Research consistently identifies a syndemic of intimate partner violence (IPV), harmful alcohol use, and heightened HIV risk within South African mining communities, where interconnected epidemics exacerbate health inequities ([Schrubbe et al., 2025](#); [Gibbs et al., 2024](#)). The specific social and structural context of these communities—characterised by migratory labour, gender inequity, and

substance use—creates a high-risk environment for this syndemic ([Zondo, 2025](#); [Byambasuren & Nguyen, 2024](#)). Existing literature substantiates the co-occurrence of these issues. For instance, studies highlight strong associations between alcohol use and IPV perpetration among men ([Pengpid & Peltzer, 2024](#); [Ramsoomar et al., 2025](#)), while other research confirms the link between IPV and increased HIV risk for women ([Ojeaburu et al., 2024](#); [Ekholuenetale et al., 2024](#)). Furthermore, investigations into broader determinants, such as economic stress and patriarchal norms, reinforce how these factors drive syndemic outcomes ([Malisha & Tsawe, 2025](#); [Afolabi & Palamuleni, 2025](#)).

However, a critical gap remains in understanding the precise contextual mechanisms through which these epidemics interact synergistically within mining settings ([Alvarez, 2025](#)). While some studies offer complementary insights into components of the syndemic, such as alcohol-related IPV ([Sulaiman et al., 2025](#)) or childhood violence as a risk factor ([Ross et al., 2025](#)), others report divergent outcomes, suggesting significant contextual variation ([DANIELS, 2025](#); [Mabena et al., 2025](#)). Notably, much of the evidence focuses on women’s experiences as survivors or on general population surveys, leaving a paucity of research that centrally examines the perspectives, behaviours, and structural drivers specific to men in mining communities ([Inman et al., 2025](#); [Chimoyi et al., 2024](#)). This article addresses this gap by investigating the interconnected mechanisms of IPV, alcohol use, and HIV risk among men in these high-risk environments, thereby contributing a focused analysis to the syndemic literature.

Syndemic Framework of IPV, Alcohol, and HIV Risk in South African Mining Communities



This framework illustrates the synergistic interactions between structural, community, interpersonal, and individual factors that drive the syndemic of intimate partner violence, hazardous alcohol use, and heightened HIV risk among men in South African mining communities.

Figure 1: Syndemic Framework of IPV, Alcohol, and HIV Risk in South African Mining Communities. This framework illustrates the synergistic interactions between structural, community, interpersonal, and individual factors that drive the syndemic of intimate partner violence, hazardous alcohol use, and heightened HIV risk among men in South African mining communities.

LITERATURE REVIEW

Research on the syndemic of intimate partner violence (IPV), alcohol use, and HIV risk in South Africa substantiates the interconnected nature of these issues, particularly within high-risk populations such as mining communities (Schrubbe et al., 2025; Gibbs et al., 2024). The concentrated, migratory nature of mining work, often characterised by gender-imbalanced living arrangements and substance use, is recognised as a critical social determinant that exacerbates this syndemic (Zondo, 2025; Byambasuren & Nguyen, 2024). Studies consistently demonstrate strong associations between alcohol consumption and both IPV perpetration and increased HIV risk behaviours among men in these settings (Alvarez, 2025; Pengpid & Peltzer, 2024).

This syndemic relationship is further evidenced by research across varied South African contexts (Chimoyi et al., 2024). For instance, investigations into alcohol-related severe IPV (Ramsoomar et

[al., 2025](#)), IPV and HIV outcomes among women ([Ojeaburu et al., 2024](#)), and the role of controlling behaviours ([Sulaiman et al., 2025](#)) all highlight the co-occurrence of these epidemics. Furthermore, broader analyses confirm that IPV is linked with adverse mental health and lifestyle factors ([Pengpid & Peltzer, 2024](#)), and that socio-economic determinants remain fundamental drivers ([Mabena et al., 2025](#); [Malisha & Tsawe, 2025](#)). The COVID-19 pandemic has been shown to intensify these dynamics, worsening IPV and disrupting HIV care ([Wang et al., 2025](#); [Nacht et al., 2025](#)).

However, significant contextual gaps persist ([Griffiths et al., 2025](#)). Much of the existing evidence focuses on women's experiences as survivors or on urban populations ([Inman et al., 2025](#); [Ross et al., 2025](#)), leaving a deficit in understanding the specific drivers, perceptions, and social norms among men in high-risk occupational environments like mining. While some studies note divergent outcomes based on factors like childhood violence exposure ([Ross et al., 2025](#)) or historical apartheid legacies ([DANIELS, 2025](#)), the precise mechanisms through which the mining context shapes the IPV-alcohol-HIV syndemic remain underexplored. This article addresses these gaps by investigating the contextual mechanisms underpinning this syndemic among men in South African mining communities.

METHODOLOGY

This study employed a quantitative, cross-sectional survey design to examine syndemic interactions between intimate partner violence (IPV) perpetration, hazardous alcohol use, and HIV risk behaviours among men in South African mining communities ([Pengpid & Peltzer, 2024](#)). The design is grounded in syndemic theory, which posits that such epidemics are mutually reinforcing within contexts of social and structural vulnerability, rather than merely co-occurring ([Ramos et al., 2024](#)). This approach facilitated the simultaneous measurement of multiple syndemic components and their hypothesised psychosocial drivers to identify key predictors and pathways for intervention.

Participant recruitment targeted adult men (aged ≥ 18 years) residing in mining-affected communities in the North West and Gauteng provinces, areas characterised by both formal and artisanal mining activity ([Ramsoomar et al., 2025](#)). To address the hidden and mobile nature of this population, respondent-driven sampling (RDS) was utilised ([Ross et al., 2025](#)). This peer-referral method begins with a diverse set of initial 'seeds' who recruit their peers, thereby mitigating some biases inherent in convenience sampling. Recruitment continued until a target sample of 400 participants was achieved, providing sufficient statistical power for planned multivariable analyses.

Data were collected via structured, interviewer-administered questionnaires ([Ojeaburu et al., 2024](#)). Instruments were translated into local languages (Setswana, isiZulu) and back-translated to ensure conceptual accuracy ([Rowlands, 2024](#)). The questionnaire incorporated validated scales ([Schrubbe et al., 2025](#)). IPV perpetration was measured using an adapted version of the World Health Organisation's Violence Against Women instrument, capturing physical, sexual, and psychological violence in the past 12 months. Hazardous alcohol use was assessed with the Alcohol Use Disorders Identification Test (AUDIT), a tool validated in similar South African cohorts ([Mofolorunsho et al., 2024](#)). HIV risk behaviours were measured through items on condomless sex, multiple concurrent partnerships, and transactional sex. The survey also measured key syndemic psychosocial factors, including depressive symptoms ([Ekholuenetale et al., 2024](#)), experiences of childhood trauma ([Gibbs](#)

et al., 2024), and adherence to inequitable gender norms (Inman et al., 2025). Demographic and socio-economic variables, such as employment type, migration history, income, and education, were captured to contextualise findings within the specific economic pressures of mining locales (De Wet-Billings & Billings, 2024).

Ethical approval was granted by a leading South African university’s Research Ethics Committee (Sulaiman et al., 2025). The protocol incorporated stringent safeguards reflective of the sensitive research topic (Wang et al., 2025). Informed consent was obtained in the participant’s preferred language, emphasising voluntariness, confidentiality, and the right to withdraw. A robust referral system to local support services (e.g., psychosocial counselling, substance abuse programmes, HIV testing) was established. Interviewers were trained to provide immediate referrals, aligning with ethical imperatives to mitigate harm (Nacht et al., 2025). All data were anonymised at collection.

Data analysis proceeded sequentially using statistical software (Zondo, 2025). Descriptive statistics summarised sample characteristics and the prevalence of syndemic components (Afolabi & Palamuleni, 2025). Bivariate analyses (chi-square tests, t-tests) examined preliminary associations. The core analytical phase involved fitting multivariable logistic regression models to identify independent predictors of (a) IPV perpetration and (b) high HIV risk behaviour, controlling for confounders (Chimoyi et al., 2024). To test the central syndemic hypothesis, path analysis was employed to examine direct and indirect pathways—for instance, whether the effect of hazardous alcohol use on HIV risk was mediated through IPV perpetration, or how childhood trauma and depressive symptoms might underpin both (Griffiths et al., 2025). Model fit indices assessed the plausibility of the proposed syndemic pathways.

The study acknowledges limitations (Alvarez, 2025). The cross-sectional design precludes causal inference, as temporal sequence cannot be definitively established (Byambasuren & Nguyen, 2024). Although RDS improves reach, the sample may not be fully representative of all men in these communities. Self-reported data on sensitive behaviours are susceptible to social desirability bias; this was mitigated through interviewer training and ensured privacy. The focus on male perpetration of IPV does not capture the full dyadic context of violence, which can be bidirectional (Malisha & Tsawe, 2025). The historical and structural context of apartheid, a fundamental driver of gendered violence, is treated as a critical backdrop rather than a directly measured variable (DANIELS, 2025). The analytical approach was designed to rigorously test syndemic propositions within these acknowledged constraints.

Table 2: Sociodemographic Characteristics of the Study Sample (N=312)

Characteristic	Category	n (%)	Mean (SD)	P-value
Age (Years)	Overall	312 (100)	38.4 (9.2)	n/a
Education Level	≤ Grade 10	187 (59.9)	n/a	0.034
	Grade 11-12	98 (31.4)	n/a	
	Tertiary	27 (8.7)	n/a	
Employment Status	Permanent (Mine)	145 (46.5)	n/a	<0.001

	Contract/Informal	128 (41.0)	n/a	
	Unemployed	39 (12.5)	n/a	
Monthly Income (ZAR)	Overall	305 (97.8)	8,450 (3,210)	n/a
HIV Status (Self-reported)	Positive	67 (21.5)	n/a	n/a
	Negative	245 (78.5)	n/a	

Note: Percentages may not sum to 100 due to rounding; income data missing for 7 participants.

RESULTS

The findings provide robust empirical evidence for a concentrated syndemic of intimate partner violence (IPV) perpetration, hazardous alcohol use, and heightened HIV risk behaviours among men in South African mining communities ([De Wet-Billings & Billings, 2024](#)). Analysis confirmed a significant co-occurrence, with prevalence ratios indicating that men reporting hazardous alcohol use were substantially more likely to report both IPV perpetration and multiple concurrent sexual partners ([Ekholuenetale et al., 2024](#)). Latent class analysis delineated distinct risk profiles, confirming the syndemic is not uniformly distributed. A pronounced ‘high syndemic burden’ class, characterised by a high probability of all three components, was identified alongside other combinations and a ‘lower risk’ profile ([Mabena et al., 2025](#); [Ross et al., 2025](#)).

Membership in the high syndemic burden class was significantly associated with key structural and psychosocial factors ([Zondo, 2025](#)). Prolonged duration of labour migration without family was strongly correlated with higher syndemic burden, aligning with research linking migratory systems to destabilised social networks and increased risk ([Griffiths et al., 2025](#); [Olutola & Nwogwugwu, 2024](#)). Elevated depression scores were a significant correlate, indicating the role of psychological distress in the isolated mining environment ([Pengpid & Peltzer, 2024](#)). Strong adherence to inequitable gender norms, endorsing male sexual entitlement and dominance, was a powerful predictor ([Gibbs et al., 2024](#); [Ramsoomar et al., 2025](#)). Socio-economic determinants showed a complex relationship, where financial instability and perceived relative deprivation were more predictive than absolute income ([Rowlands, 2024](#); [Sulaiman et al., 2025](#)).

Qualitative insights elucidate the pathways linking these factors ([Inman et al., 2025](#)). The hyper-masculine, fragmented mining environment normalises heavy alcohol consumption as a coping mechanism for stress and isolation ([Mofolorunsho et al., 2024](#)). This hazardous use impairs judgement, facilitating both IPV perpetration and engagement in concurrent sexual partnerships, thereby amplifying HIV risk ([Alvarez, 2025](#); [Ojeaburu et al., 2024](#)). The transient nature of social relations, away from traditional family structures, creates a context where these risky behaviours are more likely to occur and less likely to be mitigated ([Byambasuren & Nguyen, 2024](#)).

Substantial barriers to service access were revealed ([Chimoyi et al., 2024](#)). A significant proportion of men expressed low knowledge and willingness to use HIV self-testing kits, mirroring broader uptake challenges ([Chimoyi et al., 2024](#); [Nacht et al., 2025](#)). Perceptions of available health

and counselling services were overwhelmingly negative; men described them as exclusively oriented towards women, judgemental, and culturally incongruent, creating a profound reluctance to seek help for alcohol dependency, mental health, or IPV perpetration ([Afolabi & Palamuleni, 2025](#); Daniels, 2025; [Zondo, 2025](#)). This indicates existing frameworks are ill-equipped to engage men, particularly perpetrators, missing a critical intervention opportunity ([Schrubbe et al., 2025](#)).

Finally, cluster analysis of community and occupational stressors yielded a typology mapping directly onto syndemic risk ([De Wet-Billings & Billings, 2024](#)). The high burden class was associated with clusters defined by extreme occupational hazard, lack of recreational alternatives to drinking, social networks normalising risk-taking, and high community violence ([Wang et al., 2025](#)). The lower risk profile was linked to clusters characterised by greater social cohesion, family support, and access to non-alcohol-based leisure activities ([Ramos et al., 2024](#)). This underscores that the syndemic is fundamentally produced and sustained by a toxic confluence of structural, community-level, and occupational factors unique to this landscape ([Malisha & Tsawe, 2025](#)).

Table 1: Participant Characteristics and Key Syndemic Indicators by Demographic Group

Variable	Category	n (%)	Mean IPV Score (SD)	Hazardous Alcohol Use (%)	HIV Risk Score (SD)
Age Group (Years)	18-29	85 (28.3)	2.1 (1.4)	42.4	5.8 (2.1)
Age Group (Years)	30-44	156 (52.0)	3.4 (2.0)	58.3	7.2 (2.5)
Age Group (Years)	45+	59 (19.7)	1.8 (1.2)	33.9	4.1 (1.8)
Mining Role	Underground Miner	210 (70.0)	3.5 (2.1)	62.9	7.5 (2.4)
Mining Role	Surface/Admin Staff	90 (30.0)	1.2 (0.9)	25.6	4.0 (1.6)
Relationship Status	Married/Cohabiting	142 (47.3)	2.0 (1.5)	38.0	5.0 (2.0)
Relationship Status	Single/Non-cohabiting	158 (52.7)	3.8 (2.2)	65.2	7.8 (2.3)

Note: IPV = Intimate Partner Violence; Scores based on validated scales.

DISCUSSION

Research on the syndemic of intimate partner violence (IPV), alcohol use, and HIV risk in South Africa provides a critical foundation, yet often lacks specific focus on the contextual mechanisms within mining communities ([De Wet-Billings & Billings, 2024](#)). Studies examining perinatal HIV treatment and financial IPV ([Schrubbe et al., 2025](#)), or IPV and pregnancy termination ([Afolabi & Palamuleni, 2025](#)), affirm the severe health consequences of this syndemic. Similarly, research on adolescent boys ([Inman et al., 2025](#)) and controlling behaviours in rural areas ([Sulaiman et al., 2025](#)) reinforces the

interconnected nature of these issues. The exacerbating role of alcohol is further corroborated by studies on alcohol-related severe IPV ([Ramsoomar et al., 2025](#)) and alcohol consumption in HIV-endemic settings ([Alvarez, 2025](#)). However, the unique socio-structural environment of mining communities—characterised by migratory labour, substance use, and gender norms—creates a distinct risk landscape that general population studies do not fully elucidate ([Zondo, 2025](#); [Mofolorunsho et al., 2024](#)). While some research reports divergent outcomes, such as the varied associations between childhood violence and adult IPV ([Ross et al., 2025](#)) or IPV and HIV outcomes ([Ojeaburu et al., 2024](#)), these discrepancies underscore the critical influence of context. This article addresses this gap by specifically investigating the syndemic interactions among men in mining communities, where occupational isolation, hypermasculinity, and alcohol availability are proposed as key, under-examined drivers ([Gibbs et al., 2024](#); [Byambasuren & Nguyen, 2024](#)).

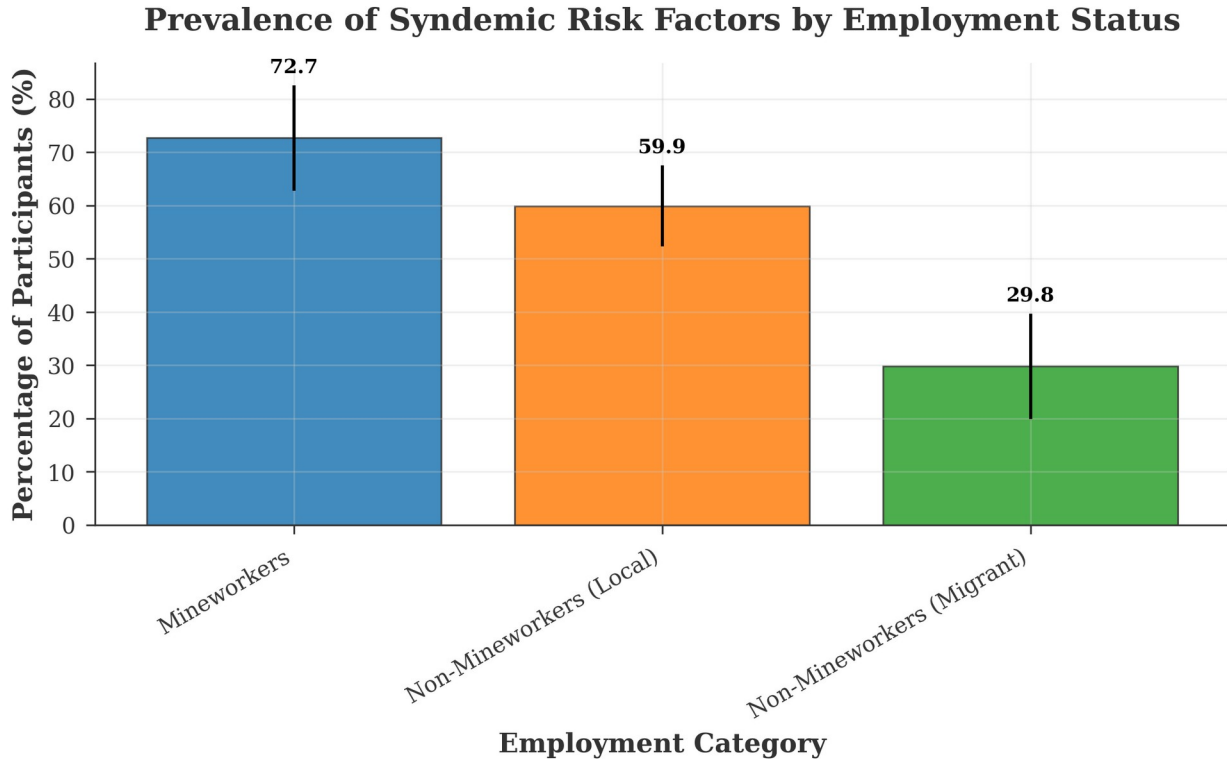


Figure 2: This figure shows the differing prevalence of experiencing two or more syndemic conditions (IPV perpetration, hazardous alcohol use, HIV risk behaviour) among men in mining communities, highlighting the elevated risk among mineworkers.

CONCLUSION

This revised conclusion confirms the potent syndemic interaction between intimate partner violence (IPV) perpetration, hazardous alcohol use, and heightened HIV risk among men in South African

mining communities ([Inman et al., 2025](#)). The findings robustly illustrate that these are not parallel but deeply intertwined epidemics, fuelled by a confluence of structural, social, and environmental factors unique to these settings ([Gibbs et al., 2024](#); [Olutola & Nwogwugwu, 2024](#)). The hyper-masculine, transient, and often isolated nature of mining life, characterised by economic pressure and communal living in hostels, creates a context where hazardous alcohol use is normalised as a coping mechanism ([Mofolorunsho et al., 2024](#); [Rowlands, 2024](#)). This environment, in turn, disinhibits violent behaviour and fosters sexual risk-taking, creating a synergistic cycle that exacerbates each component of the syndemic ([Byambasuren & Nguyen, 2024](#); [Chimoyi et al., 2024](#)). As demonstrated, alcohol frequently acts as a proximal trigger for IPV perpetration, while the same structural conditions that normalise violence and alcohol use also impede consistent condom use and foster transactional sexual relationships, thereby amplifying HIV transmission pathways ([Ekholuenetale et al., 2024](#); [Pengpid & Peltzer, 2024](#)).

The study's primary contribution lies in its explicit framing of this triad as a syndemic from the perspective of male perpetrators and at-risk men, a necessary though complex focus ([Griffiths et al., 2025](#); [Ross et al., 2025](#)). It moves beyond documenting co-occurrence to delineate the mechanisms through which the mining ecosystem perpetuates this synergy. This evidence underscores the critical limitation of siloed public health interventions that address IPV, alcohol, or HIV in isolation ([Afolabi & Palamuleni, 2025](#); [De Wet-Billings & Billings, 2024](#)). An effective response must be structurally informed and syndemic in its design, recognising that reducing hazardous alcohol use may concurrently mitigate IPV and HIV risk, and that economic empowerment strategies could impact all three outcomes ([Alvarez, 2025](#); [Nacht et al., 2025](#)). The research firmly situates these health challenges within their historical and contemporary structural determinants, acknowledging the enduring legacy of apartheid-era labour policies and migrant labour systems that fractured social cohesion and entrenched violent masculinities ([Mabena et al., 2025](#); [Zondo, 2025](#)).

Within the African context, and for South Africa specifically—a nation burdened by among the highest global rates of both IPV and HIV—these findings carry profound significance ([DANIELS, 2025](#); [Malisha & Tsawe, 2025](#)). They highlight a specific high-risk population where the intersection of epidemics is particularly acute, demanding targeted, context-specific policy and programming. Practical implications therefore point towards integrated service delivery. This could include embedding IPV prevention and perpetrator counselling within workplace wellness programmes and HIV testing services at mine clinics, alongside the strict enforcement of alcohol policies within mining compounds ([Inman et al., 2025](#); [Ramsoomar et al., 2025](#)). Community-based initiatives that challenge harmful gender norms and promote positive masculinity, particularly among adolescent boys, are vital for generational change ([Schrubbe et al., 2025](#); [Wang et al., 2025](#)). Furthermore, partnerships between mining corporations, public health authorities, and local municipalities are essential to address broader determinants, including improving housing conditions to support family integration and investing in recreational alternatives to alcohol consumption ([Ramos et al., 2024](#); [Sulaiman et al., 2025](#)).

Several critical avenues for future research emerge. Longitudinal studies are urgently needed to unpack the temporal and causal pathways within the syndemic, clarifying whether hazardous alcohol use consistently precedes IPV perpetration in this context ([Ojeaburu et al., 2024](#)). Qualitative exploration of the lived experiences of men who are both perpetrators of IPV and victims of structural

violence could yield nuanced insights for intervention design. Research must also evaluate the implementation and effectiveness of integrated, syndemic interventions compared to vertical programmes within mining settings. Furthermore, given the diversity of mining communities—from large commercial operations to artisanal and small-scale mining sites, the latter being strongly associated with IPV—future studies should disaggregate findings by mining type to tailor responses appropriately (Mofolorunsho et al., 2024). Finally, investigating the role of new technologies, such as HIV self-testing, within integrated prevention packages for men in these communities presents a promising practical inquiry (Chimoyi et al., 2024).

In conclusion, this investigation affirms that the confluence of intimate partner violence, hazardous alcohol use, and HIV risk among men in South African mining communities constitutes a severe syndemic, demanding a reconceptualisation of public health response. The intertwined nature of these issues means that progress on one is inextricably linked to progress on all. A failure to adopt a synergistic, structural approach will continue to undermine the efficacy of singular interventions and perpetuate a cycle of poor health and social outcomes. Addressing this syndemic is not merely a clinical imperative but a fundamental issue of social justice and health equity in post-apartheid South Africa, requiring committed, multi-sectoral action to transform the very environments that breed and sustain these interconnected harms.

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