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## **Domestic Violence and Sexual Health among Young Women in Zambia**

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## Abstract

This paper aims at describing the prevalence and correlates of domestic violence, and evaluating their associations with key health outcomes among Zambian young females aged 15–24 years. Data from the 2007 Zambia Demographic Health Survey was utilized. The survey was carried out by Central Statistical Office with the technical assistance from Macro International through MEASURE DHS programme. The 2007 ZDHS is based on a nationally representative sample of 7146 ever married women of 15-49 age group covering 320 Standard Enumeration Areas (clusters). In this paper, the data analysis was only restricted to young women aged 15-24. The results show that among the various forms of violence against women, 22% of the women faced sexual violence, followed by emotional violence (21%) and physical violence (16%). The results further revealed that age, religion, educational level, working status, condom use during last sex and had any STDs in the last 12 months, had genital sores/ulcers in the last 12 months were the most prominent factors significantly explaining variation in the prevalence of physical, emotional and sexual violence. Domestic violence is a complex societal scourge which is unlikely to be attributed to one single determinant.

**Key Words:** Domestic Violence.

## Introduction

Domestic violence has been a major public health problem in Zambia (CARE, 2013). The World Health Organization's (WHO) definition of domestic violence extends beyond physical acts of violence towards one's partner to include sexual coercion, physical threats, psychological abuse and controlling actions such as physical isolation or restricting access to health care or financial resources (WHO, 1997). Domestic violence has also emerged as a central concern within the field of women and development because such violence impedes women's economic and social development and capacity for self-determination.

There is increasing need for more evidence on what factors in young women's lives put them at increased risk of Intimate Partner Violence (IPV) (Olsen, Parra & Bennett, 2010). Researchers have started to examine evidence at individual, relationship, community and societal levels in different locations to have a better understanding of the factors associated with variations in prevalence of IPV. Available data show that some of the risk factors that fall under these levels include witnessing or experiencing domestic violence during childhood, atypical family structures, multi-partnering, substance abuse, especially alcohol abuse, acceptance of violence, conflict

or dissatisfaction in the relationship, economic stress, gender-inequitable social norms (especially those that link notions of manhood to dominance and aggression), weak legal sanctions against IPV within marriages and low social and economic status of women (Garcia-Moreno C et al, 2005: Heise, Garcia Moreno, 2002: WHO/LSHTM, 2010: Johnson & Das, 2009).

Some studies done in developing countries including Zambia have shown exacerbated domestic violence or sexual coercion in marital or dating relationships due to increased risk of economic hardship and early marriage on adolescents or young women's experience of domestic violence or sexual coercion in marital or dating relationships (Wagman, Baumgartner, Geary, Nakyanjo, Ddaaki, Serwadda, Gray, Nalugoda & Wawer, 2009: Swart, Seedat, Stevens & Ricardo, 2002: Wubs, Aarø, Flisher, Bastien, Onya, Kaaya & Mathews, 2009: PLAN, 2005).

A Multi country study conducted between 2000 and 2004 by WHO on Women's Health and Domestic Violence against women found that between 13 and 61 percent of ever-partnered women aged 15 to 49 years in 10 different countries across the world reported having ever experienced physical or sexual violence from their partner (Garcia-Moreno, Heise, Jansen, Ellsberg and Watts, 2005: Population Council, 2008). The majority of studies on domestic violence come from the US and show that Intimate domestic violence is higher among adolescents and young women (Brown & Bulanda, 2008: Hickman, Jaycox & Aronoff, 2004: Cui, Ueno, Gordon & Fincham, 2013).

Although there are studies that have focused on exploring the prevalence, risk and associated factors of domestic violence among women of reproductive age across industrialized, middle and low income countries (Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg, Jansen, Heise, 2011), few or none have focused on adolescents and young women. This limits our ability to come up with estimates on the partner violence that can also occur in the context of dating or other casual partnerships, particularly among the youth as well as understanding the dynamics at play in terms of violence towards women of this age group. Because of the known effects of domestic violence such as, Injury and physical health, Mental health and suicide, Sexual and reproductive health (i.e. including unintended and unwanted pregnancy, abortion and unsafe abortion, sexually transmitted infections including HIV, pregnancy complications, pelvic inflammatory disease, urinary tract infections and sexual dysfunction) Violence during pregnancy, Homicide and other mortality and its effects on children (Heise et al, 2002: Garcia-Moreno et al, 2005: Campbell & Soeken, 1999: Campbell, 2002: Heise: Campbell et al, 2008: Asling-Monemi et al, 2003: Silverman et al, 2009), it is important that special attention is given to this group.

Research has shown that young adulthood is an important period in which the foundations for a woman's future health and life is formed (Sawyer, Afifi, Bearinger,

Blakemore, Dick, Ezeh, Patton, 2012; Temin, Levine, 2009). Experiencing domestic violence during this period would affect a young person's psychological and economic well-being. Abuse can also set young women on a trajectory for future violence and sexual risk behavior (Lang, Sales & Salazar, 2011; Exner-Cortens, Eckenrode & Rothman, 2013; Gidycz, Orchowski & King, 2008).

For instance the National Action Plan on Gender-based Violence (2008) in Zambia reports that fewer than 25 percent of Zambian women interviewed believed that a married woman could refuse to have sex with her husband, even if he had shown infidelity and was infected with HIV, and only 11 per cent thought that a woman could ask her husband to use a condom in these circumstances. Imasiku and Hamweene (2013) in a study on effects of GBV on neurocognitive functioning found that those who reported high experiences on psychological and sexual abuse performed poorly on working memory and learning, indicating impairment on their neurocognitive functioning in the two domains.

Against this background, we describe the prevalence and correlates of domestic violence, and evaluate their associations with key health outcomes among Zambian young females aged 15–24 years.

### **Objectives of the study**

- To analyze and correlate domestic violence (Physical, Emotional and Sexual violence) among young women ; and
- To ascertain the interrelationship between sexually transmitted diseases and domestic violence (ever experienced Physical, Emotional and Sexual violence) by analyzing ZDHS Data.

### **Materials and Methods**

This paper utilizes the data from the 2007 Zambia Demographic Health Survey which was carried out by Central Statistical Office with the technical assistance from Macro International through MEASURE DHS programme.

The objective of the survey was to provide estimates of a wide range of demographic, socio-economic health indicators. It was designed to provide reliable estimates on demographic and health parameters at the national and provincial levels.

The 2007 ZDHS is based on a nationally representative sample of 7146 ever married women of 15–49 age covering (should this word read 'covering') 320 Standard Enumeration Areas (clusters). A three stage stratified cluster sampling procedure was used to select 7146 households. At first, about 320 Standard Enumeration Areas (SEAs) were randomly selected for the study. A sampling interval of the SEAs was calculated by dividing the total number of households in each community by the number of SEAs

to be selected in each stratum. The selection of the sample in each stratum employed Probability Proportional to Size (PPS) sampling scheme, where the measure of size was taken to be the household count in each SEA. A random number was generated to select the first SEA in each stratum. To select the next SEA in a stratum, the random number generated was added to the sampling interval and this process was repeated until all the required numbers of SEAs in each stratum were selected. (Detailed descriptions of the survey design is available in the national report (ZDHS, 2007).

The 2007 ZDHS included a special module designed to collect information on the extent to which women experience domestic violence in Zambia. ZDHS had also collected data pertaining to reported symptoms of sexually transmitted infections such as having genital ulcers/sores. The questionnaire includes detailed questions on the type of physical violence experienced by women in the households. The household questionnaire collects information on the demographic and economic characteristics of all household members. The women's module which is applied to all women between 15-49 years of age, includes data on the marital status, education, employment, as well as their partner's education and occupation.

### **Data Analysis**

In this paper, the data analysis was only restricted to young women aged 15-24. The analysis was carried out in two stages. Firstly, cross tabulations were used to examine the relationship between experience of physical, emotional and sexual violence and socio-economic and sexual health variables. For the statistical analysis, chi-square tests of independence were conducted at the bivariate level, and the differences were determined at  $P < 0.05$  and  $P < 0.01$  significant levels. Secondly, major predictors (determinants of gender based violence) were carried out with the help of logistic regression analysis. The result of the logistic regression models were converted into odds ratios, which represented the effect of a one-unit change in the explanatory variable on the indicator of experiencing sexual violence. Odds ratios larger than one indicate a greater likelihood of experiencing domestic violence than for the reference category; odds ratios smaller than one indicate a smaller likelihood compared to the reference category.

### **Findings and Discussion**

#### *Regional Variation in Domestic Violence in Zambia*

Violence against women has been an issue which cuts across cultures and societies. The magnitude of domestic violence has a definite and detrimental effect on women's physical and mental health. Such violence leaves women at a high risk of acquiring sexually transmitted infections. The current estimates of domestic violence show that among the various forms of violence against women, 22% of women are facing sexual violence, followed by emotional violence (21%) and physical violence

(16%). Within Zambia as a whole, there is a large variation in the incidence of violence against women. Sexual violence is more common among women in the Copperbelt Province (30%) followed by Lusaka Province (29%), Central Province (28%) and North Western Province (18.3%). Similarly, emotional violence is more common among women in Copperbelt Province (30%), followed by Lusaka Province (29%), Central Province (28%) and North Western Province (18.3%). On the contrary, physical violence is more common among women in Luapula Province (23%) followed by Eastern Province (22%) (See Table 1 below).

**Table 1:** Percentage of women aged 15-24 who ever experienced any physical, emotional and sexual violence by province

Province	Ever experienced any form of			Number of women aged 15-24
	Physical violence	Emotional violence	Sexual violence	
Central	17.5***	26.7***	28.4***	275
Copperbelt	15.6	29.6	29.6	539
Eastern	21.9	16.2	16.2	360
Luapula	23.2	11.8	11.8	207
Lusaka	14.4	26.7	28.6	506
Northern	14.9	15.6	15.6	409
Northwestern	14.2	28.2	28.2	155
Southern	14.4	19.6	19.6	306
Western	11.6	18.3	18.3	189
Total	16.3	21.3	21.7	2944

\*\* P < 0.05, \*\*\* P < 0.01

### *Correlates of Physical, Emotional and Sexual Violence*

Percentage of women aged 15-24 who have ever experienced any physical, emotional and sexual violence with the determinant variables viz.: socio-economic, demographic and sexual health variables is given in Table 2.

Physical violence is significantly associated with age, educational level, place of residence, work status, wealth index, condom use during last sex, had any STDs in the last 12 months, had any genital sores/ulcer in the last 12 months, and had any genital discharge in the last 12 months.

**Table 2:** Percentage of women aged 15-24 who ever experienced any physical, emotional and sexual violence by socio-economic, reproductive and sexual health variables

		Ever experienced any form of			Number of women aged 15-24
		Physical violence	Emotional violence	Sexual violence	
Age	15-19	5.7***	18.2	16.3**	1574
	20-24	28.5	22.8	22.7	1370
Religion	Catholic	17.5	25.8	25.0	657
	Protestant	16.0	20.7	20.3	2288
Educational level	Primary	24.5***	16.5	14.3	192
	Secondary	21.5	22.6	22.3	1443
	Higher	9.4	22.5	21.8	1308
Place of residence	Rural	13.2***	27.7***	26.9***	1351
	Urban	19.0	19.0	18.6	1592
Work status	Not-working	14.4***	18.7***	18.1***	2038
	Working	20.7	26.0	25.5	905
Wealth Index	Poor	19.4***	18.7*	18.3	1059
	Middle	19.0	24.4	24.1	856
	Rich	11.0	24.8	23.9	1030
Condom used during last sex	No				
	Yes	29.8***	21.4	21.1	1434
Had any STD in last 12 months	No	12.6	23.0	21.0	301
	Yes	15.9***	21.2**	20.8**	2877
Had genital sores/ulcer in last 12 months	No	34.8	38.9	37.1	66
	Yes	16.0***	21.2***	20.8**	2886
Had any genital discharge in last 12 months	No	32.8	41.9	40.0	58
	Yes	16.2**	21.6	21.2	2899
Total	No	25.0	30.0	28.6	44
	Yes	16.3	21.8	21.3	2944

\*\* P&lt; 0.05, \*\*\* P&lt; 0.01

Table 2 indicates that Emotional violence is significantly associated with place of residence, work status, had any STD in the last 12 months and had genital sores/ulcer in the last 12 months. Similarly sexual violence is as well significantly associated with age, place of residence, work status, and had STDs/genital sores in the last 12 months.

### ***Factors Influencing Domestic Violence***

To understand the factors influencing domestic violence, Logistic regression analysis was carried out by considering socio-economic variables, demographic and sexual health variables separately for physical, emotional and sexual violence. The results of the logistic regression analysis are presented in Table 3.

**Table 3:** Logistic Regression Analysis examining association between physical violence and socio-economic, demographic and sexual health factors

Variables	B	S.E	Exp (B)	Significance
Age				
15-19	.1226	.1374	2.4254	.0000
20-24				
Religion				
Protestant				
Catholic	.2579	.1368	1.2942	.0594
Educational level				
Primary				
Secondary	.5883	.2261	1.8009	.0093
Higher	.6273	.1448	.8695	.0000
Place of residence				
Rural				
Urban	.1617	.1860	1.2113	.3028
Work status				
Not-working				
Working	.9188	.1191	1.6446	.0662
Wealth Index				
Poor				
Middle	-.0371	.2336	.9635	.8737
Rich	.1564	.1872	.8693	.4033
Condom used during last sex				
Yes				
No	.8923	.1899	2.4408	.0000
Had any STD in last 12 months				
No				
Yes	.6711	.4179	1.9112	.0583
Had genital sores/ulcer in last 12 months				



	No				
	Yes	.4273	.3962	1.6523	.0808
Had any genital discharge in last 12 months	No				
	Yes	.4365	.4913	1.5473	.3744

### ***Physical Violence***

The results of the logistic regression analysis show that age, religion, educational level, work status, condom use during last sex, had any STDs in last 12 months were significantly associated with physical violence as presented in Table 3 below. The probability of women aged 20-24 experiencing physical violence were found to be 2.4 times more likely than women aged 15-19. Women from catholic background were more likely to report having experienced physical violence than those from protestant background. Women who had attained higher levels of education were found to be less likely to report having experienced physical violence compared to those from secondary and primary education. Working women were 1.6 times more likely to report having experience physical violence compared to non-working women. Women who reported not using a condom during last sex were 2.4 times more likely to report having experienced physical violence than those who used a condom during last sex. Women who had STD in the last 12 months were significantly at higher risk of experiencing physical violence than those who had no STDs in the last 12 months. Similarly, women who had genital discharge in the last 12 months were 1.6 times more likely to report having experienced physical violence than those who did not have a genital discharge in the last 12 months.

### ***Emotional Violence***

Influence of socio-economic, demographic and sexual health variables in determining the experience of emotional violence among women aged 15-24 was examined using Logistic regression and the results are presented in Table 4 below. Women from catholic background were more likely to report having experienced emotional violence than those from protestant background. Women living in rural areas were 1.9 times more likely to report having experienced emotional violence than those living in urban areas. Working women were 2.1 times more likely to report having experienced emotional violence than those not working. Women who had genital sores/ulcers in the last 12 months were significantly at higher risk of experiencing emotional violence than those who had not experienced STDs.

**Table 4:** Logistic Regression Analysis examining association between emotional violence and socio-economic, demographic and sexual health factors

Variables	B	S.E	Exp (B)	Significance
Age				
15-19				
20-24	-.2648	.1889	.7674	.1610
Religion				
Protestant				
Catholic	.4065	.1791	1.5015	.0235
Educational level				
Primary				
Secondary	-.1666	.2964	.8466	.5741
Higher	.1429	.1888	1.1536	.4490
Place of residence				
Urban				
Rural	.6497	.2417	1.9149	.0072
Work status				
Not-working				
Working	.4992	.1536	2.1070	.0012
Wealth Index				
Poor				
Middle	.2505	.3079	1.2847	.4158
Rich	.3137	.2404	1.3685	.1919
Condom used during last sex				
No				
Yes	.1339	.2548	1.0747	.5993
Had any STD in last 12 months				
No	.5325	.5679	1.2872	.3400
Yes				
Had genital sores/ulcer in last 12 months				
No				
Yes	.8157	1.486	1.4423	.0537
Had any genital discharge in last 12 months				
No				
Yes	.4639	.6394	1.5902	.4682

### *Sexual Violence*

To understand the factors influencing sexual violence, Logistic regression analysis was carried out by considering socio-economic variables, demographic and sexual health variables for sexual violence. The results of the logistic regression analysis are presented in Table 5.

Women aged 20-24 were significantly at higher risk of experiencing sexual violence when compared to those in the 15-19 age group. Women from catholic background were more likely to report having experienced sexual violence than those from protestant background. Women living in rural areas were more likely than those living in urban areas to report having experienced sexual violence. Working women were 1.8 times more likely to report having experienced sexual violence than those not working. When sexual health variables were considered, those who experienced genital ulcers/sores found to be more likely to report having experienced sexual violence.

**Table 5:** Logistic Regression Analysis examining association between sexual violence and socio-economic, demographic and sexual health factors

Variables	B	S.E	Exp (B)	Significance
Age				
15-19				
20-24	.3818	.1944	1.6826	.0496
Religion				
Protestant				
Catholic	.3996	.1807	1.4913	.0270
Educational level				
Primary				
Secondary	-.3610	.3070	.6970	.2396
Higher	.1115	.1892	1.1180	.5556
Place of residence				
Urban				
Rural	.6024	.2434	1.8264	.0133
Work status				
Not-working				
Working	.5008	.1546	1.8061	.0012
Wealth Index				
Poor				
Middle	.2745	.3100	1.3159	.3758
Rich	.3359	.2429	1.3992	.1667
Condom used during last sex				
No				
Yes	-.0385	.2619	.9622	.5993
Had any STD in last 12 months				

	No	.5735	.5666	1.5636	.3115
	Yes				
Had genital sores/ulcer in last 12 months	No				
	Yes	.7943	.5524	1.7505	.0516
Had any genital discharge in last 12 months	No				
	Yes	.5673	.6517	1.7635	.3840

### Conclusion

Based on self-reported answers on experiencing physical, emotional or sexual violence it can be argued that identifying the problems and contributory factors of domestic violence is a complex phenomenon. However, above analysis is based on the data collected from a systematically conducted large survey viz: ZDHS and to a large extent interpretations may reveal the facts on determinants of domestic violence and sexual health of young women in Zambia.

In this paper an attempt was made to analyze domestic violence (Physical, Emotional and Sexual) among women aged 15-24. Considering dependent variables as “ever experienced physical violence”, “ever experienced emotional violence” and “ever experienced sexual violence”, and the influences of a set of socio-economic, demographic and sexual health variables on the dependent variables have been examined. The results revealed that age, religion, educational level, working status, condom use during last sex and had any STDs in the last 12 months, had genital sores/ulcers in the last 12 months were found to be most prominent factors significantly explaining variation in the prevalence of physical, emotional and sexual violence.

Domestic violence is a complex societal scourge which is unlikely to be attributed to one single determinant. Rather it can be regarded as being antecedent by a combination of factors some of which have been listed above as captured in the Zambia Demographic Health Survey (ZDHS) of 2007.

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