PREVALENCE AND FACTORS CONTRIBUTING TO GENDER BASED VIOLENCE TOWARDS WOMEN IN LUSAKA URBAN, ZAMBIA

BY

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A dissertation submitted in partial fulfillment of the requirement for the award of the Degree of Master of Science in Mental Health Nursing at the University of Zambia.

UNIVERSITY OF ZAMBIA

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DECLARATION

I Nancy Namukolo Wamundila declare that this dissertation represents my own work and that all sources I have quoted have been indicated and acknowledged by means of complete references. I also declare that this dissertation has not been submitted for a Degree or any other qualification at this or another University. This work is in accordance with the guidelines for Master of Science in Nursing Dissertation of the University of Zambia.

Signature..........................................................Date..............................................

Candidate

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Supervisor
ABSTRACT

Gender based violence (GBV) is defined as an act of violence that results in physical, sexual or psychological harm or suffering to a person. The World Health Organisation (WHO) estimates that one in five of the world’s female population has been physically and sexually abused at some time in Sub-Saharan Africa. The proportion of women who experienced physical violence was between 13 and 45%. Zambia is ranked as having the highest number of GBV in Southern Africa, however there is little known about the prevalence and factors contributing to the vice in Lusaka urban. This study sought to determine the prevalence and explore factors contributing to GBV towards women in Lusaka urban. The study used a descriptive cross sectional design with a structured interview schedule administered to GBV victims aged between 19 to 49 years. Total of 229 respondents participated in the study. Data was analyzed using Statistical Package for Social Scientist (SPSS) version 22. The results confirmed the prevalence of GBV towards women in Lusaka urban. The prevalence of physical abuse was at 44%, while psychological was 42%, and sexual was 16%. The study also revealed that alcohol abuse by perpetrators was associated with GBV towards women in Lusaka urban, as it was found that 90.4%. Based on the above findings the Government of the republic of Zambia (GRZ) should hasten the implementation of the alcohol policy in order to reduce GBV cases.

Keywords; Gender Based Violence, Alcohol abuse, perpetrator
DEDICATION

I dedicate this study to all the women who experience gender-based violence especially those who participated in this study whose findings will seek to help reduce the scourge towards women in Zambia.

To my mother Christine Mulima Kabanje who encouraged me through out and gave me hope till the end.

To My Late father Henry Wamundila Kabanje who taught me principles of self-discipline and the power of education.

To my two beloved daughters (Mwaka and Tabo) and my grandson Kabanje for their encouragement and support.
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My family and friends for their support. To all I say may God bless you abundantly.
The University of Zambia approves this dissertation by Nancy Namukolo Wamundila in partial fulfillment for the requirements for the award of Master of Science in Mental Health Nursing.

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Board of Examiners…………………………… Date:………………………..

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ABBREVIATIONS

GBV Gender Based Violence
UN United Nations
UNICEF United Nations International Children’s Emergency Fund
YWCA Young Women’s Christian Association
WHO World Health Organization
NGOs Non-Governmental Organizations
UNFPA United Nations Fund for Population Activities
VS U Victim Support Unit
VAW Violence against Women
NAP- GBV National Action Plan ON Gender Based Violence.
SES Social Economic Status
MDGs Millennium Development Goals
CHAPTER ONE: INTRODUCTION

1.1 Introduction

Gender based violence (GBV) is defined as any act of violence that results in physical, sexual, or psychological harm or suffering to a person. This includes threats of such acts as coercion, or arbitrary deprivation of liberty, whether occurring in public or private life (Rumbold, 2008). The incidence is usually to both females and males. It is a phenomenon that is as old as history, and is mostly committed by men against women, although in some cases it does occur vice versa (Imasiku, 2005).

This study will concentrate on GBV towards women aged between 19 and 49 years old. Gender Based Violence arises from the patriarchal system which since time immemorial has exerted control over women’s lives (Anon., 2000). Violence against women and girls is a global pandemic that affects women of all walks of life and in all societies (Murthy, 2009).

Chapter one begins with a discussion on introduction and background information on prevalence and factor contributing towards Gender- Based violence towards women. It provides a statement of the problem and factors contributing to GBV towards married women and those women with intimate partners. Furthermore, the chapter discusses the research question, objectives; that is, the general and specific objectives. Other themes include the research theory, justification of the study, research hypothesis, conceptual and operational definition of terms used in this study. Lastly, the chapter describes the dependent and independent variables and provides an illustration of variables, cut off points and indicators.

1.2 Background information

Women have been abused, tortured and have had their rights violated daily. This has translated into mortality and morbidity. Gender Based Violence affects both the physical and psychological integrity of women. It further increases women’s vulnerability to ill health, in terms of women’s reproductive, mental, and physical health. Reproductive health problems may include chronic pelvic pain, vaginal infections, painful menstruation and unwanted pregnancies. While mental health effects of violence against women include stress, depression and anxiety, substance abuse, post-traumatic disorder, eating and sleeping disorders. Finally, physical health problems may include gastro-intestinal disorders, acute injuries and chronic health problems (Murthy, 2009). However subtle the violence may be in
form of severity, it has devastating effects on women's overall wellbeing. It can affect the female psychologically, cognitively and inter-personally (Judge 2011).

(WHO, 2007) Estimates that at least one in every five of the world’s female population has been physically or sexually abused at some time in their lifetime. Violence against women is the most pervasive yet least recognized human rights violation in the world. It also is a profound health problem, sapping women's energy, compromising their physical health, and eroding their self-esteem. In addition to causing injury, violence increases women's long-term risk of a number of other health problems, including physical disability, alcohol abuse, and depression. Women with a history of physical or sexual abuse are at increased risk for unintended pregnancy and sexually transmitted infections (STIs)(Rumbold , 2008).

The most pervasive form of GBV is abuse of women by intimate male partners. A recent review of 50 population-based studies carried out in 36 countries indicated that between 10 and 60 % of women who have ever been married or partnered have experienced at least one incident of physical violence from a current or former intimate partner. Although women can also be violent, abuse exists in some same-sex relationships; the majority of partner abuse is perpetrated by men against their female partners. The other outcomes of violence in terms of mental health may include sexual dysfunction, substance and alcohol abuse among others. These can be very devastating to the woman and community at large (Heise, 2012).

In sub-Saharan Africa, the proportion of women who were assaulted by their partners was between 13 and 45 %. This is the commonest form of physical violence experienced by women (Buvinic et al 2005). In Northern Liberia the most common form of GBV is Intimate Partner Violence in which women are abused physically, sexually and economically. The major contributing factors are beliefs about power position of men in Liberian society. Despite being abused women remain silent and accept the situation due to lack of financial and legal support. The silence is also attributed to cultural norms and traditions that require women to be submissive even when their rights are being infringed (Allen, 2012).

Zambia is ranked as having the highest number of GBV cases in Southern-Africa (Longwe, 2013). The most common forms of GBV in Zambia are physical violence, property grabbing and sexual violence in form of forced sex by intimate or non-intimate partner among others. Some of the consequences of physical violence are injuries, physical disability of victims, depression and even death. Forced sex increased from 15.6 % in 2005 to 19.2 % in 2009. The
age group25-49 years indicated the highest percent increase in the proportion of females that reported to have been forced to have sex (Gender statistics report 2012). In 2012 the Young Women Christian Association of Zambia (YWCA) recorded 7786 cases of GBV countrywide``.

The highest number of cases were reported in Eastern Province(1937), followed by Lusaka (1715) and Copper belt province (1220).The lowest being North-Western province which reported 103 cases (YWCA Annual Report 2012).The Victim Support Unit (VSU) in 2012 reported 3,446 GBV cases out of which 1,265 were from Lusaka and 1,141 were reported from the Copper belt .The GBV cases which were reported to VSU included physical, sexual, emotional and economic abuse among others (GBV, 2011).

According to (WHO, 2007), Physical violence in intimate relationships is almost always accompanied by psychological abuse and, in one-third to over one-half of cases, by sexual abuse.

Recent global prevalence figures indicate that 35 percent of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime. On average, 30 percent of women who have been in a relationship report that they have experienced some form of physical or sexual violence by their partner. Globally, 38 percent of murders of women are committed by an intimate partner. Violence can result in physical, mental, sexual, reproductive health and other health problems, and may increase vulnerability to HIV (Devries et al). Buvinic et al, (2005) revealed that the proportion of women who were assaulted by their partners in Latin America is between 19 and 35 percent.

In Zambia, there is inadequate GBV data collection and management system that define the kind of data to be collected and how this data is managed. This situation is compounded by the lack of appropriate standardized data collection tools which cannot be overemphasized because the information from GBV data may serve to improve planning and decision making for GBV prevention and response. However Non-Governmental Organizations (NGOs) engaged in GBV prevention interventions have their individualized data collection tools which make data analysis cumbersome (NAP on GBV 2008-2013). In view of the above this study was conducted in order to determine the prevalence of and explore factors contributing to GBV.
1.3 Statement of the problem

Gender Based Violence is also a hidden mental health problem and a challenge to development which needs quick interventions in-order to reduce the incidences. Women who experience it have a higher prevalence of mental disorder (Nauret, 2011).

In addition violence against women particularly intimate partner violence and sexual violence against women are major public health problems and violations of women's human rights. Gender Based Violence is widely recognized as an important public health problem, both because of the acute morbidity and mortality associated with assault and because of its longer-term impact on women’s health (Martin & Jacobs 2003). The following were statistic gotten from six VSUs in Lusaka urban to show the extent of the problem of GBV.

Table 1 Statistic on GBV cases from selected VSUs in Lusaka urban.

<table>
<thead>
<tr>
<th>VICTIM SUPPORT UNIT</th>
<th>NUMBER OF GBV CASES PER YEAR</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>WOODLANDS</td>
<td>22 (0.04948 %)</td>
<td>90 (0.3880 %)</td>
</tr>
<tr>
<td>CHELSTONE</td>
<td>89 (0.3559)</td>
<td>51 (0.2039%)</td>
</tr>
<tr>
<td>CHILENJE</td>
<td>NO RECORD</td>
<td>177 (0.2264%)</td>
</tr>
<tr>
<td>CHAWAMA</td>
<td>NO RECORD</td>
<td>NO RECORD</td>
</tr>
<tr>
<td>MATERO</td>
<td>80 (0.2985%)</td>
<td>45 (0.1679%)</td>
</tr>
<tr>
<td>MAKENI</td>
<td>58 (0.5680%)</td>
<td>36 (0.2535%)</td>
</tr>
</tbody>
</table>

High numbers of GBV cases have been attributed to traditional and cultural practices that have made women to be vulnerable. According to recent VSU report, there were 10,217 GBV cases in 2013 (Lusaka Voice 2014).The numbers of GBV cases in Zambia are alarming. It is against this background that the need to determine the prevalence and explore factors contributing to GBV towards women in Lusaka, Zambia.

1.4 Justification of the study

Gender Based Violence has gained international recognition as a grave social and human rights concern affecting virtually all societies. It is also a major cause of ill health among women and girls, whose impact can be seen directly through increased vulnerability to a host
of physical and mental health problems (Ellsberg & Bolt, 2004). Gender Based Violence incurs considerable social and economic costs to individual women, such as personal insecurity, lost income, and productivity (UNICEF 2006). The study therefore intends to build on existing knowledge on GBV by exploring factors contributing to the vice. According to statistics, GBV cases are high and factors contributing to the vice are not well documented in Zambia. Violence against women cannot only have long standing physical and psychological effects for survivors but it may undermine national development because it hinders women’s ability to participate in the social and economic life of their communities. GBV also serves to perpetuate male power and control. It is sustained by a culture of silence (Ellsberg & Bolt, 2004). The social economic cost of GBV and intimate partner violence (IPV) are enormous and have devastating effects throughout society. Women may suffer isolation, inability to work, loss of wages, loss of participation in regular activities and limited ability to care for themselves and their children (WHO, 2007). GBV violates several recognized human rights such as the right to life, freedom from torture and the highest attainable standard of physical and mental health among others. It also violates women’s right to control their sexuality (gender based violence recovery center 2013). In addition GBV is the fate of millions of women all over the world which affects their productivity in the homes, communities and places of work. There is growing awareness between GBV and its consequences on women’s health, human rights and national development in East, Central and Southern Africa (ECSA). However there are a few programmes that simultaneously address the determinants and consequences of GBV in an integrated and comprehensive manner, that would help reduce the vice (Rumbold, 2008). Zambia is not an exception of countries that do not simultaneously address the determinants and consequences of GBV in an integrated and comprehensive manner. It is therefore important that a study be conducted to explore factors contributing to GBV in order to address them. The research findings will be used to sensitize the communities, NGOs and VSU on factors contributing to GBV towards women in the quest to reduce the vice.

1.5 Research question

1.5.1 What is the prevalence of Gender based violence women in Lusaka urban?

1.5.2 What are the factors contributing to Gender Based Violence towards women in Lusaka urban?
1.5.3 Null hypothesis

There is no significant relationship between alcohol abuse, socio-economic status, level of education, cultural beliefs and gender based violence towards women in Lusaka.

1.6 General objective

To determine the prevalence and explore factors contributing to GBV towards women, in Lusaka urban.

1.6.1 Specific objectives

1.6.1.1 To determine the prevalence of GBV.

1.6.1.2 To establish whether cultural factors such as bride price and polygamy are associated with GBV towards women in Lusaka urban.

1.6.1.3 To establish whether perpetrators’ level of education contributes to GBV towards women in Lusaka urban.

1.6.1.4 To assess whether socio-economic status of perpetrators such as monthly income and residential area are associated with GBV towards women in Lusaka urban.

1.6.1.5 To establish whether alcohol abuse by perpetrators contributes to GBV towards women in Lusaka urban.

1.7 Theoretical framework

The theoretical framework that will be used to guide this study is the ecological framework. The ecological framework is based on evidence that no single factor can explain why some people or groups are at higher risk of interpersonal violence or abuse, while others are more protected from it. The framework views interpersonal violence as the outcome of interaction among many factors at four levels including individual, relationship, community and society. This helps understand the interplay of personal, situational and social cultural factors that combine to cause abuse (WHO 2002).
FIGURE 1. ECOLOGICAL FRAMEWORK:

Cultural norms, gender inequalities, socio-economic inequalities.

Poverty, high crime levels, high residential mobility, high unemployment, local illicit drug trade, situational factors.

Marital, conflict/discord, male control of wealth and decision making of the family. Low socio-economic household status, violent parental conflict.

Victim of child abuse or maltreatment, psychological/personality disorder, alcohol/substance abuse, history of violent behavior.

The ecological framework indicates that at individual level the factors include the perpetrator being abused as a child or witnessing marital violence in the home, frequent use of alcohol and substance abuse, while at relationship level cross cultural studies have cited male control of wealth and decision making within the family and marital conflict as strong predictors of abuse. The ecological framework applies to the study in that individual factors such as alcohol and substance abuse have been cited in literature review as factors contributing to GBV.

On the other hand, at community level women’s isolation and lack of social support, together with male peer groups that condones and legitimates men’s violence, predict higher rates of violence. High unemployment levels are also another risk factor.

Finally societal level studies around the world have found that violence against women is most common where gender roles are rigidly defined and enforced and where concepts of masculinity are linked to toughness, male honor and dominance. Other cultural norms associated with abuse include tolerance of physical abuse of women and children, acceptance of violence as a means to settle interpersonal disputes and the perception that men have “ownership” of women. The ecological model will be used to guide this study.

1.8 Conceptual definitions

**Gender:** refers to the social and cultural differences between males and females in terms of roles, responsibilities, expectations, power, privileges, rights and opportunities. These roles and responsibilities are learned and socially prescribed (Heise, 2012).

**Gender-Based Violence:** refers to self-reported abuse which occurs inside a home or relationship towards a woman where the perpetrator is either husband or intimate partner. It includes but not limited to physical, sexual and psychological abuse (Rumbold, 2008).

**Sexual violence:** refers to self-reported sexual exploitation or abuse of a woman by a husband or intimate partner. It refers to any act, attempt or threat of sexual nature that results in, or is likely to result in, physical or psychological harm (United Nations, 2007).

**Domestic Violence:** refers to a pattern of coercive and assaultive behavior that includes physical, sexual, verbal and psychological attacks and economic coercion that men use against their wives or intimate partners (United Nations, 2007).
**Perpetrator:** refers to a husband or male intimate partner who harms the wife or intimate partner, physically, sexually or psychologically (Rees, 2011).

**Culture:** the customs and beliefs, art, way of life and social organization of particular group of people or country (Michelle, et al 2013).

1.9 Operational definitions

**Intimate partner:** A male sexual partner regardless of the type of marriage of a GBV victim and whether marriage is legal or illegal.

**Woman:** refers to a female aged between 19 and 49 years old who were GBV victims at the time of data collection.

**Socio economic status:** referred to income of GBV perpetrators described as follows: low socioeconomic status income below K5,000, middle socio economic status income between K5001 and K10,000. And High socio economic status income above K10,000.

It further described the employment status of the perpetrator as follows: formal employment whether private or government, informal employment of self employed and unemployed.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter provides information on review of literature. A literature review is an account of what has been published on a topic by accredited scholars and researchers. The purpose of Literature review is to convey to the reader, knowledge and ideas established on a topic including strengths and weaknesses. In this study review of literature was based on factors contributing to GBV such as socio-economic status, level of education and cultural factors among others. Sources of reviewed literature included books, articles from peer reviewed journals, policy papers and mainly from internet. The search engines that were used in the literature review were Pub Med, Hinari and Google Scholar. This literature will facilitate in establishing what is known about the topic and will identify gaps in the existing literature. The literature review is organized according to the study variables which are cultural factors, socio-economic status, alcohol abuse and perpetrators’ level of education.

2.2 Overview of GBV

GBV is a global phenomenon, existing in various forms in different context and cultures. Even during the time of peace and economic stability, it prevails and is accepted within communities and societies. During times of conflict and crisis, levels of GBV tend to increase and greater degrees of tolerance can become prevalent. One of the main factors reinforcing the prevalence of GBV is the existence of patriarchy which gives power to men over women (Williams 2011). It includes a host of harmful behaviors that are directed at women and girls because of their sex. These include wife abuse and sexual assault, dowry-related murder, and marital rape, among others. Specifically, violence against women includes any act of verbal or physical force, coercion or life-threatening deprivation, directed at an individual woman or girl that causes physical or psychological harm, humiliation or arbitrary deprivation of liberty and that perpetuates female subordination (Heise, 2012).

GBV is common in many societies. Pakistan ranks 125th out of 169 countries on the Gender Development Index and has high prevalence rates of violence against women (VAW). The main contributing factors towards GBV at micro, meso and macro levels include the acceptability of violence amongst men and women, economic disempowerment and lack of formal education. Other contributing factors include joint family systems, entrenched patriarchal norms and values, and lack of awareness of legal and other support systems.
These factors have long lasting impact on the health of women and children (Kamaliani, et al., 2012).

About 60 percent of married women of reproductive age in Bangladesh report lifetime physical and/or sexual violence perpetrated by their husbands. Violence against women is a complex issue that requires the identification of individual, household and community level risk factors (B, 2013).

(Rees, et al., 2011) Revealed that women who experience GBV such as rape, sexual assault, physical violence and stalking were at an increased risk of developing mental disorders in their lifetime. Women were found to be at risk of mental illness, disability, substance abuse, and suicidal tendencies. In this study 4,451 women aged between 16 and 85 were interviewed and it was found that 15 percent of them reported sexual assault, while eight percent reported being raped. On the other hand, eight percent reported physical intimate partner violence and 10 percent reported stalking. It was also found that sexual, physical and psychological violence were the most common types of GBV and were strongly associated with a wide range of problems for women such as severe mental disorder, higher rates of three or more lifetime mental disorders, physical disability, impaired quality of life, and overall disability (Rees, et al., 2011). According to Nauret (2011) GBV and mental disorder have a strong link in which post-traumatic stress disorder and depression are the most common. Therefore the need for expert mental health care to be a central component of GBV programs cannot be overemphasized. Mental health services need to be better equipped to assist women who have experienced GBV.

Levels of murder cases involving women in Guatemala were unprecedented with over 2,000 women killed between 1996 and 2000. This was the most extreme expression of GBV as well as human rights violation that was explicitly linked to widespread poverty rooted in historical patterns of inequality, exclusion and discrimination. GBV and murder of women destabilized developmental initiatives in Guatemala, because it impeded the capacity of women, their families and communities to participate in the social, cultural, economic and political life of the country (Lorna-Hayes 2007).

Further, the cultural norms prevailing in Southern East Asia perpetuate the subordinate position of women socially and economically. In this region often unmarried women and girls suffer tremendous physical and psychological stress due to the violent behavior of men. The nature of violence includes wife battering, kidnapping, rape, physical assault and acid
throwing. There is interplay of various factors leading to such violence. These factors include norms granting men control over female behavior, poverty and low socio-economic status among others (Chandra 2009).

A country assessment on violence against women in Rwanda found that factors contributing to GBV included ignorance, alcoholism, sexual perversion and consumption of drugs. Most of these causes like alcoholism were rooted in social construction of unequal power relations where men are trained to see women as inferior and submissive to them and hence men find it easier to inflict violence on women after a bout of drinks (UN, UNFPA 2008).

Similarly GBV is an important risk factor for ill health among adult women in South-Africa. Adult women in the general population who have experienced intimate partner violence (IPV) and rape have a much higher prevalence of depression, PTSD, binge drinking and suicidal thoughts and attempts (MadiSkaff, Gracia-Moreno and Riecher-Roster, 2013). Watts (Watts, 2010) showed that adolescent women without mental health morbidity exposed to physical or sexual IPV were more likely to develop depression, alcohol abuse or suicidal thoughts over two years of observation. Emotional abuse increased the risk of depression among all women who were physically abused than those that were sexually abused. (MadiSkaff, Gracia-Moreno and Riecher-Roster, 2013) revealed that a wide range of forms of GBV were associated with mental health problems, including a cumulative effect of non-partner rape and emotional abuse as well as sexual or physical IPV. The analysis shows that mostly mental health impact of GBV occurs relatively contemporaneously and if this does not happen women may become resilient. The population-based data indicate that in the absence of mental health treatment the burden of ill health remains substantial, although much depression is self-limiting.

2.3 Culture and GBV

Culture is a set of ideas, customs and shared beliefs and social behavior of a particular people or society. Characteristics of culture are made up of learned behaviors, and in some ways members of a particular culture share values and norms (Spencer-Oatey, H, 2012). Some cultural norms and mores can exacerbate the prevalence of GBV. In Southern Africa high bride price referred to as “lobola” gives men the sense of ‘owning’ their wives. The bride price is also a concern in the sense that women fail to leave abusive relationships because tradition dictates that bride price must be repaid. Cultural practices and traditional beliefs that allow men to physically discipline their wives as a form of love also contribute to GBV.
This is more common in polygamous marriages (Southern-Africa Gender Protocols 2011). In addition culture re-enforces the notion of a wife being a property of the husband because of the payments of bride price, hence reduces a woman’s self-worth because the husband is in total control of her life. A study conducted by the department of statistics in Jordan on domestic violence revealed that about 20 percent of Jordanians reported having been beaten by their husbands as a way of discipline. The study included 15,000 families and 11,000 women. Most respondents were aged between 15 and 49 years. It was further revealed that in most cases women did not file complaints to authorities because of the culture which states that women should be submissive (Euromed, 2008-2011).

Similarly, a study conducted in Malawi that assessed social and cultural factors associated with GBV found that both men and women were victims. However women were more affected by the practice. The type of women abuse ranged from battery, use of abusive language, not providing requirements to being overworked. Whilst women were reported to abuse men by denying them food and engaging in extra marital affairs, men were found to be more abusive (Bisika 2008). The study concluded that some cultural practices and beliefs perpetuated GBV and these included "chiongo" (dowry), polygamy, "the notion of household head" where the man was in control of all decision making and the wife had to submit to all decisions. Other contributing factors were forced marriages and not having sex with a woman when she was menstruating and during post-partum abstinence which forced men to have extra-marital sex. Similarly (Felipe & Pirlott, 2006) asserts that GBV worldwide disproportionally impacts women and girls because of their subordinate status. Acceptance of violence against women within some laws, institutions, families and communities is a manifestation and enforcing the factor of gender and power inequalities, which leads to the GBV. These power inequalities render women to remain silent towards the GBV.

Baine (2012) stated that in Papua New Guinea the lack of data collection on GBV represented culture of silence and also showed invisibility maintained by women. The women of Papua New Guinea avoided reporting GBV cases to show that the problem was not there. The main reasons of being silent were due to cultural norms that taught women to be submissive and to keep secrets of whatever happened in their marriages (Baine, 2012).
2.4 Education Level and GBV

According to (WHO) the level of education of the perpetrator or victim can be a recipe for GBV towards women. Higher education was found to be associated with less violence in many settings. The study was conducted in urban Brazil, Namibia, Peru, Thailand, and Tanzania, where education was found to have some protective effect that started only when women’s education went beyond secondary school. Previous research also suggests that education for women has a protective effect, in terms of controlling income and age of the woman may also be a protective factor, in that older women maybe mature enough to handle pressure. It may be assumed that women with higher education have a greater range of choice in partners and ability to choose to marry or not, and are able to negotiate greater autonomy and control of resources within the marriage. However those with lower education may be limited in choices of marriage and fail to negotiate within the marriage.

Similarly, Abramsky (2011) stated that secondary education means that men are less likely to perpetrate IPV or GBV later in life because they understand issues of life, laws and regulation in their communities. Evidence suggests that women with lower education are generally more likely to experience violence than those with higher levels (Lorna-Hayes 2007).

2.5 Alcohol Abuse and GBV

Increased levels of GBV are not caused by poverty and lack of education alone, but rather by the inability of men to cope with feelings of male vulnerability and powerlessness for which they become reliant upon heavy use of alcohol and drugs as a coping mechanism (Jewkes, 2002).

Phorano (2005) asserts that, there is a relationship between alcohol abuse and GBV. According to a study conducted in Rwanda, one out of three men who drink beat their partners. The main causes of GBV were alcohol consumption and abuse, poverty, sexual obsession and cultural factors, among others (Masculinity and Gender based violence in Rwanda 2010). Alcohol and drug abuse, poverty and illiteracy are among the major causes of GBV found in Gatsibo and Nyarugenge districts in Rwanda. Further the Rwanda Women’s Net Work reported that in 2013 out of the 767 cases of GBV registered by the organization in the two districts, 70 percent were caused by alcohol and drugs, (Ambroise 2014).
Khan (2009) state that a low socio-economic situation where men do not have enough income or became unemployed makes them feel like failures. As a result, they indulge in drinking, drugs, purchase sex, and use violence against their wives and children.

### 2.6 Socio-Economic Factors and GBV

Socio-economic status (SES) is a total measure of a person’s work experience and of an individual’s or family’s economic and social position in relation to others, based on income, education and occupation. Social economic status is typically divided into three categories, high SES, middle SES and low SES. Studies find a strong statistical association between socio-economic status of households and the risk of GBV. It has been closely linked with poverty and overall development of women (Irish Joint Consortium 2011).

Khan (2009) asserts that patriarchal legal structure has positioned women in lower social status without property rights therefore women usually have lower income which causes them to be submissive even when they are abused. The inequality in property and income give power to men leading to subjugation and violence towards women. Income inequality not only persists within a household but there is class difference at social level too. Class and economic inequality also cause men to engage in violence outside the home too.

Silberschmidt (2001) stated that overall economic decline across the African region has caused severe economic hardships for both men and women and created further tension in terms of gender roles and expectations in many communities.

Due to widespread unemployment, men have had to withdraw from their traditional roles as bread winners, while women have created a new socio-economic role for themselves that challenges men’s position as head of the household. The shift in gender roles and rise of women’s rights, without a similar proactive shift in gender norms for men, directly exacerbates GBV in the African region.

According to the Millennium Development Goals (MDGs) task group, men in difficult economic circumstances, for example, those who are unemployed, have poor job autonomy, low socio-economic status and low educational levels may resort to violence out of frustration and a sense of hopelessness. At the same time, poor women are likely to have fewer resources to escape violence in the home (Lorna-Hayes, 2007).
Silberschmidt (2001) asserts that “although GBV occurs in all socio-economic groups, it is more frequent and severe in lower socio-economic groups, and has therefore been linked to poverty and unemployment. Victims of GBV may be women or men, girls or boys. However due to persistent imbalance of power between men and women, girls and women are more affected (Rumbold, 2008).

According to the United Nations Report (UN 2007) women and girls are overwhelmingly affected, they are not only at high risk and primary targets of gender based violence, but also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower economic status, women have fewer options and fewer resources at their disposal to avoid or escape abusive situations and to seek justice (Euro med 2008-2011).

Systematic denial of women’s human rights, ancestral collision between law, state and religion increase women’s vulnerability to violence throughout the Middle East. The social and political forces therefore lead to under reporting of GBV cases (MadiSkaff 2013).

Financial insecurity is a major factor contributing to GBV towards women. Guedes (2004) states that if a man cannot establish his authority intellectually or economically, he would tend to do so physically. Another cause is the image created by the society which portrays a man to be viewed as being strong, educated, creative, and clever while a woman is the opposite of all these traits. Therefore such norms and behaviors render women and girls who lack empowerment to be more vulnerable.

Bisika (2008) asserts that the way parents bring up their children, create disparity between boys and girls, and is also a recipe of gender-based violence in later life. When a boy grows up, knowing that he is not supposed to wash his own clothes, cook or help in the house, getting married to a woman who comes from a home where duties are equally shared between girls and boys, can create tension that might lead to violence.” A situational analysis conducted in 2005, in Zambia (Mazabuka, Chadiza, Chibombo and Mansa) revealed that GBV was linked to poverty, in which girls were forced into early marriages because of lobola (bride price). Women and girls were also forced to succeed dead female relatives especially if the man was well to do (Consultants, 2005).
2.7 Conclusion

In conclusion GBV towards women limits their participation in the development process at individual, community, and national level. Gender activist are concerned with promoting equality between the sexes and improvement in the status of both women and men in society. It is well understood that social and economic development can only be attained when there is equal participation of both men and women in the development process (Gender Statistics report 2010). Worldwide there are lists of events that are said to ‘trigger’ violence against women. These include: women not obeying their husbands, not having food ready on time questioning husbands about money or girlfriends, going somewhere without his permission and refusing him sex among others. All of these represent transgression of dominant gender norms. Bisika (2008) and Baine (2012) assert that GBV is a complex and multidimensional problem embedded within broad socio-economic, political and cultural context within traditional norms influencing the likelihood of GBV. The key risk factors of GBV are best described in the ecological framework in recognition of multiple causes of violence and the interaction of risk factors operating at individual, relationship, and community and society level.
CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter discusses the methods that will be used to conduct this study. The choice of methods will be guided by the objectives of the study. According to (Burns & Groove, 2005), research methodology is the technique used by the scientist to collect data, to use statistical manipulations and to arrive at logical conclusion. Careful selection of the method is important because it determines the outcome of the research (Polit & Beck, 2008). This study used a cross sectional study design, and it was conducted at six selected VSUs in Lusaka urban.

3.2 Study Design

The study used a descriptive cross sectional quantitative design (Houser, 2008). The design was appropriate for the study because it was less time consuming, cheap, easy to conduct and relatively quick. Data on all variables was collected once and it was easy to measure prevalence and factors contributing to GBV (Polit & Beck, 2008).

This study used quantitative methods in-order to quantify the factors contributing to GBV by way of generating numerical data that was transformed into useable statistics. It was used to quantify the following independent variables, level of education, socio-economic status, alcohol and substance abuse, and cultural factors. The dependent variables that were quantified are GBV which included physical, sexual and psychological violence.

3.3 Study setting

The study setting is the physical location and conditions in which data collection takes place (Parahoo, 2006). The study was conducted in Lusaka urban at the VSUs of the following selected Police Stations, Woodlands, Matero, Chawama, Chilenje, Chelstone and Makeni which were selected using random sampling out of the 34 VSUs in 2016.

3.4 Study Population

Study population refers to the aggregate of cases that conform to the designated criteria. It is a well-defined set that has certain specific properties (Burns & Groove, 2005). A clear
definition of the population of interest drives the sampling strategy (Houser, 2008). Therefore the study population consisted of women aged between 19 and 49 years old who were GBV victims and came to the six police stations to report that there were abused either by their husband or intimate partner.

3.5 Sampling Methods

Sampling is a process of selecting a proportion or a subset of the designated population to represent the entire population while a sample is the subset of a population. On the other hand an element is the most basic unit about which information is collected (Houser, 2008). Therefore respondents for the study were selected using convenience sampling method. In Convenience sampling, only those who were available at the time of data collection had the chance of participating in the study. The method was chosen because there was limited number of women reporting to VSUs each day, this made it difficult to find a pool of respondents from which to choose (Parahoo, 2006). The advantages of convenience sampling included the fact that, it was very easy to carry out the study with few rules governing how the sample was collected. It is also fast and inexpensive. On the other hand disadvantages of convenience sampling include sampling bias, limitation in generalization resulting into low external validity.

3.6 Sample Size

Sample size is a smaller part of the population selected in such a way that those individuals in the sample represent as nearly as possible the characteristics of the population (Burns & Grove, 2005). In quantitative studies, the standard for determining sample size is adequacy power. Adequacy power means there are enough participants to detect a difference in the outcome variable. The calculation of power is a mathematical process and may be calculated prospectively to determine how many participants are needed or retrospectively to determine how much power a sample possessed. The calculation of power involves making several decisions about accuracy and tolerable error, as well as consideration of some characteristic of the population (Houser, 2008). In this study sample size was calculated using 95 percent confidence interval.
\[ N = Z^2 P(100 - P) \]
\[ D^2 \]

Where

\[ Z = 1.96 \] the factor from normal distribution

\[ P = \text{expected period prevalence} \]

\[ d = \text{absolute error} \]

\[ n = \text{sample size} \]

\[ n = (1.96)^2 \times 18.2 \times \frac{(100 - 18.2)}{5^2} \]

\[ n = 3.84 \times 18.2 \times 81.8 \times \frac{1}{25} \]

\[ n = 228.7 \]

\[ n = 229 \]

### 3.7 Variables

The following were independent variables for the study:

- Educational level of the perpetrator,
- Alcohol and substance abuse,
- Socio-economic status,
- Cultural factors

The dependent variable is GBV which includes:

- physical,
- sexual
- psychological
3.8 Inclusion Criteria

The inclusion criteria define the main characteristics of the desired population. It often requires judgment about which factors are most closely related to the research question (Houser, 2008). Therefore women aged between 18 and 49 years who had experienced one or more of physical, sexual or emotional violence by a husband or an intimate partner were eligible to participate in this study. This age group was chosen, because they are the most vulnerable to GBV. In addition women who gave consent to participate were included in the study. This was because they had the psychological maturity to understand their involvement in the study. Finally women interviewed where perceived to be in the right frame of mind.

3.9 Exclusion Criteria

Exclusion criteria involve participants that are not eligible to participate in the study. It eliminates individuals from participating in the study rather than identify them for recruitment. It may further improve efficiency, feasibility, and internal validity of a study at the expense of its generalizability, so they should be used sparingly (Houser, 2008). Therefore women who were emotionally distressed or severely injured were not included in the study as they needed urgent medical attention. Women that were abused by other people who are not their husband or intimate partner were not included in the study because this study was looking at GBV perpetrated by husbands or intimate partners. Those below the age of 18 were not included because they were below consenting age and could not make autonomous decisions. Those above 49 years old were not eligible to participate because they are rarely victims of GBV.

3.10 Data Collection

Collecting data is a crucial part of the research process, but data itself does not answer research questions or support or reject the hypotheses (Parahoo, 2006).

In this study data was collected using a structured interview schedule using closed ended questions in order to allow respondents to answer the same questions. This helped the researcher to collect data from the large sample and to ensure consistency of responses (Polit & Beck, 2008). Furthermore the structured interview schedule was easier to administer especially in the case of those women who were unable to read, as questions were read out for them and they were assisted to fill in the interview schedule.
Data was collected over a period of three month from August to October 2016 following ethical approval form the University of Zambia Biomedical Ethics committee in June 2016. Two weeks was allocated to each of the six VSUs to follow participants who were reporting cases of GBV, however the researchers were unable to collect data within a month because women did not come in at the same time. Therefore the data collection time was extended to three months in order to get the calculated sample. Two research assistants were trained in order to assist the researcher and were allocated to police stations each while the researcher collected data from two police stations namely chelstone and chilenje police stations. Participants were conveniently selected as they reported to the VSUs. After consent was granted, the interview schedule was read out to the participants and they were guided on how to fill in the information sheet. During the filling of information a VSU counselor was available in case a participant reacted negatively to the questions. Two hundred and twenty nine interview schedules were collected however thirty-eight had missing data only one hundred and ninety-two were included in the findings.

3.10.1 Validity

Validity is defined as determination of whether a measurement actually measures what it is purported to measure (Burns & Groove, 2005). On the other hand validity is the extent to which inferences made on the basis of scores from instruments are appropriate and meaningful, or the extent to which the calculated statistics accurately portray the actual relationship (Shuttle worth 2008). Validity in this study was upheld by ensuring that all aspects of variables pertaining to factors contributing to GBV towards women were included in the interview schedule. This helped determine the extent to which it actually reflects the abstract construct being examined. To ensure validity of the research tool, an exhaustive literature search was conducted in order to have adequate content coverage. All variables of the study were included in the research instrument and the sequence of the questions in the interview schedule were the same for all respondents. External validity is the extent to which study findings can be generalized beyond the sample used in the study (Burns & Groove, 2005).

3.10.2 Reliability

Reliability is the degree of consistency or accuracy with which an instrument measures the attribute it is designed to measure (Burns & Groove, 2005). It refers to how well an
instrument will produce the same information each time it is used. Similarly (Polit & Beck, 2008) asserts that reliability is the stability of measuring an instrument over time. The idea behind reliability is that any significant results must be more than a one-off finding and be inherently repeatable (Shuttleworth 2008).

To ensure reliability in this study, questions in the interview schedule were made simple, clear and brief. Reliability was also ensured by conducting a pilot study before the main study to pre-test the research instrument. A pilot study was conducted in a similar environment with similar characteristics. This will be done to ensure stability of the tool and to eliminate biases and minimize the errors.

3.11 Pilot Study

A pilot study involves conducting a small study on a small number of participants before the main study (Shuttleworth 2008). It is done by administrating of a newly developed instrument to identify flaws or assess time required to administer a tool (Polit & Beck, 2008). Pre-testing of the data collection tool was done using women aged between 18 and 49 years at Mtendere VSU which is one of the units in Lusaka urban and is not part of the study settings. This compound was chosen because it is one of the largest compounds in Lusaka and is representative of socio-economic background of most of the women in Lusaka. Twenty-three participants were selected for the pre-test, which is ten percent of the sample. The participants were selected using convenience sampling as they report their cases.

3.12 Data Analysis

Data analysis entails reducing, organizing and giving meaning to data (Burns & Groove, 2005). After data collection, the data instrument was checked for completeness, consistency, legibility and accuracy. Data was cleaned and codes were assigned to each category, then entered and analyzed using the Statistical Package for Social Scientists (SPSS) Version 22.0. Confidence levels will be set at 95 percent. Confidence interval is the range in which the value of the population parameters is estimated to be (Burns & Groove, 2005). A five percent level of significance was, and P value of 0.05 or less was considered statistically significant there by rejecting the null hypothesis. Chi-square and multivariate logistic regression was used to test for association between the dependent and independent variables.
Table 2: Operational definitions

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>QUESTION NUMBERS</th>
<th>INDICATOR</th>
<th>CUT OFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPENDENT VARIABLE</td>
<td>QUESTION 12 and 13.</td>
<td>Physical violence</td>
<td>Beating or slapping, Kicking, Causing injury.</td>
</tr>
<tr>
<td>GENDER BASED VIOLENCE</td>
<td>QUESTION 14 and 15.</td>
<td>Sexual violence</td>
<td>Forced sex, Sexual abuse, sexual assault</td>
</tr>
<tr>
<td>QUESTION 16 and 17.</td>
<td>Psychological violence</td>
<td>Emotional abuse, Verbal abuse.</td>
<td></td>
</tr>
<tr>
<td>Independent variables</td>
<td>QUESTION 11.</td>
<td>Level of education</td>
<td>High: college or university, Medium: secondary, Low: primary or no education.</td>
</tr>
</tbody>
</table>
| Socioeconomic factors | QUESTION 9 | Income | Low socioeconomic status income below K5000.  
| | | | Middle socioeconomic status income between K5001 and K10,000.  
| | | | High socioeconomic status income above 10,000.  
| QUESTION 10. | Employment status | Formal employment: private sector or government  
| | | Informal employment: self employed  
| | | Unemployed  
| Cultural factors | QUESTION 18. | GBV a form of wife discipline and love. | Yes  
| | | No  
| | | Normal bride price between K10,000 and K30,000.  
| | | Low bride price below K10,000.  
| QUESTION 20 | Polygamy | Yes  
| | | No  
| QUESTION 21 | Male control | Yes  
| | | No  
| Alcohol or substance abuse | QUESTION 24 to 29. | Abuse of alcohol | Yes  
| | | No |
Levels of alcohol abuse of the perpetrator and victim

| 1-3 mildly abused |
| 4-6 moderately abused |
| 7-9 severely abused |

3.13 Ethical Considerations

Considering that GBV is a sensitive area of study, collecting of data often raises a number of ethical questions and safety concerns. Therefore permission to conduct the study was sought from the University of Zambia Biomedical Ethics Committee. Further permission was sought from Ministry of Home Affairs, force headquarters to collect the data from selected Victim Support Units.

Respect for autonomy was upheld by ensuring that participants give informed consent. Participants were accurately informed about purpose of the study, risks and benefits using an information sheet (Appendix 2). Participation in the study was voluntary and uncoerced. Individual participants willing to participate in the study signed the consent forms before being interviewed. Any other information necessary to make such a decision were availed to the participants. Informed consent embodies the need to respect participants and their autonomous decision.

Participants were assured of confidentiality as they were informed that no names will be written on the interview schedule and that only codes will be used to ensure anonymity. Privacy was also maintained during the interview, interviewing participants on a one to one basis. They were informed that study findings are for academic purposes and policy making concerning GBV (Parahoo, 2006).

The following ethical considerations were taken into account when interviewing the participants; safety of the participants since they often live with their abusers, protecting confidentiality since breaching it may provoke an attack, making sure that the interview is nondiscriminatory and does not cause distress. This was taken care by making prior arrangements to have a counselor. A comprehensive understanding of the risks, ethical
concerns, and practical realities can help minimize the dangers and potential re-traumatization of participants, it can also increase likelihood of women disclosing relevant and accurate information needed for the study (Watts 2003). Prior arrangements were made with the victim support unit counselors and young women Christians association for counseling of participants who may experience re-traumatization during the interview.

3.14 Dissemination of Findings

This was done through reports which will be given to University of Zambia School of Medicine, Ministry of Home Affairs and Ministry of Gender and Child Development. Furthermore the VSUs that were used as study settings will be given a copy each of the report, so that information could be used to sensitize the public.

3.15 Conclusion

In conclusion the chapter has looked at the research methods that will be used in this study. It has put emphasis on the design that will be used, the setting in which the study will take place, the population of the study, the sampling techniques that will be used to select the study participants, how the data will be collected and ethical issues and considerations that will be addressed during the study.
CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 Introduction

This chapter discusses the analysis and presentation of findings. The general objective of the study was to determine the prevalence of gender based violence and explore factors contributing to Gender-Based violence towards women aged 19 to 49 in Lusaka urban.

4.2 Data Processing and Analysis

Data processing and analysis is a systematic organisation and analysis of data Basavanthappa, 2007. The data analysis from quantitative research involves descriptive and exploratory procedures to describe study variables, the sample and statistical techniques to test proposed relationships.

In this study data were collected using a pretested structured interview schedule. Women who were unable to read were assisted to fill in the interview schedule. After data was collected it was coded and entered into Statistical Package of Social Scientist SPSS version 22. The chi square was used to test associations of categorical variables. These variables included level of education for the perpetrator, alcohol abuse by perpetrator, socio-economic status and cultural factors. The statistical significance was set at five 5 percent, only p value of less or equal to 0.05 were considered statistical significant t there by rejecting the null hypothesis. Logistic regression was used to obtain odds ratio and p values.

4.3 Presentation of Findings

This section presents characteristics of participants and there perpetrators in terms of age, marital status, educational level, social economic status. This section further presents history of perpetrator alcohol status during incidence, educational level, socio economic and cultural factors.
Demographic Characteristics of women who participated in the gender based violence study in Lusaka Zambia, 2016.

Table 3: Age group of respondents (n =192).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-20</td>
<td>13</td>
<td>6.8</td>
</tr>
<tr>
<td>26-30</td>
<td>82</td>
<td>42.7</td>
</tr>
<tr>
<td>36-45</td>
<td>71</td>
<td>37.0</td>
</tr>
<tr>
<td>46-50</td>
<td>26</td>
<td>13.5</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3 revealed that 42.7% of the women who experienced Gender based violence were aged between 26 to 30 years and 37% were aged between 36 to 45 years.

Table 4: Level of education for respondents GBV (n =192).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no formal education</td>
<td>10</td>
<td>5.2</td>
</tr>
<tr>
<td>primary</td>
<td>52</td>
<td>27.1</td>
</tr>
<tr>
<td>secondary</td>
<td>78</td>
<td>40.6</td>
</tr>
<tr>
<td>tertiary</td>
<td>52</td>
<td>27.1</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4 shows that 40.6% of the respondents had attained secondary education and 27.1% had primary education and tertiary education respectively.
Table 5: Marital status of respondents GBV (n -192).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Married</td>
<td>178</td>
<td>92.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>9</td>
<td>4.7</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>192</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 5 showed that 92.7% of the respondents were married women and 4.2% were divorced.

Table 6: Residential status for respondents (n= 192).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>low density area</td>
<td>11</td>
<td>5.7</td>
</tr>
<tr>
<td>medium density area</td>
<td>63</td>
<td>32.8</td>
</tr>
<tr>
<td>high density area</td>
<td>118</td>
<td>61.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>192</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 6 shows that 61.5% of the respondents came from the high density area.
Table 7: Monthly income status of the respondents (n= 192)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than K5,000</td>
<td>121</td>
<td>63.0</td>
</tr>
<tr>
<td>K5,001-10,000</td>
<td>60</td>
<td>31.2</td>
</tr>
<tr>
<td>K10,001-20,000</td>
<td>11</td>
<td>5.7</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 7 shows that 63% of the respondents had an income of less than K5,000, and 31.2% had an income of between K5,001 to K10,000.

Table 8: Marriage duration for respondents (n = 192).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage duration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td>30</td>
<td>15.9</td>
</tr>
<tr>
<td>6-10</td>
<td>64</td>
<td>33.9</td>
</tr>
<tr>
<td>11-15</td>
<td>62</td>
<td>32.8</td>
</tr>
<tr>
<td>16-20</td>
<td>29</td>
<td>15.3</td>
</tr>
<tr>
<td>20+</td>
<td>4</td>
<td>2.1</td>
</tr>
<tr>
<td>Total</td>
<td>189</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 8 revealed that 33.9% of the respondents were married for 6 to 10 years and 32.8% were married for 11 to 15 years.
Table 9: Number of children of respondents (n= 192).

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>10</td>
<td>5.2</td>
</tr>
<tr>
<td>1-2</td>
<td>49</td>
<td>25.5</td>
</tr>
<tr>
<td>3-4</td>
<td>95</td>
<td>49.5</td>
</tr>
<tr>
<td>5+</td>
<td>38</td>
<td>19.8</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 9 revealed that 49.5% of respondents had 3 to 4 children and 25.5% had 1 to 2 children.

**PREVALENCE GBV**

**Figure 2: Occurrence of Gender based violence of women in Lusaka Urban.**

The study reviewed that 97.4 percent of the women experienced physical Abuse and 95.3 experienced Psychological abuse.
Figure 3: Prevalence and factors contributing to GBV towards women in Lusaka urban, Zambia.

Figure 3 shows that the highest prevalence of GBV was physical abuse at 44% followed by psychological abuse at 42% and sexual abuse at 16%.

Level of education and employment status of perpetrators

Table 10: Perpetrator’s level of education (n=190).

<table>
<thead>
<tr>
<th>Perpetrator’s Education Level</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal education</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Primary education</td>
<td>21</td>
<td>11.1</td>
</tr>
<tr>
<td>Secondary education</td>
<td>79</td>
<td>41.6</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>89</td>
<td>46.8</td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 10 shows that 46.8% of the perpetrators had attained tertiary education and 41.6% had attained secondary education.
Table 11: Perpetrator’s employment status (n= 192).

<table>
<thead>
<tr>
<th>Perpetrator’s Employment status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>5</td>
<td>2.6</td>
</tr>
<tr>
<td>Formal employment</td>
<td>73</td>
<td>38.0</td>
</tr>
<tr>
<td>Private sector employment</td>
<td>53</td>
<td>27.6</td>
</tr>
<tr>
<td>Self employed</td>
<td>57</td>
<td>29.7</td>
</tr>
<tr>
<td>Peasant farmer</td>
<td>4</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>192</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 11 shows that 29.7% of the perpetrators were self-employed and 27.6% were in private sector employment.

Cultural factors associated with GBV towards women who participated in the gender based violence study in Lusaka Zambia, 2016.

Table 12: Bride price paid by perpetrators (n=190)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bride Price Husband Paid</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High bride price above K30,000.</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Low bride price- between K10,000. And K30,000.</td>
<td>79</td>
<td>41.6</td>
</tr>
<tr>
<td>Normal below K10,000.</td>
<td>109</td>
<td>57.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>190</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 12 shows that 57.4% of the perpetrators paid normal bride price and 41.6% paid low bride prices.
Table 13: Type of marriage of respondents (n = 191).

<table>
<thead>
<tr>
<th>Polygamous Marriage</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>12</td>
<td>6.3</td>
</tr>
<tr>
<td>no</td>
<td>179</td>
<td>93.7</td>
</tr>
<tr>
<td>Total</td>
<td>191</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 13 shows that 93.7% of the respondents were in a monogamous marriage.

Table 14: Type of marriage for respondents (n = 190).

<table>
<thead>
<tr>
<th>Marriage was arranged</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>15</td>
<td>7.9</td>
</tr>
<tr>
<td>no</td>
<td>175</td>
<td>92.1</td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 14 shows that 92.1 % of the GBV victims were not in arranged marriages.

Table 15: Marital status of respondents (n = 190).

<table>
<thead>
<tr>
<th>Marriage was forced</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
<td>13.2</td>
</tr>
<tr>
<td>No</td>
<td>165</td>
<td>86.8</td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 15 shows that 86.8% of the GBV victims were not in forced marriages only 13.2% were in forced marriages.

Table 16: GBV as a form of wife discipline (n=191).

<table>
<thead>
<tr>
<th>GBV was wife Discipline</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>75</td>
<td>39.3</td>
</tr>
<tr>
<td>No</td>
<td>116</td>
<td>60.7</td>
</tr>
<tr>
<td>Total</td>
<td>191</td>
<td>100</td>
</tr>
</tbody>
</table>

The table shows that 39.3% of the respondents viewed GBV as a form of wife discipline.
Table 17: GBV due to male control (n = 191).

<table>
<thead>
<tr>
<th>GBV due to male Control</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>75</td>
<td>39.3</td>
</tr>
<tr>
<td>No</td>
<td>116</td>
<td>60.7</td>
</tr>
<tr>
<td>Total</td>
<td>191</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 17 shows that 39.3% of the respondents viewed GBV as a form of male control.

Alcohol drinking status of GBV perpetrators.

Table 18: Alcohol drinking status of perpetrators (n = 192).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband/Partner Drink Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>161</td>
<td>83.9</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>16.1</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 18 shows that 83.9% of the perpetrators drank alcohol and 16.1%.

Table 19: Perpetrator’s drinking habit when disappointed (n=160).

<table>
<thead>
<tr>
<th>Perpetrators’ drinking habit when disappointed</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>93</td>
<td>58.1</td>
</tr>
<tr>
<td>No</td>
<td>67</td>
<td>41.9</td>
</tr>
<tr>
<td>Total</td>
<td>160</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 19 shows that 58.1% of the perpetrators drank alcohol heavily when disappointed.
Table 20: Increase in drinking habit of perpetrator (n= 161).

<table>
<thead>
<tr>
<th>Increase in drinking habit</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>130</td>
<td>80.7</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>19.3</td>
</tr>
<tr>
<td>Total</td>
<td>161</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 20 shows that 80.7% of the GBV perpetrators drank more than before.

Table 21: Husband uncomfortable if not taken alcohol (n=160).

<table>
<thead>
<tr>
<th>Husband uncomfortable if not taken alcohol</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>68</td>
<td>[42.5]</td>
</tr>
<tr>
<td>No</td>
<td>92</td>
<td>[57.5]</td>
</tr>
<tr>
<td>Total</td>
<td>160</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 21 shows that 57.5% of the perpetrators felt uncomfortable if they did not take alcohol.

Table 22: GBV occurred under the influence of alcohol (n=159).

<table>
<thead>
<tr>
<th>GBV Occurred under alcohol influence</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>144</td>
<td>[90.6]</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>[9.4]</td>
</tr>
<tr>
<td>Total</td>
<td>159</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 22 shows that 90.6% of the GBV cases occurred while the perpetrator was under the influence of alcohol.
Associations between Characteristics of women who participated in the Gender based violence study using Pearson Chi-square test in Lusaka Zambia, 2016.

**Table 23: Association between characteristics of respondents.**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Ever been a GBV Victim</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n [%]</td>
<td>n[%]</td>
<td></td>
</tr>
<tr>
<td>Age group (Years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-20</td>
<td>0 [0.0]</td>
<td>13 [7.0]</td>
<td>0.26</td>
</tr>
<tr>
<td>26-30</td>
<td>3 [60.0]</td>
<td>79 [42.2]</td>
<td></td>
</tr>
<tr>
<td>36-45</td>
<td>1 [20.0]</td>
<td>70 [37.4]</td>
<td></td>
</tr>
<tr>
<td>46-50</td>
<td>1 [20.0]</td>
<td>25 [13.4]</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5 [100.0]</td>
<td>187 [100.0]</td>
<td></td>
</tr>
</tbody>
</table>

There was no statistical significance between age of respondent and GBV occurrence.

**Table 24 Association of GBV and residential area**

<table>
<thead>
<tr>
<th>Residence</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>low density area</td>
<td>0 [0.0]</td>
<td>11 [5.9]</td>
<td>0.07*</td>
</tr>
<tr>
<td>medium density area</td>
<td>4 [80.0]</td>
<td>59 [31.6]</td>
<td></td>
</tr>
<tr>
<td>high density area</td>
<td>1 [20.0]</td>
<td>117 [62.6]</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5 [100.0]</td>
<td>187 [100.0]</td>
<td></td>
</tr>
</tbody>
</table>

There was no significant association between residential area and GBV as the P value was at 0.07 more than what was set.
Table 25: Association of GBV and number of children

<table>
<thead>
<tr>
<th>Number of children</th>
<th>0.16*</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1 [20.0]</td>
</tr>
<tr>
<td>1-2</td>
<td>1 [20.0]</td>
</tr>
<tr>
<td>3-4</td>
<td>1 [20.0]</td>
</tr>
<tr>
<td>5+</td>
<td>2 [40.0]</td>
</tr>
<tr>
<td>Total</td>
<td>5 [100.0]</td>
</tr>
</tbody>
</table>

There was no association between number of children and GBV.

Table 26: Association of GBV and bride price

<table>
<thead>
<tr>
<th>Bride Price Husband Paid</th>
<th>0.08*</th>
</tr>
</thead>
<tbody>
<tr>
<td>high bride price</td>
<td>0 [0.0]</td>
</tr>
<tr>
<td>low bride price</td>
<td>0 [0.0]</td>
</tr>
<tr>
<td>Normal</td>
<td>5 [100.0]</td>
</tr>
<tr>
<td>Total</td>
<td>5 [100.0]</td>
</tr>
</tbody>
</table>

Table 27: Association of GBV and perpetrator’s drinking status.

<table>
<thead>
<tr>
<th>Husband/Partner Drink alcohol</th>
<th>0.03**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2 [40.0]</td>
</tr>
<tr>
<td>No</td>
<td>3 [60.0]</td>
</tr>
<tr>
<td>Total</td>
<td>5 [100.0]</td>
</tr>
</tbody>
</table>

There was an association between GBV and alcohol use by perpetrators as the P value was set at 0.05 and the study found a P value of 0.03 which means there was significant association between alcohol abuse and GBV.
CHAPTER FIVE: DISCUSSION OF FINDINGS

5.1 Introduction

This study was set to determine the prevalence of GBV and explore factors contributing to GBV towards women aged 19 to 49 years in Lusaka urban. The chapter presents a discussion of the research findings based on the analysis of responses from a sample of 229 respondents who sought help after experiencing GBV at six VSUs in Lusaka urban. The victim support units were as follows Chelstone, Chilenje, Woodlands, Matero, Chawama and Makeni. A structured interview schedule was used to data. Interviews were conducted in a private room in order to maintain confidentiality.

5.2 Demographic Characteristics of Respondents

The study found that 42.7% of the respondents were aged between 26-30 years, followed by 37% of those aged between 36-45 years and the lowest being those aged between 18-20 years at 6.8 percent. This can be attributed to the fact that younger women were less prone to GBV than the older women. This is in line with the Gender statistics which stated that women between the age group of 25-49 years have the highest proportion of GBV in terms of physical abuse and forced sex. The reason could be that younger women aged are more submissive to their husbands and partners.

The results also show that 40.6% of the respondents had attained secondary education and 27.2% had attained tertiary education. This is in contrast with Sinister (2013) who indicated that in most countries studied, education clearly reduced risk of GBV. However education appeared to have less effect on the risk of violence in some African countries such as Nigeria, Zambia, Cameroon and Liberia.

The results further showed that the majority 92.7% of victims of the respondents were married. Baine (2012) indicates that cultural norms taught married women to be silent and submissive, meaning that most married women experienced GBV but were silent about the vice in order to maintain confidentiality in their marriages. This is in contrast Chandra (2009) who stated that in South East Asia unmarried women and girls suffered tremendous physical and psychological stress due to violent behaviour from men. Which means marriage was a protective factor in this case.
The study found that 61.5% of the GBV victims live in the high density areas while 32.8% percent lived in the medium density areas and 5.7% percent lived in the low density areas.

Monthly income of the husbands/partners of the majority 63% of victims was less than K5,000. This is in agreement with (Khan) 2009 who stated that low socio-economic situations where men did not have enough income or became unemployed made them feel like failures. As a result they used violence against their wives and children. Similarly Irish Joint Consortium (2011) reported that various studies found a strong statistical association between socio-economic status of households and risk of GBV. It had been closely linked with poverty and overall development of women.

The study found that 33.9% percent of women were married for more than 6 to 10 years and 32.8% were married for 11 to 15 years. The study further revealed that 49.5% of respondents had 3 to 4 children and 25.5% had 1 to 2 children.

5.3 Prevalence of Gender Based Violence

This study revealed that the prevalence of physical GBV was at 44% while sexual violence was at 16% and psychological violence was at 42%. This is in agreement with Morrison and Orlando, (2004) who stated that GBV is undoubtedly one of the most common forms of violence towards women in the world. Gender-Based violence includes physical violence, emotional violence, sexual violence and economic violence. Recent multi-country studies, using a common methodology and definitions, have found a high prevalence of physical and sexual violence.

5.4 Cultural Factor Contributing to Gender Based Violence towards Women in Lusaka Urban

Characteristics of culture are made up of learned behaviors, and in some ways members of a particular culture share values and norms. Therefore cultural factor sometimes contribute to GBV. In this study bride price was one of the indicators used to assess whether cultural factors contribute to GBV.

This study revealed that the majority 57.4% of the perpetrators of GBV had paid normal bride price; this meant that bride price was not a cultural factor that contributed to the gender based violence towards women in Lusaka urban. This is in contrast with (Euro med) 2008-2011 who indicated that the culture of bride price reinforced the notion that a woman was a
husband’s property as this is still a common feature of many marriages across Southern Africa. Furthermore a recent research conducted by the Tanzanian media women association (Tamwa) 2006 found the tradition of bride price to be a major cause of gender based violence including battering and marital rape. However this was not the case in this study.

The majority 93.7 % of women were not in a polygamous marriage. Furthermore 92.1 % of the marriages were not arranged only 7.9 percent marriages were arranged.

86.8 % of the marriages were not forced only 13.2 % were forced marriages.

60.7 % women were victims of gender based violence did not occur as a form of wife discipline but 39.3 % was as a form of wife discipline. This is in agreement with Southern African Gender Protocols (2011) which stated that 205 of Jordanian women were victims of GBV as a form of wife discipline due to increased high bride price.

5.5 Level of Education and Gender Based Violence

According to (WHO) 2007 the level of education of perpetrators or victims may be a recipe for GBV. This study found that the 46.8 % of the husbands/ spouses had attained tertiary education and 41.6 % had secondary education. This means that the perpetrators of GBV towards the women who participated in this study had attained higher education and the findings of this study does not agree with the statement ,higher education was found to be associated with less violence in many settings as stated above. Furthermore Abram sky (2011) indicated that secondary education meant that men were less likely to perpetrate GBV later in life because they understood issues of life, laws and regulations in their communities. The findings of this study are also in disagreement with Lorna-Hayes (2007) who stated that men with lower educational levels usually resort to violence out of frustration and sense of hopelessness.

This study also found that the 40.6 % of the women in this study had attained secondary education. This is in contrast with (WHO) 2007 who indicated that education for a woman was a protective factor against GBV. In this study it was found that despite the women having attained some secondary education they still experienced gender based violence. This could be attributed to various other factors.
5.6 Alcohol Abuse by Perpetrators of Gender Based Violence

The study found that 83.9% of the perpetrators drank alcohol and 16.1% did not drink alcohol. The study revealed that 58.1 percent of the perpetrators drank heavily when disappointed and that 80.7% of the GBV perpetrators drank more than before. The study also revealed that 57.5% of the perpetrators felt uncomfortable if they did not take alcohol. The found that 90.6% of the GBV cases occurred while the perpetrator was under the influence of alcohol. This is in agreement with Ambroise (2014) where Rwanda women’s network reported that in 2013 out of the 767 cases of GBV registered by the organization in two districts, 70% were caused by alcohol and drug abuse. The findings of this study are also in agreement with a report by Masculinity and Gender based violence in Rwanda (2010) who reported that the main causes of GBV in Rwanda was alcohol consumption and abuse. It was further reported that one out of three men who drink in Rwanda beat their partners. Jewkes (2002) also indicated that GBV was caused by men who drank alcohol heavily as a coping mechanism of male vulnerability and powerlessness. Therefore this study has strong evidence that alcohol abuse is the major contributing factor to GBV towards women in Lusaka urban.

5.7 Limitation of the Study

- The study relied on self-report by the Gender based violence victims, and this was therefore subject to reporting bias. To minimize the bias the respondents were interviewed in privacy and the interview schedule did not include their names.
- The study sample was small (229) therefore the results should be generalized to other settings with caution.
- The study was conducted in Lusaka urban making it difficult to generalize the findings.

5.8 Implication to Nursing

5.8.1 Nursing Education

Nurse educators should in cooperate a comprehensive component of Gender based violence in the curriculum in order to equip student nurses with full knowledge on GBV. This is because nurses and midwives are the first contact of the women in the health facilities hence should be able to conduct a comprehensive assessment and there after offer appropriate counseling or refer.
5.8.2 Nursing Management and Leadership

Nurse leaders and managers should put up systems in place to ensure that nurses and midwives identify women who are victims of GBV on first contact. They should also allocate more staff to handle counseling sessions for GBV victims at all levels of the health care system. They should further come up with tools which will help nurses identify GBV victims.

5.8.3 Nursing Practice

The nurses and midwives should be abreast with current research findings so as to provide evidence-based practice in the area of GBV. There is also need for nurses and midwives to conduct thorough and comprehensive assessments when in contact with women clients in order to identify and physical or psychological trauma and refer for appropriate treatment.

5.8.4 Nursing Research

The literature review shows that there is little research done in Zambia to determine the prevalence of Gender based violence and factors contributing to GBV. Therefore researchers need to investigate this topic further.

5.9 Recommendations and Conclusion

5.9.1 Recommendations

The following recommendations have been made based on the study findings:

- The ministry of health should formulate policy guidelines on how to conduct a comprehensive assessment of women in all health facilities in order to capture all GBV cases.
- The Ministry of Health should hasten the implementation of the alcohol policy in order to curb the vise of GBV.
- Policy makers and chieftoms should strengthen community systems in order to prevent GBV.
- Communities should promote autonomous self-help groups which will be able to help GBV victims who find difficulties in disclosure.
- Ministry of Gender to work hand in hand with the Ministry of health in the implementation of the Alcohol policy.
5.9.2 Conclusion

- The study was carried out to determine the prevalence of Gender based violence and explore factors contributing to GBV in Lusaka urban. The study revealed that the prevalence of physical gender based violence was at 44%, while psychological violence was at 42% and sexual violence was at 16%.

- The major factor contributing to GBV was alcohol abuse by perpetrators; the study found that 90.4% of the cases occurred while the perpetrators were under the influence of alcohol. Other factors associated with GBV were low socio-economic status. The study found that 60.6% had an income of less than K5, 000. And 62.6% came from high density area. The other factors examined and were not associated with GBV were cultural factors and perpetrator’s level of education. The study there for has strong evidence that alcohol abuse is the major contributing factor to gender based violence towards women in Lusaka urban.
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APPENDICES

Factors contributing to gender based violence towards women.

ALCOHOL/SUBSTANCE ABUSE

SOCIO-ECONOMICAL STATUS

LEVEL OF EDUCATION

CULTURAL/TRADITIONAL

Problem Analysis
APPENDIX 1

Information sheet

Title of study: Prevalence and factors contributing to Gender Based Violence towards women in Lusaka Urban.

Introduction

My name is Nancy Namukolo Wamundila, a student of Master Science in Nursing at the University of Zambia who is kindly requesting for your participation in the research study mentioned above. The participation in this study mentioned above. You may choose not to participate or to withdraw from the study at any time, without any penalties whatsoever. You will drive no direct benefit from participating in the study. No monetary favours will be given in exchange for information obtained, however, I hope that the results of the study will provide valuable information regarding factors contributing to Gender-Based Violence which will be used to reduce the vice.

Furthermore, the information which will help generate data that can be used as a basis for subsequent studies or reference by policy makers.

If you are willing to participate, you will be asked to sign a consent form, please ask where you do not understand.

PURPOSE OF THE STUDY

The study will explore factors contributing to Gender-Based Violence towards women in Lusaka Urban. This is important as there is a worldwide concern on raising GBV cases.

PARTICIPATION

If you agree to participate in the study upon signing the consent, the researcher will proceed to interview you and the interview schedule has. The interview schedule consists of section A with seven (7) questions demographic information and section B with Question about factors contributing to Gender Based Violence. The interview will take 15 to 20 minutes.
RISKS AND DISCOMFORTS
I do not anticipate that any harm will occur to you as a result of participation in this study through part of your time will be utilized to answer the Questions. However in case you get emotional because of the violence you have been passing through, the victim support unit has counselors who will be able to attend to you. You will be interviewed in a private room in order to maintain privacy. If you will need further discussion, it will be offered to help you understand the topic.

CONFIDENTIALITY
The research records and any information will be kept in confidence. You will be identified by a number. You are kindly requested to answer all questions as sincerely as you can. Thank you for taking time to read this information sheet. If you consent to be part of the study, please complete the attached consent.
APPENDIX 2

INFORMED CONSENT

I have read and understood the purpose, the benefits, risks and confidentiality of the study. I further understand that if I agree to take part in this study, I can withdraw at any time without having to give an explanation and taking part in this study is purely voluntary.

Kindly indicate by signing at the end of this information your willingness to participate in the study.

I ____________________________ agree to take part in this study.

Signed ________________________ Date:

Respondent’s Signature__________ Date:

Witness Signature_______________ Date:

Researcher’s Signature____________ Date:

Should you require any further information regarding the study or your rights as a respondent, you are free to contact the following.

1. The Head of Department, University of Zambia, School of Medicine, Department of Nursing Sciences, P.O. Box 20110, Lusaka, Telephone No. 252453
2. The Dean of students, University of Zambia, School of Medicine, P.O.Box 20110, Lusaka, Zambia.
APPENDIX 3
Interview schedule Prevalence and factors contributing to GBV towards women in Lusaka Urban.

Date of Interview-------------------------------------------------------------

Study setting---------------------------------------------------------------

Name of Researcher--------------------------------------------------------

Serial number--------------------------------------------------------------

INSTRUCTIONS FOR THE INTERVIEWER

1. Introduce yourself
2. Ensure that the respondent is eligible for the interview and can be included in the study
3. Explain the purpose of the study and assure respondents of confidentiality
4. Request respondent for a written consent before you start the interview
5. Do not write name of respondent on interview schedule
6. Ensure that you get a response for each question
7. Circle the most appropriate response, or write answer on space provided
8. Provide time for respondent to ask questions
9. Thank the respondent at the end of the interview
APPENDIX 4
DATA COLLECTION TOOL

UNIVERSITY OF ZAMBIA

SCHOOL OF NURSING SCIENCES

STRUCTURED INTERVIEW SCHEDULE ON PREVALENCE AND FACTORS CONTRIBUTING TO GBV TOWARDS WOMEN IN LUSAKA URBAN.

Date ……………………………………………………………..

Name of Name of researcher……………………………………

Serial Number…………………………………………………

Study setting……………………………………………………

INSTRUCTIONS FOR RESPONDENTS

1. Do not write your name or any identity e.g. registration card on this answer sheet
2. Answer all the Questions
3. Tick the correct answer.
4. All the information you will provide will be kept secret
Section A: Demographic Data

1. What is your gender?
   a) Male
   b) Female

2. Indicate your age range
   a) 18-20
   b) 26-30
   c) 36-45
   d) 46-50

3. What is your level of education
   a) No formal education
   b) Primary
   c) Secondary
   d) Tertiary
   e) Others specify

4. What is your marital status
   a) Single
   b) Married
   c) Divorced
   d) Widowed

5. If married on in an intimate relationship state how long
   a) 1-5 years
   b) 6-10 years
   c) 11-15 years
   d) 16—20 years
   e) More than 20 years

6. State your residential area
   a) Low density area
   b) Medium density area
   c) High density area

7. How many children do you have with your husband
a) none
b) 1-2 children
c) 3-4 children
d) 5 children and above

8. How often do you experience the abuse?
   a) First time
   b) Once a week
   c) Once a month
   d) Once every six month
   e) Once a year
   f) All the time

Questions on socio-economic status level of education

9. How much is your family income
   a) Less than K5000
   b) 5001 to 10,000
   c) 10,001 to 20,000.
   d) Above 20,000.

10. What is your husband’s employment status
    a) Unemployed
    b) Formal employment
    c) Private sector employment
    d) Self employed
    e) Peasant former

11. What level of education did your husband attain?
    a) No formal education
    b) Primary education
    c) Secondary education
Questions on Gender Based violence

12. Have you ever been abused physically by your husband/partner?
   a) Yes
   b) No

13. If yes what form of physical abuse was it
   a) Beating
   b) Slapping
   c) Kicking
   d) Causing injury with an object
   e) Others specify ......................

14. Have you ever been abused sexually?
   a) Yes
   b) No

15. If yes sexual abuse was in which form?
   a) Forced sex
   b) Sexual assault
   c) Sexual abuse

16. Have you ever abused psychologically?
   a) Yes
   b) No

17. If yes how?
   a) Verbal abuse
   b) Threatening violence
c) Insulting

d) Intimidating

18. Were you a victim of GBV as form of wife discipline?

a) Yes
b) No

19. What kind of bride price did your husband pay?

a) High bride price
b) Low bride price
c) Normal

20. Are you in a polygamous marriage?

a) Yes
b) No

21. Was the experience due to male control?

a) Yes
b) No

22. Was your marriage arranged?

a) Yes
b) No

23. Was it a forced marriage?

a) Yes
b) No

24. Does your husband drink alcohol?

a) Yes
b) No

25. If yes answer the following question
26. Does your husband drink heavily when disappointed?
   a) Yes
   b) No

27. Does he drink more alcohol now than when he started?
   a) Yes
   b) No

28. Is he unable to remember what he does after drinking alcohol?
   a) Yes
   b) No

29. Does he feel uncomfortable if he has not taken alcohol?
   a) Yes
   b) No

End of interview thank you for your participation.