

**PREVALENCE AND FACTORS CONTRIBUTING TO  
DOMESTIC VIOLENCE AGAINST PREGNANT WOMEN ATTENDING  
ANTENATAL CLINICS IN LUSAKA URBAN**

**BY**

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
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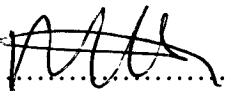
## DECLARATION

I hereby declare that the work presented in this study for the Master of Public Health has not been presented whether wholly or in part for any other study programme and is not being submitted for any other Masters programme. This work is entirely the result of my own independent investigation. The various persons and resources to which I am indebted are acknowledged.

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## APPROVAL


This dissertation of Mavis Dorothy Mwiinga has been approved as fulfilling the requirements for the award of the Master degree in Public Health by the University of Zambia

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## ABSTRACT

The problem of domestic violence is wide-spread and has continued over many years. It occurs in women of all racial backgrounds and social economic group. Pregnant women have not been spared from domestic violence. Physical violence in pregnancy has been associated with adverse maternal and fetal outcomes. Unfortunately, no research had been conducted in Zambia, hence this study.

The purpose of this study was to determine the Prevalence and Factors Contributing to Domestic Violence Against Pregnant Women Attending Antenatal Clinics in Lusaka Urban.

A Cross Sectional Descriptive Study was conducted. 385 pregnant women were interviewed using a scheduled questionnaire. The respondents were systematically selected from 6 different health centers which were randomly selected. 1 in every 5 pregnant women seen was selected. To complement data from the survey, two focus group discussions (comprising 12 pregnant women each) were conducted.

The results revealed that out of 385 respondents, 169 (44.0 percent) had ever experienced domestic violence. Meanwhile 92 (23.9 percent) out of 384 respondents experienced domestic violence in their current pregnancy. The common forms of domestic violence were beatings 116 (68.6 percent), followed by insults 55 (32.7 percent) and sexual abuse/non consensual sex 18 (10.7 percent). The main perpetrator of domestic violence was the husband/intimate partner 165(98.7 percent).

The majority 37 (40.2 percent) of the respondents who experienced domestic violence were in the age group 21-25 years, came from high density areas 229 (59.5 percent), were Nyanja speaking people 143 (37.5 percent), married 338 (87.8 percent), and belonged to Liberal Protestant Denominations 155 (40.5 percent). With regard to educational level, most 37 (10.2 percent) of the respondents who experienced domestic violence had secondary education. In relation to occupation, 53 (62.7 percent) of the respondents that were employed experienced domestic violence in their current pregnancy, compared with 172 (65.9 percent) who did not experience domestic violence. There was however, no association between domestic violence and age, residential area, tribe, religion, marital

*status, educational level and occupation.*

The study also revealed that 283 (73.7 percent) of the respondents believed that a wife was justified to refuse to have sex with her husband compared with 101 (26.3 percent) who said that she was not justified. 139 (36.4 percent) respondents believed that a man was justified to beat his wife, while 243 (63.3 percent) did not.

Although there was no association found between initiation ceremony in general and domestic violence, some issues that were taught during this ceremony were found to be associated with domestic violence. Being taught not to reveal domestic violence to outsiders was associated with domestic violence. Multivariate logistic analysis revealed that respondents that were taught not to reveal domestic violence to outsiders were 33 percent less likely to experience domestic violence than respondents that were not taught. Alcohol consumption among the respondents' husbands/intimate partners was also associated with domestic violence. Multivariate logistic analysis revealed that respondents that had husbands/intimate partners who took alcohol were 37 percent more likely to experience domestic violence than respondents that had husbands/intimate partners who did not take alcohol.

Consideration should be given for routine screening for domestic violence in pregnancy to institute effective interventional strategies.

## **DEDICATION**

This research work is affectionately dedicated to my beloved husband Dr Robert E. Mtonga, who gave me moral support and encouragement and without whose love, patience and prayers, my studies and this work would not have been possible.

To my beloved children Wezi, Walusungu, Luyando and Mwaka who were denied adequate motherly love at the time when they needed it most and without whose understanding and patience, my studies would not have been successful.

To my parents, brother and sisters, for their encouragement, without whom my studies at the University would never have been completed.

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## OPERATIONAL DEFINITIONS OF CONCEPTS

- Antenatal women:** Pregnant women aged 15 to 49 years attending antenatal clinics . In this study 'antenatal women' and 'pregnant women' has been used synonymously.
- Batter:** Physical violence which includes beating, kicking, shoving, slapping
- Culture:** The whole complex of distinctive spiritual, material, intellectual and emotional
- Cultural Practices:** Functional roles and rituals which are culturally determined
- Pregnant women:** Expectant women aged 15 to 49 years
- Prevalence:** The number of affected persons present in the population at a specific time divided by the number of persons in the population at that time
- Socialization:** A process through which a person learns all things that he/she needs to know to function as a member of a specific society
- Traditional Practices:** Acts that are performed by people and over again and which becomes part and parcel of one's day to day life and is usually subset of the mainstream society
- Violence:** An act of aggression intended to cause physical, Emotional or psychological harm to another person, in this case pregnant women
- Domestic Violence:** Violence taking place within a home environment.

## ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
HIV	-	Human Immunodeficiency Virus
NGOs	-	Non-Governmental Organizations
STIs	-	Sexually Transmitted Infections
YWCA	-	Young Women Christian Association

## CHAPTER ONE

### 1.0 INTRODUCTION

The problem of domestic violence is worldwide and has continued over many years. It occurs in women of all racial backgrounds and socio-economic groups. Studies have revealed that it is not more common among women of racial minorities or among women who are economically disadvantaged (Baoumi and Borum 1998). It signifies the breakdown of logical communication between partners (Contacto Newsletter, 1998).

Power differences between the sexes are due to the process of socialisation. In a patriarchal society like ours, it is translated into tangible terms by who expresses affection during courtship and who asks for marriage. The concept of man being the head of the family is translated to mean that the man makes the final decision on any matter pertaining to any member of the family (Kwaramba, 1998).

In Zambia domestic violence against women is wide spread. Many cultural practices reinforce men's positions as heads of the household. *During initiation ceremonies, girls are taught to respect their husbands and not to question whatever a man does in the home.* For this reason, it is not acceptable to discuss domestic violence when it occurs even with relatives or close friends. This is reinforced by the system of "lobola" or bride price, which has been interpreted by some as meaning that men have bought their wives and can therefore, do as they wish with them. There is also a general belief among many cultures that if a man does not beat or slap his wife, then he does not love her. For this reason, a woman who is beaten feels happy that her husband loves her. Some women who are abused either physically or mentally think that this is a normal part of marriage (Phiri, 1993).

Pregnant women have not been spared from domestic violence. Studies done in the United States of America have shown that girls and pregnant women were at highest risk for partner violence (Shidigian and Bauter, 2004). It has been documented that pregnant women in developing countries were more prone to abuse compared to developed

countries (Women's Health Weekly, 2003). Unfortunately, no studies have been conducted in Pregnant women in Zambia. It is for this purpose that research be conducted for implications on policies and human rights.

## 1.1 STATEMENT OF THE PROBLEM

Violence against women is a global problem, which cannot be ignored. It has continued over many years and it occurs in women of all racial background and socio-economic groups. Women's lives continue to be endangered by violence, which is directed at them simply because they are women. Domestic violence occurs at least once in two thirds of all marriages and one in eight couples admits there have been acts of violence between them, which caused serious injury (Lazzoro and Mcfarlane, 1991).

Women in Zambia have not been spared from domestic violence. Both women and girls are at high risk of physical and sexual abuse due to their powerless position in society. They are in no position to protect themselves. Women and girls are actually at greatest risk of violence from members of their household than from strangers. According to anecdotal evidence, 4 out of 10 Zambian women are victims of domestic violence. This may not be a true reflection of the existing problem because many more cases go unreported because of the nature of the problem. It is difficult to estimate with accuracy the number of women abused because they will not talk for fear of victimization. Much of the violence against women goes unreported because of cultural and traditional attitudes attached to it. The magnitude of the problem therefore needs investigation.

The consequences of domestic violence against women are numerous and therefore, require quick solutions to put to an end this cruel practice. Attempts have been made and are still being made by the Government and Non-Governmental Organizations (NGOs) to eradicate the problem of domestic violence against women. One such measure has been the declaration of the elimination of violence against women, which was adopted by the United Nations General Assembly in 1993, for which the Zambian Government is a signatory (Sakala 1996). The declaration calls on all governments to condemn violence against women and not to involve any custom, tradition or religious considerations to avoid their obligations with respect to eliminating violence against women in public and private spheres (Sakala 1996).

Despite all the adverse effects of violence against women and the measures that have been instituted to educate the public on human rights and rights of women on the media, the cases of domestic violence against women are on the increase, with many lives being lost in some circumstances.

Domestic violence has not spared pregnant women. Pregnant-related violence is a serious public health issue, which needs attention. Although there is a growing body of research on this subject, there are still many unanswered questions regarding this type of victimization, the risk factors and the consequences (Jasinski and Jana, 2004). It is reported that partner abuse during pregnancy is common and its likelihood is increased if a woman or her partner has a childhood history of domestic violence (International Family Planning Perspectives, 2003)

A review of the literature by Peterson et al (1997) found that for the foetus, severe blunt trauma to a maternal abdomen has been shown to lead to spontaneous abortion, foetal death, placenta abruption, preterm labour and delivery, and foetal injury such as skull fractures, intracranial haemorrhage and bone fractures. For the woman, potential adverse pregnancy outcomes include rupture of the uterus, spleen, liver and diaphragm.

In some studies of low birth weight and physical abuse during pregnancy, preterm birth and low birth weight have not been described as separate outcomes. It has been suggested that direct mechanisms such as trauma to abdomen, could lead to preterm labour (Newberger et al, 1992). Indirect mechanisms found in abusive environment could be associated with low birth weight, even at term. Example are the use of nicotine, or alcohol, low socio-economic status, poor maternal weight gain, stress and lack of social support (Stewart and Cecutti,).

Domestic violence is regarded as an important risk marker for the development of obstetric complications and depressive symptomatology. Since violence during pregnancy has been associated with adverse maternal and foetal outcomes, a better

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understanding of the epidemiology of violence during pregnancy, including its frequency and risks factors, could have important clinical and public health implications.

Unfortunately, no research has been conducted in Zambia, hence this study. This study *therefore seeks to find out the prevalence and factors contributing to domestic violence* against pregnant women attending antenatal clinics in Lusaka Urban. The following are the assumptions of the contributing factors:-

**Beliefs and cultures regarding marriage** – When a woman is prepared for marriage, she is advised to be submissive to her husband at all times because of the bride price that has been paid to her parents. The cultural practice of charging bride price reinforces a man's sense of ownership over his wife. Often when men perpetrate violence against women, they make a statement to the effect, "I paid six cows which are providing manure and milk for your relatives and you dare to be disrespectful". The bride price has also been cited as a bondage preventing women from leaving abusive husbands due to the cultural expectation that the dowry has to be paid back.

**Age and Education** – Domestic violence often occurs where the woman is younger than the husband and where the woman is more educated than the husband, which leads to insecurity, possessiveness and jealousy. This maybe due to the low status culturally accorded to women (regardless of their educational attainment), including the norm that the man is the head of the household and has the right to "discipline" his wife and children even by physical or psychological abuse (Chiyenge, 2003).

**Polygamous marriages** lead to infidelity or suspicious of infidelity as a wife or husband may feel that the relationship is not fulfilling. Adultery and suspicions of infidelity are also a contributing factor in monogamous marriages.

**Drunkenness** - This factor is assumed to cause poverty leading to failure to provide basic needs for the family (economic deprivation) and promoting violent reactions in the household.

The “conspiracy of silence” surrounding incidence of violence due to various reasons such as fear, intimidation, socio-economic insecurity of the victim, stigmatisation of victim and the persisting cultural attitude that violence occurring within the home is a family issue that should be tolerated to save the marriage (Chiyenge 2003).

Women’s ignorance of individual and women’s right that outlines their protection against any form of violence. This may be due to inadequate access to legal information, health services, legal aid or protection, inadequate public information on and awareness of the laws.

Denial of conjugal rights (sex) in marriage:- Cultural factors expects a woman to provide for the sexual requirements of her husband and not to deny her spouse sex even in the possibility of contracting a sexually transmitted infection (STI) or HIV/AIDS (Kwaramba 1998). According to the Zambia Demographic and Health Survey 2001-2002, 42.7 percent of urban women and 50.0 percent of rural women, agreed that a husband is justified in hitting or beating his wife if she refuses to have sex with him.

It is hoped that the study will raise pertinent information, which will be used in making recommendations on strategies to be taken by the government and concerned organisations in order to reduce the prevalence of domestic violence in our society.

## 1.2 JUSTIFICATION OF THE STUDY

Only a few studies have been conducted on domestic violence against women in Zambia. No study has been conducted on the prevalence and factors contributing to domestic violence against antenatal women. The study aims to find out the prevalence and factors contributing to domestic violence against pregnant women with the view that the results will be utilised effectively by the government and concerned organisations so that the prevalence of domestic violence is reduced and finally eradicated from our society.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

Statistics of domestic violence against women are confusing and their accuracy is always compromised by the realisation that much domestic violence is never reported to authorities of any kind. Estimates of assaults on women by their husbands or boy friends range from 1.8 million each year world wide depending on the definition and survey techniques (Satcher, 1994).

Violence against women derives from socio-cultural patterns that perpetuate the lower status accorded to women in the family, the work place, the community and society. According to the Beijing platform for action, p 75, it is exacerbated by many factors. These include-

Women's low levels of education and their resulting dependence on men, "the conspiracy of silence", surrounding incidents of violence due to various reasons such as fear, intimidation, socio-economic insecurity of the victim, stigmatisation of victim, and the persisting cultural attitude that violence occurring within the home is a family issue that should be tolerated to save the marriage, inadequacies of laws dealing with the vice and failure to reform existing laws, inadequate access to legal information, health services, legal aid or protection, inadequate enforcement of existing laws, inadequate Public Information on and awareness of the laws, inadequate formal and informal education to address the scourge, media or cultural images depicting women as sex objects.

#### **2.2 GLOBAL PERSPECTIVE**

Domestic violence against women is a global problem. In America, "a woman is beaten every 15 seconds and each day four (4) women are killed by their batterers" (Heise 1989). It is also reported that in the United States, 32 percent of women who have been assaulted can be expected to be battered again within 6 months of the initial incident (Bayoumi And Borum 1998). Studies done by the American Medical Association and others show that 20 to 30 percent of the women who seek medical attention are there

because of the partner's physical abuse (Satcher, 1994). Heise (1989) noted that violence against women despite its relative invisibility has vast dimensions. She cited some revealing statistics. In Bangkok, Thailand, a reported 50 percent of married women were beaten regularly by their husbands. In the barrier of Quito, Ecuador, 80 percent of women were said to be physically abused. In Nicaragua, 44 percent of men admitted beating their wives or girlfriends. In India, brides were murdered by their husbands when parents failed to provide adequate dowry ( Heise,1989).

Haji-yahia and Muhammad (2003) conducted a research on 'Beliefs About Wife Beating among Arab men from Israel which revealed that 58 percent of the participant indicated that there was no excuse for a man to beat his wife, 15-62 percent still justified wife beating on certain occasions (e.g. adultery, failure to obey husband, disrespect for parents and relatives) and on some occasion 23-43 percent even blamed the wife for the violence against her. The participant's age and level of education, their masculine sex-role stereo types, negative and traditional attitudes toward women, and familial patriarchal beliefs were the most significant predictors of beliefs about wife beating. A research conducted by Grande et al, 2003, on domestic violence in South Australia has revealed that 1 in 5 South Australian adults reported physical and emotional abuse from current or ex partners, of whom the majority of women were separated, divorced or never married and on lower incomes.

Prevalence studies done elsewhere have revealed that domestic violence occurred in about 17 percent of pregnant women. Leung et al (1999) conducted a prevalence study in a Chinese Community. 631 pregnant women attending their first antenatal clinic in Tsan Yuk Hospital were interviewed using a standard questionnaire (Abuse Assessment Screen) to detect the incidence of domestic violence, the nature of violence, the frequency of violence and the perpetrators of abuse. Demographic factors of the abused group were compared to those of the non-abused group using the student's t-test and chi square test. The study revealed that 113 of them (17.9 percent) had a history of abuse, 99 women (15.7 percent) had been abused in the last year, 27 of them (4.3 percent) had been abused during the current pregnancy, and 59 women (9.4 percent) had been

sexually abused in the last year. The husband was the main perpetrator in the majority of cases. The nature of violence during pregnancy was mainly psychological in form threats of abuse without any physical injury.

Another study was conducted by Johnson et al (2003). 500 antenatal women who were not accompanied by their partners were given questionnaires to fill. The results revealed that the prevalence of domestic violence was highest in the age group 26-30 years and boy friends were the main perpetrators. Punching and slapping were the most common pattern of violence.

Physical abuse during pregnancy has been associated with adverse maternal and foetal outcomes. Baccus et al (2004), conducted a cross sectional survey on antenatal and postnatal wards in the inner-London Teaching Hospital. 200 English-speaking women 16 and over were interviewed. The analysis of predictors of obstetric complications grouped together those to be associated with domestic violence. The study revealed that 23.5 percent women had lifetime experience of domestic violence, 3 percent during current pregnancy. Women were significantly more likely to be single, separated or in non-cohabiting relationship and to have smoked in the prior to and /or during pregnancy. A history of domestic violence was significantly associated with obstetric complications after controlling for other known risk factors.

Another study was conducted by Wang and Chou (2003). This country-based cross sectional study collected information on 1,146 first-time mothers, including 556 adolescents (< 20 years old) and 590 adults (20-34). The study revealed that the prevalence of premature birth was 11.4 percent for adolescent mothers and 8.4 percent for adult mothers. Young adolescent mothers (<18 years old) (14.5 percent), drinking alcohol (23.1 percent vs. 9.1 percent) and domestic violence (16.0 percent vs.9.3 percent) were associated with a higher risk of premature birth ( $p < 0.05$ )

### 2.3 REGIONAL PERSPECTIVE

In Africa, statistics on Domestic Violence may be scarce but the little that is known in developing countries is disturbing. A research conducted by the women in Law and Development in Africa (WILDAF), indicate that approximately half of all female homicide victims are killed by their former or current male partners and that women are at greatest risks between the ages 20 and 40 years. (Summary report – SADC Conference on the Prevention of Violence Against Women, 1998). Kamau (1993) reported that in Kenya, in a detailed family planning survey, it was found that 42 % of women were beaten regularly by their husbands or companions if they acted contrary to their wish. The study showed that because of lack of control over their reproductive health, women were repeatedly infected with sexually transmitted infections by their spouses. Some women even experienced sex as rape.

In Uganda, a lot of domestic violence is as a result of man's reactions to customs concerning Christmas; a custom of giving presents. Men feel a sense of worthlessness when their women ask for a Christmas gift and they cannot buy it. They turn shame into anger, batter their wives, and even kill them. Wamboka, 1997). As many as 41% of women aged 20-44 report being beaten or physically harmed.

A study conducted in Nigeria has shown that 78.8 percent of the women have ever been battered by their male counterparts, out of which 58.9 percent reported battery during pregnancy, while 21.3 percent reported having been forced to have sexual intercourse (Okerngbo et al, 2002). Multivariate logistic regression identified the correlates of these forms of violence such as age, place of residence, age at first marriage, type of marital union, level of income of women, and level of education of husband against women.

The incidence of rape and battery in South Africa is alarmingly high. It is estimated that a female is raped almost every minute (summary report – SADC Conference on the Prevention of Violence against Women, 1998). Violence against women is cited in half of all divorce actions brought by women in South Africa.



Another study done in South Africa revealed that among teenage mothers attending an antenatal clinic in Cape Town, 60 percent said that they had been beaten by their partner and an estimated 1 adult women out of every 6 was assaulted by her partner. (Tribute, 1991).

In Zimbabwe, a research done in 1996 by Musasa Project reported that 1 in 5 women reported physical and psychological abuse while they were pregnant. The common perpetrators were their former husbands/boyfriends or their current husband with former husbands continuing their violence after separation.

#### **2.4 NATIONAL PERSPECTIVE**

Many women in Zambia suffer domestic violence despite the civic education campaigns that have been embarked on. Reports of women abused by their male partners, who are revealed in the media and reported to the police, are a fraction of what really goes on in many homes. This violence includes physical assaults like kicking, slapping and rape. Traditionally many women in Zambia believe that it is right for a man to beat his wife at least occasionally. It is believed that this makes the woman to feel loved and cared for. A study conducted by Phiri (1993), revealed that assault was the most common factor for women going to the casualty ward for the injuries inflicted by their husbands.

According to the latest Zambia Demographic Health Survey, about 80 percent of Zambian wives found it acceptable to be beaten by their husbands as a form of chastisement. Out of 5,029 women interviewed country wide, 79 percent said they should be beaten if they went out without their husband's permission, sixty-one percent said a beating was acceptable if they denied their husband sex, while forty five percent said a beating was in order if they cooked "bad food". Zambian wives are living in a sorry state. As far as they are concerned, they can be beaten for almost anything. This is a frightening phenomenon and submissive attitudes have been blamed to what is taught to girls during puberty rites. Unfortunately, there has been no research conducted on the prevalence and factors contributing to domestic violence against pregnant women.

From the above literature, it can be seen that domestic violence against women is worldwide. It affects women from different socio-economic and racial backgrounds. Women should therefore be sensitized and empowered so that they can speak out against domestic violence and in so doing eradicate it from our society

## **2.5 GLOBAL, REGIONAL AND NATIONAL RESPONSES TO VIOLENCE AGAINST WOMEN**

At International and regional levels, important strides have been taken in addressing violence against women, in 1993 the adoption of the United Nations Declaration on the Elimination of Violence Against Women. In 1993, the Beijing Declaration in 1995 and the SADC Addendum on the Prevention and Eradication of Violence Against Women and Children in 1998, constitute significant collective and individual commitment of the states to addressing the scourge. Zambia is a signatory/state party to all major international/regional instruments on human rights/women's rights. The government committed itself to addressing the scourge of violence against women and children including through strengthening of laws and law enforcement. However, these commitments are yet to be translated into tangible action.

## **2.6 CONCLUSION**

Although governments have committed themselves to protecting women's rights and eradicating violence against women at international, regional and national levels this commitment remains unfulfilled. The situation in Zambia calls for urgent measures by both government and NGOs to step up efforts in sensitising and educating people to prevent and respond to the scourge of gender-based violence.

## **2.7 LIMITATIONS OF LITERATURE REVIEW**

Literature on studies done in the area of domestic violence against antenatal women is scarce. Most literature is on domestic violence against women in general although this also has its own limitation, since literature given tends to give overviews rather than comprehensive and in-depth analyses of country studies. In order to minimise these limitations, this study will do logistic analysis to control for confounding factors, which most studies did not do.

## **CHAPTER THREE**

### **3.0 OBJECTIVES**

#### **3.1. GENERAL OBJECTIVE**

To determine the prevalence and factors contributing to domestic violence against pregnant women attending antenatal clinics in Lusaka Urban.

#### **3.2 SPECIFIC OBJECTIVES**

1. To determine the prevalence of domestic violence in pregnant women
2. To assess the common forms of domestic violence experienced by pregnant women
3. To find out the main perpetrators of domestic violence against pregnant women
4. To determine association between demographic characteristics of pregnant women and domestic violence
5. To determine association between social status and domestic violence
6. To determine association between economic status and domestic violence

## **CHAPTER FOUR**

### **4.0 METHODOLOGY**

#### **4.1 IDENTIFICATION OF VARIABLES**

##### **4.1.1 Dependent Variable**

Domestic violence against pregnant women.

##### **4.1.2 Independent Variables**

- Age
- Residential Area
- Tribe/Ethnicity
- Religion
- Marital Status
- Cultural Beliefs
- Initiation Ceremony
- Alcohol
- Educational Level
- Occupation

**TABLE 1: VARIABLES AND INDICATORS**

<b>VARIABLE</b>	<b>INDICATOR</b>
<b>Age</b>	<21 21-25 26-30 31-35 >35
<b>Residential Area</b>	<b>Urban</b> -Low density -Medium density -High density
<b>Ethnicity/Tribe</b>	Nyanja Tonga Lozi Bemba Lunda Foreigners
<b>Marital Status</b>	Single Married Divorced Widowed Separated Cohabitation
<b>Religion</b>	Catholics Liberal Protestants Strict Protestants Others
<b>Educational level</b>	Primary Secondary Tertiary No Education
<b>Occupation</b>	Employed Unemployed

**TABLE 1 CONT'**

<b>Cultural Beliefs</b>	Wife justified to refuse sex Wife not justified to refuse sex Man justified to beat his wife Man not justified to beat his wife
<b>Alcohol</b>	Takes alcohol Does not take alcohol Type of alcoholic drink taken Frequency of alcohol intake

**4.2 STUDY DESIGN**

A cross sectional Descriptive study was used. This design was used because it was suitable for determining prevalence. In this study, the participants were women selected on the basis of attending antenatal care services in Lusaka Urban.

**4.3 STUDY SETTING**

The study was conducted in Lusaka Urban Health Centers. The setting was selected because health centers are the first level of health care and therefore, see many antenatal cases compared to UTH, which is a referral hospital and mostly sees complicated cases.

**4.4 STUDY POPULATION**

The study population comprised of pregnant women in the reproductive age of 14-49 years attending antenatal care services in Lusaka urban District.

**INCLUSION CRITERIA**

All pregnant women attending antenatal care services in Lusaka Urban.

**4.5 EXCLUSION CRITERIA**

Non-pregnant women.

#### 4.6 SAMPLING PROCEDURE AND SAMPLE SIZE DETERMINATION

Participants were selected using a systematic sampling of one in every five pregnant women seen. The total number of participants was 385. The sample size was determined using the standard formula. The study was willing to tolerate an absolute sampling error of up to 5 per cent. The power of the study was 95 percent.

Formula:

$$n = \frac{Z^2 P (100 - P)}{d^2}$$

Where:-

Z = 1.96, the factor from the normal distribution

P = Estimated period prevalence

d = Absolute sampling error

$$n = \frac{(1.96^2) 50 (100 - 50)}{5^2}$$

$$n = \frac{3.84 \times 50 \times 50}{25} = \frac{9600}{25}$$

$$n = \underline{384}$$

Since the survey was conducted in six (6) urban health centers, the sample size from each health centre was 64. A sampling frame consisting of all health centers in Lusaka and a simple random procedure was used to select the health centers.

#### 4.7 DATA COLLECTION TECHNIQUES

An interview schedule was used. It had both open and closed ended questions. 385 pregnant women were interviewed. This instrument was chosen because it had the advantage of being administered even to respondents who could not read and write. Statistics of domestic violence against women are confusing and their accuracy is always compromised by the realization that domestic violence is never reported to authorities of any kind. This may be due to the process of socialization and cultural attitudes that domestic violence is a family issue, which should not be discussed with others. Therefore, to make the research results more reliable, focus group discussions

were conducted to support information from the questionnaire. It was hoped that the focus group discussions would bring out pertinent issues that might not be obtained by a questionnaire.

#### **4.8 ETHICAL CONSIDERATION**

The study involved human subjects, therefore clearance was obtained from the ethical committee of the School of Medicine at the University of Zambia. The Directorate of Post Graduate Studies of the University of Zambia granted permission to proceed with the research after clearance was obtained from the ethics Committee and the Department of Community Medicine of the school of Medicine. Permission was sought from the District Executive Director of Lusaka District Health Management Team. Above all written consent was obtained from each participant, after explaining to them fully the purpose of the study. Participation was voluntary, confidentiality and privacy was maintained. Questionnaires were assigned numbers instead of individual names.

#### **4.9 PRE-TESTING OF THE QUESTIONNAIRE**

A pre-test of the questionnaire was conducted at the University Teaching Hospital to assess the validity, appropriateness and sequence of questions. The outcome of the Pre-test helped to refine the instrument before the actual full study.

#### **4.10 DATA PROCESSING AND ANALYSIS**

Data was entered and analyzed using EPI-INFO 6.2 software. Prior to analysis, cleaning of data was done by browsing and frequency range checks. Questionnaires were given identification numbers serially 001 to 385. The open-ended questions were coded by assigning numbers to response categories. The coded questions were then entered into the computer. The data analysis consisted of mainly running frequency tables and the variables were cross-tabulated. The chi-square was determined to be at 95 percent. Logistic regression was used to control for confounding factors.

## **CHAPTER FIVE**

### **5.0 DATA PRESENTATION AND ANALYSIS**

#### **5.1 INTRODUCTION**

The findings are from data that was obtained from 385 pregnant women attending antenatal clinics in Lusaka Urban. Data was collected over a period of two months from six (6) different health centers.

#### **5.2 PREVALENCE OF DOMESTIC VIOLENCE IN PREGNANT WOMEN**

The sample comprised of 385 pregnant women. 169 (44.0 percent) of the pregnant women had a life time experience of domestic violence, 92 (23.9 percent) during the current pregnancy.

#### **5.3 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

Table 2 shows the distribution of the socio-demographic factors of the respondents. The majority 150 (39.0 percent) of the respondents were in the age group 21-25 years.

Most of the respondents 229 (59.5 percent) came from high-density areas. The majority 143 (37.5 percent) of the respondents were Nyanja speaking, followed by the Bemba speaking people 113 (29.9 percent)

Most 338 (87.8 percent) of the respondents were married and with regards to religion, the majority were Liberal Protestants 155 (40.5 percent), followed by the Strict Protestants 116 (30.3 percent) with most of remainder being Catholics 64 (16.7 percent). In general, respondents had some formal education; only 17 (4.7 percent) had never attended school.

The majority 224 (65.1 percent) of the respondents were unemployed.

**TABLE 2: SOCIAL DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

	Frequency	Percentage
<b>Age</b>		
<21	90	23.4
21-25	150	39.0
26-30	96	24.9
31-35	36	9.4
>35	13	3.4
Total	385	100.0
<b>Residence</b>		
Low Density	38	9.9
Medium Density	118	30.6
High Density	229	59.5
Total	385	100.0
<b>Tribe</b>		
Nyanja	143	37.5
Tonga	66	17.3
Lozi	25	6.6
Bemba	113	29.7
Lunda	25	6.6
Foreigners	9	2.4
Total	381	100.0
<b>Marital Status</b>		
Single	47	12.2
Married	338	87.8
Total	385	100.0
<b>Religion</b>		
Catholic	64	16.7
Liberal	155	40.5
Protestants		
Strict	116	30.3
Protestants		
Other	48	12.5
Total	383	100.0
<b>Education</b>		
<b>Level</b>		
Primary	150	41.6
Secondary	144	39.9
Tertiary	50	13.9
No Education	17	4.7
Total	361	100.0
<b>Occupation</b>		
Unemployed	224	65.1
Employed	120	34.9
Total	344	100.0

#### 5.4: RESPONDENTS BELIEFS AND EXPERIENCE OF DOMESTIC VIOLENCE

Table 3 shows that the majority 283 (73.7 percent) of the respondents believed that a wife was justified to refuse to have sex with her husband.

Out of the 382 respondents, 139 (36.4 percent) said that man is justified to beat his wife. The main perpetrator of domestic violence was the husband/intimate partner 165 (98.8 percent). The common form of domestic violence experienced by pregnant women was beatings 116 (68.6 percent).

The majority 293 (76.1 percent) of the respondents never experienced domestic violence in their current pregnancy.

**TABLE 3: RESPONDENTS' BELIEFS AND EXPERIENCES OF DOMESTIC IOLENCE**

	Frequency	Percentage
<b>Have Ever Experienced Domestic Violence in their lives</b>		
Yes	169	44.0
No	215	56.0
Total	384	100
<b>Wife is justified to refuse sex</b>		
Yes	283	73.7
No	101	26.3
Total	384	100
<b>Man is justified to beat his wife</b>		
Yes	139	36.4
No	243	63.6
Total	382	100.0
<b>Perpetrator of Violence in the home</b>		
Husband/intimate partner	165	98.8
Relative of Husband/intimate partner	1	0.6
Others	1	0.6
Total	167	100.0
<b>Number of Violence Episodes in Current Pregnancy</b>		
Once	33	8.6
Twice-Thrice	25	6.5
Four to five	12	3.1
More than five	22	5.7
Never	293	76.1
Total	385	100.0
<b>Violence in Current Pregnancy</b>		
Present	92	23.9
Not Present	293	76.1
Total	385	100.0

## 5.5: CROSS TABULATIONS

### 5.5.1: ASSOCIATION BETWEEN DEMOGRAPHIC CHARACTERISTICS OF PREGNANT WOMEN AND DOMESTIC VIOLENCE

#### 5.5.1a: AGE IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY

Table 4: shows that the majority 150 (38.9 percent) of the respondents were in the age group 21-25 years. There was no association between age and domestic violence, (Chi-Square = 1.22, df= 4, p= 0.875)

**TABLE 4: AGE IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY**

Age	Violence in Current Pregnancy					
	Yes		No		Total	
	n	%	n	%	n	%
<21	19	20.7	71	24.4	<b>90</b>	<b>23.4</b>
21-25	37	40.2	113	38.6	<b>150</b>	<b>38.9</b>
26-30	25	27.2	71	24.2	<b>96</b>	<b>24.9</b>
31-35	9	9.8	27	9.2	<b>36</b>	<b>9.4</b>
>35	2	2.2	11	3.8	<b>13</b>	<b>3.4</b>
<b>Total</b>	<b>92</b>	<b>100</b>	<b>293</b>	<b>100</b>	<b>385</b>	<b>100</b>

**P-Value = 0.875**

#### 5.5.1b: RESIDENTIAL AREA IN RELATION TO DOMESTIC VIOLENCE

Table 5: shows that the majority 229 (59.5 percent) of the respondents came from high-density areas. There was no association between residential area and domestic violence, (Chi-Square= 4.41, df= 2, p= 0.110).

**TABLE 5: RESIDENTIAL AREA IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY**

Residential Area	Violence in Current Pregnancy					
	Yes		No		Total	
	n	%	n	%	n	%
Low Density	4	4.3	34	11.6	38	9.8
Medium Density	28	30.4	90	30.7	118	30.6
High Density	60	65.3	169	57.7	229	59.5
<b>Total</b>	<b>92</b>	<b>100</b>	<b>293</b>	<b>100</b>	<b>385</b>	<b>100</b>

**P-Value = 0.110**

**5.5.1c: TRIBE IN RELATION TO DOMESTIC VIOLENCE**

Table 6 shows that the majority of the respondents Nyanjas 143 (37.5 percent), followed by the Bembas 113 (29.7 percent). There was no association between tribe and domestic violence, Chi-Square=2.88, df=5, p= 0.719).

**TABLE 6: TRIBE IN RELATION TO DOMESTIC VIOLENCE**

Tribe	Violence in Current Pregnancy					
	Yes		No		Total	
	n	%	n	%	n	%
Nyanja	34	37.4	109	37.6	143	37.5
Tonga	13	14.3	53	18.3	66	17.3
Lozi	6	6.6	19	6.6	25	6.6
Bemba	32	35.2	81	27.9	113	29.7
Lunda	5	5.5	20	6.9	25	6.5
Aliens	1	1.0	8	2.8	9	2.3
<b>Total</b>	<b>91</b>	<b>100</b>	<b>290</b>	<b>100</b>	<b>381</b>	<b>100</b>

**P-Value = 0.719**

**5.5.1d: RELIGION IN RELATION TO DOMESTIC VIOLENCE**

Table 7 shows that the majority 155 (40.5 percent) of the respondents were Liberal Protestants followed by the Strict Protestants 116 (30.3 percent). There was no association between religion and domestic violence, (Chi-Square= 1.07, df=3, p= 0.783

**TABLE 7: RELIGION IN RELATION TO DOMESTIC VIOLENCE**

Religion	Violence in Current Pregnancy					
	Yes		No		Total	
	n	%	n	%	no	%
Catholic	12	13.2	52	17.8	<b>64</b>	<b>16.7</b>
Liberal Protestants	38	41.2	117	40.1	<b>155</b>	<b>40.5</b>
Strict Protestants	29	31.9	87	29.8	<b>116</b>	<b>30.3</b>
Others	12	13.2	36	12.3	<b>48</b>	<b>12.5</b>
<b>Total</b>	<b>92</b>	<b>100</b>	<b>292</b>	<b>100</b>	<b>383</b>	<b>100</b>

**P-Value =0.783**

**5.5.2: ASSOCIATION BETWEEN SOCIAL STATUS AND DOMESTIC VIOLENCE**

**5.5.2a: MARITAL STATUS IN RELATION TO DOMESTIC VIOLENCE**

Table 8 shows that 11 (12.0 percent) of the single respondents experience domestic violence compared to 36 (12.3 percent) who did not. There was no association between marital status and domestic violence, (Yates Corrected Chi-Square= 0.01, p= 0.921)

**TABLE 8: MARITAL STATUS IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY**

Marital Status	Violence in Current Pregnancy					
	Yes		No		Total	
	n	%	n	%	n	%
Single	11	12.0	36	12.3	47	12.2
Married	81	88.0	257	87.7	338	87.8
<b>Total</b>	<b>92</b>	<b>100</b>	<b>293</b>	<b>100</b>	<b>385</b>	<b>100</b>

**P-Value = 0.921**

**5.5.2b: INITIATION CEREMONY IN RELATION TO DOMESTIC VIOLENCE**

Table 9 shows that 61 (66.3 percent) of the respondents who underwent initiation ceremony experienced domestic violence in their current pregnancy compared to 187 (63.8 percent) who underwent initiation ceremony, but did not experience domestic violence. There was no association between initiation ceremony and domestic violence, (Yates Corrected Chi-Square =0.10, p= 0.757

**TABLE 9: INITIATION CEREMONY IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY**

Had Initiation Ceremony	Violence in Current Pregnancy					
	Yes		No		Total	
	n	%	n	%	n	%
Yes	61	66.3	187	63.8	248	64.4
No	31	37.7	106	36.2	137	35.6
<b>Total</b>	<b>92</b>	<b>100</b>	<b>293</b>	<b>100</b>	<b>385</b>	<b>100</b>

**P-Value = 0.757**

### **5.5.2c: ISSUES TAUGHT DURING THE INITIATION CEREMONY IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY**

Table 10 shows that the majority 215 (87.0 percent) of the respondents were taught that man is the head of the house, therefore he makes all the decisions. There was no association between being taught that man is the head of the house, therefore makes all decisions, and domestic violence, (Yates Corrected Chi- Square = 0.49, p = 0.483)

The majority 150 (60.7 percent) of the respondents were taught to be submissive to their husbands and not to question whatever a man does in the house. There was no association between being taught to be submissive to the husband and not to question whatever a man does in a home and domestic violence, (Yates Corrected Chi-Square =1.15,p 0.284) The study also shows that 17 (27.1 percent) of the respondents who experienced domestic violence in their current pregnancy were taught not to reveal domestic violence to outsiders, not even to relatives, friends or the police compared to 88 (47.6 percent) of the respondents who received the teaching but did not experience domestic violence in their current pregnant. There was an association between being taught not to reveal domestic violence to outsiders, not even to relatives, friends or the police and domestic violence, (Yates Corrected Chi-Square =6.49, p = 0.011).

81 (32.9 percent) of the respondents received the teaching that says that domestic violence is normal in relationships and shows that the man loves you. There was no association between the teaching that says that domestic violence is normal in a relationship and shows that the man loves and domestic violence, (Yates Corrected Chi-Square =1.27, p= 0.26

**TABLE 10: ISSUES TAUGHT DURING THE INITIATION CEREMONY IN RELATION TO DOMESTIC VIOLENCE**

	Violence in Current Pregnancy					
	Yes		No		Total	
	n	%	n	%	n	%
<b>Taught that man is Head of the House</b>						
Yes	51	83.6	164	88.2	215	87.0
No	10	16.4	22	11.8	32	12.9
<b>Total</b>	<b>61</b>	<b>100</b>	<b>186</b>	<b>100</b>	<b>247</b>	<b>100</b>
<b>P-Value = 0.483</b>						
<b>Taught to be Submissive to husband</b>						
Yes	33	54.1	117	62.9	150	60.7
No	28	45.9	69	37.1	97	39.3
<b>Total</b>	<b>61</b>	<b>100</b>	<b>186</b>	<b>100</b>	<b>247</b>	<b>100</b>
<b>P-Value = 0.284</b>						
<b>Taught not to reveal domestic violence to outsiders</b>						
Yes	17	27.1	88	47.6	105	42.7
No	44	72.1	97	52.4	141	57.3
<b>Total</b>	<b>61</b>	<b>100</b>	<b>185</b>	<b>100</b>	<b>246</b>	<b>100</b>
<b>P-Value = 0.011</b>						
<b>Taught that domestic violence is normal and shows that the Man loves you</b>						
Yes	16	26.2	65	35.1	81	32.9
No	45	73.8	120	64.9	165	67.1
<b>Total</b>	<b>61</b>	<b>100</b>	<b>185</b>	<b>100</b>	<b>246</b>	<b>100</b>
<b>P-Value = 0.260</b>						

#### 5.5.2d: ALCOHOL IN RELATION TO DOMESTIC VIOLENCE IN CURENT PREGNANCY

Table 11 shows that 41 (10.6 percent) of the respondents took alcohol. There was no association between alcohol consumption by respondents and domestic violence, (Yates Corrected Chi-Square =0.01, p= 0.908).

60 (65.2 percent) of the respondents who experienced domestic violence in their current pregnancy had husbands/Partners that took alcohol compared to 141 (48.1 percent) that had partners that took alcohol but did not experience domestic violence. There was an association between alcohol consumption by respondents husbands/spouses and domestic violence, (Yates Corrected Chi-Square = 7.53, p =0.006).

The majority of the respondents' husbands/spouses took Lagers. There was no association between type of alcohol consumption by respondents' husbands/spouses and domestic violence, (Chi-Square = 0.61, df = 2, p = 0.736).

The majority 87 (44.6 percent) of the respondents had husbands/partners who took alcohol 1-2

times a week. There was no association between frequency of alcohol consumption by respondents' husbands/spouses and domestic violence, (Chi-Square = 3.11, df =2, p =0.374).

**TABLE 11: ALCOHOL IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY**

	Domestic Violence in Current Pregnancy				Total	
	Yes		No		n	%
	n	%	n	%		
<b>Respondents taking alcohol</b>						
Yes	10	10.9	31	10.6	41	10.6
No	82	89.1	262	89.4	344	89.4
<b>Total</b>	<b>92</b>	<b>100</b>	<b>293</b>	<b>100</b>	<b>385</b>	<b>100</b>
<b>P-Value = 0.908</b>						
<b>Respondents' Husbands/partner Taking alcohol</b>						
Yes	60	65.2	141	48.1	201	52.2
No	32	33.8	152	51.1	184	47.8
<b>Total</b>	<b>92</b>	<b>100</b>	<b>293</b>	<b>100</b>	<b>385</b>	<b>100</b>
<b>P-Value = 0.006</b>						
<b>Type of alcohol Husband/partner Takes</b>						
Lager	32	53.3	81	57.9	113	56.5
Opaque beer	24	40.0	48	34.2	72	36.0
Illicit Brew	4	6.7	11	7.9	15	7.5
<b>Total</b>	<b>60</b>	<b>100</b>	<b>140</b>	<b>100</b>	<b>200</b>	<b>100</b>
<b>P-Value = 0.736</b>						
<b>How often partner Drinks</b>						
Occasionally	14	23.7	40	29.4	54	27.7
Once Twice per Week	24	40.7	63	46.3	87	44.6
Three/Four times Per week	9	15.3	17	12.5	26	13.3
Everyday	12	20.3	16	11.8	28	14.4
<b>Total</b>	<b>59</b>	<b>100</b>	<b>136</b>	<b>100</b>	<b>195</b>	<b>100</b>
<b>P-Value = 0.374</b>						

### 5.5.3: ASSOCIATION BETWEEN ECONOMIC STATUS AND DOMESTIC VIOLENCE

#### 5.5.3a: EDUCATIONAL LEVEL IN RELATION TO DOMESTIC VIOLENCE

Table 12 shows that the majority 150 (41.6 percent) of the respondents had Primary Education, followed by Secondary Education 144 (39.9 percent). There was no association between educational level and domestic violence, (Chi-Square= 3.20, df= 3, p= 0.361).

**TABLE 12: EDUCATIONAL LEVEL IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY**

Educational Level	Yes		No		Total	
	n	%	n	%	n	%
Primary	32	37.2	118	42.9	150	41.6
Secondary	37	43.0	107	38.9	144	39.9
Tertiary	15	17.4	35	12.7	50	13.8
No Education	2	2.3	15	5.5	17	4.7
<b>Total</b>	<b>86</b>	<b>100</b>	<b>275</b>	<b>100</b>	<b>361</b>	<b>100</b>

**P-Value = 0.361**

#### 5.5.3b: OCCUPATION IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY

Table 13 shows that the majority of the respondents were employed 224 (65.1 percent). There was no association between employment and domestic violence, (Yates Corrected Chi-Square = 0.17, p= 0.683)

**TABLE 13: OCCUPATION IN RELATION TO DOMESTIC VIOLENCE IN CURRENT PREGNANCY**

Occupation	Violence in Current Pregnancy				Total	
	Yes		No		n	%
	n	%	n	%		
Employed	52	62.7	172	65.9	224	65.1
Not Employed	31	37.3	89	34.1	120	34.9
<b>Total</b>	<b>83</b>	<b>100</b>	<b>261</b>	<b>100</b>	<b>344</b>	<b>100</b>

**P-Value= 0.683**

**5.6: RESULTS OF THE MULTIVARIATE LOGISTIC ANALYSIS**

Table 14 shows that respondents who were taught not to reveal domestic violence to outsiders were 33 percent less likely to experience domestic violence than those that were not taught. Respondents that had husbands/intimate partners who took alcohol were 37 percent more likely to experience domestic violence.

**TABLE 14: RESULTS OF THE MULTIVARIATE LOGISTIC ANALYSIS**

Factor	OR	(95% CI)
<b>Secrecy</b>		
Keep it	0.67	(0.49, 0.92)
Reveal it	1	
<b>Alcohol</b>		
Took	1.37	(1.01, 1.86)
Did not	1	

## **5.7 SUMMARY OF THE FOCUS GROUP DISCUSSION WITH PREGNANT WOMEN**

Two focus group discussions were held at two (2) different health centers. Most pregnant women were able to define domestic violence as “fighting in the home”, “infringement of one’s rights”, and “rape case in the home”

Most participants had undergone initiation ceremony. Those who did not undergo initiation ceremony received some marriage counselling. Although the Majority said a man was not justified to beat his wife, most of them were beaten by their husbands. This was attributed to the fact that most women believed that slaps and punching were acceptable compared to beating using rods or sticks. Most women also believed that domestic violence should not be revealed to outsiders in order to save their marriages. Only a few women said that they would report their husband to the police if they were beaten. The majority did not believe that domestic violence was a crime, but believed that a wife can be beaten as a way of disciplining her– “If a wife does not listen and follow instructions from her husband, then her husband can beat her as a way of disciplining her”, “If your husband does not beat you then it shows that he does not love you”. As such, most respondents did not believe in suing their husbands for beating them

The majority of the women also believed that a woman was justified to refuse to have sex with their husbands if she had a justifiable excuse, such as “not in the mood”, “not feeling well” or “just delivered”. Others believed that a wife had no right to refuse to have sex with her husband and wondered why those women who said that a wife had the right to refuse to have sex with their husband got married in the first place. To them sex was not negotiable. They believed that the woman was there to satisfy her husband sexually – “Why do some women get married if they can refuse to have sex with their husbands?” Other respondents said that they could continue having sex with their husbands even if he was having sex with other women or was infected with an STI – “I can continue to have sex with my husband as a way of discouraging him from having sex with other women”, “I can continue to have sex with my husband even if I know he has an STI, but then go to the health centre for blood testing and start medication if found infected”.

## CHAPTER SIX

### 6.0 DISCUSSION OF FINDINGS

#### 6.1 INTRODUCTION

A Cross Sectional Descriptive Study was conducted to determine the prevalence and factors contributing to domestic violence in pregnant women attending antenatal clinics in Lusaka Urban. The study sample consisted of 385 pregnant women who were systematically selected from six randomly selected clinics. 385 questionnaires were distributed. All questionnaires were filled in, giving a response rate of 100%. Two focus group discussions were held at two health centers to complement the results from the survey. Each focus group discussion comprised of twelve (12) pregnant women.

#### 6.2 PREVALENCE OF DOMESTIC VIOLENCE

Prevalence was defined as the number of pregnant women experiencing domestic violence divided by the total number of pregnant women multiply by 100. Two prevalence were calculated; one, for those pregnant women who have ever experienced domestic violence in their life and the other, for those women experiencing domestic violence in their current pregnancy.

The prevalence of domestic violence in pregnant women who have ever experienced domestic violence:-

Prevalence = 44 percent

Prevalence of domestic violence in pregnant women who experienced domestic violence in their current pregnancy:-

Prevalence in current pregnancy = 23.9 percent

The above shows that 44 percent of the pregnant women had a lifetime experience of domestic violence, 23.9 percent during the current pregnancy. The results contradict

those of Leung et al whose study revealed that 17.9 percent pregnant women had a history of abuse, 4.3 percent of them during the current pregnancy. The results also contradict Okemgbo et al's finding which revealed that 58.9 percent of pregnant women in Imo State, Nigeria reported battery during pregnancy. The probable differences in the prevalence may be due to the nature of the problem; differences in cultural beliefs concerning domestic violence may contribute to the differences in the prevalence. One culture may permit openness while another conceal domestic violence. Much domestic violence is never reported to authorities of any kind. It is therefore difficult to estimate with accuracy the number of women abused because they will not talk for fear of victimization. These results confirm the Women's Health Weekly, 2003) documentation that pregnant women in developing countries were more prone to abuse compared to developed countries.

### **6.3 COMMON FORMS OF DOMESTIC VIOLENCE**

The form (nature) of domestic violence was mainly beatings 116 (68.6 percent) followed by insults 55(68.6 percent) and sexual abuse/non consensual sex 18(10.7 percent).In this study all forms of physical abuse such as slapping, punching, shoving, kicking, etc were all regarded as beatings. The results are supported by the findings of Johnson et al 2003, which revealed that punching and slapping were the most common pattern of violence. 10 percent of the women experiencing domestic violence had had forced sexual activity. This ties with the cultural beliefs that expects the woman to provide for sexual requirements of her husband and not to deny him sex even in the possibility of contracting a sexually transmitted infections (STI) or HIV/AIDS (Kwaramba, 1998). Focus group discussions revealed that women have generally no control over their reproductive health and therefore may be repeatedly infected with an STI/HIV/AIDS by their spouse, which may be passed on to their unborn babies.

#### **6.4 MAIN PERPETRATOR OF DOMESTIC VIOLENCE**

The main perpetrator of domestic violence was a husband/intimate partner 165(98.8 percent). The findings are supported by Leung et al (1999), who conducted a study on the prevalence of domestic violence against pregnant women in a Chinese community. The results revealed that the husband was the perpetrator in the majority of cases. In Zimbabwe, the Musasa project (1996) reported that 1 in 5 women experienced domestic violence while pregnant and the husband/boyfriend was the main perpetrator. This may be due to the fact that women tend to be victimized by male relatives that are close to them and these include husbands/boyfriends.

#### **6.5 ASSOCIATION BETWEEN DEMOGRAPHIC CHARACTERISTICS OF PREGNANT WOMEN AND DOMESTIC VIOLENCE**

##### **6.5.1 Age and Domestic Violence**

The results show that the majority 37 (40.2 percent) of the respondents who experienced domestic violence were in the age group 21 – 25 years. This contradicts the findings of Johnson et al 2003, which showed that domestic violence was highest in the age group 26-30 years. The probable explanation for this could be that in our culture, girls tend to marry earlier compared to those from developed countries. The findings of Women In Law and Development in Africa (WILDAF) 1998 revealed that women were at greatest risk of domestic violent between the ages 20-40 years. This interval was too broad and therefore could not be used to compare with the results of this study. There was no association between age and domestic violence. The results conflict those found by Okemgbo et al ( 2002), whose study identified the correlates of violence such as age, place of residence, age at first marriage and type of marital union.

### **6.5.2 Residential Area and Domestic Violence**

Over all, the majority of the respondents 229 (59.5 percent) came from high-density areas, followed by 118 (30.6 percent) from medium density areas. The probable explanation for this may be that the majority of the sampled clinics where respondents were sampled from were situated in or near the high-density areas. There was no association between residential area of respondents and domestic violence. The results were in conflict with those found by Okemgbo et al (2002) who identified the correlates of violence such as, among other variables, place of residence.

### **6.5.3 Tribe and Domestic Violence**

Over all, the majority of the respondents were Nyanja speaking people 143 (37.5 percent), followed by Bemba speaking people 113 (29.7 percent). The probable explanation may be that the population of Lusaka comprises of mainly Nyanja speaking people. According to the 2000 Census of Population and Housing, the majority of the people living in Lusaka were Nyanja speaking people followed by Bemba speaking people. The majority of the respondents who experienced domestic violence in their current pregnancy were Nyanja speaking people 34 (37.4 percent), followed by Bemba speaking people 32 (35.2 percent) and Tonga speaking 13 (14.4 percent). There was no association between tribe and domestic violence. This may be due to the fact that domestic violence cuts across all ethnic groupings

### **6.5.4 Religion and Domestic Violence**

The study revealed that the majority of the respondents 155 (40.5 percent) were Liberal Protestants followed by 116 (30.3 percent) Strict Protestants. Catholics and others accounted for 12 (13.2 percent) each. In this study Liberal Protestants was used to include the Seventh day Adventists, United Church of Zambia Reformed church of Zambia, Jehovah's Witnesses etc, while Strict Protestants was used to include all 'Born Again Denominations'. The results were similar to those obtained by Zambia Demographic and Health Survey (2001-2002) which showed that the majority of the Zambian population were Protestants (75.1 percent) followed by Catholics (22.9 percent). There was no association between religion and domestic violence.

## **6.6 ASSOCIATION BETWEEN SOCIAL STATUS AND DOMESTIC VIOLENCE**

### **6.6.1 Marital Status and Domestic Violence**

The study revealed that 81 (88.0 percent) of the respondents that experienced domestic violence in their current pregnancy were married compared to only 11 (12.0 percent) who were single. The singles in this study comprised those who had never married before, the divorced, widowed, and those separated from their husbands. Over all, the sampled respondents comprised more married than the singles, 338 (87.8 percent) and 47 (12.2 percent) respectively. This is in line with the Zambia Demographic and Health Survey (2001-2002) which revealed that the population of women in Zambia comprised mainly of married women than the single women, (60.5 percent and 39.5 percent respectively).

The results of this study contradicted the findings of Grande et al, (2003) where the majority of the women who reported domestic violence were separated, divorced or never married. There was no association between marital status and domestic violence

### **6.6.2 Cultural Beliefs and Domestic Violence**

The study revealed that 283 (73.7 percent) of the respondents said that a wife was justified to refuse to have sex with her husband compared to 101 (26.3 percent) who said that a wife was not justified to refuse to have sex with her husband. Focus group discussions also revealed that, most of the participants believed that a wife was justified in refusing to have sex with her husband and cited illness, menstruation, 'just delivered' and 'not in the mood' as reasons for refusing. Participants that said that a wife was not justified to refuse to have sex with her husband believed that wives were there to satisfy their husbands sexually and wondered why some women got married if they could refuse to have sex with their husbands. These beliefs may be attributed to cultural beliefs and teachings that girls and women are exposed to. These sexual beliefs have led to social acceptability of any kind of sexual behaviour by men, including violence and abuse. Since sex is considered a male need and undesired obligation on part of the

wives, men force their partners to have sex with them, (The African Women's Development and Communication Network, 2003).

When respondents were asked whether a man was justified to beat his wife, 139 (36.4 percent) said that he was, while 243 (63.3 percent) said he was not. This is similar to the results found by Haji-yahia and Muhammed (2003). They conducted a study among Arab men, which revealed that 58 percent of the participants indicated that there was no excuse for a man to beat his wife, while 15-62 percent still justified wife beating on certain occasions for example adultery, failure to obey husband, disrespect for parents and relatives.

The results were also supported by the Focus Group Discussion results, which revealed that the majority of the participants believed that a man was not justified to beat his wife. It was noted that even if these participants held such beliefs, some of them experienced domestic violence in their current pregnancy. The reason given was that they were powerless to fight back. Those that said that a man was justified to beat his wife, believed that a slap was acceptable since it was different from being beaten with rods, sticks or belts. Some still believed that it was acceptable to be beaten as a form of discipline. This may be attributed to some of the teachings that girls and women receive during the initiation ceremony. Culturally, it is believed that if a man does not beat his wife then he does not love her or has a girl friend.

From this study it was revealed that 61 (66.3 percent) of the respondents who experienced domestic violence in their current pregnancy had undergone initiation ceremony compared to 31 (33.7 percent) who did not undergo initiation ceremony. Although initiation ceremony in general was not associated with domestic violence, (Yates Corrected Chi-Square = 0.19,  $p = 0.757$ ), some issues which were taught during the initiation ceremony were found to be associated with domestic violence, for example being taught that wives should not reveal any domestic violence that occurs in the home to outsiders, not even to relatives, friends or the police was associated with domestic violence, (Yates Corrected Chi-Square = 6.49,  $p = 0.010$ , OR 0.43; 95% CI 0.31-0.85).

Multivariate logistic analysis revealed that respondents that were taught not to reveal domestic violence to outsiders were 33 percent less likely to experience domestic violence. (OR 0.67; 95% CI 0.47-0.92). This finding is supported by Chiyenge 2003, who stated that the 'conspiracy of silence' surrounding the incidence of violence and the cultural attitude that violence occurring within the home is a family issue that should be tolerated to save the marriage, may contribute to domestic violence against women.

### **6.6.3 Alcohol Consumption and Domestic Violence**

Alcohol consumption has been associated with domestic violence. Grande et al 2003, reported that among other variables, alcohol abuse problems were found to have a significant relationship with domestic violence. In Canada, the 1999 General Social Survey (GSS) reported that the risk of spouse violence against women in general is higher among women who are younger, are living in common-law relationship, have a lower household income, have a partner who drinks heavily and have a partner who was exposed to violence against his mother in his childhood. Tiesca and Borda (2003) also conducted a cross section study among women of fertile age in Columbia and found that habitual alcohol consumption in women and in the spouse were associated with domestic violence.

In another study, Van Hasselt et al conducted an assessment of alcohol use in couples characterized by wife abuse. The results indicated significantly higher scores on the Michigan Alcoholism Screening Test in physically abusive males based on their self-reports as well as wives' reports of husbands' drinking behaviour.

Similar results were found in this study; 60 (65.2 percent) of the respondents who experienced domestic violence in their current pregnancy had husbands/intimate partners who took alcohol, compared to 141 (36.6 percent) pregnant women whose husbands/intimate partners did not take alcohol but experienced domestic violence in their current pregnancy. There was a significant difference between those respondents that had husbands/intimate partners who took alcohol and those respondents whose husbands/intimate partners did not. Multivariate logistic analysis revealed that

respondents that had husbands/intimate partners that took alcohol were 37 percent more likely to experience domestic violence than respondents that had husbands/intimate partners who did not take alcohol. The type of alcohol taken by respondents' husbands/intimate partners and the frequency of alcohol consumption were not associated with domestic violence.

## **6.7 ASSOCIATION BETWEEN ECONOMIC STATUS AND DOMESTIC VIOLENCE**

### **6.7.1 Educational Level and Domestic Violence**

The study revealed that 150 (41.6 percent) of the respondents had primary education, 144 (39.9 percent) secondary education, 50 (13.8 percent) tertiary and 17 (4.7 percent) no education. The majority of the respondents 37 (10.2 percent) who experienced domestic violence in their current pregnancy had secondary education, followed by 32 (8.9 percent) with primary education, and 25 (4.2 percent) who had tertiary education. There was no association between education and domestic violence. The findings are supported by Ellsberg et al 1999 findings that revealed that there was no significant association observed between spousal violence and women's age, education, marital dependence or occupation. This may be attributed to the fact that domestic violence occurs irrespective of the socio-cultural background, educational level, or occupation

It has been documented that domestic violence often occurs where the woman is younger than the husband and where the woman is more educated than the husband, which leads to insecurity, possessiveness and jealousy (Chiyenge,2003).

Martin et al findings also support this; they used logistic regression analyses to control for confounding factors and found positive associations between wife abuse and the husband having a low educational level. This study did not look at the age of the respondents husbands/intimate partners, therefore could not assess this aspect.

### **6.7.2 Occupation and Domestic Violence**

The study revealed that 52 (62.7 percent) of the respondents that were employed had domestic violence in their current pregnancy compared to 172 (65.9 percent) who did not. There was no association between occupation and domestic violence. This result is supported by Ellsberg et al,1999 findings that revealed that there was no significant association between spousal violence and among other variables, occupation. These findings contradicts those found by Grande et al (2003) who found that demographic factors such as low household income, unemployment or part-time employment were found to have a significant relationship with domestic violence The results of the study revealed that domestic violence in pregnant women occurred irrespective of level of education or occupation, racial backgrounds and social-economic groups.

### **6.8 CONCLUSION**

The prevalence of domestic violence that has been revealed from the study is quite high. This calls for intensive sensitization of women so that this problem is curbed. It has been observed from the study that some pregnant women experienced sexual abuse/non-consensual sexual intercourse. This means that as long as women do not have control over their reproductive health they will continue to be re-infected with STIs/HIV/AIDS. Domestic violence against pregnant women has negative outcomes to both the woman and the unborn baby.

This may lead to increased morbidity and mortality rates among pregnant women and this in turn may have a drain on the health system's resources. There is therefore need for all health workers to be very observant so that they can identify victims of domestic violence in their departments and offer them psychological counselling and refer them to appropriate organizations that deal with such issues.

### **6.9 RECOMMENDATIONS**

1. Consideration should be given for routine screening for domestic violence in pregnancy to institute effective intervention strategies.
2. Women need to be sensitized and taught life skills so that they can stand and speak out against domestic violence.

3. There is need for a research study to look at men's views concerning domestic violence against pregnant women.
4. There is also need for a research study to look at domestic violence against men.
5. Stiffer penalties should be put in place by the Police and courts for perpetrators of domestic violence.
6. Men should be involved in awareness campaigns.

#### **6.10 LIMITATIONS OF THE STUDY**

1. Many women were hesitant to report experiences of domestic violence to survey interviewers because of shame and embarrassment.
2. The study did not include men, therefore the results could be biased.
3. Because this was a cross-sectional study, the results should be interpreted with caution

## APPENDIX I

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## APPENDIX II

The University of Zambia  
School of Medicine  
P.O Box 50110

8.07.04

The District Director  
Lusaka District Health Management Team

### Lusaka

U.F.S. The Head of Department  
The University of Zambia  
Community Medicine  
P.O Box 50110

Lusaka

Dear Sir/Madam,

### **RE: PERMISSION TO CONDUCT A RESEARCH STUDY AT SIX OF YOUR HEALTH CENTERS IN LUSAKA**

I am a student at the University of Zambia pursuing a Master's degree programme in Public Health. Part II of the programme requires me to produce a dissertation over a period of three months.

My research topic is **"To determine the prevalence and factors contributing to domestic violence against pregnant women attending antenatal clinics in Lusaka Urban"**.

I am therefore requesting your kind office to grant me permission to conduct my research on your premises at any six health centers that will be randomly selected.

Your favourable response and assistance will be highly appreciated

Yours sincerely,

Mavis D. Mwiinga



# MINISTRY OF HEALTH

## LUSAKA DISTRICT HEALTH MANAGEMENT BOARD

TO : The Health Centre In-charge

FROM: The District MCH Co-ordinator

DATE : 23 / 7 / 04

SUBJECT: INTRODUCTION OF Mavis D Mwinga

I am introducing the bearer of this letter... Mavis D Mwinga..... who is

Pursuing a course in... Master's degree programme... He/she is in the field and preg.

Conducting a research on... Domestic violence against women

I am therefore requesting you to assist him/her with the information required.

*M.B.*

**MARY BANDA (MRS)**  
**MCH CO-ORDINATOR**

REPUBLIC OF  
MINISTRY OF HEALTH  
DISTRICT HEALTH MANAGEMENT BOARD

23 JUL 2004

M.C.H OFFICE  
P.O. BOX 50827, LUSAKA

Dis. R. of Director of Health

## APPENDIX III

The University of Zambia  
School of Medicine  
P.O Box 50110  
**Lusaka**

8.07.04

The Executive Director  
University Teaching Hospital  
P.O Box  
**Lusaka**

U.F.S     The Head of Department  
          The University of Zambia  
          Community Medicine  
          P.O Box 50110

**Lusaka**

Dear Sir/Madam,

**RE:    PERMISSION TO CONDUCT A PRE TEST OF THE QUESTIONNAIRE  
AT YOUR ANTENATAL CLINIC PREMISES**

I am a student at the University of Zambia pursuing a Master's degree programme in Public Health. Part II of the programme requires me to produce a dissertation over a period of three months.

My research topic is **"To determine the prevalence and factors contributing to domestic violence against antenatal women in Lusaka Urban"**.

I am therefore requesting your kind office to grant me permission to conduct a pre-test of the questionnaire to check for relevance, clarity, and appropriateness of questions. The out come of the pre-test will help refine the instrument before the full actual study, which will take place in Health Centers in Lusaka Urban.

Your favourable response and assistance will be highly appreciated.

Yours sincerely,

Mavis D. Mwiinga

**APPENDIX IV**

**INTERVIEW SCHEDULE**

**TITLE: A STUDY TO DETERMINE THE PREVALENCE AND FACTORS CONTRIBUTING TO DOMESTIC VIOLENCE AGAINST ANTENATAL WOMEN IN LUSAKA URBAN**

RESPONDENT NO.: .....

STUDY LOCATION: .....

INTERVIEW DATE: .....

INTERVIEWER: .....

**INSTRUCTIONS TO RESEARCH ASSISTANTS**

1. Always introduce yourself to respondent.
2. Explain the purpose of the study and ask for permission to do the interview.
3. Request the respondent to sign consent before you start.
4. If the respondent declines to take part, do not force her.
5. Do not write names of respondents on the questionnaire.
6. Circle the number corresponding to the answer by respondent.
7. After the end of the interview always, thank the respondent for participating in the study.

**SECTION A – SOCIO DEMOGRAPHIC DATA**

1. How old are you? .....

2. Where do you live? .....

3. What is your tribe? .....

4. State your marital status.

1. Single

2. married

3. divorced

4. widowed

5. separated

6. cohabitation

5. What is your religious denomination?

1. Catholic

2. Baptist

3. Pentecost

4. Seventh Day Adventist

5. United Church of Zambia

6. Others (specify).....

6. What is your educational attainment?

1. Grade twelve

2. College

3. University



4. Others, specify.....

7. What is your occupation? .....

**SECTION B - RESPONDENT'S CULTURAL BACKGROUND AND  
FACTORS CONTRIBUTING TO DOMESTIC VIOLENCE**

If you underwent any initiation ceremony or had a kitchen party, answer question 8 – 15.

8. Did you undergo any initiation ceremony?

1. Yes

2. No (go to question 16)

9. What type of ceremony did you undergo?

1. confinement

2. Kitchen party

3. Both a and b

4. Others (specify).....

10. During your initiation ceremony, kitchen party etc,

What issues were taught to you?

1. The man is the head of the house,

Therefore, he makes all the decisions in the home.

2. To be submissive and not to question

Whatever the man does in the house.

3. Not to reveal any domestic violence that occurs

to outsiders, not even to close relatives, friends  
or the police.

- 4. Domestic violence is a normal phenomenon in relationships and shows that the man loves you
- 5. All of the above
- 6. Others (specify).....

11. Did the teachings received benefit you in anyway?

- 1. Yes
- 2. No ( go to question 13)

12. If yes to question 11, explain why you think it has benefited you.

.....  
.....

13. If no to question 11, explain your answer.

.....  
.....

14 Do you think that the issues taught during the initiation ceremony/kitchen party?  
have a bearing on the incidence of domestic violence against antenatal women.

- 1. Yes
- 2. No (go to question 16)

15. If yes to question 14, explain your answer.

.....  
.....  
.....

**SECTION B – RESPONDENT’S CULTURAL BACKGROUND AND FACTORS  
CONTRIBUTING TO DOMESTIC VIOLENCE**

16. Do you drink alcohol?

1. Yes
2. No (go to question 19)

17. If yes to question 16, what type of alcoholic beverage?

1. Lager /beers
2. Spirits
3. Chibuku
4. Kachasu
5. Others, specify.....

18. How often do you drink?

1. Occasionally
2. Once to twice a week
3. Three to four times a week
4. Every day

19. Does your spouse/ intimate partner drink alcohol?

1. Yes
2. No (go to question 22)

20. If yes to question 19, what type of alcoholic beverage?

1. Lagers/ beers
2. Spirits

- 3. Chibuku
- 4. Kaehasu
- 5. Others, specify.....

21. How often does he drink?

- 1. Occasionally
- 2.
- 3. Once to twice a week
- 4.
- 5. Three to four times a week
- 6.
- 7. Drinks everyday.

22. When do you usually quarrel/fight?

- 1. When either of us is drunk
- 2.
- 3. When both of us are drunk
- 4. Others specify .....

23. Do you think a man is justified in beating his wife?

- 1. Yes
- 2. No (go to question 25)

24. If yes to question 23, when do you think he is justified?

- 1. If the wife goes out with another man
- 2. If she neglects the children
- 3. If she argues with him
- 4. If she refuses to have sex
- 5. If she cooks bad food or food is late
- 6. Others specify .....

25. Do you think a wife is justified in refusing to have sex with her husband?

1. Yes

2. No (go to question 27)

26. If yes to question 23. under what circumstances is she justified?

1. She is tired or not in the mood

2. She has recently given birth

3. She knows her husband has sex with other women

4. She knows her husband has a sexually transmitted disease

5. Others specify .....

27. Are you aware of the individual rights and women's right that exist in our country?

1. Yes

2. No (go to question 29)

28. If yes to question 25. explain some of the rights that you know.

.....  
.....  
.....

29. Do you have access to legal information, health services, legal aid or protection?

1. Yes

2. No (go to question 31)

3. Not sure

30. If yes to question 27. in which area do you have more access?

1. Legal information

2. Health services

3. Legal Aid or Protection

**SECTION C – RESPONDENT’S EXPERIENCE OF DOMESTIC VIOLENCE**

31. Have you ever experienced domestic violence in your relationships?

1. Yes

2. No (go to question 36)

32. If yes to question 29, what type/s of violence's

1. Beatings

2. Insults

3. Sexual abuse/non-consensual sexual intercourse

4. Others, specify

33. Who usually causes this violence?

1. Husband

2. Boy friend

3. Others, specify

34. How often do you experience domestic violence?

1. Almost every day

2. Within the last 1 month

3. *Within the last 2 to 6 months*

4. About 5 months to 12 months ago

5. Others, specify

35. When did you last experience domestic violence?

1. Less than 1 week ago.

- 2. Within the last 1 month.
- 3. Within the last 2 to 6 months.
- 4. About 6 months to 12 months ago
- 5. Others (specify).....

36. How old is your current pregnancy? .....

37. During the current pregnancy, how many times have you had domestic violence with your spouse/intimate partner?

- 1. Once
- 2. Two – three times
- 3. Four – five times
- 4. More than five times

\*\*\*\*\* END OF INTERVIEW \*\*\*\*\*

**THANK YOU VERY MUCH!**

## **APPENDIX V**

### **FOCUS GROUP DISCUSSION GUIDE**

#### **INSTRUCTIONS TO MODERATOR**

1. Introduce self and recorder
  2. Explain the purpose of the discussion and topic in general
  3. Give assurance of confidentiality
  4. Encourage participants to discuss subject matter openly
  5. Let participants introduce themselves
  6. Rules: Participants should listen to each other's opinion, if possible only one person should speak at a time
- 
- 1) What is domestic violence?
  - 2) How common is domestic violence in your residential area?
  - 3) What do you think are the factors contributing to domestic violence against pregnant women?
  - 4) Has any of you undergone initiation ceremony?
  - 5) If yes to question 4, what issues were taught?
  - 6) Do you think some of the things taught have a bearing on the domestic violence against pregnant women
  - 7) If yes to the above question, explain your answer
  - 8) In your own opinion, is a husband/intimate partner justified in beating his wife?
  - 9) If yes to question 8, justify your answer
  - 10) Do you know that domestic violence is a crime?
  - 11) How many of you would report her husband/intimate partner to the police for perpetrating domestic violence against you?

## **APPENDIX VI**

### **INFORMED CONSENT**

#### **INTRODUCTION**

I am carrying out a research on the prevalence and factors contributing to domestic violence against pregnant women attending antenatal clinics in Lusaka urban. This consent form gives you information about this study. To make sure you have all the facts about this study you must sign this form or put a thumbprint in the space on the form if you cannot sign. You will get a copy of this form to keep. Discuss any unclear section on this form with the research staff. If you feel that you do not want to take part you are free to refuse your consent, and this refusal will in no way influence the care you will receive from the health centre.

#### **PURPOSE OF THE RESEARCH**

You are being asked to take part in the research study, which aims to determine the prevalence and factors contributing to domestic violence against pregnant women attending antenatal clinics in Lusaka Urban. This study will recruit persons aged 15 to 49 years, attending antenatal clinics in Lusaka Urban.

After signing the informed consent, you will be asked to either complete a questionnaire or participate in a focus group discussion. The whole process will take about 15 minutes.

#### **RISK, DISCOMFORTS, AND BENEFITS**

There are no risks or discomforts that may arise from being a study participant. You will not benefit directly by taking part in the study.

#### **CONFIDENTIALITY**

Information about all participants will be kept as confidential and will not be made available to anyone who is not connected to the study. No individual person will be identified by name; instead, a number will be assigned to each questionnaire.

**CONSENT**

By signing below, I confirm that I understand participation in this research is voluntary. The material in this consent has been explained to me and my question answered to my satisfaction. I freely and voluntarily choose to participate. I understand that my participation or not, will not affect my antenatal care that I am suppose to receive. I understand that my rights and privacy will be maintained.

I hereby give my consent to participate in the study "Prevalence and Factors Contributing to Domestic Violence against Pregnant Women in Lusaka Urban.

Name of participant: .....

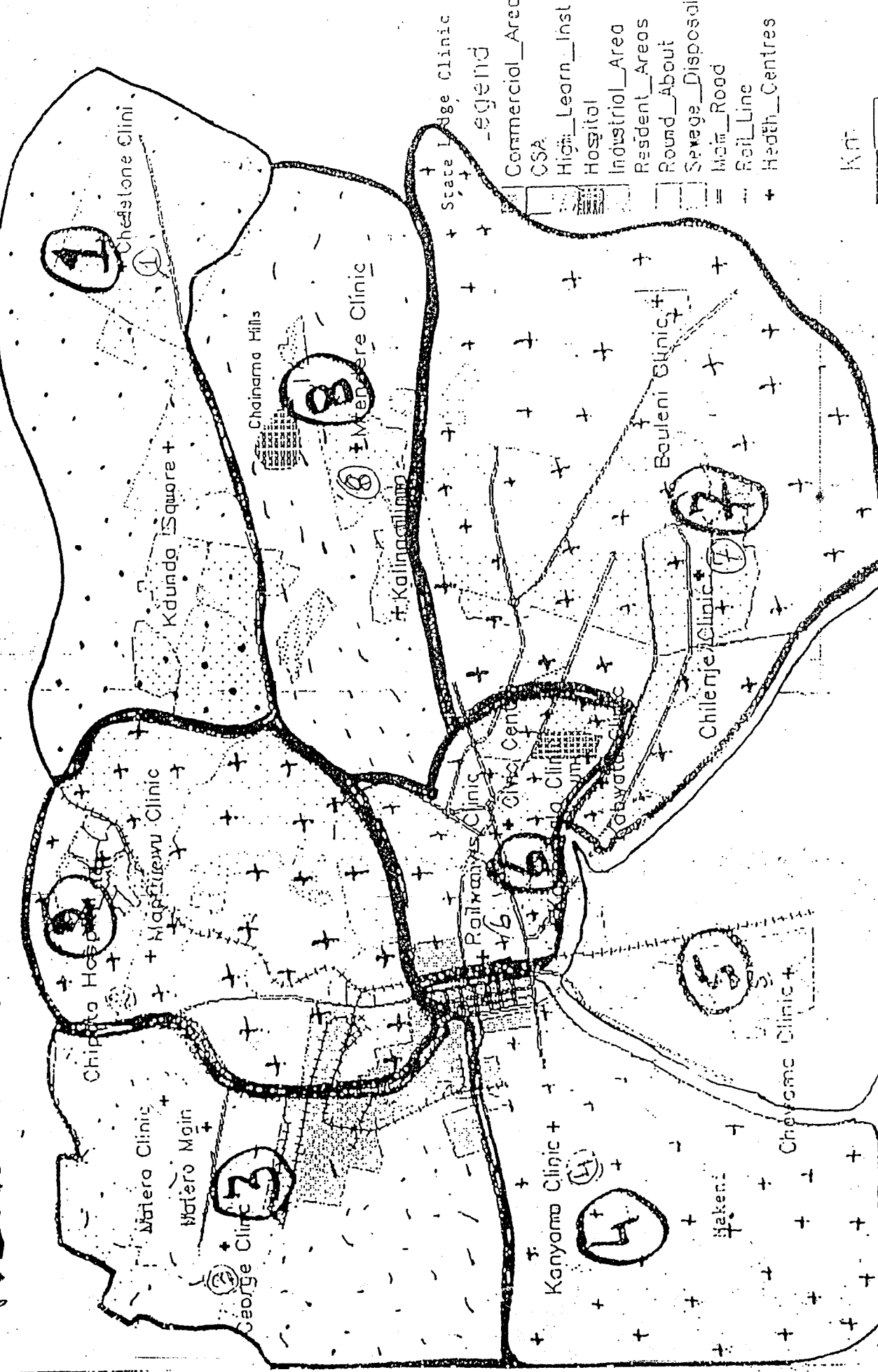
Signature / Thumbprint: .....

Name of witness: .....

Signature of witness: .....

Date: .....Place: .....

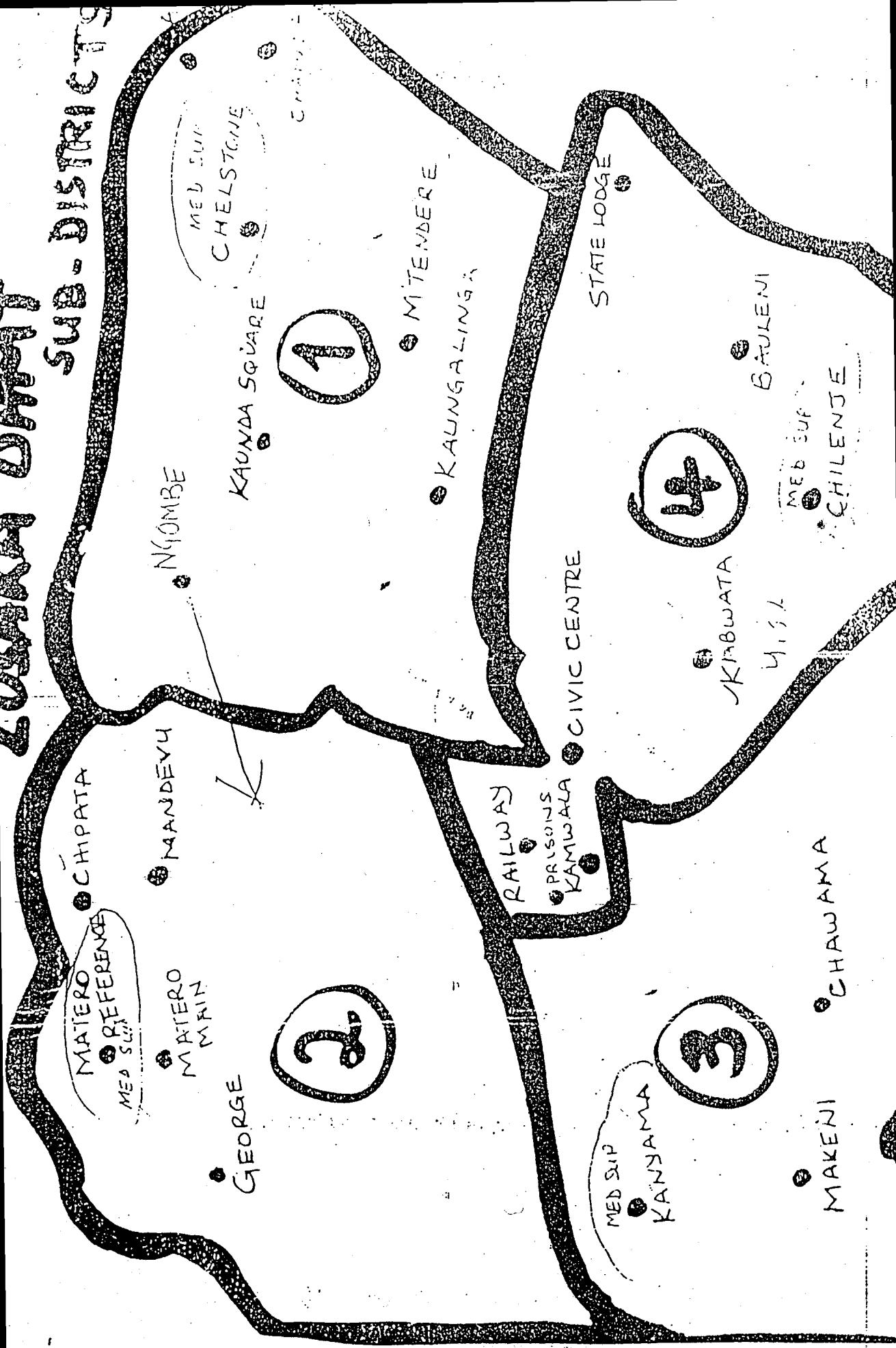
# HEALTH ZONES OF LUSAKA HEALTH CENTRES



K.M.

# LUANAPALUA DISTRICT

## SUB-DISTRICTS



1

2

3

4

CHIPATA

MANDEVU

MATERO MAIN

GEORGE

NGOMBE

KAUNDA SQUARE

CHELSTONE  
MED SUP

MITENDERE

KALUNGALINGA

RAILWAY

PRISONS  
KAMWALA

CIVIC CENTRE

STATE LODGE

KABWATA

Y.S.A.

BAULENI

CHILENJE  
MED SUP

KANKAMA  
MED SUP

CHAWAMA

MAKENI

CHANGA