



Contextual Factors Associated with Domestic Violence among Currently Married Women in Zambia: Findings from Zambia Demographic Health Survey

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Authors' contributions

This work was carried out in collaboration between both authors. Author TK designed the study, performed the statistical analysis, wrote the protocol, and wrote the first draft of the manuscript. Author TCK managed the literature searches and edited the document. Both authors read and approved the final manuscript.

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ABSTRACT

This study examined factors associated with domestic violence in the bid to offer a comprehensive understanding of the various factors associated with different types of domestic violence. The data for the study was derived from the Zambia Demographic Health Survey carried out by Central Statistical Office in 2013. The study was based on a sample of 9552 married women. Data was analyzed using Bivariate and Binary Logistic Regression. The results indicated that 30%, 23% and 16% of currently married women reported having experienced physical, emotional and sexual violence, respectively. The results of the logistic regression analysis shows that age, marital duration, place of residence, wealth status, educational level, partner drinking alcohol, having

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Sexually Transmitted Diseases (STDs) in the last 12 months and decision power as having significant influence on physical, emotional and sex violence among married women. Women's decisions making power showed a strong likelihood of respondents reporting physical violence. Those who made decisions jointly were 1.3 times more likely to report having experienced physical violence as compared to those who made decisions alone. Women who were in marriage for 10-14 years were 1.3 times more likely to report sexual violence experience. Similarly, working women were 1.2 times more likely to report having experienced sexual violence at some point in their marriage in comparison to those who did not work. The findings of this study amplify the need to protect the women who are on the path to making positive contributions to both society and their families. This implies that stakeholders need to take note and address issues that determine and cause domestic violence which is an obstacle to women empowerment. Intervention programs that target men or both husband and wife are recommended.

Keywords: Contextual factors; physical violence; emotional violence; sexual violence; domestic violence.

1. INTRODUCTION

In the recent past, behaviours that risk individuals' health have increasingly become a public health concern and a social problem. Despite awareness and activism campaigns against domestic violence, the prevalence seems to be escalating [1-2]. One of the most pervasive violations of human rights in all societies exists on a continuum from violence perpetrated by an intimate partner to violence as a weapon of war [3-4]. Although many forms of violence exist, domestic violence is one form that has been largely investigated since the 1970's; It has been mostly construed as violence by an intimate partner and is sometimes referred to as Intimate Partner Violence (IPV). Domestic violence entails that an intimate partner experiences various forms of violence (physical, emotional and sexual violence) perpetrated by an intimate partner. Many studies have identified that in a domestic violence experience, most women are victims [5]. Global assessments on the prevalence of domestic violence on ever-married women ranges from 15% to 71%, and studies indicate that nearly one in every three women have experienced physical aggression, sexual coercion, or emotional abuse in an intimate relationship [6-7].

Costs of domestic violence to social and economic development are well documented in the literature. Somatic symptoms (e.g., chronic pain, irritable bowel syndrome) were more in patients with a history of IPV [8]. Another study found that patients with a history of domestic violence visit physicians twice as often compared to patients without a history of abuse [9]. In addition, studies also found that at least 12% of women receiving care in the emergency room

were the victims of ongoing domestic violence, even though only 2.6% of the women were actually screened for domestic violence [10]. Apart from these symptoms affecting the psychosocial functioning of the domestic violence victims, an economic expense of about \$ 1.8 billion was recorded on medical treatment for battered women [11]. Other costs may include legal costs (e.g., cost of police time, court time, cost of incarceration), cost to shelter victims, and cost of therapy. A huge expense on the potential costs of domestic violence to the children who witness the abuse cannot be fully fathomed. The negative effects of domestic violence on children include a host of psychological symptoms [12]. It is estimated that between 3.3 and 10 million children witness domestic violence each year [13]. In addition to death and immediate trauma, domestic violence results in a number of chronic health problems, these include chronic pain in any organ system, depression, anxiety, and alcohol and substance abuse [14]. This empirical evidence shows that domestic violence negatively impacts both financial and societal development. This is highly costly because it does not only threaten the health of the people directly involved, but largely affects other members of the family. Children are mostly vulnerable in such situations where intense psychological, psychosocial and educational difficulties have been reported [15-17].

Curbing domestic violence is critically related to the achievement of the sustainable development goals set for the year 2030. For example, achieving global health, quality education and early childhood development requires a violence free society. In order to deal with domestic violence effectively, it is important to understand the determinants of domestic violence. Much of

the attention paid to domestic violence is in large measure relating to prevalence and costs to the victims of domestic violence [18].

1.1 Study Objectives

This paper focuses on bringing an understanding of the determinants of domestic violence in the Zambia eco-cultural context. Understanding the determinants of domestic violence in an eco-cultural context is imperative because no two contexts are the same. For example, what may be understood as a domestic violence determinant in one place may not necessarily be a determinant in another. Therefore, when these determinants of domestic violence are known, it will help in the designing of interventions and awareness programs related to domestic violence. Targeting and dealing with determinants of domestic violence is important for promoting understanding about the origins of behavior which may consequently serve as a guide for prevention, reduction or elimination of the problem [19]. This study delineates determinants of domestic violence in three distinct categories. The purpose for separating the categories was to create a comprehensive picture of the kinds of domestic violence experienced and the extent to which the violence is experienced. The study also set out to establish whether the determinants of these forms of violence are similar. The following overarching questions are addressed: what forms of domestic violence exist in married relationships in Zambia? Which category of domestic violence is mostly experienced by married women in Zambia? What are the determinants of each category of domestic violence?

2. METHODOLOGY

The analysed data was taken from the Zambia Demographic Health Survey (ZDHS) carried out by Central Statistical Office in 2013. The sample for the 2013 ZDHS was designed to provide the estimates of population and health indicators at the national and provincial level. A three stage stratified cluster sampling procedure was used to select 9552 women. The ZDHS included a special module designed to collect information on the extent to which women experience domestic violence in Zambia. The questionnaire also includes detailed questions on the type of physical, emotional and sexual violence experienced by women in their households. The household questionnaires collected information

on the demographic and socio-economic characteristics of all household members. The women's module which was applied to all women between 15-49 years of age included data on marital status, education, employment, as well as their partner's education and occupation.

The following operational definitions were used:

Experience of physical violence is indicated if a woman has ever been pushed, shaken or something thrown at her, if she has ever been slapped, or if she has ever been punched with a fist or something harmful, if she has ever been kicked, if an attempt has been made to strangle her, burn her, if her arm has ever been twisted, if her hair has ever been pulled and if she has ever been attacked with a knife/gun or any other weapon by her spouse.

Experience of emotional violence is indicated if a woman has ever been humiliated, if she has ever been threatened, if she has ever been insulted or if her spouse has ever made her to feel bad.

Experience of sexual violence is indicated if a woman has ever been physically forced to engage in sex or forced to engage in other sexual acts by her spouse when she did not want to do so.

2.1 Data Analysis

In this paper, the data analysis was restricted to currently married women. The analysis was carried out in two stages. Firstly, cross tabulations were used to examine the relationship between the independent (socio-economic and demographic variables) and dependent (physical, emotional, and sexual violence) variables. For the statistical analysis, chi-square tests were conducted at the bivariate level for independent variables at $p < 0.01$ and $p < 0.05$ significant level. Secondly, Logistic Regression Analysis was used to identify factors influencing domestic violence by considering socio-economic, demographic and sexual health variables separately for physical, emotional and sexual violence. The result of the logistic regression models were converted into odd ratios, which represented the effect of a one-unit change in the explanatory variable on the indicator of experiencing domestic violence. Odd ratios larger than one indicate a greater likelihood of experiencing domestic violence than

for the reference category; odd ratios smaller than one indicate a smaller likelihood compared to the reference category.

3. RESULTS

3.1 Physical, Emotional and Sexual Violence

The percentage of respondents who reported having experienced physical, emotional and sexual violence is shown in Table 1.

Overall, about 30% of the respondents reported having experienced physical violence. The results show that respondents aged 25-34 (33.7%) were more likely to have experienced physical violence as compared to those in the age groups of 35-49 (25.9%) and 15-24 (31.2%). Those women who had been married for 10-14 years (36.8%) were more likely to report having experienced physical violence than those who had been married for a period of 0-4 years (25.5%). Furthermore, women from urban areas were more likely to report having experienced physical violence as compared to those from rural areas (rural 29.4% while urban 31.1%). The wealth index shows that women from poor backgrounds were more likely to having experienced physical violence as compared to those coming from rich and middle class backgrounds, (poor 34%, middle 31.4% and the rich 25.9% respectively). Women in employment (32.8%) were more likely to have experienced physical violence as compared to those who were not in employment (27%). Furthermore, women who had secondary education (33%) were more likely to have experienced physical violence as compared to women who only had primary education (30.7%). Moreover, those women whose partner drank alcohol (47.9%) were more likely to report experiencing physical violence in comparison to those whose partners did not drink alcohol (28.1%). Respondents who reported having had STDs (51.2%) in the last 12 months were more likely to report having experienced physical violence compared to those who reported not having any STDs (33.1%) in the last 12 months. The decision making power index also revealed that respondents who made decisions jointly with others (32%) were more likely to report experiencing physical violence as compared to those who made decisions alone (26.3%).

Overall, about 23% of the respondents reported having experienced emotional violence. The

results show that respondents aged 35-49 (24.2%) were more likely to have experienced emotional violence as compared to those in the age groups of 25-34 years (23.5%) and 15-24 years (20.2%). Those women who had been married for 10-14 (25%) were more likely to report having experienced emotional violence than those who had been married for a period of 0-4 years (17.4%). Additionally, women from urban areas (24%) were more likely to report having experienced emotional violence as compared to women from rural areas (22%). The wealth index shows that women from middle class backgrounds were more likely to having experienced emotional violence as compared to those coming from rich and poor class backgrounds, (poor 23.4%, middle 24% and the rich 21.6%). Those women who are working (24.9%) were more likely to have experienced emotional violence as compared to those who were not working (20%). Furthermore, women who had secondary education (24%) were more likely to have experienced emotional violence as compared to those who had primary education (23%). Moreover, those women whose partners drank alcohol (31%) were more likely to report experiencing physical violence in comparison to those whose partners did not drink alcohol (17%). Respondents who reported having had STDs (38%) in the last 12 months were more likely to report having experienced emotional violence compared to those who reported not to have had any STDs (22.3%) in the last 12 months. The decision making power index also revealed that respondents who made decisions jointly (24.5%) with others were more likely to report having experienced emotional violence as compared to those who made decisions alone (19.2%).

About 16% of the respondents reported having experienced sexual violence. Women who had been married for 10-14 years (19%) were more likely to report having experienced sexual violence than those who had been married for a period of 0-4 years (14%). Respondents who were Protestants (17%) were more likely to have experienced sexual violence as compared to those who were catholic (14%). Furthermore, women from urban areas were more likely to report having experienced sexual violence as compared to those from rural areas (rural 14.6% while urban 17.6%). The wealth index shows that women from middle class backgrounds were more likely to have experienced sexual violence as compared to those coming from rich and poor class backgrounds, (poor 18%, middle 18.8%

and the rich 12.7%). Women those who were working (19%) were more likely to have experienced sexual violence as compared to those were not working (12.5%). Furthermore, women who had attained secondary education (18%) were more likely to have experienced sexual violence as compared to women who had attained primary education (16%). Moreover, those women whose partners drank alcohol (20.4%) were more likely to report having experienced sexual violence in comparison to

those whose partners did not drink alcohol (13.2%). Respondents who reported having had STDs (26%) in the last 12 months were more likely to report having experienced sexual violence compared to those who reported not having any STDs (16%) in the last 12 months. The decision making power index also revealed that respondents who made decisions jointly (17.6%) were more likely to report experiencing sexual violence as compared to those who made decisions alone (13.4%).

Table 1. Percentage of currently married women who ever experienced any physical, emotional and sexual violence by socio-economic and demographic variables

	Ever experienced any form of			Number of currently married women
	Physical violence	Emotional violence	Sexual violence	
Age				
15-24	31.2**	20.2**	15.4	2202
25-34	33.7	23.5	16.9	4038
35-49	25.9	24.2	16.3	3312
Marital duration				
0-4	25.5**	17.4**	13.7**	2022
5-9	34.3	23.9	16.7	1959
10-14	36.8	25.0	18.6	1843
15 +	27.9	24.5	16.5	3728
Religion				
Catholic	31.7	24.0	13.7**	1744
Protestant	30.1	22.7	17.0	7782
Place of residence				
Rural	29.4*	23.9*	14.6**	3977
Urban	31.1	22.3	17.6	5575
Wealth index				
Poor	34.0**	23.4	18.0**	3859
Middle	31.4	24.0	18.8	2125
Rich	25.9	21.6	12.7	3568
Work status				
Not-working	27.0**	20.1**	12.5**	1064
Working	32.8	24.9	19.0	1829
Educational level				
Primary	30.7**	22.6*	16.3**	4269
Secondary+	33.0	24.0	18.1	5271
Partner drinks alcohol				
No	28.1**	16.8**	13.2**	4422
Yes	47.9	30.9	20.4	3468
Had sexually transmitted diseases in the last 12 months				
No	33.1**	22.3	15.9	9163
Yes	51.2	37.8	26.8	389
Decision making power index				
Alone	26.3**	19.2**	13.4**	2771
Jointly with others	32.1	24.5	17.6	6781
Total	30.4	22.9	16.4	9455

*** Significant at $P < 0.01$; ** Significant at $P < 0.05$

3.2 Factors Influencing Domestic Violence

To understand the factors influencing domestic violence, Logistic Regression Analysis was carried out by considering socio-economic and demographic variables separately for physical, emotional and sexual violence. The results of the logistic regression analysis are presented in Table 2.

3.2.1 Physical violence

The results of the logistic regression analysis shows that age, marital duration, place of residence, wealth status, educational level, women whose partners drink alcohol, having STDs in the last 12 months and decision making power have a significant influence on reports of physical violence among married women as shown in Table 2. Results show that women in the age group 25-34 (CI:0.59-0.82, $p<0.000$) and 35-49 (CI:0.37-0.57, $p<0.000$) were negatively associated with physical violence among married women as compared to women in other age groups. Moreover, marital duration 5-9 years, 10-14 years and 15+ years and above had strong likelihood of respondents reporting physical violence. Marital duration 5-9 years was 1.5 times (CI:0.29-1.77, $p<0.000$) more likely and durations 10-14 years and 15+ years were 1.9 times (CI:1.59-2.32, $p<0.000$) and 1.8 times (CI:1.32-2.01, $p<0.000$) respectively were more likely to report having experienced physical violence as compared to those in the marital duration 0-4 years. Respondents from urban residences were less likely to report having experienced physical violence as compared to their counterparts (CI:0.78-1.00, $p<0.0673$). With regard to wealth status, respondents from rich background were negatively associated with their likelihood of reporting having experienced physical violence (CI:0.65-0.87, $p<0.0002$). Respondents whose partners drank alcohol showed a strong likelihood of reporting having experienced physical violence at some point in their marriage. Those who had drinking partners were 2.1 times (CI:2.95-3.55, $p<0.000$) more likely to have experienced physical violence as compared to those whose partners did not drink alcohol. Those respondents who reported having had STDs in the last 12 months were 2.2 times (CI:1.72-2.66, $p<0.000$) more likely to report experiences of physical violence than those who reported not having had STDs in the last 12 months. Women who had made joint decisions

showed a strong likelihood of respondents experiencing physical violence compared to those who had made alone. Those who made decisions jointly were 1.3 times (CI:1.16-1.42, $p<0.000$) more likely to report physical violence as compared to those who made decisions alone.

3.2.2 Emotional violence

Influence of socio-economic and demographic variables in determining the experience of emotional violence among married women was examined using Logistic Regression and the results are presented in Table 3.

Logistic regression analysis identified age, marital duration, place of residence, wealth status, work status, educational level, partner drinking alcohol, having STDs in the last 12 months and decision power as having significant influence on reports of emotional violence. Results show that those in the age groups 35-49 (CI:0.62-1.02, $p<0.0822$) were negatively associated with emotional violence as compared to other age groups. Moreover, marital duration 5-9 years, 10-14 years and 15 + years had a strong likelihood of respondents reporting emotional violence. Marital duration 5-9 was 1.4 times (CI:1.19-1.72, $p<0.0001$) and durations 10-14 was 1.5 times (CI:1.26-1.97, $p<0.0001$) and 15 and above were both 1.5 times (CI:1.53-1.96, $p<0.0008$) more likely to report experiences of emotional violence as compared to marital duration 0-4 years in marriage. Respondents from urban residences were less likely to report experiences of emotional violence as compared to their counterparts (CI:0.69-0.94, $p<0.0056$).

Working women were associated with the strong likelihood of reporting emotional violence. In other words, those working were 1.2 times (CI:1.11-1.39, $p<0.0001$) more likely to report having experienced emotional violence as compared to those who were not working. With regard to wealth status, coming from a rich background was negatively associated with likelihood of respondents reporting experiences of emotional violence (CI:0.70-1.00, $p<0.0641$). Respondents whose partners drank alcohol showed a strong likelihood of reporting having experienced emotional violence. Those women who had partners drinking alcohol were 2.1 times (CI:1.89-2.36, $p<0.000$) more likely to experience emotional abuse as compared to those whose partners did not drink alcohol.

Table 2. Logistic regression analysis data of socio-economic and demographic variables on physical violence among currently married women

Variables	Adjusted odds ratio	95% confidence interval (CI)	P- value
Age			
15-24			
25-34	0.6981	0.59-0.82	0.0000
35-49	0.4589	0.37-0.57	0.0000
Marital duration			
0-4			
5-9	1.5101	1.29-1.77	0.0000
10-14	1.9282	1.59-2.32	0.0000
15 +	1.6288	1.32-2.01	0.0000
Religion			
Catholic			
Protestant	1.0803	0.96-1.21	0.1952
Place of residence			
Rural			
Urban	0.8903	0.78-1.00	0.0673
Wealth Index			
Poor			
Middle	1.0906	0.96-1.23	0.1743
Rich	0.7539	0.65-0.87	0.0002
Work status			
Not-working			
Working	1.3727	1.24-1.50	0.0002
Educational level			
Primary			
Secondary+	0.8222	0.73-0.92	0.0007
Partner drinks alcohol			
No			
Yes	3.2432	2.95-3.55	0.0000
Had sexually transmitted diseases in the last 12 months			
No			
Yes	2.1411	1.72-2.66	0.0000
Decision making power index			
Alone			
Jointly with others	1.2872	1.16-1.42	0.0000

Women who reported having had STDs in the last 12 months predicted strong likelihood of having experienced emotional violence than those who reported not having had STDs in the last 12 months. Those who reported having had STDs before were 2.1 times (CI:1.67-2.67, $p < 0.000$) more likely to report having experienced emotional violence than those who reported not having STDs in the last 12 months. Lastly, women who made joint decision showed a strong likelihood of reporting emotional violence. Those women who made joint decisions were 1.3 times (CI:1.13-1.45, $p < 0.000$) more likely to report having experienced

emotional violence as compared to those who made decisions alone.

3.2.3 Sexual violence

Logistic regression analysis revealed that marital duration, place of residence, wealth status, work status, educational level, partner drinking alcohol, having STDs in the last 12 months and decision power had significant influence on reports of sexual violence (Table 4). Marital duration 10-14 years showed a strong likelihood of women reporting sexual violence. Those who were in marriage for 10-14 years were 1.3 times

(CI:1.05-1.72, $p < 0.0185$) more likely to report having experienced sexual violence in comparison to other women in less marital durations. Women from protestant denomination showed a strong likelihood of reporting sexual violence experiences. Those from protestant denominations were 1.4 times (CI:1.06-1.61, $p < 0.0002$) more likely to report having experienced sexual violence as compared to those from catholic denomination. With regard to wealth status, coming from a rich background was negatively associated with likelihood of respondents reporting experiences of sexual violence (CI:0.63-0.95, $p < 0.0159$). Women in employment were 1.5 times (CI:1.37-1.79,

$p < 0.0000$) more likely to report having experienced sexual violence in comparison to those who were not employed.

Women who had secondary education were less likely to report having experienced sexual violence as compared to those who had primary education (CI:0.70-0.96, $p < 0.0166$). Respondents whose partners drank alcohol showed a strong likelihood of reporting having experienced emotional violence. Those with partners who drank alcohol were 1.6 times (CI:1.45-1.86, $p < 0.0000$) more likely to report having experienced sexual violence as compared to those whose partners did not drink alcohol.

Table 3. Logistic regression analysis data of socio-economic and demographic variables on emotional violence among currently married women

Variables	Adjusted odds ratio	95% confidence interval (CI)	P- value
Age			
15-24			
25-34	0.8666	0.72-1.04	0.1267
35-49	0.8037	0.62-1.02	0.0822
Marital duration			
0-4			
5-9	1.4396	1.19-1.73	0.0001
10-14	1.5781	1.26-1.97	0.0001
15 +	1.5322	1.53-1.96	0.0008
Religion			
Catholic			
Protestant	1.0192	0.88-1.17	0.7874
Place of residence			
Rural			
Urban	0.8102	0.69-0.94	0.0056
Wealth Index			
Poor			
Middle	1.0483	0.90-1.21	0.5404
Rich	0.8446	0.70-1.00	0.0641
Work status			
Not-working			
Working	1.2474	1.11-1.39	0.0001
Educational level			
Primary			
Secondary+	0.9413	0.82-1.07	0.3869
Partner drinks alcohol			
No			
Yes	2.1209	1.89-2.36	0.0000
Had sexually transmitted diseases in the last 12 months			
No			
Yes	2.1183	1.67-2.67	0.0000
Decision making power index			
Alone			
Jointly with others	1.2834	1.13-1.45	0.0000

Table 4. Logistic regression analysis data of socio-economic and demographic variables on sexual violence among currently married women

Variables	Adjusted odds ratio	95% confidence interval (CI)	P- value
Age			
15-24			
25-34	0.8753	0.71-1.07	0.2065
35-49	0.8088	0.62-1.02	0.1365
Marital duration			
0-4			
5-9	1.1784	0.95-1.45	0.1270
10-14	1.3503	1.05-1.73	0.0185
15 +	1.1286	0.85-1.50	0.4010
Religion			
Catholic			
Protestant	1.3709	1.06-1.61	0.0002
Place of residence			
Rural			
Urban	1.0452	0.88-1.23	0.6078
Wealth Index			
Poor			
Middle	1.1434	0.96-1.35	0.1105
Rich	0.7775	0.63-0.95	0.0159
Work status			
Not-working			
Working	1.5728	1.37-1.79	0.0000
Educational level			
Primary			
Secondary+	0.8244	0.70-0.96	0.0166
Partner drinks alcohol			
No			
Yes	1.6511	1.45-1.86	0.0000
Had sexually transmitted diseases in the last 12 months			
No			
Yes	1.9792	1.53-2.55	0.0000
Decision making power index			
Alone			
Jointly with others	1.3753	1.19-1.58	0.0000

Those respondents who reported having had STDs in the last 12 months predicted strong likelihood of having experienced sexual violence than those who reported not having had STDs in the last 12 months. Those who had STDs in the last 12 months were 2 times (CI:1.53-2.55, $p < 0.0000$) more likely to report experiences of sexual violence in comparison to those who did not have STDs in the last 12 months. Finally, those who made joint decisions showed a strong

likelihood of reporting emotional violence. Making decisions with jointly was 1.4 time (CI:1.19-1.58, $p < 0.0000$) more likely to report having experienced sexual violence as compared to those who made decision alone.

4. DISCUSSION

The current study has demonstrated that domestic violence exists in different forms in the

Zambian eco-cultural context. The prevalence of the different forms of domestic violence experienced in marriage relationships have been highlighted with varying occurrences. Among the forms of domestic violence, the findings show that the most frequently experienced form of violence is physical violence. An explanation for this finding could be related to the nature of the violence itself. Physical violence is painful and leaves on bodily marks on the victim which often acts as evidence. The physical pain experienced may prompt victims to report more physical related violence at 30.4% compared to other forms of violence, 23% for emotional violence and 16% for sexual violence. Sexual violence was the least reported and this could be because of the cultural nature of how sexual relations in marriage are viewed. For example, the cultural teaching about sex in Zambia is that sex is a preserve of a man and a woman must give in whenever the man wants. This understanding may hinder the reporting of sexual violence.

The determinants of violence can be summed up in five broad categories– woman's age, marital age, Socio-Economic Status (SES) (residence, wealth index, employment, and education), behavioral (partner drinking alcohol, presence of STDs and the nature of decision making). Results showed that women between the ages 25-34 experienced more domestic violence. It can be plausible that women between these ages may be actively engaged in other activities that may compromise the perceived perfect flow of marriage, deviating from the social norms. The social norms as taught traditionally see a woman as a house wife and that she must be obedient to the husband. Currently, the roles of women in this period of economic and social hardships may be one of the explanations given for the increased levels of domestic violence. It is acknowledged that women have taken up roles to empower themselves and their families, a stance that may compromise the status of the man in the home. Breaking the trends of patriarchy dominance to secure women independence and empowerment has been reported as the cause of domestic violence in Bangladesh [20]. This is the traditionally subscribed nature of marriage and gender roles dictate the role of women in a marriage [21-22]. For example, those that practice a patriarchy tradition of marriage encourage traditional gender roles thus deviation from the socially accepted gender roles may cause conflict [23].

The study identified socioeconomic status as a determinant of violence. The world has seen an unprecedented growth of women empowerment through education. Other social mobility factors included employment, residence, and wealth index. This effort for upward mobility is seen as an underlying cause of domestic violence. More and more women have been seen to upgrade their education to cushion themselves and their families against the social and economic hardships. The employment status of women contributes to experiences of domestic violence, those women who are in employment experienced physical violence more than those who are not in employment. Others have also demonstrated that the working status of the woman is a cause of violence [24-25]. In the same vein, women with higher education and are living in urban areas experienced more domestic violence. Women with exposure to education and urban life may be seen as having deviated from the place of a woman in the home, specifically in search of their empowerment. Without doubt, education empowers on an individual's rights, enlightens and unlocks potential. While this study reveals a connection between higher education and domestic violence an inverse relationship was found in another study [26]. An explanation for this contrary finding for Zambia is that women who have attained low education are mostly obedient and respond positively to the traditional teachings and roles in the marriage.

Other determinants were behavioral in nature. This implied that any behavioral actions that could jeopardize the stability of the home were found to cause domestic violence. Alcoholism was found to strongly predict domestic violence. For example, a drinking husband may spend family income on alcohol. This state may leave the family without food, causing family instability that yields both physical and emotional violence. A woman in an angry state may say something that may lead to domestic violence. Other researchers have also reported that alcoholism was found to be one of the factors that caused violence in homes [27-29]. Disease is seen as a threat to family existence. The nature of the diseases such as STDs are highly related and linked to the contraction of HIV which puts the family at stake. The contraction of the STDs is a sign of unfaithfulness in the marriage. Having multiple sexual partners breaches trust in a marriage relation and can be a point of reference whenever there is a misunderstanding. Women who were found to jointly make decisions

reported more experiences of domestic violence. An explanation here refers to the position that a man and a woman hold within traditions. While women are thought to be silent and heed what their husband say, the enlightenment that comes with education, self discovery, choice and personality will come into play. A literate woman is able to argue issues and may not always heed to what the husband says. This may make the husband to think that the wife is being disrespectful and not submissive. This finding supports the discourse in the literature where economic dependence on husbands produces a woman who has no say concerning household matters [30]. However, the current trend exhibited by empowered women is that by virtue of their socio-economic status condition, they have power to make decisions because they jointly contribute to the household. As such, autonomy in decision making produces greater prevalence in domestic violence because the masculine hegemony is threatened [31].

5. CONCLUSION AND RECOMMENDATIONS

To conclude, the present study has extended the previous empirical findings regarding the factors that determine domestic violence. At the centre of determinants is the progression of women in their career and education. While many calls for gender equality and access to education have been the songs of many concerned stakeholders, findings of this study reveal the reality of the pursuit. It is a real challenge for women to pursue their careers while maintaining a safe environment for their children and family to live in. As domestic violence has been found to be public health concern whose perpetual existence negatively affects both the social and economic development of a nation, it is important that stakeholders look into the protection of women who want and have ambitions of progressing. This is cardinal because in the midst of disease and HIV/AIDS, when men who are bread winners of their families die, the burden for child care and education rests upon the woman. The findings of this study amplify the need to protect the women who are on the path to make positive contribution to both society and their families. This implies that stakeholders need to take note and address these issues that determine and cause domestic violence because all variables that are seemingly in favor of women progressing in their respective careers appear to enhance domestic violence.

ETHICAL CONSIDERATIONS

The survey procedure and instruments for the 2013 Zambia Demographic Health Survey was ethically approved by the Zambia Biomedical Research Ethics Committee. A written consent was taken from all of the respondents prior to starting the interview and was assured that their information would be kept confidential. Since this study is based on analysis of secondary data, the ethical approval was not necessary for this study. But the permission for the use of the data was granted by Central Statistics Office and Macro Inc.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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