



SCHOOL OF MEDICINE AND HEALTH SCIENCES

FACTORS CONTRIBUTING TO DOMESTIC VIOLENCE AMONG WOMEN IN

MONZE DISTRICT

BY

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DECLARATION

I, Lubemba Josephine, do hereby declare that this report represents my work and investigations, except where it is stated and acknowledged by giving references. This report has never been previously submitted for a degree at the University of Lusaka or any other university.

Signature: .

Date: 05/26/2023

A handwritten signature in black ink, appearing to read 'Lubemba Josephine', with a horizontal line above the first few letters.

PROOF OF APPROVAL BY SUPERVISOR

I **Loveness A. Nkhata** approve the submission of research proposal/dissertation for **Lubemba Josephine** for final review and marking.



Signature... ..

Date.....26/05/2023.....

Supervisor

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I would like to thank God for having given me the grace to complete my dissertation and for this academic journey I have undertaken. It is by his grace that I have made it through challenges and inconveniences.

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LIST OF ACRONYMS

In this study, several acronyms have been used. To ensure clarity and ease of understanding, we provide a list of these acronyms and their corresponding full names:

WHO	:	World Health Organization
CDC	:	Centre for Disease Control and Prevention
DV	:	Domestic violence
NGO	:	Non- Governmental Organization
LADA	:	Law and Development Association
WCA	:	Women's Christian Association
GBV	:	Gender Based Violence

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ABSTRACT

INTRODUCTION: Domestic violence against women is a serious social problem that affects millions of women worldwide. This study aimed to identify and analyze the factors that contribute to domestic violence against women in Monze district, Zambia, and to assess the effectiveness and accessibility of the domestic violence shelters in Monze district.

METHODS: The study used a quantitative approach and employed a simple random sampling method to recruit participants. Data was collected using a research assistant questionnaire, the data was analyzed using SPSS version 22.0 and the chi square test was used to test the level of association of variables at 0.05 level of significance.

RESULTS: 384 participants took part in this study and the common age range was 24- 35 years. Outcomes show that alcohol and drug abuse 43.5%, financial problems 54.2% and lack of communication 39.3% caused domestic violence. Further it was highlighted that marital status with a p value of 0.000, age (0.000), ethnicity(0.000) and occupation(0.007) are strongly associated to factors contributing domestic violence. It was also highlighted that level of education with a pvalue of 0.257 ,is not associated to the Factor's contributing to Domestic Violence.

CONCLUSION: The study concluded that domestic violence is a complex and multifaceted problem that requires a comprehensive and coordinated response from various sectors, including health, education, justice, and social welfare. There is a strong relationship between domestic violence and social demographic outcomes. Therefore, the study proposed to intergrate domestic violence issues in both formal and informal education and practices by providing primary institutions with knowledge and skills to prevent domestic violence.

KEY WORDS: Domestic violence, Factors contributing, Women, Victims and key informants.

CHAPTER ONE: INTRODUCTION

1.0 OVERVIEW

Chapter one presents the background to the study, Statement of the Problem, Purpose of the Study, study objectives, Research Questions, Scope of the Study, Significance of the Study, and operational definitions.

1.1 BACKGROUND

Domestic violence is growing as a significant public health issue, yet the government, the medical community, and society have paid little to no attention. Domestic violence is a serious public health hazard as well as an unjustifiable and direct violation of human rights (Zakar, 2016). Domestic abuse is a spectrum of sexual, psychological, and physical coercive behaviors committed against women by current or past male intimate partners, according to the World Health Organization (WHO) (WHO 2016).

Concerns about domestic violence have grown significantly among women of different cultural backgrounds (WHO 2006). Regardless of their level of development or cultural background, research has indicated that 15% to 17% of women worldwide have experienced physical or sexual assault by an intimate partner at some point in their lives (WHO 2006). According to estimates, between 25% and 48% of women in African nations including South Africa, Uganda, Egypt, Kenya, and Zambia experience abuse at some point in their life (Jewkes, 2002). As a result, this issue impedes women's ability to flourish socially, economically, and independently. (2010) Morel-Seytoux. In Zambia, violence against women is a grave concern and is increasingly a problem; it is not seen as a localized issue, but rather as a pervasive, terrible, and daily problem that affects and touches everyone's life in some manner. According to a study done in five sub-Saharan nations, Zambia has a 57.6 percent prevalence of all types of violence (physical, sexual, or emotional) (Bamiwuye, 2014).

Violence has an impact on society as a whole, as well as the victims and offenders, not just physically but also socially, economically, psychologically, spiritually, and emotionally. Domestic violence is frequently blamed for the poor health of women. Women are adversely affected; their mental and physical health, as well as their reproductive and sexual health, are all impacted. Gynecological problems, short- or long-term impairments, depression, suicide,

sexually transmitted infections including HIV/AIDS, and certain women's tendency to start drinking alcohol are some of the health difficulties they may experience (Campbell, 2002).

In Zambia, several groups have been created to help victims or situations of gender-based violence. These groups, which support the advancement of women and the abolition of domestic abuse, are the Women's Christian Association (WCA) and the Law and Development Association (LADA). The Zambian government has also established victim support sections at all police stations around the country in each province to lead and handle offenses such as crimes against domestic violence, property snatching, and other sexual abuse (Zulu, 2018).

1.2 STATEMENT OF THE PROBLEM

Women's rights are gravely violated by violence against them, which robs them of their essential liberties, security, dignity, and sense of worth (Ignatieff, 2001). Domestic violence against women is a pervasive issue in Zambia that has gotten worse over time. The number of gender-based violence (GBV) incidents reported increased from 18,088 in 2015 to 18,540 in 2016 and 10,994 in the first half of 2017, according to the Zambia Police Service Victim Support Unit. The research also shows that from 2018 to 2019, there were 9.9% more GBV cases (Phiri, 2021). In Zambia, the Monze district has one of the highest incidences of domestic violence. Numerous households in the Monze urban region endure regular and severe types of domestic abuse, according to records kept by the local Victim Support Unit at Monze Central Police.

Domestic violence has a wide range of complex causes and effects. Domestic violence may be influenced by several variables in the Monze urban region, such as a lack of social services and employment opportunities, substance misuse, anger, poverty, and gender inequality. The physical, mental, emotional, social, and financial health of women and their families is adversely affected by domestic abuse. Therefore, it is necessary to pinpoint and address the causes of domestic violence against women in the Monze district as well as to come up with workable responses and prevention measures.

1.3 OBJECTIVES

1.3.1 Main Objective

The main objective of this study was to identify the factors contributing to domestic violence among women in Monze district.

1.3.2 Specific Objectives

1. To determine the proportion and level of knowledge of domestic violence among women in *Monze district*.
2. To identify whether social demographic factors contribute to domestic violence in Monze district.
3. To ascertain whether domestic violence shelters are effective and accessible in Monze district.

1.4 RESEARCH QUESTIONS

1. What is the proportion and level of knowledge of domestic violence among women in Monze district?
2. How do social demographic factors contribute to domestic violence among women in Monze district?
3. How effective and accessible are the domestic violence shelters in Monze district?

1.5 JUSTIFICATION OF STUDY

This study was necessary to fill a knowledge gap on domestic violence among women in Zambia's Monze area, one of the districts with the highest frequency of domestic violence. The need to examine the viewpoints and life experiences of the women who experienced domestic violence. The study was important for informing and influencing laws and initiatives intended to stop and address domestic violence in the Monze district and other similar places. The study contributed to the advancement of scholarly discussion and investigation into domestic violence among women in Zambia and elsewhere.

1.6 SCOPE OF THE STUDY

This study concentrated on the causes of domestic abuse against women in the Manungu section of the Monze district. The investigation spanned the months of January 2020 through December 2020. In the Manungu region, the study focused on both women who had been the victims of domestic abuse and men who had committed it. Key informants for the study included

community leaders, police officers, social workers, health care professionals, and others with expertise in domestic violence issues in the Monze district

1.7 OPERATIONAL DEFINITIONS

The following terms are defined according to how they are used in this study:

Domestic violence: is defined as "any act of violence, including threats of such actions, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life, that causes or is likely to cause, bodily, sexual, or psychological injury to, or suffering from, women" (United Nations General Assembly, 2013).

Women: an adult female human being (Mill, 2001).

Contributing Factors: "Personal, interpersonal, social, and cultural elements that raise the risk of violence occurring" (WHO, 2010, p. 9).

Victims: A person who has suffered physical or emotional harm and property damage (Pagelow, 2005)

Male perpetrators; A person who deliberately uses violent and abusive behavior to control their partner or former partner, whether or not they have been charged, prosecuted or convicted (Norlander, B.2005).

Key informants: Key informants are people with specific knowledge about certain aspects of the community, the site visited, the population, or the emergency either because of their professional background, leadership responsibilities, or particular personal experience (Kumar,N. 2010) .

CHAPTER TWO: LITERATURE REVIEW

2.0 OVERVIEW

This Chapter aimed at presenting relevant literature about the study which includes a summary of studies carried out around the world, i.e., in developed countries, developing countries, African countries as well as in Zambia. It discussed lessons learned from these studies.

2.1 EMPIRICAL REVIEW

This section examines empirical research on domestic abuse of women from a global, regional, and local standpoint. It gives a general overview of domestic violence against women's prevalence, causes, effects, and prevention in various contexts and cultures.

2.1.1 Global perspective

Domestic violence against women is a human rights violation and a global public health issue. About 30% of women worldwide have suffered physical or sexual assault from an intimate relationship, non-partner sexual violence, or both, according to the World Health Organization (WHO) (WHO, 2013). Regional differences in the prevalence of intimate partner violence range from 20% in the Western Pacific to 33% in Africa and South-East Asia (WHO, 2013). Up to 38% of all female homicides worldwide are carried out by intimate partners (WHO, 2013). In addition to intimate partner violence, 6% of women claim to have experienced non-partner sexual assault, while data on non-partner sexual violence are scarcer (WHO, 2013).

The causes of domestic violence against women are numerous and intricately linked, and they function at various ecological model levels. Low education, poverty, substance addiction, mental health issues, exposure to violence as a child, and acceptance of violence as a manner of resolving conflict are some of the individual variables that raise the likelihood of perpetrating or experiencing domestic violence (WHO, 2010). Marital status, length of the relationship, power disparity, gender roles, and infidelity are some relationship variables that affect domestic violence (WHO, 2010). The prevalence of crime, insufficient social support networks, lack of access to resources and services, and social norms that favor violence against women are some of the community factors that have an impact on domestic violence (WHO, 2010). The legal and political systems that discriminate against women, the economic structures that disadvantage

women, the cultural norms that subjugate women, and the objectifying media images of women are some of the sociocultural elements that lead to domestic violence (WHO, 2010).

A study on the prevalence estimates of physical or sexual violence by an intimate partner or non-partner sexual violence against women was released by the WHO in 2021. For the years 2000–2018, the report used data from 161 different nations and regions. According to the study, one in three women (30%) had at some point in their lives experienced physical or sexual abuse by a romantic partner, non-romantic partner, or both. The study also revealed that this violence affects adolescent girls and young women, beginning as early as the age of 15, with 24% of women aged 15 to 19 and 26% of women aged 19 to 24 reporting having experienced this violence at least once.

A systematic evaluation of the research on what deters violence against women was done by Ellsberg et al. (2015). The evaluation includes 140 papers that assessed interventions to prevent violence against women and girls or its risk factors, coming from 81 different countries. According to the review, some of the more successful treatments included training on gender equality and economic empowerment for women, community mobilization to alter societal norms, and school-based initiatives to prevent dating violence among young people.

A multi-country study on domestic violence against women was carried out by Garcia-Moreno et al. (2014) in ten nations: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania. Over 24,000 women between the ages of 15 and 49 who participated in population-based surveys for the study provided data. According to the study, lifetime rates of intimate partner abuse by physical or sexual means ranged from 15% in Japan to 71% in Ethiopia. Domestic abuse had detrimental effects on women's physical, mental, sexual, and reproductive health, the study revealed.

In addition to serving as a starting point for connecting women to various support services they may require, the health sector has a significant role to play in providing comprehensive health care to women who have experienced violence (WHO, 2013). The health industry can also push for legislation that would criminalize violence against women and treat it as a public health issue. The health industry can also gather information and research the prevalence, reasons behind, effects of, and ways to avoid violence against women. To create and execute multisectoral

policies and programs to stop and address violence against women, the health sector can work with other sectors and stakeholders.

A study detailing statistics on preventing violence against women was released by UN Women in 2020. An overview of the prevalence, causes, effects, and prevention of violence against women in diverse situations and areas was given in the report using data from several sources. The COVID-19 pandemic's effects on violence against women and girls were also emphasized in the study, as were the steps taken to address the problem by UN Women and its partners. To examine the effectiveness of a community intervention to stop violence against women and lower the risk of contracting HIV in rural South Africa, Jewkes et al. (2019) conducted a randomized controlled experiment. Through community action teams, neighborhood media campaigns, participatory learning exercises, and advocacy with regional stakeholders, the intervention involved empowering communities. According to the results of the experiment, over two years, the intervention decreased the frequency of physical and/or sexual intimate partner violence by 37% among women between the ages of 18 and 49. The intervention enhanced community mobilization, reduced alcohol misuse, increased HIV testing, and improved gender attitudes, according to the experiment.

2.1.2 Regional Perspective

A comprehensive review and meta-analysis of cross-sectional research on gender-based violence against women in sub-Saharan Africa were undertaken by Muluneh et al. in 2020. They discovered that the combined prevalence of intimate relationship violence among women was 44%, the combined prevalence of intimate partner violence over the previous year was 35.5%, and the combined prevalence of non-intimate partner violence was 14%. They also discovered that the most prevalent forms of intimate relationship violence reported by women were sexual violence (18.8%), physical violence (25.9%), and emotional violence (29.4%). To lessen gender-based violence in sub-Saharan Africa, they suggested integrated mitigating methods.

The impact of women's movements on state responses to violence against women in Liberia and Cote d'Ivoire was examined by Medie (2019). She stated that to put pressure on governments to pass new laws and policies to address violence against women, women's movements were able to enlist the aid of international organizations, local friends, and sympathetic state officials. She

also emphasized the difficulties and constraints women's movements had in their advocacy work, including political unpredictability, a lack of funding, and patriarchal standards.

A cross-sectional study on the prevalence and risk factors of intimate partner homicide among women in South Africa was carried out by Abrahams et al. in 2014. They made use of information from a countrywide system for mortuary surveillance and analysis of past police interviews. They discovered that South Africa had a 5.6 per 100,000 female population, which is six times higher than the world average for female intimate partner homicide. They also discovered that compared to women who were killed by non-partners, women who were slain by their lovers were more likely to have been subjected to physical violence, sexual abuse, economic abuse, threats, or jealousy by their partners.

A systematic study and meta-analysis of the individual and environmental factors connected to physical intimate partner violence against women in Nigeria was carried out by Uthman et al. (2015). They included 17 studies, totaling 19,179 women between the ages of 15 and 49. They discovered that 31.5 percent of Nigerian women reported experiencing physical intimate relationship violence. Low education, little income, low autonomy, alcohol use, and acceptance of wife-beating were some of the individual characteristics that elevated the probability of physical intimate partner violence, according to their findings. Living in rural areas, in areas with high poverty and illiteracy rates, in areas with high gender disparity, and in places with social norms that support violence against women are some contextual factors that elevated the risk of physical intimate partner abuse.

Women in Lesotho were the subjects of an investigation by Mwamwenda and Monyooe (2016) into their perceptions and experiences of domestic abuse. Data from 20 women who had suffered domestic violence and were between the ages of 18 and 65 were gathered using a qualitative technique. They discovered that domestic violence was widespread and accepted in Lesotho, and that it was impacted by a variety of elements including patriarchy, poverty, culture, religion, and alcohol consumption. Additionally, they discovered that domestic violence has a detrimental impact on women's physical, psychological, social, and financial health. They advised including a wide range of parties in interventions to stop domestic violence, including the government, civic society, religious and traditional authorities, and men.

2.1.3 Local Perspective

In Zambia, domestic violence against women is a pervasive and serious issue. According to the 2018 Zambia Demographic and Health Survey, 42% of women between the ages of 15 and 49 have suffered physical or sexual abuse from a romantic relationship, non-romantic partner, or both at some point in their lives (Zambia Statistics Agency et al., 2019). The poll also revealed that 25% of women between the ages of 15 and 49 had endured physical or sexual abuse at the hands of a romantic partner within the previous year. The poll also showed that there are regional differences in the prevalence of domestic violence, with 32% in Lusaka and 54% in Luapula (Zambia Statistics Agency et al., 2019).

At various levels of the ecological model, numerous factors affect domestic violence against women in Zambia. Low education, poverty, unemployment, substance misuse, mental health issues, exposure to violence as a child, and acceptance of violence as a means of resolving conflict are some of the individual variables that raise the likelihood of perpetrating or experiencing domestic violence (WHO, 2010). Marital status, length of the relationship, power disparity, gender roles, and infidelity are some relationship variables that affect domestic violence (WHO, 2010). The prevalence of crime, insufficient social support networks, lack of access to resources and services, and social norms that favor violence against women are some of the community factors that have an impact on domestic violence (WHO, 2010). The legal and political systems that discriminate against women, the economic structures that disadvantage women, the cultural norms that subjugate women, and the objectifying media images of women are some of the sociocultural elements that lead to domestic violence (WHO, 2010).

Numerous investigations and studies carried out by people in Zambia have looked at domestic abuse against women. In various contexts and situations throughout Zambia, these studies and research have examined the prevalence, causes, effects, and prevention of domestic violence against women. Among the investigations and studies carried out by individuals in Zambia are:

A qualitative study on the experiences and coping mechanisms of victims of domestic violence in the Lusaka district was carried out by Mwansa et al. in 2020. Data from 10 women who had suffered domestic violence between the ages of 18 and 45 were gathered using a phenomenological approach. They discovered that domestic violence was widespread and accepted in the Lusaka district and was impacted by a variety of elements including culture,

religion, tradition, patriarchy, poverty, and alcohol misuse. Additionally, they discovered that domestic violence has a detrimental impact on women's physical, psychological, social, and financial health. They advised including a wide range of parties in interventions to stop domestic violence, including the government, civic society, religious and traditional authorities, and men.

The causes and effects of gender-based violence against women in Zambia were investigated Zulu (2022). He discovered that a variety of factors, including poverty, unemployment, alcohol misuse, patriarchal norms, low levels of education, early marriage, and a lack of awareness of women's rights, had an impact on gender-based violence. Additionally, he demonstrated how gender-based violence hurt women's social, economic, and reproductive well-being as well as their physical, mental, and sexual health. He went on to talk about the numerous programs and actions Zambia had taken to combat and prevent gender-based violence against women, as well as the problems and gaps that still needed to be filled.

Data on the various types of violence against women in Zambia were examined by UN Women in 2021. They discovered that, in their lifetime, 42.2% of women had suffered physical and/or sexually intimate relationship violence, and 25.3% had in the previous 12 months. They also discovered that 29% of girls were already married by the time they turned 18. They emphasized the UN human rights agencies' reports that were filed as well as the gender equality indices that evaluated the status of women in Zambia.

In Zambia, Bradley and Day (2019) looked at the connection between women's economic participation and violence against women. They took an intersectional approach to comprehend how providing women with educational and employment possibilities could help to lessen the incidence of violence against women. They conducted qualitative interviews with important organizations that support women as well as with various socioeconomic groups of men and women. They discovered the intricate ways that obtaining or producing cash influenced or changed the types and severity of violence faced by women and how this affected their levels of vulnerability. They also discussed how strategies for promoting women's economic engagement could help with the prevention, defense against, and reaction to violence against women, as well as how gendered power relations and sociocultural contexts interacted to have an impact on these processes.

The association between women's economic participation and violence against women in Zambia was investigated by Gender Focus (2019). They took an inter-sectional approach to comprehend how providing women with educational and employment possibilities could help to lessen the incidence of violence against women. They conducted qualitative interviews with important organizations that support women as well as with various socioeconomic groups of men and women. They discovered the intricate ways that obtaining or producing cash influenced or changed the types and severity of violence faced by women and how this affected their levels of vulnerability. They also discussed how strategies for promoting women's economic engagement could help with the prevention, defense against, and reaction to violence against women, as well as how gendered power relations and sociocultural contexts interacted to have an impact on these processes.

Mwansa and Mwansa (2015) looked into young women's sexual health and domestic abuse in Zambia. They demonstrated how early marriage and higher risks of economic difficulty for teenagers or young women worsened domestic violence or sexual coercion in romantic or dating relationships. They revealed the nuanced ways in which obtaining or producing wealth influenced or changed the types and severity of violence experienced by women, as well as how it affected the degree of vulnerability experienced by those women. Additionally, they discussed how strategies for boosting women's economic activity could help with the prevention, defense against, and response to violence against women as well as how gendered power relations and sociocultural contexts interacted to have an impact on these processes.

Mwansa and Mwansa (2015) looked into the sexual health and domestic violence of young women in Zambia. They demonstrated how the possibility of economic hardship and early marriage for teenagers or young women worsened domestic violence or sexual coercion in romantic or dating relationships.

1 THEORETICAL FRAMEWORK

2.2 Ecological Model

To comprehend the phenomenon of domestic violence against women in the Monze district, this study used the ecological model as its primary theoretical framework. Heise (1998) created the

ecological model, which the World Health Organization (WHO, 2010) later modified to explain the causes and effects of violence against women. The ecological model offers a thorough framework for comprehending the numerous and interrelated factors that have an impact on domestic violence at several levels, including the individual, relationship, community, and societal levels. It acknowledges that many different personal, situational, and environmental elements interact to generate domestic violence, which varies between contexts and cultures.

The biological and individual characteristics that raise the risk of being a victim or an offender of domestic violence are referred to as the individual level. Age, education, income, substance usage, mental health, personality traits, attitudes, and beliefs are some of these variables, as are experiences of abuse or violence as a kid or adult.

The interpersonal elements that affect the likelihood of domestic violence are referred to as the relationship level. These characteristics include the nature and quality of the connection between the partners, including fidelity, power dynamics, marital status, length of the relationship, communication, and dispute resolution. The couple's conduct and attitudes are also impacted by relatives and friends at the relationship level.

The social and environmental elements that influence the frequency and prevalence of domestic violence are referred to as community-level elements. These variables comprise the traits of the couple's neighborhood or community, such as norms and values, social cohesion, unemployment, and crime rates. The availability and accessibility of resources and assistance for domestic violence victims and offenders are also factors at the community level.

The macro-level societal influences that either promote or discourage domestic violence are referred to as the societal level. These elements include economic institutions, cultural norms, legal and political frameworks, and media representations that influence gender relations and social expectations. The historical and current forms of discrimination and oppression that have an impact on women's status and rights are also included at the societal level.

The ecological model served as a guide for this study's research design, data collecting, and data analysis. At each level of the ecological model, the study attempted to identify and analyze the elements that lead to domestic violence against women, as well as to examine how these factors interact and influence one another. The ecological model was also employed in the study to help

produce suggestions for preventing and dealing with domestic violence in the Monze district and elsewhere.

2.3 Conceptual Framework

The conceptual framework of this study will illustrate the factors contributing to domestic violence among women in Monze district specifically Manungu compound. Therefore the dependent variable is domestic violence and the independent variables are lack of awareness on domestic violence among women, education, employment and income and ethnicity. These variables in turn affect the women and their livelihood in their communities.

Independent variables

dependent variable

outcomes

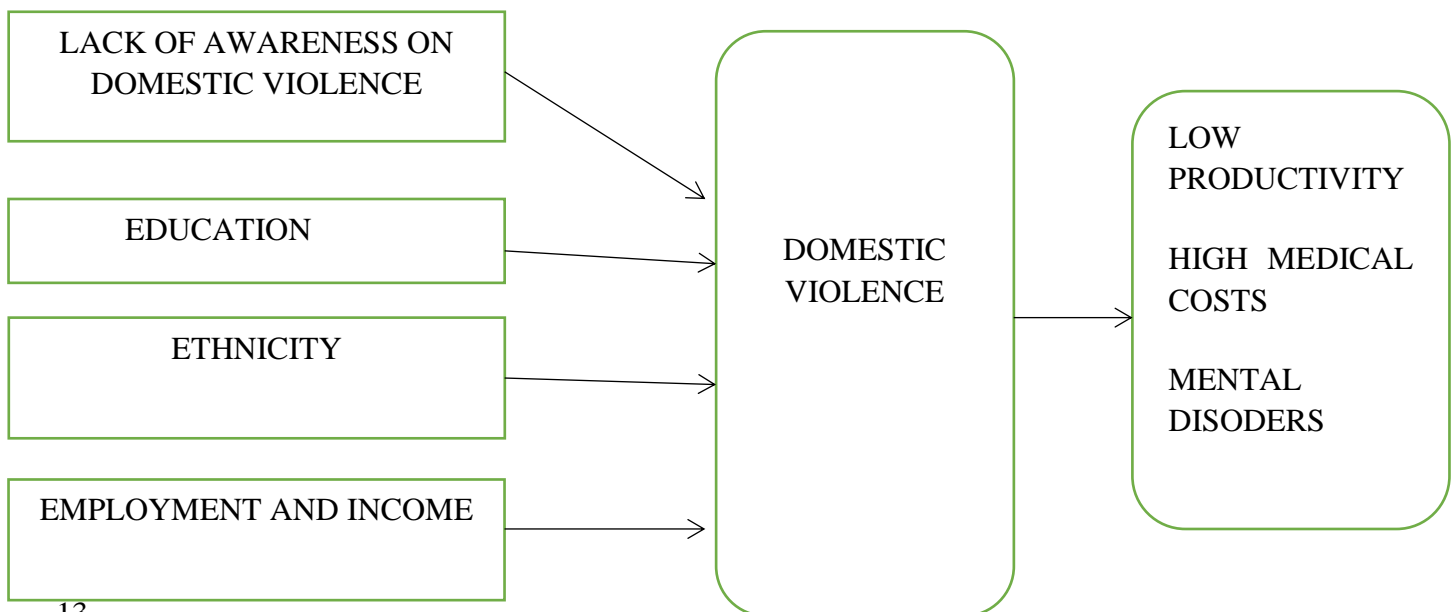


Figure 1 Conceptual Framework

CHAPTER THREE: METHODOLOGY

3.0 OVERVIEW

This chapter describes the methodology that was used for the study. The main issues discussed here were; the research design, study population, study sample, and sampling technique, data collection methods, method of data analysis, and ethical considerations.

3.1 STUDY APPROACH

This study will use the quantitative approach, the purpose of quantitative research was to attain greater knowledge and understanding of the social world. The researcher used quantitative methods to observe situations or events that affected women in Monze district, it produced objective data that could be clearly communicated through statistics and numbers. An assistant research questionnaire was given to 384 respondents who were chosen at random from Manungu area to collect the quantitative data. Closed-ended questions in the survey assessed respondents' knowledge of domestic violence, its societal and demographic causes, and the efficiency and reach ability of domestic violence shelters in the Monze district.

Descriptive and inferential statistics including frequencies, percentages, means, standard deviations, chi-square tests were used to analyze the quantitative data. Ten key informants, including police officers, social workers, health professionals, and community leaders who had knowledge of and experience with domestic abuse issues in the Monze district.

3.2 STUDY DESIGN

The cross-sectional survey design utilized for this study entailed gathering information from a sample of respondents all at once. Because it allowed the researcher to assess the prevalence and correlates of domestic violence against women in the Monze district, a cross-sectional survey approach was appropriate for this study. The researcher was able to thoroughly examine the causes, effects, and responses to domestic violence against women in the Monze region thanks to the case study design, which was an appropriate choice for this study. The study focused on Manungu area as the case study site because it was one of the areas with high rates of domestic violence against women in Monze district.

3.3 RESEARCH SITE

The study was conducted at Manungu neighbourhood watch community center in Monze district. The district has a high poverty rate of 76.6 percent and is primarily rural(central Statistical Office, 2015). The districts primary economic activities include farming, raising livestock and trading. The Tonga, Lozi and Ila are the primary ethnic groups in the region. Christianity, Islam and African Traditional Religions are the three main religions prevalent in the region. This site was chosen because it was one of the regions in Monze district where anecdotal reports have suggested a high rate of domestic violence among women. Monze district lacks many social amenities and industries this in itself is a fuel to domestic violence, in the sense that men engage in activities such as substance abuse and Manungu is one of the areas with high alcohol abuse(Musenge, E.M. 2019)

3.4 STUDY POPULATION

The study population of this study include women who are residents in Manungu region. The Manungu area has a total population of 38,590 people as of the 2010 National Census, of which 19,766 are females (Central Statistical Office, 2010). This population was chosen because Manungu area in 2020 had reported 120 occurrences of domestic violence among women reported at the victim support unit (phiri E, 2021). It was assumed that collecting information from these women would help the researcher highlight a number of items concerning domestic violence in this study.

3.5 SAMPLE SIZE AND SAMPLING PROCEDURE

The sample size for this research was determined using a sample size calculator based on the following parameters:

Confidence level: 95%

The margin of error: 5%

Population proportion: 42.2%

The sample size for this research was determined using the formula

$$n = z^2 \times p \times (1 - p) / e^2,$$

where z is the z -score corresponding to the confidence level at 95% (1.96), p is the proportion of women experiencing domestic violence in Zambia (0.422), and e is the margin of error at 5% (0.05).

384 women who had suffered domestic violence in the Manungu area were chosen to participate in the study since that was the calculated sample size.

Two steps made up the sampling process for this study:

Stage 1 : Purposive sampling of Manungu area as the case study site

Stage 2 : Simple random sampling of 384 women who had reported domestic violence cases in Manungu area.

Sampling procedure

A probability sampling technique called simple random sampling includes choosing a sample from a population so that each person has an equal chance of being chosen. This sampling method was chosen because it helps ensure high internal validity and randomization is the best method to reduce the impact of potential confounding variables. A random selection process was carried out by assigning numbers like 1 and 2 to pieces of paper which will then be placed in a box for women to choose from, after that the researcher randomly picks a subset of the population. The individual who selected This prevented sampling bias and made sure the sample was representative of the research population(Olken, F. 1986).

3.6 DATA COLLECTION METHODS

An assistant research questionnaire served as the primary technique of data collection for this study. The sample of 384 women in the Manungu area was utilized as the basis for the collection of quantitative data using the questionnaire. The questionnaire was designed after thorough review of literature. The questionnaire comprised of three sections; Section (A) had questions on the proportion and level of knowledge of domestic violence among women , Section (B) which had questions on social demographic factors contributing to domestic violence and Section (C) which compromised of questions on how effective and accessible are the domestic violence shelters in Monze district. The questionnaire was administered by the researcher to ensure that

the data was collected accurately and also to reduce on the language barrier for participants who have difficulties understanding English.

3.6.1. PILOT

A pilot study was conducted in site and service compound in Monze district. This study encompassed 12 women, with the help of interview guides. In order to find out whether they were any problems in framing the questions and also to find out if the instruments are reliable and valid, a number of questions were added to improve the data collection tools for the actual study;

What is your ethnicity?

Tonga Lozi Ila Other (please specify) _____

Cultural norms or beliefs that justify domestic violence.

Always Often Sometimes Rarely Never

Quality and quantity of services provided by domestic violence shelters.

Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied

3.7 DATA PROCESSING AND ANALYSIS

The data processing and analysis for this research involved the following steps:

Data cleaning: Errors, inconsistencies, and missing values were looked for in the obtained data. We eliminated or changed any responses that were incorrect or lacking the necessary information.

Data coding: The categories or scales of the questionnaire items' items were used to code the data using numerical values. As an illustration, the responses to a Likert scale question about awareness of domestic abuse were coded as follows: 1 = knowledgeable, 2 = fair, 3 = average, and 4 = poor.

Data entry: For further analysis, the coded data was moved from a spreadsheet program (Microsoft Excel) to a statistical program (SPSS version 22.0).

Data analysis: Descriptive and inferential statistics were used to analyze the data. The characteristics of the sample and the answers to the questionnaire items were summarized using descriptive statistics such as frequencies, percentages, means, and standard deviations. . All statistical tests had a 0.05 level of significance.

Data presentation: To highlight the key findings and patterns from the data analysis, the findings were presented as tables, graphs, and charts. Additionally, the findings were evaluated and discussed in light of the study's goals and literature review.

3.8 VALIDITY AND RELIABILITY

According to Phelan et al. (2005), reliability refers to the degree to which an assessment instrument produces stable and consistent results, whereas validity relates to how well a test measures what it is supposed to examine. To ensure the validity and reliability of the data, the questionnaires were designed to cover every area of the research aims.

Table 1: Reliability Test

Case Processing Summary

		N of items	%
Cases	Valid	371	96.6
	Excluded ^a	13	3.4
	Total	384	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
------------------	------------

Reliability Statistics

Cronbach's Alpha	N of Items
.876	28

The dependability of a scale or questionnaire is displayed in Table 1 above. A statistical metric used to evaluate a scale's internal consistency or reliability is Cronbach's Alpha coefficient. It shows how closely related the scale's items are to one another.

The Cronbach's Alpha coefficient in this instance is .876, which is a high number. Cronbach's Alpha levels above .7 are typically regarded as satisfactory, and those above .8 are regarded as good. Several .876, therefore, indicates that the scale's items are highly connected and have a high degree of internal consistency.

The "N of Elements" column indicates that the scale has 28 items. This implies that each construct or notion was measured using one of the scale's 28 separate questions or statements.

Based on these findings, we can draw the general conclusion that the scale utilized in this study exhibits a high level of internal consistency, indicating that the items are accurate measures of the construct being examined.

3.9 ETHICAL CONSIDERATIONS

The study adhered to the National Institutes of Health's (NIH) ethical standards and regulations for using human participants in research. Before collecting data, the research received ethical approval from the University of Lusaka. The following elements were among the ethical factors for this study:

Consent is given voluntarily after being fully aware of the study's objectives, methods, risks, advantages, and rewards. Before taking part in the study, a consent form was given to them to sign. They were also given the assurance that leaving the study at any point would have no detrimental effects.

Privacy & confidentiality: All responses and individual participant data were kept private and anonymous. The information was kept in a password-protected computer after being numerically

encoded. The researcher and the supervisor were the only people with access to the data. Without the participants' permission, no third parties were given access to the data.

Reduction of injury: The participants suffered neither physical nor psychological harm as a result of the study. Some of the questionnaire's questions, meanwhile, might have been too personal or upsetting for some participants who had endured domestic abuse. So, in case they felt uncomfortable or needed assistance, the participants were given a list of counseling and support agencies to get in touch with.

Fairness and equity: No participant was subjected to discrimination in the study based on their age, ethnicity, level of education, marital status, or occupation. All subjects were treated fairly and equitably in the study. Additionally, the study made sure that the volunteers were fairly compensated for their time and work.

Cultural sensitivity: The study was considerate of the participants' cultural norms and worldviews. The study honored the participants' cultural traditions and refrained from imposing any values or judgments on them. The study also used suitable language and communication techniques that matched the interests of the participants.

3.10 LIMITATIONS TO THE STUDY

When analyzing the findings and making implications from this study, it is important to recognize and take into account its limitations. The following are the study's primary weaknesses:

Sample size, the target group of 8,343 women who had experienced domestic violence in the Manungu area made the sample size of 384 women appear to be somewhat modest. This can reduce the study's statistical power and generalizability.

Simple random sampling were used in a two-stage process as the sampling approach. This could result in some selection bias and lessen the sample's ability to reflect the population. Additionally, because the sample frame was based on the list of domestic violence instances that had been reported, some women who did not report their cases or who were unaware of the assistance that was offered may have been left out.

Measurement method, a assistant research questionnaire with closed-ended questions served as the study's measurement method. Due to this, the depth and richness of the data may be constrained, and the complexity and diversity of domestic violence experiences may not be adequately represented. The questionnaire was also modified from a nationwide poll, which might not accurately reflect the unique environment and culture of the Monze district.

Data analysis, to test hypotheses and look at correlations between variables, the data analysis used descriptive and inferential statistics. Other elements or characteristics that can affect domestic abuse against women in the Monze district are not possibly taken into account by this. Furthermore, no complex or cutting-edge methods that could have improved the results' validity and dependability were used in the data analysis.

CHAPTER FOUR: RESULTS

4.0 OVERVIEW

This chapter discusses the results of the findings of the data collected from the participants, based on the outcomes of responses as provided by the participants.

4.1 RESPONDENT DEMOGRAPHIC CHARACTERISTICS

Table 1 below shows the demographic characteristics of the respondents: Most of the respondent's (28.9%) were between the ages of 25 – 34 Years old at the time of the study. Outcomes also show that majority (72.9%) were Tonga, 34.1% did not have any formal education and 77.6% were married.

Table 1: Respondent's Demographic characteristics

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS		
CHARACTERISTIC	FREQUENCY	PERCENT
AGE GROUP		
18 – 24	25	6.5%
25 – 34	111	28.9%
35 – 44	76	19.8%
45 -54	87	22.7%
55 – 64	50	13%
65 and above	35	9.1%
MARITAL STATUS		
SINGLE	36	9.4%
MARRIED	298	77.6%
DIVORCED	34	8.9%
WIDOWED	16	4.2%
HIGHEST EDUCATION ATTAINMENT		
NO FORMAL EDUCATION	131	34.1%
PRIMARY	81	21.1%
SECONDARY	72	18.8%
TERTIARY	100	26%
ETHNICITY		
TONGA	280	72.9%
LOZI	49	12.8%

ILA	37	9.6
BEMBA	18	4.7%
OCCUPATION		
FARMER	87	22.7%
TRADER	126	32.8%
HOUSEWIFE	134	34.9%
FORMAL WORKER	37	9.6%

4.2 RESPONDENT'S PROPORTION AND LEVEL OF KNOWLEDGE ABOUT DOMESTIC VIOLENCE

Table 2: Proportion of Respondents that Experienced Domestic Violence

A majority of 83.6% of respondents indicated having experienced domestic violence.

Domestic Violence Experience

	Frequency	Percent	Cumulative Percent
Valid Yes	321	83.6	83.6
No	63	16.4	100.0
Total	384	100.0	

Table 3: Respondent's level of knowledge about domestic violence.

Outcomes obtained in the study show that all respondent's had experienced domestic violence. Table 2 highlighted that 56% of the respondents fairly knew domestic violence, 80.7% had fairly identified signs of domestic violence and 39.1% had average knowledge on the causes. Furthermore 57.6% had poor levels of knowledge on the consequences of domestic violence.

	Knowledgeable		fair		Average		Poor		Total	
	F	%	F	%	F	%	F	%	F	%
Knowing Domestic Violence	130	33.9	216	56.2	25	6.5	13	3.4	384	100
Knowing the Signs of Domestic Violence	62	16.1	310	80.7	12	3.1	-	-	384	100
Knowing the Causes of Domestic Violence	-	-	143	37.2	150	39.1	91	23.7	384	100
Knowing the Consequences of Domestic Violence	-	-	60	15.6	103	26.8	221	57.6	384	100
Knowing Where to Report Domestic Violence	195	50.8	117	30.5	-	-	72	18.8	384	100
Knowing Where to Seek Help	52	13.5	143	37.2	141	36.7	48	12.5	384	100
Knowing	104	27.1	104	27.1	116	30.2	60	15.6	384	100

Rights Regarding Domestic Violence										
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4.2.1 Tests of Association

Table 4: Domestic Violence Experience * Age of Respondents

The chi-square tests below indicate significant association with p values of 0.000 between age group and domestic violence

Chi-Square Tests

	Value	Degree of freedom	Asymptotic Significance. (2-sided)
Pearson Chi-Square	1.576E2 ^a	5	.000
Likelihood Ratio	159.186	5	.000
Linear-by-Linear Association	15.532	1	.000
N of Valid Cases	384		

a. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 4.10.

Table 5: Domestic Violence Experience Vs. Ethnicity of Respondents

The chi-square tests indicate a significant association between domestic violence and ethnicity at p-value 0.000. However, it is important to consider the cautionary note regarding the low expected counts in some cells, as this may impact the reliability and interpretation of the chi-square test results.

Chi-Square Tests

	Value	Degree of freedom	Asymptotic. Significance. (2-sided)
Pearson Chi-Square	30.324 ^a	3	.000
Likelihood Ratio	25.615	3	.000
Linear-by-Linear Association	13.821	1	.000
N of Valid Cases	384		

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 2.95.

Table 6: Domestic Violence Experience * Highest Level of Education

The linear-by-linear association chi-square value is 1.285 with 1 degree of freedom. The associated p-value is 0 .257, indicating that there is no significant linear association between the variables. The p-value is greater than the conventional significance level of 0.05, suggesting that the observed linear association may have occurred by chance.

The table also mentions that none of the cells (0%) have expected counts less than 5. The smallest expected count among all the cells is 11.81. This information is provided to indicate that there are no cells with low expected counts, which increases the reliability of the chi-square test results.

In summary, the chi-square tests reveal a significant association between the variables based on the Pearson and likelihood ratio tests. However, the linear-by-linear association test does not show a significant linear association. It is worth noting that the absence of cells with low expected counts enhances the reliability of the chi-square test results.

Chi-Square Tests

	Value	Degree of freedom	Asymptotic Significance. (2-sided)
Pearson Chi-Square	52.790 ^a	3	.000
Likelihood Ratio	74.059	3	.000
Linear-by-Linear Association	1.285	1	.257
N of Valid Cases	384		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 11.81.

Table 7: Domestic Violence Experience * Marital Status

The chi-square tests indicate a significant association between the variables based on both the Pearson and likelihood ratio tests. The linear-by-linear association test also shows a significant linear association. However, it is important to consider the cautionary note regarding the low expected counts in some cells, as this may impact the reliability and interpretation of the chi-square test results.

Chi-Square Tests

	Value	Degree of freedom	Asymptotic Significance. (2-sided)
Pearson Chi-Square	1.126E2 ^a	3	.000
Likelihood Ratio	85.971	3	.000

Linear-by-Linear Association	80.035	1	.000
N of Valid Cases	384		

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 2.63.

Table 8: Domestic Violence Experience * Occupation of Respondents

The chi-square tests reveal a significant association between the variables based on both the Pearson and likelihood ratio tests. The linear-by-linear association test also shows a significant linear association. Furthermore, the absence of cells with low expected counts enhances the reliability of the chi-square test results.

Chi-Square Tests

	Value	Degree of freedom	Asymptotic Significance (2-sided)
Pearson Chi-Square	24.126 ^a	3	.000
Likelihood Ratio	37.535	3	.000
Linear-by-Linear Association	7.239	1	.007
N of Valid Cases	384		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.07.

4.3 PERCEIVED REASONS CONTRIBUTING DOMESTIC VIOLENCE

Table 9: Causes of Domestic Violence

Table 3 below displays the perceived reasons by women of Manungu area that are contributing to domestic violence. Outcomes show that on reasons that caused domestic violence most of the respondents, 54.2% reported that financial problems often cause domestic violence. Further 43.5% of respondents also highlighted alcohol and drug abuse as a cause of domestic violence.

	Always		Often		Sometimes		Rarely		Never		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Alcohol or Drug Abuse	104	27.1	167	43.5	26	6.8	75	19.5	12	3.1	384	100
Financial Problems	48	12.5	208	54.2	26	6.8	89	23.2	13	3.4	384	100
Unemployment or Underemployment	65	16.9	104	27.1	124	32.3	91	23.7	-	-	384	100
Infidelity	62	16.1	52	13.5	91	23.7	143	37.2	36	9.4	384	100
Lack of Communication or Trust	117	30.5	151	39.3	91	23.7	25	6.5	-	-	384	100
Cultural Norms or Beliefs that Justify Domestic Violence	-	-	-	-	152	39.6	208	54.2	24	6.2	384	100
Legal Systems that do Not Protect Women Against Domestic Violence	-	-	-	-	-	-	65	16.9	319	83.1	384	100

4.4 EFFECTIVENESS AND ACCESSIBILITY OF DOMESTIC VIOLENCE SHELTERS

Table 4 below shows the effectiveness of the domestic violence shelters in Monze according to the results, 53% reported that they were satisfied with the location and distance to shelters from their homes. Furthermore 49.5% reported that they were satisfied with the safety and security of the shelters and 47.4% reported that they were satisfied with the quality and quantity of services provided by the domestic violence shelters.

Table 10: Effectiveness of Domestic Violence Shelters

	Very Satisfied		Satisfied		Neutral		Dissatisfied		Total	
	F	%	F	%	F	%	F	%	F	%
Availability of Domestic Violence Shelters	104	27.1	138	35.9	65	16.9	25	6.5	332	86.5
Location & Distance to Shelters from Home	13	3.4	204	53.1	129	33.6	12	3.1	358	93.2
Safety & Security of Shelters	117	30.5	190	49.5	51	13.3	-	-	358	93.2
Quality & Quantity of Services Provided by the Shelter	48	12.5	182	47.4	128	33.3	-	-	358	93.2
Professionalism of Staff	113	29.4	143	37.2	115	29.9	-	-	371	96.6
Affordability of Domestic Violence Shelters	254	66.1	130	33.9	-	-	-	-	384	100

Table 11: Overall Satisfaction

Table 6 below shows the overall satisfaction that the respondents got from the domestic violence shelters in Monze. 208, 54.2% were satisfied. Implying that the majority were satisfied with the domestic violence shelters in Monze.

		Frequency	Percent
Valid	Satisfied	208	54.2
	Neutral	116	30.2
	Dissatisfied	60	15.6
	Total	384	100.0

CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

5.0 OVERVIEW

The concepts, connections, knowledge gaps, and generalizations highlighted by the study's findings are presented in this chapter. Additionally, it shows how the findings and interpretations compare or contrast with the current and published research discussed in Chapter 2.

5.1 PROPORTION AND LEVEL OF KNOWLEDGE OF DOMESTIC VIOLENCE AMONG WOMEN IN MONZE DISTRICT

Table 3 revealed varying levels of knowledge among respondents regarding domestic violence against women in the Monze district. A significant majority of respondents were able to identify warning signs of domestic abuse, and many had a general understanding of what domestic violence entailed. However, there was uncertainty among respondents about the causes of domestic violence, and a majority were unaware of the effects it has on women's health, well-being, and rights.

The findings underscore the importance of raising awareness about domestic violence against women in the Monze district, particularly regarding its origins and impacts. These findings align with previous studies that have identified cultural norms, gender stereotypes, social shame, and fear as factors influencing public awareness and attitudes towards domestic violence (Sivarajasingam et al., 2022). Moreover, the results highlight the need to provide domestic violence victims with accessible support services and empower them with knowledge about their legal rights (World Health Organization, 2021). Addressing domestic violence requires a comprehensive, coordinated response from various sectors, including health, education, justice, and social welfare (Callaghan et al., 2018).

The study's results are consistent with previous research that has highlighted factors such as cultural norms, financial difficulties, substance abuse, and fear as influences on public awareness, attitudes, and perceptions of domestic violence (Sivarajasingam et al., 2022). They also emphasize the multifaceted nature of domestic violence, requiring a comprehensive response from multiple fields (Callaghan et al., 2018).

5.2 SOCIAL DEMOGRAPHIC FACTORS CONTRIBUTING TO DOMESTIC VIOLENCE AMONG WOMEN IN MONZE DISTRICT

To address the second specific objective of identifying whether social demographic factors contribute to domestic violence in Monze district, the chi-square tests conducted in the present study provide valuable insights. The findings from the chi-square tests reveal significant associations between domestic violence experience and various social demographic factors, including age group, ethnicity, marital status, highest level of education, and occupation. These significant associations suggest that these social demographic factors contribute to domestic violence in Monze district.

The analysis demonstrates a significant association between age group and domestic violence experience. This suggests that different age groups may have varying levels of risk for experiencing domestic violence. Further examination of the specific age groups and their relationship to domestic violence could provide insights into the dynamics and contributing factors.

The results indicate a significant association between ethnicity and domestic violence experience. This implies that different ethnic groups in Monze district may have different prevalence rates of domestic violence. Understanding the cultural and social factors that influence these disparities can inform targeted interventions and support for affected communities.

The chi-square tests reveal a significant association between marital status and domestic violence experience. This finding suggests that individuals in different marital statuses may have varying risks for experiencing domestic violence. Exploring the specific dynamics within each marital status category can shed light on the factors that contribute to domestic violence in Monze district.

While the linear-by-linear association test does not show a significant linear relationship between the highest level of education and domestic violence experience, it is still important to consider the overall significant association between these variables. This implies that education level might play a role in domestic violence, although the nature of this relationship may not be

linear. Further investigation into the specific educational factors that contribute to domestic violence can provide valuable insights.

The chi-square tests indicate a significant association between occupation and domestic violence experience. This suggests that individuals in different occupations may have different risks of experiencing domestic violence. Analyzing the specific occupational categories and their relationship to domestic violence can help identify high-risk groups and inform targeted interventions.

Overall, the findings from the chi-square tests support the notion that social demographic factors contribute to domestic violence in Monze district. These results emphasize the importance of considering the intersectionality of various social demographic factors when addressing domestic violence issues. By understanding how these factors interact and contribute to the occurrence of domestic violence, interventions and preventive measures can be tailored to address the specific needs and vulnerabilities of different social demographic groups in Monze district.

Table 4 presents the respondents' views on the causes of domestic violence against women in the Monze district. Lack of communication, financial difficulties, and alcohol or drug misuse were frequently cited as causes, indicating potential tension and conflict among couples. Factors such as adultery, cultural norms excusing domestic abuse, and inadequate legal protection for women were rarely mentioned as causes, indicating respondents' understanding of relationship responsibilities and their confidence in formal organizations handling domestic abuse cases. Unemployment and underemployment were occasionally cited as reasons, suggesting a connection between economic stress and domestic violence.

The study's results suggest that domestic violence against women in the Monze district stems from a variety of interconnected reasons, with certain causes being more prevalent than others. These findings align with research highlighting financial difficulties, substance abuse, and communication issues as significant risk factors for intimate partner violence (CDC, 2021). The results also support the notion that cultural norms, beliefs, and legal frameworks play less significant roles in contributing to domestic violence (Callaghan et al., 2018; Sivarajasingam et

al., 2022). However, discrepancies in socioeconomic and cultural characteristics of the study groups and locations may account for these variations.

5.3 EFFECTIVENESS AND ACCESSIBILITY OF DOMESTIC VIOLENCE SHELTERS IN MONZE DISTRICT.

Table 6 indicates that the majority of respondents were satisfied with the efficiency and accessibility of domestic violence shelters in the Monze district. Respondents expressed contentment with the shelters' accessibility, location, safety, quality, price, and the professionalism of staff members. These findings are consistent with previous research demonstrating the crucial role domestic violence shelters play in providing services and support to women who have experienced abuse in intimate relationships (Baker et al., 2010; Lyon et al., 2011).

The results suggest that the shelters in the Monze district adequately cater to the needs and preferences of the women who utilize them, and most women in the area can access and afford these shelters. However, there is a need to increase awareness and utilization of the shelters among women who may be unaware or face barriers in accessing them (Sullivan & Virden, 2017). Furthermore, addressing the complex issue of domestic violence requires additional interventions such as prevention efforts, advocacy, legal support, and economic empowerment to complement the existing shelter services (Goodman et al., 2016).

In summary, this section presented the findings of the study, highlighting the knowledge levels, perceived causes, and effectiveness of domestic violence shelters in the Monze district. The results were compared and connected to previous research, demonstrating the need for awareness campaigns, comprehensive support services, and coordinated responses across multiple sectors to effectively address domestic violence against women.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.0 OVERVIEW

This chapter presented the conclusions, and recommendations made based on this study.

6.1 CONCLUSIONS

The purpose of this study was to identify the Factor's contributing to domestic violence against women in the Monze district. According to the study, the respondents were generally satisfied with the efficiency and accessibility of the domestic violence shelters in the Monze district, but there were some areas for improvement, such as raising awareness of the shelters and encouraging women who might not be aware of them or who might encounter obstacles to using them to use them. According to the study's findings, domestic violence is a complicated and diverse issue that calls for a thorough and coordinated response from a range of sectors, including health, education, justice, and social welfare.

6.2 RECOMMENDATIONS

Based on the findings and conclusion of this study, the following recommendations are made:

- There is a need to carry out routine and thorough education and sensitization campaigns that target both women and men, as well as community leaders and influencers, to increase the level of awareness of domestic violence among women in Monze district, particularly regarding the causes and consequences of domestic violence. These efforts ought to promote the rights and obligations of both partners in a relationship as well as challenge societal norms and attitudes that support or accept domestic violence.
- There is a need to expand financing and resources for these shelters, as well as to strengthen the quality and quantity of the services they offer, to increase the effectiveness and accessibility of the domestic violence shelters in the Monze district. Along with providing emergency refuge, these organizations ought to also give the women who use them access to counseling, legal representation, economic empowerment, and follow-up support. It's also important to spread the word about the shelters and encourage women to use them, especially if they face obstacles like stigma, fear, or lack of transportation that prevent them from doing so.

- A comprehensive and coordinated response from multiple sectors, including health, education, justice, and social welfare, is required to address the complicated and varied issue of domestic abuse. In addition to helping victims of domestic violence, this strategy should focus on preventing domestic violence from ever happening in the first place by addressing risk factors such as drug and alcohol misuse, money issues, and a lack of communication. By implementing the current rules and regulations that safeguard women from domestic abuse, this reaction should also include making those responsible for domestic violence accountable for their deeds.

6.3 RECOMMENDATIONS FOR FURTHER STUDY

- Examining the experiences and results of the women who use the domestic violence shelters in the Monze region and contrasting them with those of the women who do not use the shelters or who use other forms of help is a potential area for additional research. This study may provide further light on the advantages and drawbacks of using shelters as well as the demands and gaps faced by the Monze district's domestic abuse victims.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Questionnaire

Questionnaire on Domestic Violence Against Women in Monze District

Dear Participant,

Thank you for agreeing to participate in this study. The purpose of this study is to investigate the factors contributing to domestic violence against women in Manungu area, one of the 22 wards in Monze district of Southern Province in Zambia. The study also aims to assess the effectiveness and accessibility of domestic violence shelters in Monze district.

This questionnaire consists of four sections: A) Demographic Information, B) Awareness of Domestic Violence, C) Factors Influencing Domestic Violence, and D) Effectiveness and Accessibility of Domestic Violence Shelters. The questionnaire will take about 15 minutes to complete.

Your participation in this study is voluntary and you can withdraw at any time without any negative consequences. Your responses will be kept confidential and anonymous. The data collected will be used only for academic purposes and will not be shared with any third parties without your consent.

Please answer all the questions honestly and to the best of your ability. There are no right or wrong answers. If you have any questions or concerns, please contact the researcher at +260974702917.

Thank you for your time and cooperation.

Section A: Demographic characteristics Information

Please provide some basic information about yourself by ticking the appropriate box or filling in the blank.

1. What is your age?

18-24 25-34 35-44 45-54 55-64 65 or above

2. What is your ethnicity?

Tonga Lozi Ila Other (please specify) _____

3. What is your highest level of education?

No formal education Primary education Secondary education Tertiary education

4. What is your marital status?

Married Divorced Widowed Single

5. What is your occupation?

Farmer Trader Housewife Other (please specify) _____

Section B: Awareness of Domestic Violence

Please indicate how much you agree or disagree with each of the following statements by ticking the appropriate box.

knowledgeable fair average poor

6.I know what domestic violence is.

knowledgeable fair average poor

7.I know the signs of domestic violence.

knowledgeable fair average poor

8.I know the causes of domestic violence.

knowledgeable fair average poor

9. I know the consequences of domestic violence.

knowledgeable fair average poor

10.I know where to report domestic violence cases.

knowledgeable fair average poor

11.I know where to seek help for domestic violence cases.

knowledgeable [] fair [] average [] poor []

12. I know my rights as a woman regarding domestic violence.

knowledgeable [] fair [] average [] poor []

Section C: Factors Influencing Domestic Violence

Please indicate how often each of the following factors has contributed to domestic violence against you by ticking the appropriate box.

Always [] Often [] Sometimes [] Rarely [] Never []

13. or drug abuse by my partner or myself.

Always [] Often [] Sometimes [] Rarely [] Never []

14. .Financial problems or poverty.

Always [] Often [] Sometimes [] Rarely [] Never []

15.Unemployment or underemployment of my partner or myself.

Always [] Often [] Sometimes [] Rarely [] Never []

16..Infidelity or jealousy by my partner or myself.

Always [] Often [] Sometimes [] Rarely [] Never []

17. Lack of communication or trust between me and my partner.

Always [] Often [] Sometimes [] Rarely [] Never []

18. .Cultural norms or beliefs that justify domestic violence.

Always [] Often [] Sometimes [] Rarely [] Never []

19.Legal system or policies that do not protect women from domestic violence.

Always [] Often [] Sometimes [] Rarely [] Never []

20.Other factors (please specify) _____

Section D: Effectiveness and Accessibility of Domestic Violence Shelters

Please indicate how satisfied you are with each of the following aspects of domestic violence shelters in Monze district by ticking the appropriate box.

Very satisfied [] Satisfied [] Neutral [] Dissatisfied [] Very dissatisfied []

21. Availability of domestic violence shelters in Monze district.

Very satisfied [] Satisfied [] Neutral [] Dissatisfied [] Very dissatisfied []

22. Location and distance of domestic violence shelters from my home.

Very satisfied [] Satisfied [] Neutral [] Dissatisfied [] Very dissatisfied []

23. Safety and security of domestic violence shelters.

Very satisfied [] Satisfied [] Neutral [] Dissatisfied [] Very dissatisfied []

24. Quality and quantity of services provided by domestic violence shelters.

Very satisfied [] Satisfied [] Neutral [] Dissatisfied [] Very dissatisfied []

25. Staff attitude and professionalism at domestic violence shelters.

Very satisfied [] Satisfied [] Neutral [] Dissatisfied [] Very dissatisfied []

26. Cost and affordability of domestic violence shelters.

Very satisfied [] Satisfied [] Neutral [] Dissatisfied [] Very dissatisfied []

27. Overall satisfaction with domestic violence shelters in Monze district.

Very satisfied [] Satisfied [] Neutral [] Dissatisfied [] Very dissatisfied []

Thank you for completing this questionnaire.

Please return it to the enumerator

APPENDIX II: WORK PLAN

Table 12: Work Plan

ACTIVITYi	SEP 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023	MAY 2023	JUN 2023
Proposal writing and editing									
Proposal presentation									
Preparation of study tools and travel to collect data									
Pre-testing of the instruments									
Data collection									
Data entry and analysis									
Final presentation									
Final project submission									
Printing of project									

APPENDIX III: BUDGET

Table 13: Budget

ITEM	COST IN KWACHA
Stationary	50
Transport	600
Questionnaire printing	300
Printing and binding final document	400
Airtime and bundles	200
Ethics committee	500
Field assistant to	500
TOTAL	2,550

**SCHOOL OF MEDICINE AND HEALTH SCIENCES LEOPARDS
HILL CAMPUS**

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**SCHOOL OF MEDICINE AND HEALTH SCIENCES
RESEARCH ETHICS COMMITTEE**

Ref no: IORG0010092-2023/027

Date: 15th DECEMBER, 2022

LUBEMBA JOSEPHINE - BSPH19217156

**Re: RESEARCH TITLE: FACTORS CONTRIBUTING TO DOMESTIC VIOLENCE
AGAINST WOMEN IN MONZE DISTRICT**

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS Research ethics committee
2. Approval from the Lusaka District health Management or equivalent health authorities should be sought.
3. The study tools should be added.
4. An informed consent form should be attached and filled by all study participants (If dealing with primary data)
5. The risks and benefits should be included in the consent form.
6. Ensure before commencement that approval is sought from ZNHRA

Congratulations and the committee wishes you success in your work.



Prof Kasonde Bowa

MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)

Chairman- UNILUS REC

Professor of Urology and Consultant Urologist

Executive Dean

University of Lusaka and University Teaching Hospital School of Medicine and Health Sciences.



NATIONAL HEALTH RESEARCH AUTHORITY

Lot No. 18961/M, off Kasama Road, Chalala, P.O. Box 30075, LUSAKA
Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA00002/22/03/2023

Date: 22nd March, 2023

The Principal Investigator,
Josephine Lubemba,
University of Lusaka,
Lusaka, Zambia.

Dear Ms. Lubemba,

Re: Request for Ethical Clearance and Authority to Conduct Research

The National Health Research Authority is in receipt of your request for ethical clearance and authority to conduct research titled “**Factors Contributing to Domestic Violence Against Women in Monze District.**”

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA bi-annually from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours faithfully,

NATIONAL HEALTH RESEARCH AUTHORITY

Prof. Godfrey Biemba,
DIRECTOR/CHIEF EXECUTIVE OFFICER