Extended Abstract

Background

Intimate partner violence (IPV) - any assaultive and coercive behaviour that causes physical, psychological or sexual harm to a person in a relationship is pervasive globally [1–3]. Although this type of behaviour can be bidirectional, men are the most perpetrators [1,4]. A recent multi-country study by the World Health Organisation (WHO) [1,5] revealed that one out of three women experiences either physical or sexual violence in their lifetime worldwide, however, there are regional variations in the prevalence of IPV [1,6]. The WHO estimates showed that the prevalence of IPV was higher in Africa (37%) and South-East Asia (38%) than Europe (25%) and the Americas (30%) [1].

IPV against women is a worldwide public health and human right concern [7–9], as it has been shown to be a risk factor for various physical and mental health problem [4,10–16]. The issue of IPV has become a priority and there are high-level global commitments to addressing the issue. In an attempt to minimize or eradicate violence against women, the United Nations introduced conventions that contain provisions to protect the rights and well-being of women to directly or indirectly curb the rising prevalence of violence against women [17,18]. Moreover, various regions and nationals have laws that criminalize intimate partner violence such as the African Charter on Human and People's Rights (ACHPR)'S chapter 1 art 5 [19].

Despite the laws and legislation to protect women against violence, IPV is still on the rise in developing countries [20,21]. In Africa, several factors including culture and social norms have been identified as contributing factors to the rise IPV in the region [5,21]. IPV has been tolerated and perceived as a cultural norm and accepted as a means to keep women disciplined and on track [3,22–24]. In Sub Saharan Africa, over 75% of wife beating has been justified, that is in a situation where a woman does not live up to her husband's and society's expectations [9,21].

Furthermore, low economic status of women has been shown to increase women's vulnerability to IPV [3,25], because they might depend on their male intimate partners. Relational approach adds that differences in educational achievement, age, and carrier development may increase women's vulnerability to IPV [5,26]. In some circumstances financial circumstances of women may expose them to IPV, especially in conservative societies that stress normative roles of women, as expected by their husbands and the society [5,20]. Conversely, some men resort to violence to enhance their positions [23], especially where they feel powerless and threatened by their female partners' socio-economic achievements within families [5,20].

Over the past decades the media has become a critical tool in educating women on IPV in Sub-Saharan Africa [27] and it has been utilized to prevent and respond to violence. Evidence suggest that the media is effective in raising awareness on IPV [28]. It also influences attitudes towards gender norms by alerting women and societies of human rights and violations of these rights [29].

The case of Zimbabwe

The prevalence of IPV is very high in Zimbabwe. A recent DHS data revealed that about 35% of women experienced physical violence since the age 15 and 14% experienced sexual violence once in their lifetime, 32 % of ever-married women have experienced spousal emotional

violence [30]. Other reports further indicated that 40% of women and a third of men accepted and justified physical chastisement of women [31–33]. Although the law (Domestic Violence Act 14/2006) exists, sexual offenses such as rape and spousal rape, remain a widespread problem in the country [30,32]. It has been reported that almost a quarter of married women who had experience domestic violence also experienced sexual violence [34].

The Media Monitoring Project Zimbabwe (MMPZ) has assessed how Zimbabwe's mainstream media fared in raising awareness of gender-based violence [35,36]. Although the media is crucial in alerting communities and the authority of these trending problems, MMPZ found out that gender based violence emerged as a secondary concern in the media [36].

Although social, economic and cultural factors have been identified to be associated with IPV in some developing countries [3,37,38], to the best of our knowledge, no study has examined the relationship between these factors, and IPV in Zimbabwe. The objective of this study is to explore the trends in prevalence and risk factors associated with IPV against women in Zimbabwe from 2005 to 2015. The following research questions will be addressed.

1) How does sociodemographic characteristics and socioeconomic status (SES) of women influence IPV?
2) To what extent does media exposure of women impact on women's experience against IPV?

Methodology

The data were from 2005/2006,2010/2011 and 2015 Zimbabwe Demographic and Health Survey [30] which were nationally representative surveys of men and women in their reproductive age. We limited our sample to currently married and cohabiting women aged 15-49 years. The samples for the final analyses after the exclusions were (survey year: 2005/2006; n=4,081), (survey year: 2010/2011; n=4,411) and (survey year: 2015; n=4,917).

Measurement of outcome variable

The outcome variable in this study was IPV. This variable was a combination of at least one type of intimate partner violence (physical, sexual or emotional) experienced by a woman.

Independent variable

The independent variables were group together into three broad categories: sociodemographic characteristics (age, marital status, number of children, place of residence, and religious affiliations). Socioeconomic status (SES) (educational level, employment status and wealth index). Exposure to media was assessed in terms of frequency.

Statistical Analysis

Descriptive and multiple regression analyses were performed and in the first part, percentages (%) were used to describe the prevalence and trends of IPV. In the second part, binary logistic regression models were fitted to examine the associations between the independent variables and IPV. The binary logistic models estimate the likelihood of the outcome variable to be 1 (h=1), and the conditional probability of experiencing the outcome (IPV) can be expressed mathematically as:

$$pr(h=1|x)=\frac{\exp(x\beta)}{1+\exp(x\beta)}$$

The regression analysis was carried out using a three-step hierarchical modeling approach. This step-wise strategy allowed us to examine the independent impact of the groups of explanatory variables on the outcome variable.

Results

Table 1. Prevalence of IPV by sociodemographic characteristics, socioeconomic status and media exposure among women of reproductive age (15-49 years), Zimbabwe, 2005-2015

Variables	2005/2006 (n=4,081)	2010/2011 (n=4,411)	2015 (n=4,917)
	IPV (%)	IPV (%)	IPV (%)
Age			
15 - 19	43.66	44.75	43.96
20-24	48.44	45.42	43.86
25-29	46.22	44.34	47.22
30-34	42.31	37.52	44.75
35-39	41.21	37.62	41.61
40+	46.15	34.10	36.05
Marital Status			
Married	45.20	40.66	42.67
Cohabiting	46.55	47.12	50.77
Number of children			
No child	33.12	35.69	34.81
1-2	45.93	41.56	42.60
3-4	44.80	41.59	44.27
5+	49.49	40.04	46.04
Place of residence			
Urban	38.33	37.28	42.61
Rural	48.14	42.64	43.43
Religion			
Christians	44.40	40.36	42.49
Moslems	42.86	45.64	49.65
Traditionalist	53.68	57.14	55.81
No Religion	49.64	44.83	54.68
Educational Level			
No education	50.76	40.16	47.46
Primary	46.47	45.23	45.78
Secondary and higher	43.92	38.75	41.96
Employment Status			
Not currently employed	41.18	38.73	40.67
Currently employed	51.87	44.99	46.35
Wealth (Index)			
Poorest	50.84	42.04	44.95
Poorer	51.71	47.67	44.63
Middle	43.99	40.92	44.38
Richer	32.63	32.30	38.10
Media exposure			
Newspaper			
No Media exposure	48.04	43.18	44.5

Less than once a week	42.88	38.30	41.1
At least once a week	38.50	34.26	41.5
Radio			
No Media exposure	47.99	41.07	41.13
Less than once a week	49.33	41.50	44.08
At least once a week	44.57	40.42	43.35
Television			
No Media exposure	48.65	41.99	43.35
Less than once a week	41.45	43.27	43.12
At least once a week	40.38	38.01	42.64
Total	**45.23**	**40.97**	**43.10**

Figure 1. Prevalence of IPV among women of reproductive age (15-49 years) by survey year, Zimbabwe, pooled data, 2005-2015

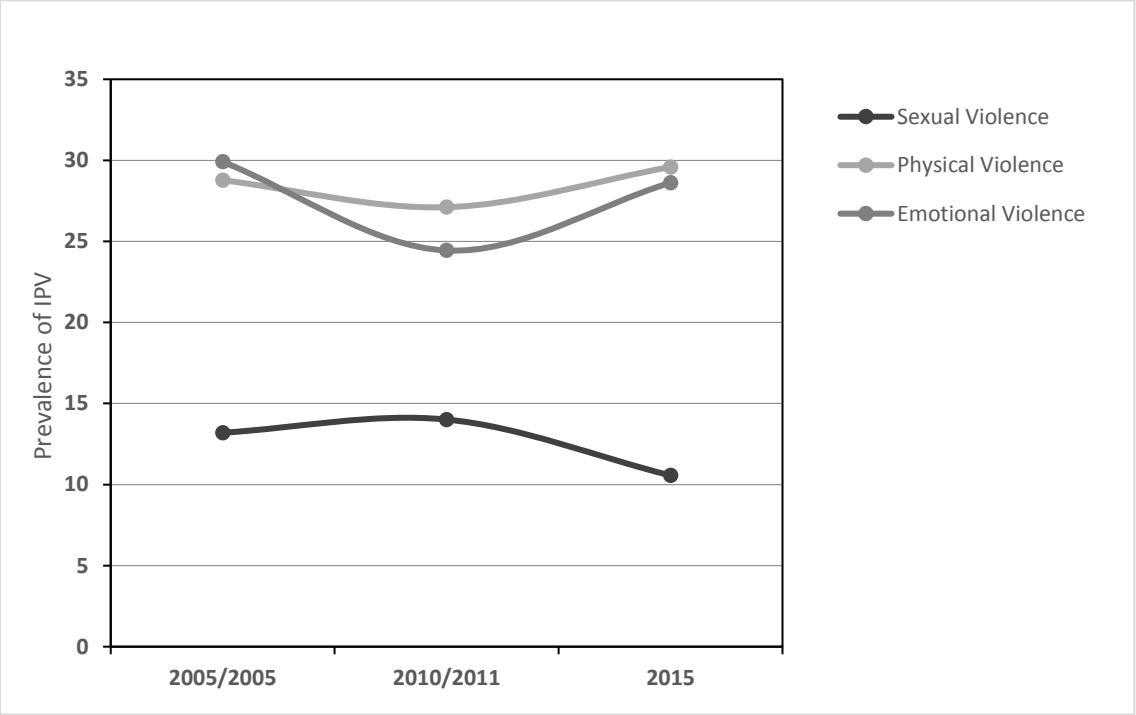
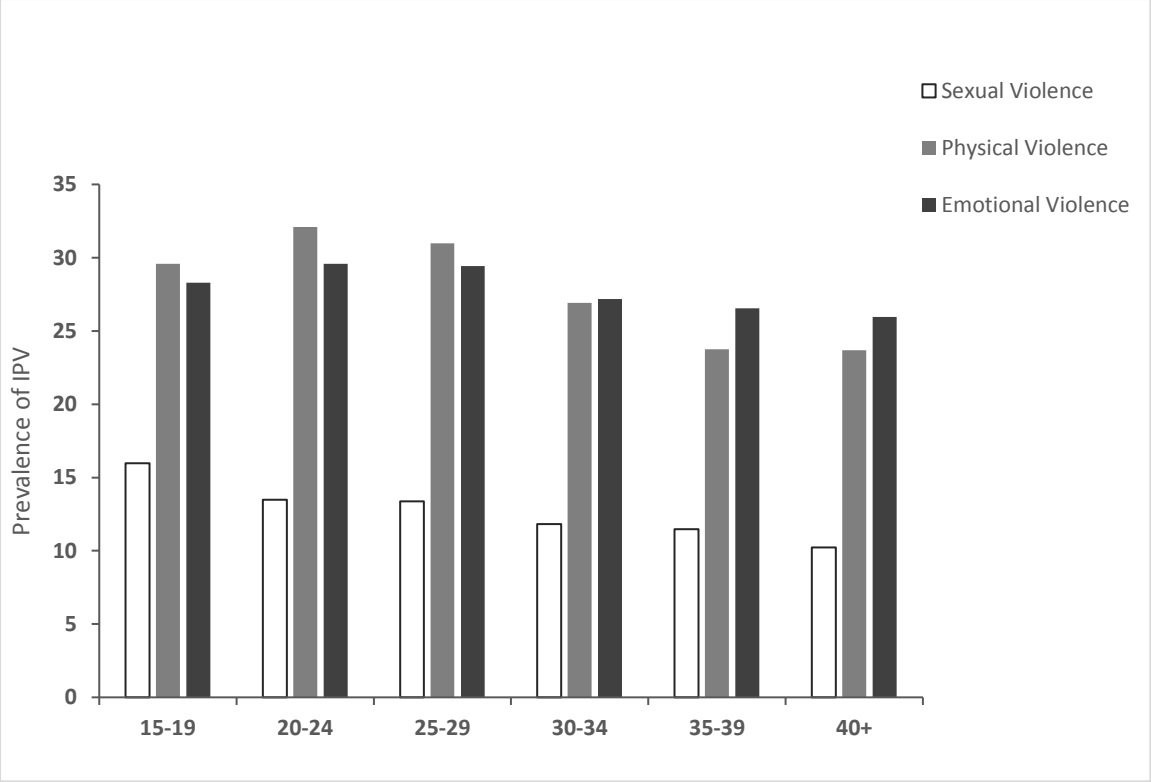


Figure 2. Prevalence of IPV among women of reproductive age (15-49 years) by age group, Zimbabwe, pooled data, 2005-2015



Discussion

IPV against women has not only been widely investigated in the extant literature but it has also drawn much attention in the international community, regional or state bodies. Notwithstanding, this study examined the trends in prevalence and risk factors of IPV from 2005 to 2015 in Zimbabwe, that has hitherto not been investigated. Overall, the result revealed that the prevalence of IPV decreased from 45.2% in 2005 to 41.1% and peaked again in 2010 to 43.7%.]. Regarding the various forms of IPV, the prevalence of emotional violence was generally similar across all age groups, which makes it the most popular form of violence among women in Zimbabwe and other countries in Sub Saharan Africa [39].

We further found that sociodemographic factors including age were associated with increased experience and vulnerability to IPV, sexual and physical violence was higher among the younger age groups (25-29 years) than their older counterparts. This pattern is consistent with other previous studies [33,40–42] which found IPV to be higher among younger adults. The reason given for this outcome was that younger women are likely to engage in aggressive and violent behaviours.

More so, IPV was frequent among women with children and we observed a pattern where the prevalence increased as the number of children increased. A possible explanation for this phenomenon is that women may not want to leave their matrimonial homes, thus securing the welfare of their children [43]. To add on, the prevalence among those who cohabitate was higher and these findings corroborates with other studies [44].

The analysis further showed that geographical location and religious beliefs of women contribute to experiencing IPV. We found that the prevalence of IPV was higher among women in the rural areas and the likelihood of reporting was also higher among traditionalist women

probably because the rural areas and the traditionalist are deeply rooted in cultures and they stress the issue of traditions that [22,33] justify male dominance and abusive acts.

Regarding economic status, the result indicated that wealth and employment status of women had potential effects on the likelihood of experiencing IPV. As reported in other previous studies [25,26,37,45,46], we also found rich women to have lower odds of experiencing IPV as compared to poor women. It has been noted that in previous studies that the financial status of a woman may be a protective measure against IPV. Conversely, we observed that women who were employed were more likely to report IPV than their counterparts who were unemployed. This outcome has been linked to the fact that women who are employed have little time to concentrate on their traditional prescribed roles which may result in spousal conflict [47–49].

Surprisingly, we found no significant relationship between the woman's educational level and IPV. Although our findings were consistent with some prior studies done by Chakwana in 2004 [5], [50,51] found education to be a shield. More so, [52] found that high education of women can place them at higher risk of experiencing IPV, other studies also found that women with low level of education were more likely to experience sexual violence [9,46]. Despite these mixed findings, we speculate that empowerment of women through education does not shield them from being abused.

Concerning media exposure, even though the prevalence of IPV was higher among women who did not have access to any form of media (TV, radio and newspaper), we found no significant association between women's exposure to media and IPV when other significant factors were considered.

Conclusion

Our study provides the first evidence of the trends in prevalence and correlates of IPV against women in Zimbabwe. The findings indicate that prevalence of IPV is on the rise in Zimbabwe compared to the global average. Thus, there is an urgent need for an integrated approach to address the issue.

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