



## **Prevalence and Predictors of Physical Abuse of Women in Uganda and Malawi**

Meron Tesfaye<sup>1</sup> & Andani Vine Ndlovu<sup>2</sup> & Emmanuel Thompson<sup>3</sup> & Seidu Sofo<sup>4</sup>

<sup>1,2</sup> Department of Biology, Southeast Missouri State University, USA

<sup>3</sup> Department of Mathematics, Southeast Missouri State University, USA

<sup>4</sup> Department of Allied Health, Kinesiology, and Sport Studies, Southeast Missouri State University, USA

Correspondence: Seidu Sofo, Southeast Missouri State University, USA

Email: ssofo@semo.edu

DOI: 10.53103/cjess.v4i1.211

### **Abstract**

The study examined the prevalence and predictors of physical abuse of women in Uganda and Malawi. The Demographic Health Survey in the Integrated Public Use Microdata Series (IPUMS) database served as the data source. The respondents were 5402 women from Uganda and Malawi. The response variable was whether the woman had been physically harmed by her current husband or partner during pregnancy (DVPREGHUSB). We examined six predictor variables. Stepwise logistic regression analysis revealed that four variables were important predictors of DVPREGHUSB: country, marital status, woman's education, and husband's education. Women in Uganda were more likely to be physically abused than women in Malawi. Those who were living together (unmarried), widowed, divorced, or separated were less likely to be physically abused than those who were married. A woman's level of education was not a significant predictor of the physical abuse of women in both Uganda and Malawi. Men with primary education were more likely to physically abuse their wives or partners than those without education. Programs aimed at helping physically abused women must consider the country of residence, marital status, and education of the husband or partner.

Keywords: Africa, Gender-Based Violence, Physical Abuse, Malawi, Uganda

### **Introduction**

Physical violence against women is a serious human rights issue that continues to plague societies around the world, including Africa. This violence has significant consequences for women's health, well-being, and social mobility and requires urgent attention from researchers, policymakers, and practitioners (World Health Organization, 2004). Understanding the prevalence and antecedents of physical violence against women in Africa is essential for effective intervention strategies and the promotion of gender

equality in the region. This section aims to provide an overview of previous research on this topic and highlight key findings, developments, and gaps in knowledge.

Africa is witnessing alarming levels of violence against women. For example, Jewkes et al. (2015) found that more than one-third of women in several African countries had experienced physical violence by an intimate partner. Similarly, a systematic review by Shamu et al. (2011) found that the prevalence of physical abuse of women ranges from 14% to 41% in different African countries. DeVries et al. (2013) claim that sub-Saharan Africa has the highest rates of violence against women in the world. Numerous studies have examined the sociocultural factors that contribute to the prevalence of physical abuse of women in Africa. Research suggests that traditional gender norms and patriarchal structures play an important role in maintaining male dominance and control over women (Fulu et al., 2013). In addition, economic inequality, lack of education, and lack of awareness of women's rights contribute to women's vulnerability to physical abuse (Jewkes et al., 2003). Furthermore, cultural practices such as dating are associated with increased rates of physical abuse of women (Medeiros et al., 2006).

Identification of risk factors for physical violence against women is important for prevention and intervention. This is important for development efforts on the continent. For, as Duflo (2012) noted, there is a strong inverse correlation between economic development and domestic violence at the country level. Studies have identified a variety of individual factors, relationships, and contexts that place women at risk of physical violence. Individual factors include low levels of education, poverty, substance abuse, and mental health (Schumacher et al., 2001). Relational factors such as lack of marital satisfaction, power imbalances, and prior violence are also important (Capaldi et al., 2012).

### **Physical Abuse in Uganda and Malawi**

Research on physical abuse of women in Uganda and Malawi has also provided valuable insights into the prevalence of violence, risk factors, and consequences in these contexts. Studies examining the prevalence of physical abuse have shown that approximately 56% of women in Uganda (Karamagi et al. 2006) and 47% of women in Malawi (Hindin & Muntifering, 2011) have experienced physical violence by intimate partners. This high prevalence rate of physical violence against women points to the need for targeted interventions in both countries (Forty, 2022).

### **Risk Factors and Consequences of Physical Abuse**

Several studies have examined risk factors for physical abuse among women in Uganda and Malawi. For example, Mbonye et al. (2016) found that age, low education, and poverty were significant risk factors for physical violence in Uganda. In addition, parental violence and male partner involvement in alcoholism were found to predict

physical abuse of women (Sommer et al., 1992). In Malawi, Kishor and Johnson (2006) found that women who married at a younger age, had less education, and lived in rural areas were more likely to experience physical violence. Additionally, factors such as alcohol use by a male partner and witnessing violence between parents have been associated with an increased risk of physical abuse (Lipsky et al., 2005).

The impact of physical abuse on the health and well-being of women in Uganda and Malawi is well documented. Namy et al. (2017) found that women who experienced physical violence were more likely to report poor physical and mental health with depressive and anxiety symptoms also associated with increased reproductive health risks such as unwanted pregnancy and sexually transmitted infections in future relationships (Nzioka, 2001). The effects of physical abuse on the health and well-being of women in Malawi have been documented in studies. The study by Pallitto et al. (2013) highlighted the link between physical violence and adverse sexual and reproductive health outcomes such as unwanted pregnancy and unsafe abortion. Research also indicates that women who experienced physical abuse were more likely to report symptoms of depression and anxiety than non-abused women (Scholle et al., 1998).

### **Help-seeking and Interventions**

Researchers have also examined women's help-seeking behavior and the barriers they face in accessing support services. Evidence shows that many women in the two countries who experienced physical abuse did not seek help due to fear of retaliation, social stigma, and lack of knowledge of available resources (Mbeba et al., 2012; Nakku et al., 2019). In addition, limited access to legal aid and support services prevented women from leaving abusive relationships (Burman & Chantler, 2005).

Efforts to address physical violence against women in Uganda include awareness campaigns, community-based interventions, and regulatory reform. Kyegombe et al. (2014) examined community mobilization interventions and found promising results in reducing physical violence against women. The intervention influenced the dynamics of relationships and helped partners to explore the benefits of mutually supportive gender roles. Similarly, an intervention in Malawi used policy changes and community and health care provider initiatives to encourage men to get involved in the health of their female partners (Manda-Taylor et al., 2017). However, challenges remain in both countries (as in many Sub-Saharan African countries), in implementing and sustaining effective interventions at national levels and in rural and underserved areas (Semahegn et al., 2017; Yakubu & Chaudhuri, 2022; Yount et al., 2018).

### **Purpose of the Study**

The above review of research on physical abuse of women in Uganda and Malawi

highlights the urgent need for comprehensive interventions targeting the prevalence, risk factors, and consequences of violence. Efforts to effectively address this problem should focus on empowering women and increasing awareness of their rights and access to support (Chadambuka & Warria, 2022). Therefore, the purpose of the present study was to examine the prevalence and predictors of physical abuse against women in Uganda and Malawi. Addressing the underlying social and cultural norms that perpetuate gender-based violence is critical to achieving sustainable change and ensuring that women in these two countries and Africa, in general, enjoy safety and prosperity.

### **Research Questions**

The following research questions guided the study:

1. What is the prevalence of physical abuse against women in Uganda and Malawi?
2. What are the predictors of physical abuse against women in Uganda and Malawi?

### **Method**

#### **Participants and Data**

Participants included 5402 women from Uganda (3,645) and Malawi (1,757). The study utilized data from the Demographic Health Survey on the Integrated Public Use Microdata Series (IPUMS) database (Blewett et al., 2023). Whether a woman was physically hurt by their current husband or partner during their pregnancy (DVPREGHUSB) served as the response variable. The predictor variables were country of residence, rural/urban, age, marital status, woman's highest level of education, and husband's highest level of education.

#### **Statistical Analysis**

To summarize and describe the relationship between DVPREGHUSB and the set of predictor variables, country of residence, rural/urban, age, marital status, woman's highest level of education, and husband's highest level of education, a two-way table was used. From the table, we computed the conditional distribution of each predictor at each level of DVPREGHUSB. The dependent variable, DVPREGHUSB was measured on a binary scale ("yes, physically abused" or "no, otherwise"). We therefore deemed it appropriate to use the stepwise logistic regression method to estimate the relationship between DVPREGHUSB and the six predictor variables. Stepwise logistic regression is a special case of hierarchical regression in which statistical algorithms determine which predictors end up in your model. Initially, the entire data set was used for fitting, followed by estimation of the odds ratios (ORs), and the corresponding  $(1 - \alpha)\%$  confidence intervals (CIs) to make inference about the statistical significance of the true ORs. RStudio

version “R version 4.3.2 (2023-10-31)” was used for this analysis.

### **Results**

#### **Prevalence of Physical Abuse of Women in Uganda and Malawi**

The first research question examined the prevalence of physical abuse against women in Uganda and Malawi. Table 1 represents data on the prevalence of physical abuse in the two countries. Overall, 591 (10.9%) of the respondents in the two countries were physically abused by their husbands or partners. A higher percentage of the physically abused were from Uganda (76.5%) and 23.5% from Malawi. Also, a higher percentage of the physically abused women resided in rural (88.7%). Respondents aged 25-45 years were the most abused (65.5%), followed by those aged less than 25 years (27.7%). Respondents who were married had the highest percentage (66.0%) experiencing physical violence, followed by those living together/not married (32.3%). Finally, respondents with primary education (74.3%) were the most physically abused. Similarly, women whose husbands or partners had primary education (69.7%) had the highest percentage who were physically abused.

Table 1: Summary statistics of predictors and the response variable

Variable	1 (Yes, Physically Abused) N = 591 (≈ 10.9%)	0 (No, Otherwise) N = 4,811 (≈ 89.1%)
<b>Country</b>		
Malawi	139 (23.5%)	1,618 (33.6%)
Uganda	452 (76.5%)	3,193 (66.4%)
<b>Urban/Rural</b>		
Urban	67 (11.3%)	772 (16.0%)
Rural	524 (88.7%)	4,039 (84.0%)
<b>Age</b>		
Less than 25	164 (27.7%)	1,313 (27.3%)
25 - 45	387 (65.5%)	3,151 (65.5%)
Greater than 45	40 (6.8%)	347 (7.2%)
<b>Marital Status</b>		
Married	390 (66.0%)	2,738 (56.9%)
Living Together	191 (32.3%)	1,708 (35.5%)
Widowed	1 (0.2%)	74 (1.5%)
Divorced	7 (1.2%)	173 (3.6%)

Separated/Not Living Together	2 (0.3%)	118 (2.5%)
<b>Educational Level of the Woman</b>		
No Education	74 (12.5%)	693 (14.4%)
Primary Education	439 (74.3%)	3,160 (65.7%)
Secondary Education	67 (11.3%)	785 (16.3%)
Higher Education	11 (1.9%)	173 (3.6%)
<b>Educational Level of the Husband</b>		
No Education	41 (6.9%)	446 (9.3%)
Primary Education	412 (69.7%)	2,756 (57.3%)
Secondary Education	117 (19.8%)	1,245 (25.9%)
Higher Education	21 (3.6%)	364 (7.6%)
<b>n (%)</b>		

### Predictors of Physical Abuse of Women in Uganda and Malawi

Research Question 2 investigated the predictors of physical abuse of women in the two countries. Table 2 displays detailed results of the stepwise logistic regression procedure. The results show that country of residence was a significant predictor of the odds of women being physically abused by their husbands or partners. Women in Uganda had higher odds (OR 1.6795; 95% CI, 1.3557, 2.0923) of being physically abused relative to women in Malawi. Marital status was another significant predictor of the odds of women being physically abused by their husbands or partners. Women living together (not married) (OR 0.6859; 95% CI, 0.5648, 0.8306) or widowed, divorced, and separated/not living together (OR 0.2693; 95% CI, 0.1311, 0.4929) had significantly lower odds of being physically abused than those married (widowed, divorced, and separated/not living together were combined due to low cell frequencies, for ease of reference, see Table 1). Furthermore, husbands or partners with primary education had significantly higher odds (OR 1.4647; 95% CI, 1.0417, 2.1084) to physically abuse their wives or/partners than those without any education. Finally, the woman's level of education was not statistically significant in the estimated logistic regression model. Based on the generalized variance inflation factor analysis, none of the predictors showed evidence of collinearity and multicollinearity.

Table 2: Detailed stepwise logistic regression results

	<b>Estimate</b>	<b>Std. Error</b>	<b>z</b>	<b>P-Value</b>	<b>OR</b>	<b>95% CI - OR</b>	
						<b>Lower Limit</b>	<b>Upper Limit</b>
Intercept	-2.6640	0.1979	-	0.0000*	0.0697	0.0467	0.1015
<b>Country</b>							
Uganda [Ref: Malawi]	0.5185	0.1106	4.6870	0.0000*	1.6795	1.3557	2.0923
<b>Marital Status:</b>							
Living Together [Ref: Married]	-0.3771	0.0983	-3.8350	0.0001*	0.6859	0.5648	0.8306
Widowed, Divorced, Separated/Not Living Together [Ref: Married]	-1.3119	0.3343	-3.9250	0.0001*	0.2693	0.1311	0.4929
<b>Education of Woman</b>							
Primary [Ref: No Education]	0.2557	0.1395	1.8330	0.0667	1.2914	0.9882	1.7083
Secondary [Ref: No Education]	-0.0767	0.1883	-0.408	0.6835	0.9261	0.6397	1.3395
Higher [Ref: No Education]	-0.1105	0.3746	-0.295	0.7680	0.8954	0.4117	1.8079
<b>Education of Husband</b>							
Primary [Ref: No Education]	0.3816	0.1795	2.1270	0.0334*	1.4647	1.0417	2.1084
Secondary [Ref: No Education]	-0.0119	0.2015	-0.0590	0.9528	0.9881	0.6707	1.4803
Higher [Ref: No Education]	-0.5710	0.3093	-1.8460	0.0649	0.5650	0.3029	1.0228

\*P-value &lt; 0.05

### Discussion

Women in Uganda had higher odds of being physically abused relative to women in Malawi. Customs and traditions play significant roles in influencing the prevalence of physical abuse in Sub-Saharan Africa. One possible reason for this finding may be that some regions in Uganda may have well-entrenched patriarchal and gender norms which may be responsible for the higher prevalence of violence against women in that country

(Karamagi et al., 2006). Second, the differences in the availability and accessibility of support services for survivors of violence can affect reporting rates. Uganda and Malawi may have varying levels of resources for addressing domestic violence, which can influence survivors' willingness to report abuse (Abramsky et al., 2011). Third, the effectiveness of legal systems and the implementation of domestic violence laws may vary from country to country. Differences in legal safeguards and enforcement mechanisms, therefore, can result in differences in reporting and response rates (Bourey et al., 2015).

Women living together (not married), widowed, divorced, or separated had significantly lower odds of being physically abused than those married. The first possible reason for this finding is that marriage often comes with established power dynamics and expectations. In some instances, these dynamics can lead to an imbalance of power, with one partner exerting control and dominance over the other. This can create a fertile ground for physical abuse within married relationships (Yount et al., 2018). Second, married women may be economically dependent on their spouses, making it more difficult for them to exit abusive relationships. Moreover, economic factors, such as financial control by the partner, can outweigh the protective effects of marriage (Jewkes et al., 2015). Third, unmarried women may have stronger support networks outside of their immediate family, including friends, extended family, or community organizations. These networks can provide emotional and practical support, making it easier for these women to seek help or leave an abusive relationship (Machisa et al., 2017). Finally, the ability to leave an abusive relationship is a critical factor in reducing the risk of physical abuse. Women who are not married may perceive it as easier to end a relationship or seek legal assistance compared to those who are married and may face more obstacles to leaving (Umberson, 1992).

Husbands with primary education had significantly higher odds of physically abusing their wives or partners than those without any education. Firstly, husbands with primary education may face challenges adapting to changing gender roles and increased gender equality. They may perceive women's empowerment and independence as a threat to traditional male dominance, leading to resistance and even violence (Kabeer, 2005). Secondly, men with primary education may aspire to certain economic standards or roles within the family. If they face economic stress or difficulties in meeting these expectations, it can lead to frustration, which may manifest as physical abuse (Jewkes et al., 2015). Thirdly, in some societies, men with higher education than their partners may face greater pressure to conform to traditional expectations of masculinity, including being the primary breadwinner and exercising control over their partners. This pressure can contribute to abusive behaviors (Gonalons-Pons, & Gangl, 2021; Mugweni, 2017). Fourthly, some men with education may misinterpret gender equality as a loss of their power and authority within the household, leading to efforts to reassert control through physical violence (Chattopadhyay & Duflo, 2004).

A surprising finding of this study was that a woman's level of education was not a



significant predictor of the physical abuse of women in Uganda and Malawi. This finding may be explained by several factors. First, physical abuse is influenced by a complex interplay of individual, interpersonal, societal, and cultural factors. Even though education is an important factor in many spheres of life, it may not always have a direct influence on reducing the risk of physical abuse. Also, cultural norms, economic situations, and social support systems can serve a more important role in affecting the likelihood of abuse (Jewkes et al., 2015). Second, education alone may not be sufficient to mitigate the risk of physical abuse if women still face economic disparities or dependence on their spouses. Economic factors, such as financial control by the partner, can outweigh the protective effects of education (Bourey et al., 2015). Third, in some societies, traditional gender norms and roles may persist despite women's educational attainment. Cultural expectations around male dominance and control can contribute to physical abuse, regardless of a woman's level of education (Makama, 2013). Fourth, the prevalence of gender-based norms of violence and the acceptance of violence against women can vary greatly across neighborhoods and communities. In some contexts, even highly educated women may face a high risk of abuse if these norms persist (Jewkes et al., 2002). Finally, more educated women may be more aware of their rights and more likely to report abuse. This could lead to a perception that education is not a protective factor when, in fact, it may influence reporting rates. Additionally, stigma and fear of repercussions may still deter some educated women from reporting physical abuse (Abramsky et al., 2011).

### **Conclusions**

One main finding of this study was that there was a significant difference in the prevalence of physical abuse against women in Uganda and Malawi. Women in Uganda had higher odds of experiencing physical abuse compared to their counterparts in Malawi. Additionally, married women had higher odds of being physically abused than those who were not married, widowed, or separated. Surprisingly, the level of education among women was not found to be a significant predictor of physical abuse in either country. A surprising result was that husbands with primary or secondary education had significantly higher odds of physically abusing their wives or partners than those without any education. These findings highlight the importance of considering multiple intertwining factors in understanding physical abuse against women. While education and marital status play a role, they do not operate in isolation— they are influenced by factors such as economic, sociocultural, and contextual factors. Therefore, these factors should be considered for any program intervention aimed at preventing physical abuse against women in Uganda and Malawi.

### **Implications for Policy and Practice**

Findings from the study has implications for policy and practice in the two countries studied. First, enhancing legal frameworks by strengthening legal measures to protect women against physical violence is crucial. Legislations should be clear, enforceable, and widely publicized to ensure awareness and adherence. Studies in Africa, including Uganda and Malawi, suggest the necessity of integrating legal responses with health services to address gender-based violence effectively. Second, educational initiatives are vital for changing societal attitudes towards violence against women. The relationship between education levels of husbands and physical violence against women highlights the importance of education in changing societal norms. Third, economic empowerment and employment opportunities can improve women's access to economic resources and employment can reduce their vulnerability to violence. As indicated in previous studies, women's financial independence plays a critical role in their ability to leave abusive relationships and seek help. Finally, the respective governments of the two countries in the current study should strengthen their healthcare systems. Developing comprehensive healthcare responses and including mental health support for gender-based violence survivors is essential. Therefore, healthcare professionals should be trained to identify and support victims of physical violence.

### **Recommendations for Future Research**

The present study used cross-sectional data, therefore, future research should conduct longitudinal studies to better understand the long-term effects of physical violence on women's health and wellbeing. Future research should assess the impact of national policy changes and interventions on the prevalence of physical abuse on women to help refine future strategies. Understanding men's perspectives can inform more effective prevention strategies. Therefore, future research should explore men's attitudes toward physical violence against women. Further investigation into the impact of different levels of education on attitudes towards and experiences of physical violence against women is warranted. This could inform targeted educational programs. Finally, while many of the risk factors play a role, they do not do so in isolation, therefore, future research should examine how various factors such as poverty, rural-urban divide, and ethnicity intersect and contribute to the risk of physical violence against women.

### **About the Authors**

All the authors are with Southeast Missouri State University in the United States. Meron Anteneh and Andani Vine Ndlovu are Biomedical Sciences majors. Emmanuel Thompson is a Professor of Actuarial Science; and Seidu Sofu, a Professor of Physical

Education Teacher Education.

### References

- Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., ... & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health, 11*(1), 1-17.
- Agresti, A. (2015). *Foundations of linear and generalized linear models*. John Wiley & Sons.
- Bourey, C., Williams, W., Bernstein, E. E., & Stephenson, R. (2015). Systematic review of structural interventions for intimate partner violence in low-and middle-income countries: organizing evidence for prevention. *BMC Public Health, 15*(1), 1-18.
- Blewett, L. A., Drew, J. A. R., King, M. L., Williams, K. C. W., Chen, A., Richards, S., & Westberry, M. (2023). IPUMS Health Surveys: National Health Interview Survey, Version 7.3. Minneapolis, MN: IPUMS.  
<https://doi.org/10.18128/D070.V7.3>.
- Bourey, C., Williams, W., Bernstein, E. E., & Stephenson, R. (2015). Systematic review of structural interventions for intimate partner violence in low-and middle-income countries: organizing evidence for prevention. *BMC Public Health, 15*(1), 1-18.
- Burman, E., & Chantler, K. (2005). Domestic violence and minoritisation: Legal and policy barriers facing minoritized women leaving violent relationships. *International Journal of Law and Psychiatry, 28*(1), 59-74.
- Chadambuka, C., & Warria, A. (2022). Intimate partner violence: understanding barriers in seeking formal support services in a rural area in Zimbabwe. *Journal of Family Violence, 37*(3), 521-532.
- Kabeer, N. (2005). Gender equality and women's empowerment: A critical analysis of the third Millennium Development Goal 1. *Gender & Development, 13*(1), 13-24.
- Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse, 3*(2), 231-280.
- Chattopadhyay, R., & Duflo, E. (2004). Women as policy makers: Evidence from a randomized policy experiment in India. *Econometrica, 72*(5), 1409-1443.
- Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., ... & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. *PLoS Medicine, 10*(5), e1001439.
- Duflo, E. (2012). Women empowerment and economic development. *Journal of Economic Literature, 50*(4), 1051-1079.
- Forty, J. (2022). Do women with autonomy in the household experience less intimate partner violence in Malawi? Evidence from the 2015-16 demographic and health survey. *Journal of Biosocial Science, 54*(6), 939-958.  
<https://doi.org/10.1017/S0021932021000559>.
- Fulu, E., Jewkes, R., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors

- associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 1(4), e187-e207.
- Gonalons-Pons, P., & Gangl, M. (2021). Marriage and masculinity: Male-breadwinner culture, unemployment, and separation risk in 29 countries. *American Sociological Review*, 86(3), 465-502.
- Hindin, M. J., & Muntifering, C. J. (2011). Women's autonomy and timing of most recent sexual intercourse in Sub-Saharan Africa: a multi-country analysis. *Journal of Sex Research*, 48(6), 511-519.
- Hosmer Jr, D. W., Lemeshow, S., & Sturdivant, R. X. (2013). *Applied logistic regression* (Vol. 398). John Wiley & Sons.
- Jewkes R, Levin J, Penn-Kekana L. (2002). Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science & Medicine*. 55(9):1603–17.
- Jewkes, R. K., Levin, J. B., & Penn-Kekana, L. A. (2003). Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study. *Social Science & Medicine*, 56(1), 125-134.
- Jewkes, R., Flood, M., & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. *The Lancet*, 385(9977), 1580-1589.
- Kabeer, N. (2005). Gender equality and women's empowerment: A critical analysis of the third millennium development goal. *Gender and Development*, 13(1), 13-24.
- Karamagi, C. A., Tumwine, J. K., Tylleskar, T., Heggenhougen K. (2006). Intimate partner violence against women in eastern Uganda: implications for HIV prevention. *BMC Public Health*. 6(1):284.
- Kishor, S., & Johnson, K. (2006). Reproductive health and domestic violence: are the poorest women uniquely disadvantaged? *Demography*, 43(2), 293-307.
- Kyegombe, N., Starmann, E., Devries, K. M., Michau, L., Nakuti, J., Musuya, T., ... & Heise, L. (2014). 'SASA! is the medicine that treats violence'. Qualitative findings on how a community mobilisation intervention to prevent violence against women created change in Kampala, Uganda. *Global Health Action*, 7(1), 25082.
- Lipsky, S., Caetano, R., Field, C. A., & Larkin, G. L. (2005). Psychosocial and substance-use risk factors for intimate partner violence. *Drug and Alcohol Dependence*, 78(1), 39-47.
- Machisa, M. T., Christofides, N., & Jewkes, R. (2017). Mental ill health in structural pathways to women's experiences of intimate partner violence. *PLoS One*, 12(4), e0175240.
- Makama, G. A. (2013). Patriarchy and gender inequality in Nigeria: The way forward. *European Scientific Journal*, 9(17), 1857- 7431.
- Manda-Taylor, L., Mwale, D., Phiri, T., Walsh, A., Matthews, A., Brugh, R., ... & Byrne, E. (2017). Changing times? Gender roles and relationships in maternal, newborn and child health in Malawi. *BMC Pregnancy and Childbirth*, 17, 1-13.
- Mbeba, R. M., Mkuye, M. S., Magembe, G. E., Yotham, W. L., Mellah, A. O., & Mkuwa

- S. B. (2012). Barriers to sexual reproductive health services and rights among young people in Mtwara district, Tanzania: a qualitative study. *Pan African Medical Journal*, 13, Suppl 1(Suppl 1):13. Epub 2012 Dec 26. PMID: 23467684; PMCID: PMC3589247.
- Mbonye, A. K., Buregyeya, E., Rutebemberwa, E., Clarke, S. E., Lal, S., Hansen, K. S., ... & LaRussa, P. (2016). Prescription for antibiotics at drug shops and strategies to improve quality of care and patient safety: A cross-sectional survey in the private sector in Uganda. *BMJ Open*, 6(3), e010632.
- Medeiros, R. A., & Straus, M. A. (2006). Risk factors for physical violence between dating partners: Implications for gender-inclusive prevention and treatment of family violence. *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment*, 59-85.
- Mugweni, R. M. (2017). Issues of access, equity, and quality in early childhood development programmes in Zimbabwe. *Sociology Study*, 7(6), 315-324.
- Nakku-Joloba, E., Pisarski, E. E., Wyatt, M. A., Muwonge, T. R., Asiimwe, S., Celum, C. L., ... & Ware, N. C. (2019). Beyond HIV prevention: Everyday life priorities and demand for PrEP among Ugandan HIV serodiscordant couples. *Journal of the International AIDS Society*, 22(1), e25225.
- Namy, S., Carlson, C., O'Hara, K., Nakuti, J., Bukuluki, P., Lwanyaaga, J., ... & Michau, L. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine*, 184, 40-48.
- Nzioka, C. (2001). Dealing with the risks of unwanted pregnancy and sexually transmitted infections among adolescents: some experiences from Kenya. *African Journal of Reproductive Health*, 132-149.
- Pallitto, C. C., García-Moreno, C., Jansen, H. A., Heise, L., Ellsberg, M., & Watts, C. (2013). Intimate partner violence, abortion, and unintended pregnancy: results from the WHO Multi-country Study on Women's Health and Domestic Violence. *International Journal of Gynecology & Obstetrics*, 120(1), 3-9.
- Schumacher, J. A., Feldbau-Kohn, S., Slep, A. M. S., & Heyman, R. E. (2001). Risk factors for male-to-female partner physical abuse. *Aggression and Violent Behavior*, 6(2-3), 281-352.
- Scholle, S. H., Rost, K. M., & Golding, J. M. (1998). Physical abuse among depressed women. *Journal of General Internal Medicine*, 13, 607-613.
- Semahegn A, Torpey K, Manu A, Assefa N, Ankomah A. (2017). Community based intervention to prevent domestic violence against women in the reproductive age in Northwestern Ethiopia: A protocol for quasi-experimental study. *Reproductive Health*. 14(1):155. <https://doi.org/10.1186/s12978-017-0414-2>. PMID: 29162117; PMCID: PMC5698924.
- Shamu, S., Abrahams, N., Temmerman, M., Musekiwa, A., & Zarowsky, C. (2011). A systematic review of African studies on intimate partner violence against pregnant women: Prevalence and risk factors. *PloS One*, 6(3), e17591.
- Sommer, R., Barnes, G. E., & Murray, R. P. (1992). Alcohol consumption, alcohol abuse, personality, and female perpetrated spouse abuse. *Personality and Individual Differences*, 13(12), 1315-1323.
- Umberson, D. (1992). Gender, marital status and the social control of health

- behavior. *Social Science & Medicine*, 34(8), 907-917.
- World Health Organization. (2004). Violence against women and HIV/AIDS: critical intersections—intimate partner violence and HIV/AIDS. *Information Bulletin Series, 1*, 1-9.
- Yakubu, A., & Chaudhuri, S. (2022). Potential opportunities and challenging realities: Organizations' experiences while accessing resources and advocating on behalf of survivors of domestic violence in Ghana. In *Women's Studies International Forum* (Vol. 94, p. 102620). Pergamon.
- Yount, K. M., Crandall, A., & Cheong, Y. F. (2018). Women's age at first marriage and long-term economic empowerment in Egypt. *World Development*, 102, 124-134.