

**Effect of employment on rate and severity of domestic violence against
women in Swaziland**

A research study by

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CHAPTER 1

INTRODUCTION

1.1 MOTIVATION

Having worked in Swaziland healthcare department for over five years, I was privileged to see and attend to many women who have suffered from different degrees of physical violence from their intimate male partners – husbands, boyfriends, live-in mates and ex-lovers. In one of the worst cases I attended, a male partner was not satisfied with the severity of beatings he had inflicted on his female partner at home, so he decided to take her to the fields where no one could come to her rescue and subjected her to further grievous physical assault till he felt satisfied. The result was a young woman who could neither sit nor lie down due to pain, swelling and heamatoma on virtually every part of the body – and who had to be admitted to the hospital for seven days. She was an unemployed live-in partner who depended on the assailant for daily sustenance.

Just some months later, one of our nursing staff came back from her night off with a plaster on her lip. It turned out that her male partner had bitten a chunk of flesh off her lower lip. Weeks later, she went for a reconstructive surgery that unfortunately failed. Therefore, as a young woman, she may have to live with a facial deformity for the rest of her life – inflicted by someone she loved and trusted.

There was also the case of SD, a 48-year-old house-wife who was not fortunate to live and tell her own stories. She was brought unconscious with multiple head and limb injuries. She had a fractured right tibia and fibula and possible intracranial heamatoma. Examinations also revealed mal-united fracture of the left humerus sustained from previous physical assaults from the same husband.

I was, therefore, motivated to take-up this study based on my first-hand experience with many women who have suffered severe physical abuse from their intimate male partners. In carrying out the research, it is hoped that the effect of women's financial independence – as evidenced by gainful employment and earned income - on both the frequency and severity of domestic physical violence against women in the region, will be determined. In addition, it is believed that the study will sensitize healthcare providers, social workers, governmental and non-governmental organizations on the magnitude of the problem posed by domestic physical violence against women of this area, and the health, social and economic challenges faced by these abused women.

1.2. SWAZILAND – historical and cultural perspective:

Swaziland is one of the smallest countries in Africa. It is landlocked – sharing borders with Mozambique and the Republic of South Africa. It is located on the southeastern part of southern Africa. It occupies an area of about 17,364

square kilometers. From the 1997 census figures, it has a projected population of just fewer than one million people with an almost equal distribution of males and females. Like in most other African countries, about eighty percent of the people are rural dwellers.

The country has four administrative regions – Hhohho, Manzini, Lubombo and Shiselweni – with evenly distributed populations.

Politically, the country is governed through a modified traditional monarchy with executive, legislative and judicial arms. The traditional and cultural aspects of this modified system dominate most of the national life. The King – King Mswati III – is the constitutional and traditional head; administering authority through an appointed Prime Minister. The judicial system, which is based on the Roman-Dutch law, runs hand-in-hand with the Swazi law and custom in administration of justice.

The people are homogenous – sharing a single language and common traditional and cultural beliefs. Polygamy is a norm; and marriages are contracted through civil laws or by traditional laws, or the combination of the two. In both the civil and traditional marriages, women are regarded as minors (Vincent, 1999), and are expected to play subordinate roles in the society. For example, a woman requires the consent and permission of her husband to open and operate a bank account, to borrow money or even to establish and

run a business. In addition, a woman cannot obtain a national passport or be allowed to travel out of the country without the permission of her husband. For an unmarried woman, an authorization has to be given by a close male relative before she could obtain such a national document.

The husband must approve even such basic human rights issues as the ownership of community land and taking-up employment offers before a woman could access them. Finally, a Swazi woman is prohibited by law to pass-on the citizenship of the nation to her children automatically – except through a Swazi man (Bureau of Democracy, Human Rights, and Labour, 2002).

The literacy rate is estimated to be 64% for females and 78% for males. Though women are employed in almost every sector of the civil service and private sectors, they occupy fewer decision-making posts (personal communications – Women and Law).

1.3. RESEARCH QUESTION

Does female paid-employment affect the frequency of domestic physical violence against women at Hiaticulu, Swaziland?

1.4. HYPOTESIS FORMULATION

Female paid-employment affects the frequency of domestic physical violence against women at Hlatikulu, Swaziland.

CHAPTER 2

LITERATURE REVIEW

2.1. Domestic violence

Domestic violence against women is also known as intimate partner violence or domestic abuse. It involves any act perpetrated by an intimate male individual against a socially close female partner that makes the latter appear or feel subjugated, humiliated, helpless and worthless; and that amounts to an infringement on her basic human rights. In recent times, the definition may be broadened to include any of the parties in a gay relationship – especially the female figure.

2.2. Forms of domestic violence

It includes verbal, physical, emotional, sexual and financial abuses. The broadness of the definition varies from study to study, from culture to culture and from society to society, and may range from making derogatory remarks about a mate, through shouting, hitting, to infliction of grievous bodily injury, rape or murder (Paula, 2000; Marais, de Villiers, Moller and Stein, 1999).

2.3. Domestic physical violence

Domestic physical violence, on the other hand, includes shoving, pushing, choking, strangulating, punching, hitting with fists or objects, slapping, kicking, throwing down or against objects, injuring with knives or other sharp or blunt

instruments, beating with whip or knob 'kherri', pouring of hot water or corrosives, burning with flame and/or biting (Ellsberg, 2001).

2.4. Prevalence of domestic violence

Domestic violence against women must be perceived as a global problem rather than a private issue within families, customs and cultures that could be ignored (Elliott, 1995). It occurs all over the world, in all socio-economic, racial and class groupings (Paula, 2000) – irrespective of age, ethnicity, sexual orientation, level of education or economic status (Lyon, 2002). Abuse by male intimate partners is considered the most endemic form of violence against women, with women facing the greatest risk for violence at home than at any other place (Heise, Pitanguy, Germain, 1994). Women are more likely to be assaulted, raped or murdered by their present or ex-intimate partners than all other assailants combined (Neufeld, 1996).

Though the true prevalence at any given time or place is difficult to determine due to under-reporting, in both the developed and developing countries, the global burden of domestic violence on women is comparable to that of HIV, TB, cardiovascular diseases, or cancer (Heise, Pitanguy, Germain, 1994).

Figures for the prevalence of domestic violence against women vary from one study to another due to differences in definitions of domestic violence (Ellsberg, Heise, 2002; Richarson, Coid, Petruckevitch, Chung, Moorey and

Feder, 2002). Statistics across the globe, however, show unacceptably high prevalence in virtually every nation reviewed – ranging from one in every four to one in every three women surveyed (Heise, Pitanguy, Germain, 1994).

In United Kingdom, 41% of the general population of women has ever experienced domestic violence from their intimate male partners – with 17% of these occurring within the past year (Richardson, Coid, Petruckevitch, Chung, Moorey and Feder, 2002)

In the United States, lifetime occurrence of intimate partner violence is 22%, while male partners assault over 1.8 million females each year (Human Rights Watch, 2000). Further, about one in every four suicide attempts by white women and one out of every two attempts by African-American women is related to domestic abuse (Heise, Pitanguy and Germain, 1994).

In Nicaragua, 52% of the ever-married women reported physical assaults from their mates, and in Bangladesh, women murdered by their husbands account for over 50% of all murder cases (ITWC, 1992).

The situation in Africa is not different. In Tanzania, over 10,000 cases of wife beating are reported annually, and a large number of women either are killed by their husbands or commit suicide because of domestic partner battering (Vincent, 1999). In South Africa, 21.5% of the general population of women

has experienced domestic violence (Marais, de Villiers, Moller and Stein, 1999), while in Zimbabwe, domestic violence accounts for over 60% of murder cases in Harare courts (Vincent, 1999).

Diligent search revealed no documented study stating the prevalence of domestic violence against women in Swaziland – though it is perceived to be as high as in other southern African countries studied, where domestic violence is variously described as “widespread”, “frequent”, “common” or “a serious problem” (US State Department, 1998).

2.5. Risk factors for domestic violence

The risk factors for domestic violence are many – with some factors being more relevant in certain societies than in others. In America for example, women at greatest risk for domestic violence are those with male partners who abuse alcohol and/or drugs, who are unemployed, who have less than high school education, and who are former husbands or former boyfriends.

In Great Britain, on the other hand, risk factors for domestic violence against women include a history of divorce or separation, pregnancy in the previous year, age less than 45 years and unemployment on the part of the abused woman (Richardson, Coid, Petruckevitch, Chung, Moorey and Feder, 2002).

In Africa, however, the underlying factor contributing to the high rate of domestic violence are systems of customary law and common practices in which men have the right to chastise their wives (Vincent, 1999) and where women are legally and traditionally treated as minors (Bureau of Democracy, Human Rights, and Labour, 2002).

In general, the perceived root cause of domestic violence against women globally is related to the unequal balance of power between men and women in the family as institutionalized by society, which tolerates women subordination (Heise, Pitanguy, Germain, 1994). Equally important as a major cause of violence against women at home is men's fear of women's independence via paid employment and other developmental projects that eliminate women's dependence on their male partners (Paula, 2000; Carrillo, 1992).

At the societal level, cultural, socio-economic and political subjugation of women are among some of the factors considered by researchers (Schuler, 1992) - with unequal economic opportunities creating and perpetuating women's dependence on their male partners.

At the individual level, alcohol and illicit drug abuse, poverty, unemployment and stress, (Connors, 1989; Benson and Fox, 2004) have been variously associated with intimate partner abuse. The effects of demographic factors

like age, marital status, level of education, race, place of residence – urban or rural - and religion, on the prevalence of domestic violence have inconsistently varied from study to study (Jewkes, 2002; Benson and Fox, 2004).

In certain settings, marriage (Jewkes, 2002), just like divorce and separation (Edwards, 1992), is a risk factor for intimate partner violence, while in other settings, it appears unrelated to domestic abuse. Likewise, women's level of education appears to be protective at the two extremes – among the very highly educated and the very least educated (Jewkes, 2002).

Concerning employment, a complex relationship exists between paid work and physical domestic violence (Davis, 1999). The Chicago studies (Lloyd, Taluc, 1999) and the Massachusetts studies (Browne, Salomon, 1999) showed no differences in terms of current employment, job status, days absent from work, and number of weeks unemployed the previous year between abused women and never abused women. It is however noteworthy that 50% of women receiving welfare in the United States admit to past physical assaults as against 22% of women in the general population (Lyon, 2002). In addition, Davis (1999), and Brandwein (1999) showed that while physical and psychological violence against women occur amongst all social groups, poor women experience violence from their partners at higher rates, partly because they have fewer options than the general population. Furthermore, access to independent economic resources is found to be

central to abused women's decision-making and safety planning – hence, only 16% of abused women who have their own income planned to return to their abusive partners (Gondolf, Fisher, 1988).

A recent study in Texas, USA (Honeycutt, Marshall and Weston, 2001), however, showed that women who are currently abused physically are less likely than non-abused women to be employed.

Most of the studies that evaluate the relationship between women's employment and domestic physical violence against them were conducted in the United States. More recently, however, a study was documented on this topic from Africa. Jewkes (2002), while conceding to the fact that, with the exception of poverty, most other demographic and social characteristics evaluated in domestic violence researches are not associated with increased risk of intimate partner violence, did make some interesting observations regarding the relationship between unemployment and domestic physical violence in South Africa. She observed that unemployment per se does not seem to increase the rate of domestic violence against women in South Africa, rather, that economic inequality between partners does (Jewkes, 2002).

2.6. Consequences of domestic abuse

The consequences of intimate partner violence on women are many and often serious. They include physical health problems, emotional and psychiatric problems, and economic and developmental consequences. Victims may present with chronic pain syndrome, abortions, and may attempt or actually commit suicide (Koss, 1990). In the United States, for example, 50% of all suicides by African American women and 25% of suicides by white women are direct results of domestic abuse from intimate partners (Heise, Pitanguy and Germain, 1994). Alcohol and drug abuse are issues of serious concern with abused women (Koss, 1990), with 12% of those recently abused and 6% of those whose abuse occurred over twelve months previously indulging in alcohol abuse as against 2% of the never-abused (Tolman, 2001). In addition, there is disproportionate sense of shame and worthlessness amongst abused women (Connors, 1989).

Research has also found that about 59% of women that suffer from domestic violence within the previous year, and 43% of those whose abuse occurred in the distant past suffer from psychiatric symptoms compared to 20% of never-abused women (Lyon, 2002). Amongst abused women in South African setting, 35% present with symptoms of post-traumatic stress disorder while up to 48% present with depression (Marais, de Villiers, Moller and Stein, 1999).

Domestic violence against women has enormous economic consequences. It diverts scarce national resources to the treatment of preventable psychosocial problems like depression and post-traumatic stress disorder (Heise, Pitanguy and Germain, 1994). In Peru, for example, one third of all women that visit the emergency rooms are victims of domestic violence (Paula, 2000). In the United States, over one million women victims of domestic trauma use emergency room services annually. Battered women are four to five times more likely to visit the psychiatrist than non-abused women; and families where domestic violence occur see the doctor eight times more, and use prescriptions six times more than the general population (Paula, 2000).

Lost (wo)man hours, absenteeism during periods of acute physical injuries or threats of these, severe emotional trauma, and low community participation by abused women are among other ways through which domestic violence adversely affect economy and development – perpetuating poverty.

2.7. Effects of abuse on women employment

In general, it is observed that abused women are just as interested in working as never-abused women (Lyon, 2002; Honeycutt, Marshall, Weston, 2001; Browne, Salomon, Bassuk, 1999). Indeed, Lloyd (1996) observes that there is no significant difference in terms of current employment status, number of days absent from work and number of weeks employed in the previous year

between the recently abused, the remotely abused and the never-abused. However, the ever-abused were more likely to be unemployed when they wanted to work; to have more job turnovers; and to have lower income than the never-abused (Lyon, 2002). While some abused women do hold more number of jobs, they have fewer total number of months worked – an indication of disruption due to domestic abuse.

Brush (2000), notes that women in prospective job readiness have varied experiences. Some 46% of these women reported that their partners were jealous about their meeting someone new at work; 32% were told that they will never succeed at work; 21% were threatened and harassed at work; 12% were told that “working women are bad women”; while 8% of them were told that they can only work if they keep up with the house work. Yet, others were engaged in a fight on the morning of the interview – all aimed at frustrating their desire to be employed (Brush, 2000).

Even abused women who are in employment suffer similar frustrating ordeal. The Wisconsin study, (Moore, Selkove, 1999), observes that 43% of them feel unsafe at work from their abusive partners; 30% get fired from work because of domestic abuse and its interference on work, while 58% were afraid to go to work due to threats from their partners. Other forms of interference suffered by employed abused women include – repeated phone calls during working hours (41.7%); last minute disappointment on promised

childcare in 47% of cases, while over a third of the women reported that they were so badly beaten up that they could not go to work.

Allard (1997) notes that 21.7% of recently abused and 12.9% of those whose abuse occurred over 12 months previously, as against 1.6% of women who have never been abused reported that their partners would not like them to go to work or school.

Indeed, researchers have observed a complex relationship between abuse and employment – while some abused women decrease their employment efforts, others actually increase their efforts for employment, yet in others, their employment efforts remain unchanged (Lloyd, 1996). Lyon (2002), therefore concludes, that while experience of abuse can make sustained employment more difficult, the type, timing, and persistence of the abuse may be the important consideration. Other factors like level of education, work experience, physical and mental health issues, and lack of transport and/or childcare have all been found to affect employment – and may exert more influence than whether or not a woman has experienced domestic abuse (Lyon, 2002).

2.8. Effects of employment on abuse

In a study carried out among couples living in disadvantaged neighbourhood, Benson and colleague (2004) observed that domestic violence is more

prevalent in disadvantaged communities between couples facing economic stress. They noted that irrespective of the ethnic group – black or white Americans – the level of domestic abuse appears similar for couples in similar income levels (Benson, Fox, 2004). Researchers also observe that women struggling with money in their relationships suffer the greatest risk of domestic abuse from their partners (Benson, Fox, 2004) because they have fewer options (Davis, 1999). Hence, over half of women receiving welfare claim to have ever been physically abused by their partners (Lyon, 2002), compared to 22% in the general population (Tjaden, Thoennes, 1998).

Mirrles-Black (1999) like Benson and colleague (2004) also observes that financial difficulties within a relationship increase the risk of domestic abuse. Hence, among African-Americans with high income, their rate of domestic abuse is closer to or less than that of white Americans (Benson, Fox, 2004). Unemployment is also one of the factors that are significantly associated with physical abuse from intimate partner in the past 12 months (Richardson, 2002).

Davies (1998) further indicates that access to independent income is a primary concern in abused women exit plans – hence, only 16% of abused women with their own income planned to return to their abusive partners (Gondolf, Fisher, 1988). Yet, women's financial independence is only protective in some settings (Rao, 1997), but not in all settings (Jewkes, 2002)

since risk of domestic abuse is increased in situations where the woman is working and her partner is not (Jewkes, 2002).

Concludes Jewkes (2002), “with the exception of poverty, most demographic and social characteristics of males and females documented in studies are not associated with increased domestic abuse”.

2.9. Women, employment and poverty

Globally, female labour force – employed plus unemployed – has risen from 1 billion in 1993 to 1.2 billion in 2003. Though the labour force participation gap between men and women has been narrowing since the past decade, in no region is this gap near to being closed (ILO, 2002). The work participation ratio between man and women ranges from 100 : 91 in advanced countries to as low as 100 : 40 in some north African, middle east and south Asian countries (ILO, 2002).

In many countries, the primary responsibility of women is caring for family members and household tasks, hence, constrained in terms of time and effort available for paid employment. Yet, these household responsibilities neither are paid for nor are they duly recognised (ILO, 2002).

Although, the past decade did show some increase in women’s share of managerial posts, the rate of progress is slow, uneven and discouraging –

with more women involved in part-time jobs than men. In Europe, an estimated 33.5% of women are engaged in part-time jobs as against 6.6% of men (ILO, 2002). In Australia, the ratio of women to men engaged in part-time job is 7 to 3, with only 27.3% of women having full term permanent employment (Australian Post, 2002).

The perceived increase in women's labour force participation is partly because women are more likely, than men are, to accept unskilled jobs, receive low pays and be docile and unresisting in the face of adverse employment conditions. Women are also more likely, than men are, to work in informal labour sectors with little or no legal regulatory framework, little social security and increased volatility (ILO, 2002). In addition, women are more likely, than their male counterparts are, to be paid less for the same work done.

In Africa, as in most developing countries, over 60% of women work force are employed in the informal sector – which is linked to poverty due to low pay, long working hours, job insecurity and lack of regulations. In sub-Saharan Africa, this figure rises to about 84% of women work force (ILO, 2002). In the southern African countries, for example, the media, which represents an example of a high pay and well-regulated sector, has only 10 to 15% of its work force as women while the rest consist of men (IWMF, 1998).

In general, therefore, women are primarily responsible for child and household care; are rarely compensated equally with men for equal job, and are clustered in low-pay part-time jobs (Vincent, 1999) which have strong links with poverty (ILO, 2002).

As a result, the 1995 United Nations World Conference on Women in Beijing, China, through the Platform for Action, observed that the number of women living in poverty has increased disproportionately in the preceding decade. The Platform also noted that women's poverty is directly related to absence of economic opportunities and lack of access to economic resources - including minimal participation in decision-making processes; and that poverty puts women in situations in which they are vulnerable to both sexual and physical abuses (UN, 1995).

2.10. Prevention of domestic abuse

Prevention of the violence perpetrated upon women by their intimate male partners can only be through multi-pronged actions, just like the causative factors, rather than via a single focus.

At the individual level, Koss (1990) proposes strategies aimed at strengthening the capacities of individual woman through empowerment to reduce vulnerability. Other relevant aspects include provision of education, counselling, support, medical services and shelters. In addition, provision of

transport, day-care, legal aid and credit facilities, and the integration of survivors in the management of shelters will help to support them and encourage other women living with abuse to decide on leaving the abusive relationships (Paula, 2000).

At a higher level, cultural values and practices that support and perpetuate female subjugation within families must be exposed, addressed and discarded (Schuler, 1992). This will involve intense public education at women's forum, schools, family and community meetings, churches, and among NGOs and the law enforcement agencies (Paula, 2000). The role of the media in opinion moulding and societal education is crucial here; so also is the need for policy makers to take decisive actions in formulating policies and legislative frameworks to redirect the society towards dismantling patriarchal practices (Schuler 1992; Paula 2000). Social transformation should take precedence over and above social service provision.

Of even greater importance is the issue of increasing women's economic opportunities - to break their cycle of poverty, broaden their options and enhance their decision-making abilities in decisively acting against abusive relationships (Benson, Fox, 2004; Paula, 2000; Jewkes 2002; Vincent, 1999). Finally, equal pay should be provided for equal work, irrespective of gender (ILO, 2005).

CHAPTER 3

METHODS

3.1 Aim

The aim of this study is to evaluate the effect of female paid-employment on the frequency of domestic physical violence against women seen at the outpatient department of Hlatikulu Government Hospital, Swaziland.

3.2. Objectives

The objectives include –

- To determine whether paid-employment among females has any impact on the frequency of domestic physical abuse as experienced by women seen at the outpatient department of Hlatikulu Government hospital, Swaziland.
- To evaluate the extent of domestic physical abuse amongst the women attending the outpatient department of Hlatikulu Government hospital, Swaziland.
- To make appropriate recommendations based on the findings.

3.3. Study design

This is a questionnaire-based unmatched case-control study.

3.4. Setting

The setting of the study is the outpatient department (OPD) of Hlatikulu Government hospital, Swaziland. This setting was found appropriate because Hlatikulu being a regional hospital attends to the entire Hlatikulu community - including three (3) satellite health centres and eleven (11) clinics that refer both serious and most forensic cases to the facility. The hospital attends to women of diverse socio-economic and varying age groups. As a study setting for domestic violence, the outpatient department of the hospital has added advantage of providing privacy and security for both participants and interviewers. Participating women are, therefore, more likely than otherwise to volunteer more reliable information on such sensitive and personal experience as domestic abuse than if the study were conducted at their home settings – where they and the interviewers may be highly vulnerable to violent attacks from their abusive partners (Elisberg, 2002). In addition, the availability of counselling services within the hospital ensured that respondents and researchers who experienced emotional breakdown during the course of the study received immediate counselling and emotional support (WHO, 1999) – including debriefing of interviewers.

3.4.1 Study population and sample size

All women aged 15 years and above who visited the outpatient department (OPD), at Hlatikulu Government Hospital, Swaziland during the study period – 4th July 2004 to 15th August 2004 - formed the study population. From this

population of women visiting the OPD of the hospital - either as patients themselves or as caregivers to others - the study sample was selected by a systematic random sampling (Wanzhu, 2002; Columbia University) of every third woman aged 15 years and above. Recruitment of subjects for the study was carried out every working day – Monday to Saturday – for six consecutive weeks. To avoid selection bias, any randomly selected subject who did not meet the inclusion criteria was not replaced.

The sample size was calculated based on the total number of women attending the OPD per month. From the hospital records, it was calculated that an average of 3000 patients – males, females and children – are seen at the OPD per month. Mothers often bring the paediatric patients, while male clients are more likely than otherwise to be accompanied by women caregivers (wives, mothers or sisters) to the hospital. With due consideration to the fact that few minors and some male clients do attend the OPD unaccompanied or accompanied by male caregivers, it is however, appropriate to equate this 3000 to the number of women that visit the OPD per month – both as patients and as caregivers. The sample size was calculated from this population of 3000 women.

3.4.2 Determination and selection of study sample

The study sample was determined and selected through the following steps –

Step 1: definition of variables – the relevant variables include:

1. Cases = Ever assaulted women (aged ≥ 15 years, attending OPD at Hlatikulu hospital during study period – either as patients or as caregivers)
2. Controls = Never assaulted women (aged ≥ 15 yrs, attending OPD at Hlatikulu hospital during study period – either as patients or as caregivers)
3. Exposure = Unemployment
4. Outcome = Domestic physical violence (assault or abuse) by an intimate male partner
5. Study population = Women ≥ 15 years seen at OPD, Hlatikulu hospital
6. Population size = 3000
7. % frequency of Domestic physical violence among study population +/- 21.5% - using South African figure (Marais et al, 1999)

Step 2: Calculating sample size using STATCALC (Epi Info 6) – the sample size was calculated thus:

- Confidence Interval = 95%
- Power = 80%
- Ratio Not ill : Ill = 3 : 1
- Expected frequency in not ill = 0.1%
- Odds ratio closest to 1.0 = 0.8
- % exposure among ill (cases) = 5%

STATCALC result:

- Number of cases = 107
- Number of control = 321
- **Sample size = 428**

Step 3: Identifying the cases and controls

- First, the study sample was selected among the population of women attending the OPD, through a systematic random sampling (Wanzhu, 2002) of every third woman. Then, from the study sample so selected, cases and controls were identified by their response to question N^o 9 – (appendix vii) on intimate partner abuse experience. All respondents who answered “yes” to *any* of the four different groups of physical abuses (as outlined in the question) were recruited as “cases”. All respondents who answered “no” to *all* of the four groups of physical abuses listed in the question were recruited as “controls” (Onah HE, Iloabachie GC, 2002).

The identifying question was (appendix vii) –

9. *Has your male partner ever –*

- | | | |
|---|----------------|---------------|
| <i>(i) Pushed; slapped; punched; or kicked you?</i> | <i>(a) Yes</i> | <i>(b) No</i> |
| <i>(ii) Whipped you; hit you with stick or knob kherri?</i> | <i>(a) Yes</i> | <i>(b) No</i> |
| <i>(iii) Cut you with knife or any sharp object?</i> | <i>(a) Yes</i> | <i>(b) No</i> |
| <i>(iv) Bite you; tied your limbs; tried strangling you</i> | <i>(a) Yes</i> | <i>(b) No</i> |

- The process of selecting cases and controls proceeded simultaneously in this order until all the cases and the controls were successfully identified (Wanzhu, 2002; Onah HE, Iloabachie GC, 2002).

This form of *questionnaire-based* simultaneous recruitment of both the cases and the controls was decided on as the best way to address certain inherent logistic problems in our rural setting. These peculiar problems included the following –

- Clients go home with their hand-held OPD records, which are easily lost so that new ones were issued on subsequent visits – thus records of domestic abuses cannot be retrieved through their OPD cards.
- There are no special in-patient records from where details of cases of patients admitted with domestic abuses could be reliably traced.
- Some physically abused women do not give the true cause of their injuries, thus making it difficult to identify the cases through hospital records.
- Physically abused women with minor injuries may not present to the hospital for treatment at all – so using hospital-based records will bias the obtained result through under-representation.
- Cases identified from the hospital in-patient records will be difficult to trace since there are neither street addresses nor reliable communication systems because of our rural setting.
- By recruiting both cases and controls simultaneously through systematic random sampling, it is possible to estimate the prevalence of domestic

physical abuse amongst women attending the OPD at Hlatikulu hospital – which will be a very important additional outcome of this study since such information is not yet available in Swaziland.

- The random selection used to recruit participants was aimed at giving every qualified woman attending the OPD equal opportunity of being part of the study – even if her own physical abuses was so “minor” that she never presented to the hospital.

3.5.1 Inclusion criteria

Inclusion criteria were -

- All randomly selected women of age 15 years and above who were seen at the OPD, Hlatikulu Government Hospital, during the study period (either attending as patients themselves or accompanying patients to the hospital as caregivers), and who consented to participate in the study.
- Forms of physical violence considered included shoving, choking or strangulating, punching or hitting with fists or objects, slapping, kicking, throwing down or against objects, injuring with knives or other sharp or blunt instruments, beating with whip or knob ‘kherri’, pouring of hot water or corrosives, burning with flame, biting – inflicted by intimate male partners.

3.5.2 Exclusion criteria

The following groups of women were excluded from the study:

- All females aged below 15 years of age,
- All non-consenting women,
- Women who were unconscious or critically ill.
- Not included were all cases of rape and acts of physical injuries from all others that are not intimate male partners – like parents, brothers and strangers (Heise, 1994)

3.6.1 Data collection

Data were collected by means of a semi-structured questionnaire (Appendix vii). Following selection through a systematic random sampling of every third woman, the subject was given all relevant information about the proposed study and about her rights and privileges. The researcher addressed any questions or concerns raised by the subject. Subjects willing to participate in the study were then requested to sign informed consent forms (Appendix iv). Then, a trained research assistant issued a semi-structured questionnaire to the participant for either self or assisted administration. Those who needed assistance were helped by the research assistant to complete the questionnaire.

Broadly, the questionnaire captured information relating to personal demographic data; nature of relationship; presence or absence of domestic

physical abuse; employment status and approximate income; educational level attained; help-seeking behaviours and knowledge of sources of help. In addition, personal perceptions on domestic physical violence against women were evaluated. Further, information relating to partner's employment status and approximate income were obtained.

3.6.2 Data verification

The research assistant checked the questionnaire before the participant left the OPD to be sure that all relevant questions were answered. Further, the researcher checked the information provided in the questionnaire to rule out conflicting responses. All identified problems were addressed, where possible, before the participant left the OPD. These measures aimed at imparting validity and reliability to the study. Where a respondent willingly omitted a sensitive response, and was not willing to divulge the information, she was not compelled to do so – and such questionnaire was not included in the analysis where its inclusion was likely to introduce some bias.

3.6.3 Data analysis

Data was entered in Epi Info 3.3 and double-checked by researcher for accuracy. Summary statistics – including tables and frequencies were determined. Association of variables and odds ratios were also determined. Results obtained are presented in both tables and charts.

3.7 Definition of key terms

The following key terms are hereby defined as used in this study:

3.7.1 Women

Women – (plural of woman) – adult human females (Hornby, 1995). In this study, “women” refers to females aged 15 years and above. These age groups were selected for the study because in Shiselweni Region, these are the age groups that are more likely to have marital or intimate social relationships with the opposite sex, hence, are at risk of physical abuse from intimate male partners.

3.7.2 Domestic physical violence

Domestic-physical-violence – also termed intimate partner violence, domestic abuse, or assault. In this study, the phrase includes any form of physical assault from intimate social partners like husbands, boyfriends, live-in male partners and/or ex-spouses. Forms of physical violence to be considered include shoving, choking or strangulating, punching or hitting with fists or objects, slapping, kicking, throwing down or against objects, injuring with knives or other sharp or blunt instruments, beating with whip or knob ‘kherri’, pouring of hot water or corrosives, burning with flame, biting. Not included are all cases of rape, and acts of physical injuries from all others that are not intimate social male partners – including parents, brothers, and strangers (Heise, 1994). Rape is not included here because of the difficulty in obtaining

reliable information regarding that, and considering the fact that it is only in very few instances – 7.5% - that rape is reported as an isolated incident, (Marais et al, 1999) being rather associated with physical violence much more frequently.

3.7.3 Paid employment

Paid-employment is any form of job that entitles the worker to a monthly, weekly or daily monetary wage or income. Considered in this study are all forms of employment with the government, private establishments, non-governmental organizations or by self – which entitles a woman to a monetary income.

3.7.4 Frequency

Frequency is defined as the number of occurrences per given period. Here, it stands for the number of physical abuses inflicted on a woman by her intimate male partner in a given time period (Hornby, 1995).

3.7.5 Affect

Affect is to have an influence on somebody or something; to produce an effect on something or somebody (Hornby, 1995). Used here – to increase or reduce the frequency or severity of domestic abuse.

3.8 Bias and reliability

3.8.1 Bias

Bias is a process that introduces into a research – in a systematic way – some elements that lead to conclusions or outcomes that differ from the true situation (Katzenellenbogen JM, et al 1997). It is an inherent feature of every study, but could be minimized through a number of ways depending on the study in question and the study design used.

In this study, using the same set of trained research assistants for questionnaire administration and data collection minimized observer bias. On the other hand, using a random sample of all eligible females seen at the OPD, Government Hospital Hlatikulu, reduced selection bias. The use of standardized semi-structured questionnaires was to reduce inter-observer and intra-observer bias, while the inclusion of all available literature relevant to the research question irrespective of their conclusion minimized bias in literature review and improve reliability (Ogunbanjo, 2001).

However, recall bias – which is an inherent feature of most case-control studies – may not have been completely eliminated in this study. Yet, given the nature of the subject under investigation - intimate relationship and the violation of the physical self by a loved one - most respondents were more likely than otherwise to recall what transpired. Hence, recall bias may not have been a very prominent feature of this study.

3.8.2 Reliability

This is the degree to which a given observation or response would be obtained when a given process is repeated (Katzenellenbogen et al, 1997). It stands for the reproducibility of the study findings. In this study, reliability was ensured through the following measures –

- *The study setting* - the OPD setting for the study ensured both safety and privacy for divulging sensitive and confidential information relating to intimate partner violence. This ensured that respondents were not afraid of their physical safety or overtly concerned about the confidentiality of their volunteered information, hence, reliable information was more likely to have been provided by participants, thus enhancing the reliability of the study.
- *Process of sampling* – by minimizing bias and providing equal chances of participation in the study to all eligible women attending the Hlatikulu hospital OPD during the study period, the systematic random sampling method employed ensured that the results obtained are likely to be representative of the true picture of domestic violence amongst women attending the OPD at Hlatikulu hospital.
- *Use of semi-structured questionnaires* – participants were asked the same set of questions, thus eliminating inter-observer and intra-observer bias. Minimizing bias in this way further added reliability to the study.

- *Use of trained research assistants* – Three professional nurses underwent two-day in-facility training specifically for the study. They were trained broadly on issues relevant to domestic violence studies like the aims and objectives; the need for strict privacy and safety; the need to assure confidentiality at all times during and after the study. They were also instructed on the need and importance of support to the participants; indications for discontinuing the interview at any given stage; and how to evaluate the completed questionnaire for completeness and consistency. Additionally, the fact that they were staff of the OPD, with whom most participants were familiar, ensured that participants were more likely to trust them with confidential information – making participants more likely to provide reliable facts.
- *Pre defined inclusion and exclusion criteria* – criteria for both inclusion into, and exclusion from the study were clearly and pre defined. This ensured that only qualified individuals were recruited for the study – thus enhancing credibility and reliability of the study.
- *Clear case definition* – by clearly defining “domestic physical violence” and by using this case definition in recruitment of cases and controls, ambiguity was removed from the study concerning what constituted a case and a control. This added to the study’s reliability.
- *Data verification* – the completed questionnaires were scrutinized for completeness and for consistency of supplied information – first by the research assistants, and then by the researcher. All identified problems

were corrected as much as practically possible before the affected participant left the study setting. However, no participant was compelled to divulge information she consciously wished not to divulge. This aimed at ensuring high quality data and increased reliability while maintaining participant's autonomy and confidentiality.

3.9 Ethical considerations

- Permissions for the study were obtained from the following -
 - i. Ministry of Health and Social Welfare, Mbabane, Swaziland
(Appendix i)
 - ii. Research and Ethics Committee of the University of Pretoria
(Appendix ii)
- Patients' confidentiality was assured at all times by ensuring that names were not included in the questionnaires, and by analyzing data as group data.
- Every subject recruited for the study signed an informed consent form (Appendix iv).
- The WHO ethical and safety recommendations for domestic violence researches (Elisberg, 2002; Appendix v) was followed - to avoid undue risks to respondents and interviewers alike. In this regard, interviews were conducted on one-to-one basis – involving only the interviewee and the interviewer in a private room. Only infants who were below five years that accompanied their mothers

were allowed to be present. In addition, the interviewers were instructed to discontinue all interviews at any stage once strict privacy or the safety of the respondent was not assured, or if at any stage the respondent was found to be so emotionally uncomfortable with reliving her experience that she could not continue without some emotional trauma.

- Participants identified with positive history of domestic violence were offered the opportunity for counselling/assistance at the SWAGAA (Swaziland Action Group Against Abuse) office within the hospital, or referred to the Swaziland Council of Churches for assistance, if so required.
- Weekly debriefing of interviewers was carried out to reduce emotional stresses that may have arisen from their encounter with abused women. In addition, daily access to counsellors was made available for any interviewer who needed it.

3.9.1 Patient confidentiality

- Patients' confidentiality was assured at all times by ensuring that names were not included in the questionnaires,
- All interviews were conducted on one-to-one basis between the participant and the research assistant, where indicated,
- Every interview was conducted in a private room,
- All data were analysed as group data,

- Only professional nurses, who by their professional callings and practice were used to the concept of confidentiality, were trained and used as research assistants.

3.9.2 Permission

- The following institutions provided permissions for the study -
 - i. Ministry of Health and Social Welfare, Mbabane, Swaziland
(Appendix i)
 - ii. Research and Ethics Committee of the University of Pretoria
(Appendix ii)

3.10 Limitations of the study

The followings were possible sources of limitations encountered with this study -

- Extrapolation of the number of OPD attendants to the study population,
- The sensitive and personal nature of domestic violence that may make under-reporting likely,
- The exclusion of rape among the evaluated variables,
- The non-availability of reliable data on domestic violence against women in Swaziland,
- Being a hospital-based study, the result may not likely be representative of the true picture of domestic violence in Hlatikulu community or Swaziland as a whole,

- The relatively limited sample size – compared to the calculated sample size required for the study – is likely to introduce some limitations into the study.

3.11 Strengths of the study

The strength of this study lies on the following –

- *Method of recruiting study participants* – by using systematic random sampling, every eligible woman attending the Hlatikulu hospital OPD during the study period had equal opportunity to be recruited into the study. This reduced selection bias and increased reliability. This method was also inclusive in nature – including what might have been considered as minor incidents of domestic abuses (that may have gone unreported to both healthcare workers and the police) and moderate to severe incidents that might have been treated in the hospitals. In addition, cases of domestic partner abuse of both recent and remote occurrences were included in the study. This recruitment method also addressed the logistic problem of tracing cases – recruited through hospital records – in a rural setting without street addresses. All the recruited participants were physically present at the OPD at the time of recruitment, so there was no need to trace them to their residences.
- *Use of case definition for case identification* – since physical assault is a spectrum ranging from simple pushing to infliction of grievous bodily

injury (including murder), the use of case definition for recruitment of cases ensured the inclusion of incidents that women would, ordinarily, not consider as domestic physical abuse – for example, pushing or kicking. This ensured that all degrees of domestic physical abuses were included in the study.

- *The study setting* – the outpatient department (OPD) as a study setting provided both privacy and security for such a sensitive study as intimate partner violence. Fears of, and possible intimidations from relevant others were controlled. Respondents were, therefore, more likely to have volunteered reliable information on their experiences. This also enhanced the reliability of the study.
- *Use of semi-structured questionnaire* – the use of semi-structured questionnaires ensured that the study was more focused. It also minimized both inter-observer and intra-observer bias. Additionally, the questionnaires provided the appropriate tool for the use of case definitions in the recruitment of cases and controls.
- *Use of trained professional nurses as research assistants* – the use of trained nurses as research assistants enhanced trust in participants that confidentiality was likely to be maintained. Some of the participants were used to these nurses, and the study had to draw on past nurse-patient relationship. Participants were less likely to be anxious in the presence of these nurses than they would have been

with an entirely unfamiliar research assistant – hence, they were more likely to volunteer reliable information.

CHAPTER 4

RESULTS

4.1. Introduction

Out of 377 women who were randomly selected, 37 did not meet the inclusion criteria, 19 declined to participate while 9 of the completed questionnaires were very poorly completed – hence were not included in the analysis. Therefore, only 312 questionnaires were analysed. This represents 82.75% response.

Of the 312 respondents, 126 answered “yes” to at least one of the questions evaluating “ever-abuse” by an intimate male partner. These were recruited as cases. The remaining 186 respondents answered “no” to all the questions relating to “ever-abuse” by an intimate male partner. This later cohort became the control. More cases were recruited than the calculated 107, while less controls were obtained than the 321 expected from calculation. This agrees with observation from other studies that it is relatively more difficult to recruit controls than it is to recruit cases (Columbia University; Wanzhu, 2002). This gives a case to control ratio of 1:1.5 instead of 1:3 ratio proposed.

Since cases and controls were recruited using systematic random sampling, the lifetime prevalence of domestic abuse among respondents was determined to be 40.4% (95% CI = 34.9 – 46.1): table X.

4.2. Demographic information of respondents

4.2.1. Age group of respondents

Approximately a third of the respondents (31.1%) were below the age of 25 years. Young adults of age 25 to 34 years formed the majority of the respondents with a total of 128 or 41%. Older adult women, aged between 35 and 44 years made up a fifth (19.6%) of the respondents, while the middle-aged and the elderly (age 45 years and above) comprised less than one in ten (8.0%) of all the respondents (table I).

Table I: Distribution of respondents by age groups

Age range (Yrs)	N ^o of respondents	% (95% CI)
15 – 19	23	7.4 (4.8-11.0)
20 – 24	74	23.7 (19.2-28.9)
25 – 29	69	22.1 (17.7-27.2)
30 – 34	59	18.9 (14.8-23.8)
35 – 39	34	10.9 (7.8-15.0)
40 – 44	27	8.7 (5.9-12.5)
45 – 49	11	3.5 (1.9-6.4)
≥ 50	14	4.5 (2.6-7.6)
Unspecified	1	0.3 (0.0-2.1)
TOTAL	312	100%

4.2.2. Religion of respondents

Nearly 88% or 273 of respondents were Christians while 11.5% practiced African traditional religion (table II). There was no Moslem among the respondents.

Table II: Religion of respondents

Religion	Number (n)	% (95% CI)
Christianity	273	87.5 (83.3-91.0)
Traditional	36	11.5 (8.3-15.7)
Islam	0	0
Others	1	0.3 (0.0-2.1)
Unspecified	2	0.6 (0.1-2.6)
TOTAL	312	100%

4.2.3. Highest education attained by respondents

Less than one in ten (7.4%; CI 4.8 – 11.0) of respondents never went to school, about a third respectively attended primary (31.7%) and secondary (34.0%) schools, while one in every four (25.6%; CI 21.0 – 30.9) of the respondents attended tertiary education (table III).

Table III: Highest education level attained by respondents

Level of education	Number (n)	% (95% CI)
None	23	7.4 (4.8-11.0)
Primary	99	31.7 (26.7-37.3)
Secondary	106	34.0 (28.8-39.6)
Tertiary	80	25.6 (21.0-30.9)
Unspecified	4	1.3 (0.4-3.5)
TOTAL	312	100%

4.2.4. Current marital status of respondents

Over a third (34.6%) of the respondents had boyfriends; about one in ten was co-habiting with a male partner; less than 4% were either divorced or separated, while 43.6% of them were married (table IV).

Table IV: Current marital status of respondents

Marital status	Number (n)	% (95% CI)
Boy-friend	108	34.6 (29.4-40.2)
Co-habiting	29	9.3 (6.4-13.2)
Widowed	19	6.1 (3.8-9.5)
Divorced	2	0.6 (0.1-2.6)
Separated	10	3.2 (1.6-6.0)
Married	136	43.6 (38.0-49.3)
Unspecified	8	2.6 (1.2-5.2)
TOTAL	312	100%

4.2.5. Parity of respondents

Of the 312 respondents, nearly 87% were having children while 13% had none. About 2 out of every 3 women studied had between 1 and 3 children. Of those having children (n = 271), nearly 70% of them had between 1 to 3 children; 24.7% had between 4 and 6 children; while 5% had 7 or more children (table V).

Table V: Number of children of respondents

N ^o of children	Number (n)	Percentage (%) of all respondents (95% CI)	Percentage (%) of those with children; n=271
none	41	13.1 (9.7-17.5)	-
1 – 3	189	60.6 (54.9-66.0)	69.7%
4 – 6	67	21.5 (17.1-26.5)	24.7%
≥ 7	15	4.8 (2.8-8.0)	5.6%
TOTAL	312	100%	(n = 271) 100%

4.2.6. Sex of children of respondents

Among the 312 respondents, 60 (19.2%) had only female children, 64 (20.5%) had males only, while 144 (46.2%) had mixed sexes. Of the respondents who identified the sex of their children (n = 268), 53.7% of them had the sex of their children mixed (males and females); 23.9% had only males, while 22.3% had only female children (table VI).

Table VI: Sex distribution of children

Sex of children	Number (n = 312)	% all respondents (95% CI)	Percentage (%) of those with children (n=268)
No children	41	13.1 (9.7-17.5)	-
Females only	60	19.2 (15.1-24.1)	22.3%
Males only	64	20.5 (16.3-25.5)	23.9%
Males & females	144	46.2 (40.5-51.9)	53.7%
Unspecified	3	1.0 (0.2-3.0)	-
TOTAL	312	100%	(n = 268) 100%

4.2.7. Paternity of siblings

Out of the 263 women with children who responded, 192 or nearly 3 in every 4 women had all their children from the same man, while 71 or about a quarter got their children from two or more different men (table VII).

Table VII: Paternity of children

Paternity (N ^o of fathers to siblings)	Number (n)	Percentage (%) of total respondents (95% CI)	Percentage (%) of those with children (n = 263)
No children	41	13.1 (10.3-18.2)	-
From > 2 men	13	4.2 (2.3-7.2)	4.9%
From 2 men	58	18.6 (14.5-23.5)	22.1%
From 1 man	192	61.5 (55.9-67.0)	73.0%
Unspecified	8	2.5 (0.8-4.3)	-
TOTAL	312	100%	100%

4.3. Respondents' perceptions of domestic abuse

Nearly 9 out of 10 (89.1%; CI = 85.1 – 92.2) of the respondents disagreed that domestic abuse should be acceptable because men are superior to women, and over 80% (CI = 76.6 – 85.6) of them also disagreed that it is to be accepted because the culture allows it. Further, 87.5% (CI = 83.3 – 91.0) of respondents did not agree that domestic abuse by intimate male partners should be accepted because it is an indication of men's love for their female partners. In addition, 85.3% (CI = 80.8 – 89.0) did not agree that domestic abuse should be accepted because women were often at fault. However, while one in five (21.8%; CI = 17.4 – 26.9) of respondents perceived intimate partner abuse as unacceptable but felt helpless, 84.9% (CI = 80.5 – 88.7) felt it is unacceptable and must be resisted by all - (table VIII).

4.4. Respondents' perceived solution to domestic abuse

About 62.8% (CI = 57.2 – 68.2) of the studied women felt the solution to domestic abuse lies on women suing their abusive partners; 61.2% (CI = 55.6 – 66.7) felt that it lies on men stopping alcohol abuse; while 55.8% (CI = 50.1 – 61.4) felt the solution lies with society accepting gender equality. Only about half (50.3%; CI = 44.6 – 56.0) of respondents, however, felt that women earning their own money would be the solution to the problem of intimate partner violence, while the other half were either not sure or did not believe that the solution to domestic abuse lies with women earning their own income. Also, only 1 out of 5 thought that men earning more money from their work would be a solution to intimate partner

abuse, while less than 1 out of 20 (3.8%; CI = 2.1 – 6.8) felt that allowing men to have multiple partners would solve the problem of domestic abuse (table IX).

Table VIII: Respondents' perception of intimate partner violence

Response	Acceptable: men superior to women	Acceptable: culture allows it	Not acceptable but helpless	Not acceptable: to be fought	Acceptable: shows men's love	Acceptable: women often at fault
Agreed	26 (8.3%)	43 (13.8%)	68 (21.8%)	265 (84.9%)	17 (5.4%)	25 (7.9%)
Not sure	6 (1.9%)	10 (3.2%)	15 (4.8%)	17 (5.4%)	15 (4.8%)	15 (4.6%)
Disagreed	278 (89.1%)	254 (81.4%)	224 (71.8%)	28 (9.0%)	273 (87.5%)	266 (87.%)
Un- specified	2 (0.6%)	5 (1.6%)	5 (1.6%)	2 (0.6%)	7 (2.2%)	6 (1.9%)
TOTAL	312 (100%)	312 (100%)	312 (100%)	312 (100%)	312 (100%)	312 (100%)

Table IX: Respondents' perceived solution to intimate partner violence

Response	Men to have multiple partners	Women to earn own money	Men to earn more money	Gender equality in society	Women to sue abusive partners	Men to stop alcohol abuse
Agreed	12 (3.8%)	157 (50.3%)	63 (20.2%)	174 (55.8%)	196 (62.8%)	191 (61.2%)
Not sure	13 (4.2%)	26 (8.3%)	42 (13.5%)	30 (9.6%)	22 (7.1%)	28 (9.0%)
disagreed	279 (89.4%)	118 (37.8%)	195 (62.5%)	102 (32.7%)	84 (26.9%)	84 (26.9%)
Un-specified	8 (2.6%)	11 (3.5%)	12 (3.8%)	6 (1.9%)	10 (3.2%)	9 (2.9%)
TOTAL	n = 312 (100%)	n = 312 (100%)	n = 312 (100%)	n = 312 (100%)	n = 312 (100%)	n = 312 (100%)

4.5. Respondents' domestic abuse experiences

4.5.1. Proportion of respondents that ever experienced domestic abuse

Of the 312 respondents, 126 or 40.4% (95% CI = 34.9 – 46.1) had ever experienced one form of physical assault or a combination of various forms of physical assault from their intimate male partners. Table X indicates the various types of physical abuses and their various frequencies of occurrence.

As the severity of domestic abuse increased, the proportion of women that had ever experienced them decreased – hence, 37.8% (CI = 32.5 – 43.5) had ever been “pushed”; 14.1% (CI = 10.5 – 18.6) had ever been “whipped”; while only 3.2% (CI = 1.6 – 6.0) of respondents were ever “cut” with knife or other sharp objects (table X).

4.5.2. Proportion of respondents who experienced recent abuse

About 27.2% (CI = 22.5 – 32.6) or 85 of the 312 respondents experienced one form of physical abuse or a combination of them from their intimate male partners in the preceding 12 months - table XI.

Seventy six or 24.4% (CI = 19.8 – 29.6) of them were “pushed”; 24 of them or 7.7%, (CI = 5.1 – 11.4) were “whipped”; 14 or 4.5% (CI = 2.6 – 7.6) received bites; while 8 of them or 2.6% (CI = 1.2 – 5.2) were “cut” with a knife or other sharp objects – table XI

X: Respondents' ever experience of intimate partner violence

Types of abuse	Yes	No	Unspecified	TOTAL
Pushed	118 (37.8%)	194 (62.2%)	0	312 (100%)
Whipped	44 (14.1%)	255 (81.7%)	13 (4.2%)	312 (100%)
Cut	10 (3.2%)	289 (92.6%)	13 (4.2%)	312 (100%)
Bite	26 (8.3%)	273 (87.5%)	13 (4.2%)	312 (100%)
Ever-Abused	126 (40.4%)	186 (59.6%)	0	312 (100%)

Note –

- (i) “Pushed” includes = pushed; slapped; punched; or kicked
- (ii) “Whipped” includes = whipped; hit with stick or knob kherri
- (iii) “Cut” includes = cut with knife or other sharp object
- (iv) “Bite” includes = bite; tied limbs; strangling
- (v) “Ever-abused” = any or combination of abuse types

XI: Respondents' experience of intimate partner violence in past 12 months

Types of abuse	Yes	No	Unspecified	TOTAL
Pushed	76 (24.4%)	233 (74.7%)	3 (1.0%)	312 (100%)
Whipped	24 (7.7%)	272 (87.2%)	16 (5.1%)	312 (100%)
Cut	8 (2.6%)	288 (92.3%)	16 (5.1%)	312 (100%)
Bite	14 (4.5%)	282 (90.4%)	16 (5.1%)	312 (100%)
Recently Abused	85 (27.2%)	223 (71.5%)	4 (1.3%)	312 (100%)

Note –

- (vi) “Pushed” includes = pushed; slapped; punched; or kicked
- (vii) “Whipped” includes = whipped; hit with stick or knob kherri
- (viii) “Cut” includes = cut with knife or other sharp object
- (ix) “Bite” includes = bite; tied limbs; strangling
- (x) “Recently abused” = any or combination of abuse types

4.5.3. Number of times assaulted in past twelve months

Of the 85 respondents who recently experienced various forms of physical abuses from their intimate male partners, 23 or over 1 in 4 (27%) of them were assaulted 4 times or more within the preceding 12 months, while about 1 out of every 5 was assaulted twice or three times in the same period. Just over half (n = 44) of them were physically abused only once in the period under review – table XII.

Table XII: Number of times abused in past 12 months

N ^o of abuses in last 12 months	Number (n)	Percentage of all respondents (n=312)	Percentage (%) of all recently abused (n = 85)
> 5 times	13	4.2%	15.3%
4 – 5 times	10	3.2%	11.8%
2 – 3 times	18	5.8%	21.2%
Only 1 time	44	14.1%	51.7%
Unspecified	7	2.2%	-
Not abused	220	70.5%	-
TOTAL	312	100%	100%

4.5.4. Time last abused

Among the ever abused who responded (n = 120), 28.3% or 34 of them experienced their last abuse incidents less than 6 months before, while 18.3% or 22 of them had their last experience of domestic assault less than 3 months prior to the study. In 2 out of every 5 (40.0%) of the respondents, however, their last incident of domestic abuse took place two or more years previously. About 7.4% of all respondents did not indicate if or when they were abused – table XIII.

Table XIII: The last time abused

Time last abused (mths)	Number (n)	Percentage (%) of all respondents (n = 312)	Percentage (%) of ever abused (n = 120)
< 3 mths	22	7.1%	18.3%
3 – 6 mths	12	3.8%	10.0%
6 – 12 mths	25	8.0%	20.8%
12 – 24 mths	13	4.2%	10.8%
> 24 mths	48	15.4%	40.0%
Unspecified	23	7.4%	-
Never abused	169	54.2%	-
TOTAL	312	100%	100%

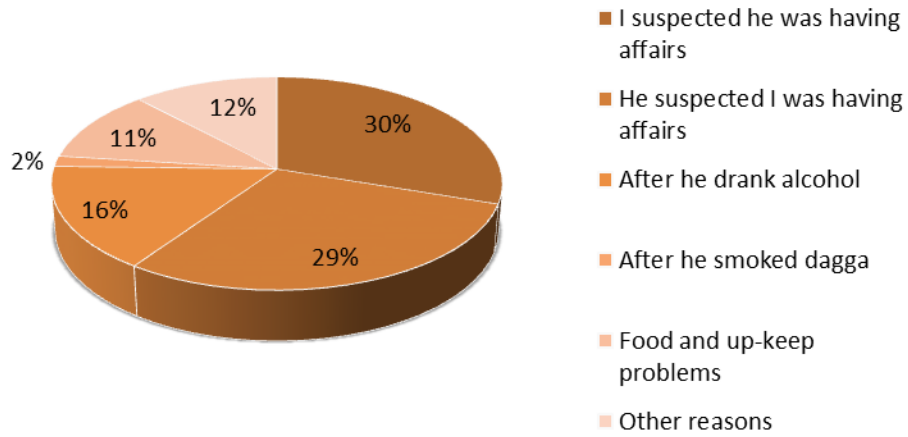
4.5.5. Reason for last abuse

One partner's suspicion that the other was having affairs accounted for well over half of all last abuse incidents among the 126 ever-abused respondents. Male partners suspected respondents of having affairs in 30.2% (n = 38) of the cases, while respondents suspected their male partners of same offence in 29.4% (n = 37) of cases. Issues relating to food and upkeep accounted for only 11.1% of the abuses, while 15.8% of the abuses followed men's abuse of alcohol (table XIV).

Table XIV: Reason for last abuse

Reasons	Number (n)	Percentage (%) of all respondents (n = 312)	Percentage (%) of ever abused (n = 126)
He suspected I had affairs	38	12.3%	30.2%
I suspected he had affairs	37	11.9%	29.4%
After he drank alcohol	20	6.4%	15.8%
Following his smoking dagga	2	0.6%	1.6%
Food and up-keep issues	14	4.4%	11.1%
Other reasons	15	5.1%	11.9%
Unspecified	6	1.8%	-
Never abused	180	57.6%	-
TOTAL	312	100%	100%

Reasons for last abuse incident



4.5.6. Severity of last abuse

Nearly half (48.4%) of the ever-abused respondents felt that their last abuse incident was severe, while just over another half (51.6%) of them considered their last abuse as minor. Ten percent of these abuses were severe enough to warrant hospital admissions, while in 21.4% of cases, though considered by respondents to be “very severe”, no admission occurred – table XV.

Table XV: Severity of last abuse

Severity of last abuse	Number (n)	Percentage (%) of all respondents (n = 312)	Percentage (%) of ever-abused (n = 126)
Very severe, and was admitted	13	4.2%	10.3%
Very severe, but not admitted	27	8.7%	21.4%
Severe	21	6.7%	16.7%
Not severe	23	7.4%	18.3%
Minor	42	13.5%	33.3%
Unspecified	4	1.3%	
Never abused	182	58.3%	-
TOTAL	312	100%	100%

4.5.7. Help-seeking behaviour following last abuse

Following last abuse experience, nearly a quarter of the abused women (n = 30) reported the incident to nobody; 20.6% (n = 26) of them reported to the police; another 20% (n = 25) reported to their own families, while only 2.4%, (n = 3) reported the incident to healthcare workers – table XVI.

Table XVI: Help seeking behaviour of ever-abused

Reported to:	Number (n) of ever-abused who reported	Percentage (%) of the ever-abused
Nobody	30	23.8%
My friend	20	15.9%
My family	25	19.8%
His family	22	17.5%
Healthcare worker	3	2.4%
Police	26	20.6%
TOTAL	126	100%

4.6. Respondents' employment and income variables

4.6.1. Ever unemployed

One hundred and eighty one or 58% (95% CI = 52.3 – 63.6) of respondents reported they had experienced unemployment at various times – either currently or in the past. On the other hand, 93 of them or 29.8% (CI = 24.9 – 35.3) reported they have always been employed, while 12.2% (CI =8.9 – 16.5) did not specify – table XVII.

4.6.2. Currently unemployed

As at the time of the study, 142 or 45.5% (95% CI = 39.9 – 51.2) of the 312 respondents were unemployed; 157 or 50.3% (CI = 44.9 – 56.3) were employed, while 4.2% or 13 of them did not specify their employment status – table XVII.

Table XVII: Respondents' ever and current unemployment experiences

Unemployed	Ever	Currently
Yes	181 (58%)	142 (45.5%)
No	93 (29.8%)	157 (50.3%)
Unspecified	38 (12.2%)	13 (4.2%)
Total	312	312

Table XVIII: Duration of unemployment

Duration unemployed	Number (n)	Percentage (%) of all respondents	Percentage (%) of unemployed
> 5 years	108	34.6%	60.3%
3 – 5 years	25	8.0%	14.0%
1 – 2 years	23	7.4%	12.8%
6 mths. – 1 year	5	1.6%	2.8%
3 mths. – 6 mths.	11	3.5%	6.1%
< 3 months	7	2.2%	3.9%
Unspecified	40	12.8%	-
Never unemployed	93	29.8%	-
TOTAL	312	100%	(n = 179) 100%

4.6.3. Duration of unemployment

Among the ever unemployed (n = 179), almost 3 out of every 4 of them (74.3%) has been unemployed for a duration of 3 years or more, while in 12.8% of the cases, the duration of unemployment was between 12 months and less than 3 months – table XVIII.

4.6.4. Average monthly income of respondents in past 24 months

Table XIX indicates that in the preceding 24 months, 131 or 42% (CI = 36.4 – 47.7) of the respondents earned no income on the average, while 32 or 10.3% (CI = 7.2 – 14.3) of them earned an average of less than E500.00 per month. Respondents who earned an average monthly income of E1000.00 or more made up 22.1% (CI = 17.7 – 27.2), while another 20.2% (CI = 16.0 – 25.2) earned between E500.00 to E999.00 per month. In all, 131 or 42% of respondents earned no income; 164 or 52.6% of them earned some form of income, while 17 or 5.4% of respondents did not indicate their income status for the period under review.

Of those who earned some income (n = 164) in the period under review, nearly 1 in 5 of them (19.5%) earned less than E500.00 or approximately USD70.00 per month. Those considered middle-income earners (E500.00 – E999.00) made up 38.4% of all income earners, while the 42.1% who earned E1000.00 or more per month constituted the high-income group – table XIX.

Table XIX: Average monthly income in past 24 months

Average monthly income in 24 mths	Number (n)	Percentage (%) of all respondents	Percentage (%) of income earners
No income	131	42%	-
Low income (< E500.00)	32	10.3%	19.5%
Middle income (E500 – 999.00)	63	20.2%	38.4%
High income (\geq E1000.00)	69	22.1%	42.1%
Unspecified	17	5.4%	-
Total	312	100%	(n = 164) 100%

4.7.0. Association between abuse and demographic variables

4.7.1. Age and ever experience of domestic abuse

Table XXI indicates that the older a respondent, the higher her chance of being ever-abused. Among the age group 15 – 19 years, the chance of being ever-abused by an intimate partner is only 13%; while for the next age group, 20 – 24 years, this rises to 40.5%. This increase in prevalence of domestic abuse with age, however, shows no linear relationship. On the average, there is a 2 in 5 chance of ever abuse among the 20 to 34 years age group; while 1 in every 2 women aged 35 to 44 years had experienced domestic physical abuse. The age group 45 – 49 years where 72.7% reported domestic abuse may be the result of small sample size (n = 11); as with the 35.7% among the ≥ 50 years age group (n = 14).

Of the ever-abused women (n = 126), almost two-thirds of the cases (62.7%) occurred in women aged 20 to 34 years; while nearly 4 in every 5 of ever-abused cases (78.1%) occurred in women aged below 40 years of age. Women aged 40 years and above accounted for only 20.6% of all ever-abused cases; while the age-group 20 - 24 years alone constituted nearly one quarter (23.8%) of all the ever-abused women.

Table XXI: Age and ever-abused

Age group in years	Abused n (%)	% of all abused	Not abused (n) (%)	Total
15 – 19	3 (13.0%)	2.4%	20 (87.0%)	23
20 – 24	30 (40.5%)	23.8%	44 (59.5%)	74
25 – 29	26 (37.7%)	20.6%	43 (62.3%)	69
30 – 34	23 (39.0%)	18.3%	36 (61.0%)	59
35 – 39	17 (50%)	13.5%	17 (50%)	34
40 – 44	13 (48.1%)	10.3%	14 (51.9%)	27
45 – 49	8 (72.7%)	6.3%	3 (27.3%)	11
≥ 50	5 (35.7%)	4.0%	9 (64.3%)	14
unspecified	1 (100%)	0.8%	0	1
Total	126 (40.4%)	100%	186 (59.6%)	312

4.7.2. Age and recent experience of domestic abuse

About 13% of the age group 15 – 19 years experienced intimate partner abuse in the preceding 12 months. Subsequently, there is a rise in the prevalence of recent abuse among the different age groups - with all subsequent age groups showing up to or more than 1 in 4 chance of abuse in the preceding 12 months. Among the 35 – 39 years age group, however, over a third (35.3%) of them reported domestic abuse during the period under review. The 45 – 49 years age group with 45.5% reported incidents of recent abuse may have resulted from small sample size (n = 11).

Table XXII: Age and recent abuse experience

Age in years	Abused n (%)	Not abused n (%)	Un-specified n (%)	Total
15 – 19	3 (13.0%)	20 (87.0%)	0	23
20 – 24	22 (29.7%)	51 (74.0%)	1 (1.4%)	74
25 – 29	19 (27.5%)	49 (71.0%)	1 (1.4%)	69
30 – 34	13 (22.0%)	46 (78.0%)	0	59
35 – 39	12 (35.3%)	20 (58.8%)	2 (5.9%)	34
40 – 44	7 (25.9%)	20 (54.1%)	0	27
45 – 49	5 (45.5%)	6 (54.5%)	0	11
≥ 50	4 (28.6%)	10 (71.4%)	0	14
unspecified	0 (0.0%)	1 (100.0%)	0	1
Total	85 (27.2%)	223 (71.5%)	4(1.3%)	312

Among the recently abused (n = 85), 25 of them or nearly a third of the cases occurred in women aged less than 25 years of age. Over two thirds of all cases of recent abuse (n = 66) occurred in women aged between 20 and 39 years of age – with a peak occurrence among the 20 – 24 years age group constituting a quarter (n = 22) of all recently abused. The age groups 40 years and above accounted for less than 1 in 5 (18.8%) of all cases of recently abused.

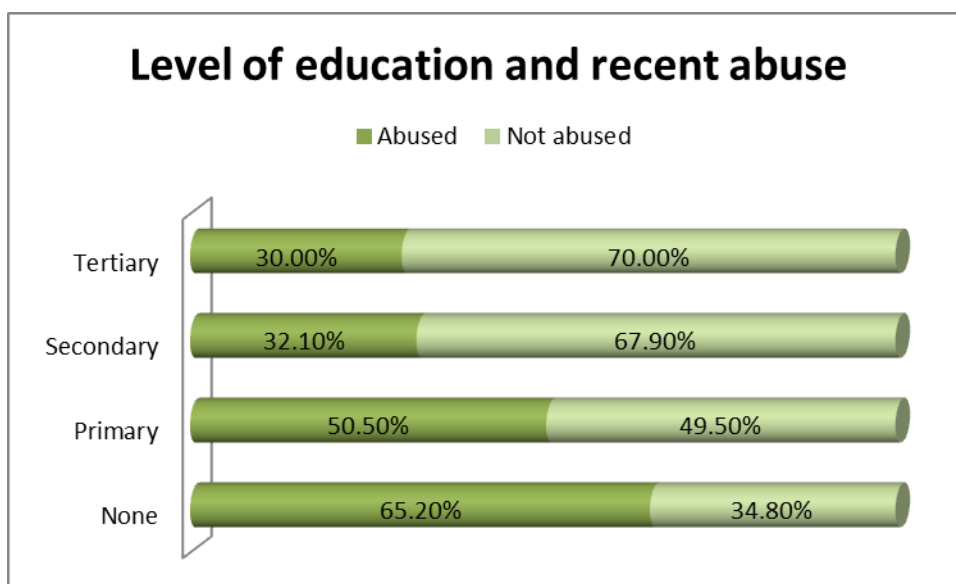
4.7.3. Level of education and ever experience of domestic abuse

There is a significant relationship ($p = 0.0009$) between respondents' level of education and their ever experience of intimate partner violence (table XXIII). As a woman's level of education improves, her chance of physical abuse from her intimate partner reduces. The uneducated respondents reported 65.2% prevalence as against 50.2% for primary school respondent, 32.1% for the woman who completed secondary education and 30.0% for female graduates with tertiary education. The overall prevalence of ever abuse for all respondents, however, is 40.4%

Among the ever-abused, women who completed primary education (39.7%) and those who had secondary education (27.0%) together constituted about two thirds (66.7%) of all the ever-abused cases. Those who had no education comprised only 11.9% of all ever-abused cases – possibly because of small sample size (n = 23), while those with tertiary education comprised 19.0%.

Table XXIII: Level of education and ever-abused

Level of education	Ever-Abused n (%)	% of all abused	Not abused (n) (%)	Total
None	15 (65.2%)	11.9%	8 (34.8%)	23
Primary	50 (50.5%)	39.7%	49 (49.5%)	99
Secondary	34 (32.1%)	27.0%	72 (67.9%)	106
Tertiary	24 (30.0%)	19.0%	56 (70.0%)	80
Unspecified	3(75.0%)	2.4%	1 (25%)	4
Total	126 (40.4%)	100%	186 (59.6%)	312



4.7.4. Level of education and recent experience of domestic abuse

Also, a significant relationship ($p = 0.008$) is observed between level of education and respondents' experience of recent domestic physical abuse from their intimate male partners (table XXIV). There is a progressive reduction in chances of recent abuse by an intimate partner from 60.9% for the non-educated respondents to 21.3% for respondents with tertiary education. The overall prevalence of recent domestic abuse among the respondents is 27.2%.

Among the recently abused respondents, those with primary educations comprised over one third of the cases while respondents with secondary education constituted over one quarter of the abused cases. Those with tertiary education made up of just 20% of all recently abused women.

Table XXIV: Level of education and recent abuse

Level of education	Recently Abused n (%)	% of all recently abused	Not abused n (%)	Un-specified	Total
None	14 (60.9%)	16.5%	9 (39.1%)	0	23
Primary	29 (29.3%)	34.1%	68 (68.7%)	2 (2.0%)	99
Secondary	23 (21.7%)	27.1%	83 (78.3%)	0	106
Tertiary	17 (21.3%)	20.0%	61 (76.3%)	2 (2.5%)	80
Unspecified	2 (50.0%)	2.4%	2 (50.0%)	0	4
Total	85 (27.2%)	100%	223(71.5%)	4(1.3%)	312

4.7.5. Current marital status and recent experience of domestic abuse

Out of the 108 respondents who were having boyfriends as at the time of the study, 20 or 18.5% of them reported domestic abuse from their intimate male partners in the preceding 12 months, while 14 or 48.3% of the 29 respondents who were co-habiting with their partners at the time reported similar abuse. Among respondents who were separated (n = 10) from their intimate partners at time of the study, 4 or 40% of them were abused during the period under review; compared to 5 or 26.3% of the 19 widows who responded – table XXV.

One hundred and thirty six of the respondents were married as at the time of the study. Of these, 39 or 28.7% of them reported domestic physical abuse from their male partners in the preceding 12 months, while 1 out of the 2 divorced respondents was similarly abused in the same period.

Among the 312 women studied, however, 85 of them reported physical abuse from their intimate male partners during the preceding 12 months – representing 27.2%. Of these 85, married respondents (n = 39 or 45.9%) and respondents with boyfriends (n = 20 or 23.5%) together constituted over two-thirds (69.4%) of the cases, while married respondents alone constituted almost half of these cases – table XXV.

Table XXV: Current marital status and abuse in past 12 months.

Current marital status	Recent abuse	% recent abuse	No recent abuse	Un-specified	Total
Boy Friend	20 (18.5%)	23.5%	87 (80.6%)	1 (0.9%)	108
Co-habiting	14 (48.3%)	16.5%	15 (51.7%)	0	29
Widowed	5 (26.3%)	5.9%	14 (73.7%)	0	19
Divorced	1 (50.0%)	1.2%	1 (50.0%)	0	2
Separated	4 (40.0%)	4.7%	6 (60.0%)	0	10
Married	39 (28.7%)	45.9%	95 (69.9%)	2 (1.5%)	136
Unspecified	2 (25.0%)	2.4%	5 (62.5%)	1 (12.5%)	8
Total	85 (27.2%)	100%	223 (71.5%)	4 (1.3%)	312

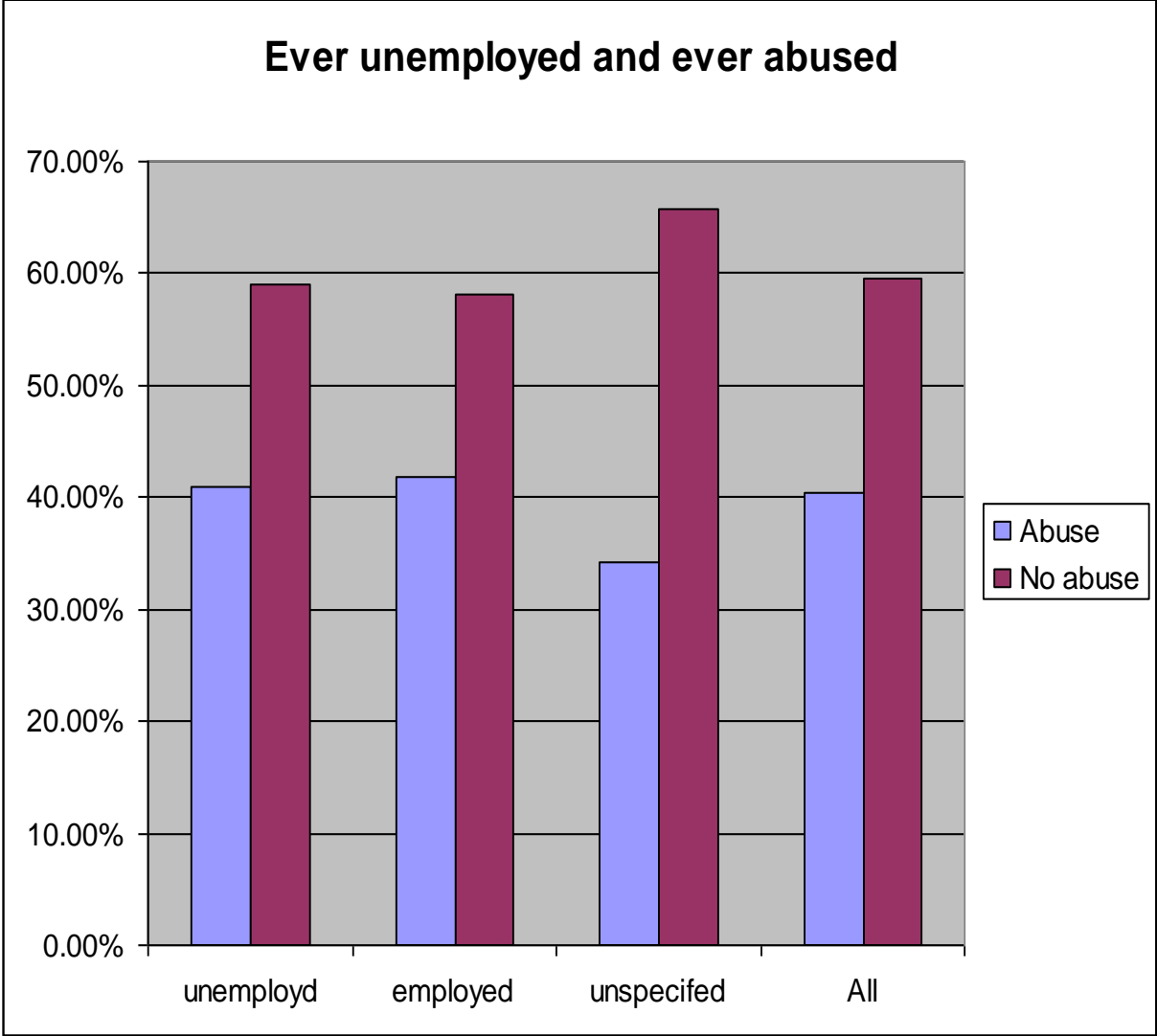
4.8.0. Associations between abuse and employment variables

4.8.1. Ever unemployed and ever abused

Of the 181 respondents who were ever unemployed, 74 or 40.9% of them had ever experienced domestic physical abuse from their intimate male partners. Also, 39 or 41.9% of the 93 respondents who were never unemployed reported similar abuse from their male partners. Among the 38 respondents who did not specify whether they were ever unemployed or not, 13 or 34.2% of them had experienced physical abuse from their male partners. Further, the lifetime prevalence of domestic physical abuse among the 312 respondents studied stood at 40.4% – table XXVI.

Table XXVI: Ever unemployed and ever abused

EVER UNEMPLOYED	EVER-ABUSED	NEVER ABUSED	PERCENTAGE OF ALL EVER-ABUSED	TOTAL (n)
Yes	74 (40.9%)	107 (59.1%)	58.7%	181
No	39 (41.9%)	54 (58.1%)	31.0%	93
Unspecified	13 (34.2%)	25 (65.8%)	10.3%	38
Total	126 (40.4%)	186	100%	312



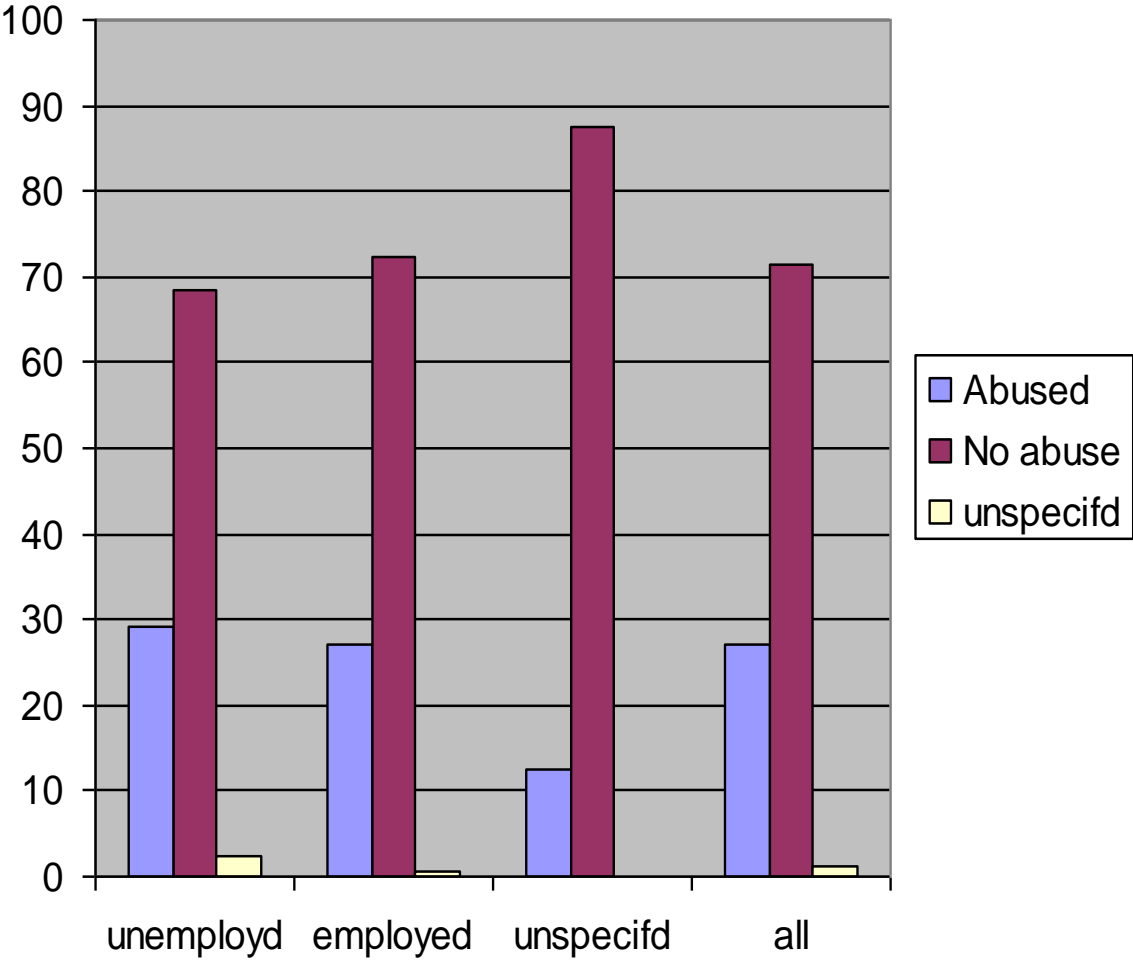
4.8.2. Recent employment status and recent abuse

Among the 130 respondents who were unemployed in the preceding 24 months, 29.2% of them (n = 38) reported intimate partner physical abuse in the 12 months preceding the study. On the other hand, 27.1% (n = 45) of the 166 respondents who did not experience unemployment in the preceding 24 months reported similar abuse during the study period, while the prevalence for recent domestic abuse among the entire respondents stood at 27.2% - table XXVII.

Table XXVII: Employment status in past 24 months and recent abuse

Employment Status in past 2 years	Recent Abuse (in past 12 months)			Percentage of recently abused (%)	Total (n)
	Yes	No	Unspecified		
Unemployed	38 (29.2%)	89 (68.5%)	3 (2.3%)	(44.7%)	130
Employed	45 (27.1%)	120 (72.3%)	1 (0.6%)	(52.9%)	166
Unspecified	2 (12.5%)	14 (87.5%)	0	(2.4%)	16
Total	85 (27.2%)	223 (71.5%)	4 (1.3%)	(100%)	312

Recent employment status and recent abuse



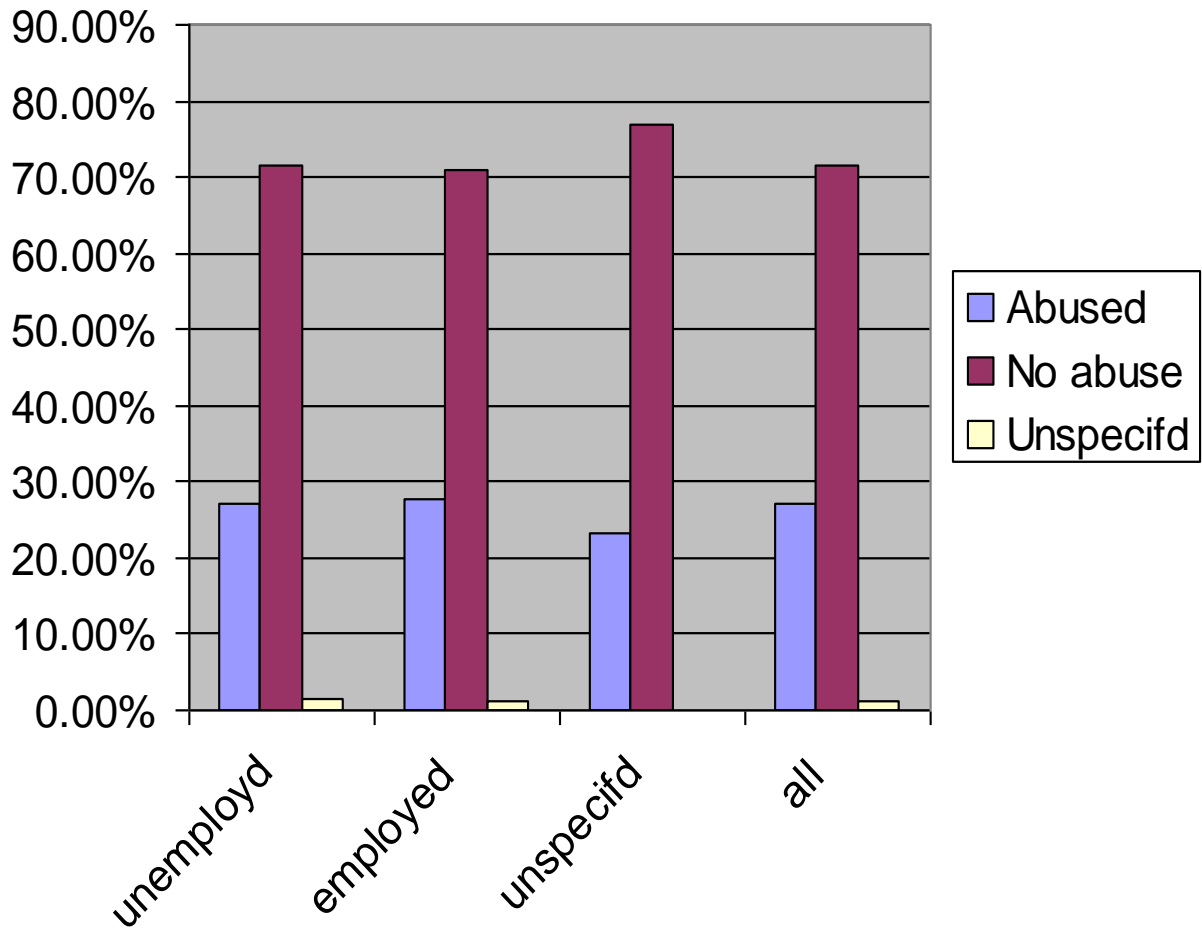
4.8.3. Current employment status and recent abuse

Among the currently unemployed (n = 141), 27.0% of them (n = 38) reported domestic physical abuse from their intimate male partners in the preceding 12 months, while amongst the currently employed respondents (n = 158), those similarly abused were 44 or 27.8%. Thirteen of the respondents did not state their current employment status – and amongst these, 23.1% or 3 experienced intimate partner abuse during the study period – Table XXVIII

Table XXVIII Current employment status and recent abuse

Current employment status	Recent abuse (in past 12 months)			Total
	Yes	No	Unspecified	
Unemployed	38 (27%)	101 (71.6%)	2 (1.4%)	141
Employed	44 (27.8%)	112 (70.9%)	2 (1.3%)	158
Unspecified	3 (23.1%)	10 (76.9%)	0	13
Total	85 (27.2%)	223 (71.5%)	4 (1.3%)	312

Current employment status and recent abuse



4.8.4. Average monthly income in past 24 months and recent abuse

Of the 69 respondents who averagely **earned high** monthly income (\geq E1000.00) in the preceding 24 months, **29.0%** (n = 20) of them reported intimate partner abuse in the past 12 months, as against 20.6% (n = 13) of the 63 middle-income earners (E500.00 – E999.00) for the same period.

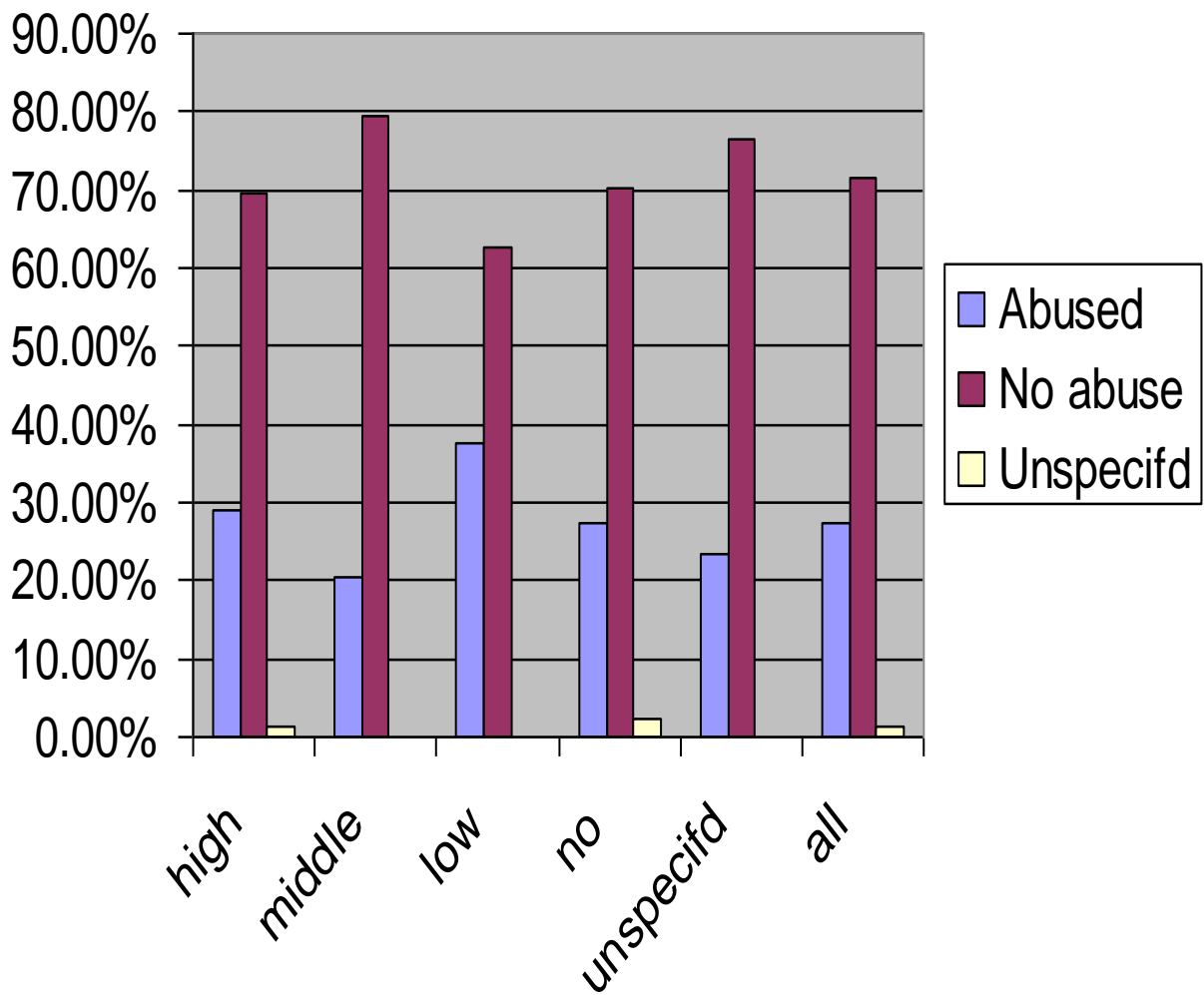
Among the low income earners (n = 32) with average monthly income of less than E500.00, over a third of them (**37.5%**) reported similar abuse during the period under review, compared to just over a quarter (**27.5%**) reported amongst the 131 non-income earners for the same period.

However, among the 17 respondents who did not specify their average monthly income in the preceding 24 months, their intimate male partners similarly abused 23.5% of them in the preceding 12 months – while among the 312 respondents, the prevalence of recent domestic abuse stood at 27.2% - Table XXIX.

Table XXIX: Income in past 24 months and abuse in past 12 months

Income in past 24 months	Recent Abuse (in past 12 months)			Total
	Abused	Not abused	Un-specified	
High ≥ E1000	20 (29.0%)	48 (69.6%)	1 (1.4%)	69 (22.1%)
Middle E500-999	13 (20.6%)	50 (79.4%)	0	63 (20.2%)
Low < E500	12 (37.5%)	20 (62.5%)	0	32 (10.3%)
None	36 (27.5%)	92 (70.2%)	3 (2.3%)	131 (42.0%)
Un-specified	4 (23.5%)	13 (76.5%)	0	17 (5.4%)
Total	85 (27.2%)	223 (71.5%)	4 (1.3%)	312 (100%)

Average monthly income in 2 yrs and recent abuse



Odds ratio: odds of being currently unemployed and ever-abused

2 x 2 Table: Currently unemployed and ever-abused

Exposure: Current unemployment

- (a) Currently unemployed and ever-abused = 65
- (b) Currently unemployed and never abused = 105

No Exposure: Currently employed

- (c) Currently employed and ever-abused = 37
- (d) Currently employed and never abused = 61

		OUT-COME (EVER-ABUSED)		Total
		+ ve.	- ve.	
EXPOSURE	+ve	65	105	170
	(unemployed) -ve	37	61	98
Total		102	166	268

$$\text{Odds Ratio} = \frac{a*d}{b*c} = \frac{65 \times 61}{105 \times 37} \quad \text{OR} = 1.02$$

The odds ratio of 1.0 indicates that exposure (unemployment) has no effect on outcome (ever-abused) among women seen at the OPD, Hlatikulu hospital – thus supporting the finding of no significant difference in the proportion of abuse experience among the employed (37.8%) and that among the unemployed (38.2%) respondents (table XXVII).

CHAPTER 5

DISCUSSION

Intimate partner violence or domestic abuse is a global issue (Elliott, 1995). Though no reliable lifetime prevalence has been documented for Swaziland, evidence shows that it is quite common (US State Department, 1998) just as in many other African countries. From this study, however, it is found that lifetime prevalence of domestic physical abuse for women attending the Hlatikulu government hospital OPD is as high as 40.2%. This figure appears much higher than the 21.5% observed for the neighbouring South Africa (Marais, de Villiers, Moller and Stein, 1999). This is not surprising since Swaziland does not have a comprehensive and vibrant legislation against domestic abuse as is obtainable in Republic of South Africa, and given the fact that Swaziland is still generally governed by old traditional values that believe that men have the right to chastise their female spouses (Vincent, 1999). Of equal importance is the fact that women are still legally and traditionally treated as minors in Swaziland (Bureau of Democracy, Human Rights and Labour, 2002). The high figure, however, approaches that for United Kingdom (Richardson, Coid, Petruckevitch, Chung, Moorey and Feder, 2002) where about 41% of the general population of women has ever experienced abuse from their intimate male partners.

Yet it should be noted that whatever figure obtained as the lifetime prevalence is subject to the definition of domestic violence used. Obtaining a lifetime prevalence estimate in this study was made possible by the systematic random

sampling method used – and by the simultaneous recruitment of cases and controls based on their response to the question on “ever-abuse” experience (Columbia University; Onah and Iloabachie, 2002).

In general, women attending Hlatikulu hospital OPD, perceived domestic violence meted on women by their intimate male partners as unacceptable. Nine out of ten of the women could not accept domestic abused on the justification that men are superior to women, nor that it shows men’s love for their female partners. Another 80% of the respondents do not accept domestic abuse notwithstanding the fact that the culture allows it, and an equal proportion of women felt that not only is it unacceptable, it has to be challenged.

Among respondents’ perceived solution to domestic abuse includes: women suing their abusive male partners for assault (70%); men stopping alcohol ingestion (60%), and society accepting gender equality (60%). Only about half or 52.4% of the responding women felt that the solution lies on women earning their own income. Further, less than 1 in 20 or 3.9% of women felt that allowing men to have multiple female partners is the solution to domestic abuse, while 9 in 10 or 91.7% of them disagreed with the later solution.

This study found that among women attending Hlatikulu hospital OPD, the major cause of the very last abuse incident was either respondent’s suspicion of infidelity on the part of her male partner (30.9%), or her partner’s suspicion of

infidelity on her part (30.1%). Mutual suspicion of infidelity, therefore, accounted for nearly two thirds (61%) of the last incident of domestic physical abuse experiences. Alcohol abuse among male partners was the next major cause of the last abuse incident (17.0%), but abuse of other illicit drugs (0.8%) was not as contributory. The issue of unemployment on the part of the abused woman, as observed amongst women in Great Britain (Richardson, Coid, Petruckevitch, Chung, Moorey and Feder, 2002), did not feature here.

In all, nearly half of the respondents (48.4%) considered the last episode of their physical abuse as serious. Notwithstanding this, a quarter of them never reported the incident to anyone, 20% of them reported to the police, while only 2.4% reported to a healthcare worker. This finding agrees with documented fact that domestic violence against women is generally under-reported for various reasons (Heise, Pitanguy, Germain, 1994). Yet, what appears even more worrisome is the fact that less than 1 in 40 of all domestic abuse cases was brought to the attention of healthcare workers – underscoring the need for routine screening of all women attending primary care (Marais, de Villiers, Moller and Stein, 1999). However, Richardson and colleagues are not in favour of such routine screening of all women (Richardson, Coid, Petruckevitch, Chung, Moorey and Feder, 2002).

Unemployment was a major issue among the study population – with nearly half of the respondents or 46.7% being currently unemployed as at time of the study

– in agreement with other documented findings (ILO, 2002). Women who were ever-unemployed made up about 2 in 3 of the respondents, with about 70% of them experiencing unemployment for a period of about 3 years while in 56% of the cases, unemployment was experienced for a period lasting 5 years or more.

Among the respondents, nearly half or 42.0% earned no income at all in preceding 24 months, 20.0% earned less than R500.00 or USD70.00 per month in the same period, while almost one third of them earned R1500.00 (USD214.30) or more per month in preceding 24 months.

In considering age and ever-abuse experience, it is noted that the age group 20 – 24 year appears quite remarkable regarding ever experience of domestic abuse. While this age group made up nearly a quarter or 23.7% of all abused respondents, more than 1 in 3 or 37.5% of women in the age group had ever experienced physical abuse from their male intimate partners. This may be because of poor conflict resolution skills and inherent impatience at this age that lead to frequent domestic misunderstanding and resultant physical violence. In addition, this age group is more likely to cohabit with male partners – having just escaped parental control and going out of their way to exercise their newly found freedom. Further, there is more likelihood, among this age group, for partners to have multiple social relationships and/or suspicion of such between each other because most of the relationships are still at their early trial stages. These factors

– cohabiting, multiple social partners and mutual suspicions thereof – were found in this study to be associated with increased risk of domestic abuse.

Further, it is noted that the age groups from 20 years to 34 years constituted 60% of all ever-abused women, while women aged less than 40 years (15 – 39 years) made up 80% or 4 in every 5 of all ever-abused respondents. This compares favourably with findings amongst British general population of women that age less than 45 years was a risk factor for domestic abuse (Richardson, Coid, Petrukevitch, Chung, Moorey and Feder, 2002).

A significant relationship ($p = 0.006$) was found between the level of education of respondents and their ever experience of domestic abuse. Amongst women who had tertiary education, only about 28.6% of them ever experienced domestic abuse as against 32.1% amongst those who had secondary education, 40.9% amongst those with primary education, while 72.7% of women with no formal education at all had ever experienced similar abuse. Hence, as the level of education improves, the likelihood of both ever-abuse ($p = 0.006$) and recent-abuse (0.018) experiences become significantly reduced. These findings somehow deviate from what was reported by Jewkes: that women's level of education appears to be protective at the two extremes – among the very highly educated and the very least educated (Jewkes, 2002).

Marriage was found not to confer any protection against domestic abuse amongst women attending Hlatikulu OPD. Among respondents who were currently married, 1 in 4 or 25.7% of them had experienced intimate partner abuse in the preceding 12 months, while this group constituted nearly half or 48.6% of all recently abused women respondents. This supports the findings of other studies that marriage is more of a risk factor for domestic abuse than otherwise (Jewkes, 2002). Cohabiting is another form of relationship associated with increased risk of domestic abuse. Among respondents who were currently cohabiting with male partners, 43.3% of them were physically abused by their male partners in the previous 12 months, while cohabiting women accounted for nearly 1 in every 5 women (18.1%) who were recently abused by their partners. Among responding women who currently had boy friends, only 16.8% of them experienced intimate partner abuse in the preceding 12 months as against 25.7% of married women and 43.3% of cohabiting respondents – but they constituted a quarter of all recently abused respondents. The relative protective effect of boyfriendship compared to the other forms of relationship may be because partners in this relationship are not living together, therefore, the frequency of domestic friction and resultant physical abuse is much reduced.

When the current employment status of respondents and their ever experience of domestic abuse were evaluated, no difference was observed between the two groups – those currently employed and those not employed. While 37.8% of the currently employed respondents have ever experienced domestic abuse from

their intimate male partners, almost the same proportion, 38.2%, of currently unemployed women had ever experienced similar abuse. Hence, current employment status of respondents does not have any significant association ($p = 0.621$) with ever experience of domestic abuse amongst women seen at Hlatikulu OPD. This contrasts with the findings of Richardson and his team amongst British women where unemployment on the part of the woman is a risk factor for domestic abuse (Richardson, Coid, Petrukevitch, Chung, Moorey and Feder, 2002); and the findings among Texas women (Honeycutt, Marshall and Weston, 2001). However, it correlates with findings of the Chicago studies (Lloyd, Taluc, 1999) and the Massachusetts studies (Browne, Salomon, 1999) that showed no differences in terms of current employment status between abused women and never abused women.

Similarly, current employment status of respondents did not have any significant association ($p = 0.645$) with recent (in past 12 months) abuse experiences. Amongst respondents who were employed as at the time of the study, 23.9% of them had been physically abused by their male partners in the preceding 12 months, while 23.7% of those unemployed as at the time of the study were similarly abused in the same period. Therefore, the current employment status of respondents was not significantly associated with either recent-abuse or ever-abuse experiences.

In addition, the odds ratio of 0.99, (which approximates 1.0), for being currently unemployed (exposed) and experiencing recent abuse as against being currently employed (unexposed) and experiencing similar abuse, shows that exposure (current unemployment), has little or no association with outcome – (the experience of recent domestic abuse) - amongst women seen at Hlatikulu hospital OPD.

Similarly, the odds ratio for being currently unemployed and ever experiencing intimate partner abuse as against being employed currently and experiencing similar abuse is 1.02. This indicates that exposure (current unemployment) has no effect on outcome (ever-abused) among women seen at the OPD, Hlatikulu hospital. Hence, unemployment has no association with either recent or ever experience of domestic abuse among the respondents.

When respondents' recent abuse experiences were evaluated based on whether or not they earned some income in the past 24 months (income status), it was observed that women who earned some income in the past 24 months had higher chances of being recently abused by their male partners (25.7% as against 20.7% among no income earners). However, this increased risk of domestic abuse for income earners was not statistically significant ($p = 0.73$).

Respondents' average income in the preceding 24 months and their recent abuse experiences showed some interesting relationships. While about 1 in 5 or

20.7% of all those who earned nothing in the preceding 24 months experienced intimate partner abuse in the past year, nearly 1 in every 3 or 29.7% of respondents who earned high income during the same period experienced domestic abuse in the preceding year. Amongst low-income earners, this proportion was 33.3% while amongst middle-income earners; only 16.7% of them were abused by their partners in the past 12 months.

Considering all recently abused women who earned some income in the preceding 24 months, respondents who earned high income (\geq R1000.00 per month) constituted more than half of this group. In addition, it was further observed that the odd of earning high income (exposure) in past 24 months and experiencing recent abuse (outcome) compared to the odd of not earning high income (no exposure) in same period and experiencing similar abuse was 1.55. This odd ratio of 1.55 – which is greater than 1.0 - indicates that exposure (high income earning in past 24 months) is associated with increased risk of outcome (recent abuse experience). This is in agreement with findings of other researchers that high income earning increases the risk of domestic abuse for a woman (Paula, 2000; Carrillo, 1992).

When earning no income in preceding 24 months is considered as the exposure of interest, it is observed that women who earned no income during the said period were less likely than those who earned some income during the same period to experience recent intimate partner abuse. The odd of earning no

income in past 24 months and experiencing recent abuse, compared to the odd of earning some income in the same period and experiencing similar abuse was 0.75. This odd ratio of less than 1.0 indicates that not earning any income (exposure) in preceding 24 months was rather protective against recent abuse (outcome) among the study group.

This finding – the relationship between women’s average monthly income and their recent abuse experiences – is rather unique and contradicts the views of other researchers (Benson and Fox, 2004) that a woman’s robust financial standing could protect her from intimate partner abuse. It however supports the findings of some other researchers that a major cause of violence against women at home is men’s fear of women’s independence via paid employment that eliminates women’s dependence on their male partners (Paula, 2000; Carrillo, 1992).

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSION

In conclusion, the following observations are made from this study -

- Variables associated with reduced risk of physical abuse from an intimate male partner include – age above 40 years (female); high level of female education; and a social relationship where the partners do not live together (friendship). In addition, either no income at all on the part of the woman, or an average monthly income moderate enough not to be a threat to the man's authority, yet not too low as to make the woman dependent on the man financially – are also protective.
- The main variable that has no obvious association with risk of intimate partner abuse is the employment status of the woman per se. This very much agrees with Jewkes' findings among women of South Africa – that unemployment on itself does not seem to increase the rate of domestic violence against them, rather, economic inequality between partners does (Jewkes, 2002).
- Variables that are associated with higher risk of domestic physical abuse from male partners are – age 20 to 24 years (female); cohabiting; marriage; no or low education level; mutual suspicion of infidelity among partners; and earning of high income by the woman.

It follows, therefore, that respondents' employment status per se has no effect on their abuse experiences as much as their monthly income does. Hence, while earning of moderate income or no income at all by a woman appears protective, earning of high income in particular appears to increase the risk of domestic abuse.

The above findings are only applicable to women attending Hlatikulu hospital OPD, and may not apply to women attending other hospitals or women in Swaziland in general. A bigger study is required to determine these.

RECOMMENDATION

Based on the findings of this study, the following recommendations are made –

- Every effort should be made to improve the girl-child's education to above the secondary school level
- Young women of the age group 20 – 24 years should be trained on life-skills and conflict resolution strategies. This could be included in school curricular at various levels of education
- Women should be discouraged from co-habiting with their male partners except in cases of formal marriage. Friendship without co-habitation is found to have low risk of intimate partner abuse
- Women should be assisted and encouraged to earn moderate incomes rather than no income at all – so they be less dependent on their male partners

- Women earning high incomes must devise ways of assuring their intimate male partners that they constituted no obstacle to their perceived or real authority. In broader terms, all efforts should be made to encourage gender equality in the society. This will involve the government, non-governmental agents, the media, the civil society and the repositories of tradition and culture
- Mutual trust between partners is of paramount importance since mutual suspicion of infidelity between couples accounted for about 2 out of every 3 incidents of domestic abuse
- Given the high prevalence of domestic violence as noted here, and the very low reporting of such incidents to healthcare workers, there is need for high index of suspicion – with routine or selective screening in suspected and unclear/inconsistent cases
- Though employment status per se is not associated with domestic physical abuse by an intimate male partner, there is still the need for a woman to be gainfully employed so as not to be totally dependent on her male partner. In this respect, women who could not secure employment in the formal or informal sectors should be assisted with soft loans to start their own businesses or small farming projects

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APPENDIX

LISTS OF TABLES AND FIGURES

This figure, 37.2%, may be considered as the lifetime prevalence of domestic abuse among women attending the outpatient department at Hlatikulu hospital, Swaziland. These variables – “pushed, slapped, punched, or kicked” by an intimate male partner – are chosen as determinants of life-time prevalence of domestic abuse among the respondents because it is known from literature (XXX) that domestic abuses, more often, start with minor forms/degrees of physical assaults, then later progress in terms of severity and frequency. Hence, almost all women who had experienced moderate/severe forms of physical abuses are more likely than not to have experienced minor forms (pushed, slapped, punched or kicked) prior. Therefore, using these minor variables of physical abuse as determinants would more likely give the likely true lifetime prevalence of domestic abuse among the respondents.

