

Prevalence and predictors of intimate partner violence among ever-partnered women in South Africa

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ABSTRACT

Background: The main objective of this study is to determine the socio-demographic factors related to intimate partner violence among ever-partnered women in South Africa. Intimate partner violence (IPV) is a global social problem and affects both men and women, although women experience intimate partner violence more than men. Therefore, in this study, this intimate partner violence operationally includes women who experienced any of the following types of violence: emotional, sexual, and physical.

Methods: This study used secondary data from the South Africa Demographic and Health Survey (SADHS) of 2016. The following analyses were conducted, the univariate analysis, which includes frequencies, as well as the bivariate analysis. The bivariate analysis included a chi-square test to test the association between the selected independent variables and the dependent variable. A multivariate logistic regression analysis was conducted to measure the relationship between the selected factors and the outcome variable.

Results: The findings show that age, marital status, woman's education, employment and earning status, household wealth status, household composition, partner's drinking habits, fear of partner, history of violence, woman age difference, woman education difference, number of decisions in which woman participates, number of reasons beating is justified, and province were statistically associated with intimate partner violence. Women aged 30-39 had a high prevalence as compared to other age groups (27.6%), moreover, coloured women had a high prevalence of IPV as compared to other population groups (31.9%) and women who were afraid of their partners most of the time had a higher prevalence (74.2%). Women who had at least five reasons for justification of wife-beating were 10.74 times more likely to experience IPV as compared to those who had no justification of wife-beating. Odds ratios of reporting IPV were significantly lowering among those in average household 0.72 as compared to poor households, those who were mostly afraid of their partners 0.35 and those residing in rural areas 0.76 as compared to urban areas.

Conclusion: Several strategies could play a role in reducing intimate partner violence among ever-partnered women in South Africa. These strategies could include (a) programs targeting uneducated women by enhancing their skills and encouraging them to finish basic education since these women are more at risk of experiencing IPV, (b) empowering women through creating job opportunities, especially those coming from poor households, (c) taking partners who drink excessive alcohol to rehabilitation centres since they are the perpetrators of IPV.

DECLARATION

I, Stephina Kgomotso Mbele (27485986), declare that this work titled “Prevalence and predictors of intimate partner violence among ever-partnered women in South Africa” is my original research work, and has never been submitted for any degree or examination in any other University or Institution. I declare that the information contained in this document is a true copy of my thesis and has been approved for submission by my thesis supervisor. This work was supervised by Dr Mluleki Tsawe from the Department of Population Studies and Demography. This work is submitted in partial fulfilment of the requirements for the degree Master of Social Science in Population and Sustainable Development at the North-West University, Mafikeng Campus, South Africa.

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ABBREVIATIONS/ACRONYMS

BaSSREC	-	Basic and Social Sciences Research Ethics Committee
EAs	-	Enumerations
IPV	-	Intimate Partner Violence
NDoH	-	National Department of Health
PSUs	-	Primary Sampling Units
SADHS	-	South Africa Demographic Health Surveys
SPSS	-	Statistical Package of Social Sciences
StatsSA	-	Statistics South Africa
WHO	-	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Intimate partner violence refers to any behaviour inside a relationship that is intimate that cause sexual, physical as well as psychological harm to those in a relationship (WHO, 2012). Intimate partner violence (IPV) is a global social problem and affects both men and women, although women experience intimate partner violence more than men. Nearly one in three (30%) women across the globe have been forced into sexual activity, beaten if not harmed in their lives by their intimate partner (USAID, 2012). Moreover, IPV can involve emotional, physical, and sexual violence (World Health Organization, 2012). Africa has the highest intimate partner violence and there are variations of intimate partner violence within Africa to intimate partner violence. A study by WHO (2013) revealed that intimate partner violence is highest in Central Africa with (65.6%), 41.7% in West Africa, 38.8% in East Africa and 29.7% in Southern Africa. A study by Palamuleni (2019), using data from Demographic and Health Survey data of ten states, found that females who informed constantly experienced some form of physical violence fluctuated as of 20.1% in Malawi, Zimbabwe (28.4%), Rwanda (28.5%), Kenya (39.2%) and Zambia (45.1%). Likewise, variations of intimate partner violence are testified inside nations. For example, in Nigeria, it ranges from 6.2% in Niger Delta state to 49.0% in Abia State (Ashimolowo and Otufale, 2012).

Furthermore, in Zimbabwe, intimate partner violence remains to be problematic. A study by Mukamana *et al.*, (2015: 8) revealed that about 35% of females have experienced physical violence and 14% had experienced sexual violence in their lifespan. The same study further exposed that 32% of females who are in union (married or cohabiting) had experienced emotional violence (Mukanamana, *et al.*, 2015: 8). A study by Shamu *et al.*, (2019: 4) reported high rates of intimate partner violence in Zimbabwe. Nearly 43% reported experiencing violence and 46% of women reported intimate partner violence during pregnancy (Shamu *et al.*, 2019: 4). Intimate partner violence is also reported to be high in Nepal. Nepal Demographic and Health Survey (2011: 9) revealed that 33% of women who are in union reported undergoing intimate partner violence once in their lifetime and 17% reported intimate partner violence within twelve months of the survey (Shakya, 2016: 5). A study by UN Women (2013: 3), found that in Tanzania, the prevalence of intimate partner violence was high. Violence tends to be more prevalent among intimate partners, especially those who live without the same household. The same study reported that 17.2% of women experienced sexual violence, 39.2% experienced physical violence and 43.6% experienced both sexual and physical violence (UN Women, 2013).

Like in other African countries, intimate partner violence is problematic in South Africa. There was an estimated 10% to 50% prevalence of young females and adults who faced intimate partner violence in South Africa (Matamela, 2016). The same study further reported a 19-28% incidence of IPV and a 5-7% incidence of intimate partner violent rape amongst females aged 18 to 48 years in three South African provinces (Mpumalanga, Eastern Cape, and the Northern Cape). According to the National Department of Health *et al.*, (2019: 365), ever-partnered women (10%) aged 18-49 have faced physical violence, and 2.9% testified sexual violence in the past twelve months beforehand the survey.

1.2 Problem statement

Over the past few years, there has been an increase in intimate partner violence and related femicide in South Africa (Abrahams *et al.*, 2013). Moreover, intimate partner violence leads to femicides. According to Slabbert (2006), femicide is defined as the killing of females by males because they are females. Intimate partner violence is a worldwide population problem and has a negative impact on one's life. A study by Frade and De Wet-Billings (2019) revealed that one of the highest IPV was found in South Africa with approximately 50% of all killings of females being by their intimate partners at a rate of 8.8 per 100, 000 populations. This figure shows that IPV is a problem in South Africa. According to Wubs (2015), there is a connection between HIV and IPV. A study by UNAIDS (2011) reported that 48% of the females who are beaten by their intimate partners have more odds to be infected by HIV. This is because their partners tend to have multiple sexual partners and force them to have unprotected sex and this tends to increase chances of getting HIV. This is because their partners tend to have multiple sexual partners (UNAIDS, 2011). Sexual violence such as rape often leads to HIV infection. Moreover, physical violence, much like sexual violence affects women's lives negatively. A study by Wubs (2015), revealed that physical violence may lead to the development of psychological problems. For instance, anxiety and depression can lead to riskier sex, thereby expanding the chances of HIV transmissions. Studies from a variety of countries demonstrated that 40 to 70 per cent of women killing fatalities were perpetrated by their spouse or boyfriend, frequently throughout a continuing abusive relationship (WHO, 2012).

According to WHO (2012), physical violence might lead to difficulties during pregnancy or miscarriage. In the case of emotional violence, it may lead to depression, suicide, and alcohol and drug abuse as a tool of coping. Moreover, in terms of severe cases, the damages sustained from IPV can be deadly, and in the US approximately 11% of all killings occurred from intimate partner violence (WHO, 2012). Also, IPV is more severe and more likely to lead to physical injury when the

offender has drunk alcohol. Intimate partner violence impacts the lives of the women of South Africa negatively. According to Groves *et al.*, (2015), most of the South African women who are experiencing intimate partner violence have sexually transmitted infections (involving HIV), poor mental health, injuries and others have died. The same study postulated that most of the females who are killed are murdered by their intimate partners in South Africa (Groves *et al.*, 2015). Also, IPV is responsible for 10.9 per cent of entirely disability-adjusted life years (Groves *et al.*, 2015).

1.3 Objectives

1.3.1 Main objective

The main objective of this study is to determine the socio-demographic factors related to intimate partner violence among ever-partnered women in South Africa.

1.3.2 Specific objectives

The study aims to address the following specific objectives:

- To examine the prevalence of intimate partner violence among ever-partnered women in South Africa
- To investigate the socio-demographic factors associated with intimate partner violence among ever-partnered women in South Africa

1.4 Research questions

The study aims to address the following research questions:

- What is the prevalence of intimate partner violence among ever-partnered women in South Africa?
- What are the predictors influencing intimate partner violence among ever-partnered women in South Africa?

1.5 Rationale

In terms of research, this study will contribute vastly to the existing body of knowledge. Topics surrounding IPV have been done in most developing countries. Most of these studies have not focused

on this issue from the population and demography point of view (Cronholm, 2011: 2). There have been quite a few studies that have looked at this issue from a clinical point of view (Hatcher, 2017: 28). Moreover, there are limited studies that have focused on IPV in South Africa. Even though there is some amount of research around intimate partner violence in South Africa, most females are afraid to report incidents of intimate partner violence (Nkosi, 2011: 4). The same study postulated that women are exposed to risk behaviours due to partner violence (Nkosi, 2011: 4). These risk behaviours involve alcohol use, having multiple sexual partners and early sexual debut.

Due to the problem of intimate partner violence amongst women in South Africa, the government in South Africa implemented the National Council Against Gender-Based Violence in 2013 together with Inter-Ministerial Committee (IMC) to tackle the roots causes of violence against women (UN Human Rights Council, 2016: 13). This policy was further established to respond to the urgent need for the incidence of intimate partner violence. Although the policy was implemented to respond to the urgent need for the prevalence of IPV, the violence remains high. Dekel (2013), reports that intimate partner violence accounts for 63% of the total interpersonal burden amongst women in South Africa, at least one out of four women have been in an offensive relationship in their period. However, the cases of intimate partner violence remain traditional as they reveal only cases that are reported, while there is a large number of cases that are not reported. Therefore, it is significant to understand the incidence and predictors of intimate partner violence amongst women in South Africa. The study will thus, contribute to the prevailing body of knowledge around the problem of intimate partner violence, especially in the case of population studies.

1.6 Definition of concepts

Intimate partner - In this study, an intimate partner is operationally defined as the current or ex-partner with whom the woman has had an intimate (i.e. close) relationship.

Prevalence - According to Deuter *et al.* (2015), prevalence refers to something existing at a certain time or place.

Predictors - refer to something that can show what will happen in the future (Deuter *et al.*, 2015).

Intimate Partner Violence - is referred to any behaviour inside a relationship that is intimate that cause sexual, physical as well as psychological harm to those in a relationship (WHO,2013). In this study, this variable is operationally defined to include women who experienced any of the following types of violence: emotional, sexual, and physical.

Ever-partnered - is operationally defined as a woman who is aged 18-49 years old and: (i) has a regular boyfriend/partner/fiancée (this person being a man), (ii) is currently married or living together (*cohabiting*), (iii) is ever married or in union, (iv) has had a boyfriend (currently and/or in the past).

1.7 Structure of the study

Chapter one of the study presents the introduction and background of the study; problem statement; objectives of the study including both main and specific objectives; research questions of the study; rationale of the study; definition of concepts and structure of the research project. Chapter two of the study presents the introduction of the chapter and further reviews the determinants of intimate partner violence among ever-partnered women in South Africa. Chapter three of the study presents the introduction of the chapter; sources of data; study population; description of the study variables and methods of analysis. This study also presents chapter four which consists of the introduction of the chapter; analyses of data; presentation of results and the summary of the chapter. Lastly, the study also presents the summary of major findings, conclusion and recommendations are presented in the last chapter, chapter five.

CHAPTER TWO

REVIEW OF THE LITERATURE

2.1 Introduction

In this chapter, a review of up-to-date literature on prevalence and predictors associated with intimate partner violence is presented. The study also presents both the theoretical and conceptual framework. As chapter one has presented the aim and rationale of the study it is therefore important to review the prevalence and predictors of intimate partner violence among ever-partnered women in South Africa in the current chapter. Chapter two, therefore, reviews the prevalence and predictors influencing intimate partner violence among ever-partnered women from the world then be narrowed to the South African context.

2.2 The prevalence of intimate partner violence

2.2.1 The global prevalence of intimate partner violence among women

Intimate partner violence among women is widespread in all countries. A study by WHO (2012:2) reported that 20% to 75% of women globally are affected by intimate partner violence. The same study discovered that among various countries, 13% to 61% of females reported ever having experienced physical violence by a partner, (4% to 49%) experienced severe physical violence by an intimate partner, (6% to 59%) experienced sexual violence and (20% to 76%) experienced emotional abusive by their intimate partners (WHO, 2012:2). In developed countries, the prevalence of intimate partner violence in a lifetime is estimated at nearly 25% (WHO, 2012: 2). A study done in developed countries revealed that intimate partner violence varies according to country (WHO, 2012: 2). Developed countries have fewer reported cases of intimate partner violence as compared to developing countries. Saimen (2014: 3) reported that countries such as Japan had low levels of intimate partner violence as linked to other countries. Lower rates of intimate partner violence were also found in the United States with (1.5%), followed by Canada (4%) and the United Kingdom (4%) (Saimen, 2014:3). This may be ascribed by the fact that women have more choices that then prevents them from committing to an abusive relationship, they also have high educational levels.

A study by Saimen (2014: 3), further revealed that the lifetime prevalence of physical violence against women fluctuated from 13% in Japan to 61% in Peru and in terms of sexual violence it raised from 6% to 59%. In Slovenia, 17,9% of women faced intimate partner violence in the last five years, 37,1% of women experienced psychological abuse and 35,9% experienced physical abuse (Saimen, 2014:

3). Myende (2017: 7), found that the highest rates of intimate partner violence in Eastern Mediterranean and South-East areas with the prevalence of 37%, followed by America with 30% and Western and European parts revealed a very low level of intimate partner violence with 25%.

The incidence of intimate partner violence is high in developing countries as compared to developed nations. Sub-Saharan Africa is also counted amongst the highest in terms of intimate partner violence in the world. An investigation by Hatcher (2017: 29) reported that 30% of females in Southern Africa, 66% of females in Central Africa, and 39% of females in East Africa were victims of both physical and sexual violence in their lifespan. In developing countries such as Jordan, about 19.2% of women reported experiencing intimate partner violence and approximately 42.5% experienced physical violence in their lifetime (Hatcher, 2017: 29). A study in Turkey reported 52% of women experienced intimate partner violence at some point in their lifespan (Saimen, 2014:3). In the Middle Eastern nations, intimate partner violence is still regarded as an instrument of discipline and this attitude is more practised, this cultural paradigm could be a possible description for the incidence of intimate partner violence in developing countries. According to Izugbara *et al* (2020), approximately 40% of ever-partnered women in Africa have experienced physical and sexual violence in their lives. Besides, the stipulated figures mentioned above displays the incidence of intimate partner violence both in developed and developing nations.

2.2.2 The prevalence of intimate partner violence among women in South African

Similar to other African countries, in South Africa intimate partner violence is problematic. South Africa is experiencing the issue of IPV and women are threatened almost every day due to this violence. Intimate partner violence in South Africa IPV differs by province and among these provinces' females reported being exposed to physical violence in their lifespan (Sikakane, 2017: 11). Saimen (2014:3) exposed that the level of intimate partner violence was 28% in Mpumalanga, 27% in Eastern Cape and 19% in North-West. A high rate of intimate partner violence was found in South Africa. According to Sikakane (2017: 10), South Africa was found to be the country with a high level of intimate partner violence. The same study shows that in South Africa, at least three women are murdered by their intimate partners daily, contributing to the high level of intimate partner violence (Spenser, 2017: 12). A study showed in South Africa exposed that 50% of the females sometime in their lifetime had faced intimate partner violence and a quarter of females in Gauteng province faced sexual violence in their lifespan and 7.8% prior a year (Spenser, 2017: 12).

2.3 Predictors of intimate partner violence among women

2.3.1 Age

Age is a contributing feature to intimate partner violence among women. Nkosi (2011:19), revealed that dating at an early age perpetrates intimate partner violence. Dating at an early age is related to various forms of intimate partner violence, like rape and sexual intimidation. This is because most of the young women who date at an early age are influenced by their friends to date. Moreover, this is because most of the women are expected to marry at an early age, hence putting pressure on them to date at an early age. Myende (2017: 25), reported a high incidence of intimate partner violence among females aged 20 to 44 who were ever partnered, 37,8% of women aged 40 to 44 who experienced intimate partner violence, 15,1% of women aged 55 to 59 who faced intimate partner violence and 31,6% of the females aged 20 to 24 who experienced intimate partner violence. Studies have found intimate partner violence to be more prevalent among older women.

A study by Shakya (2016: 14), found that intimate partner violence was predominant amongst women aged 25 years and older, and it was lower for women below age 25. These findings, however, are different from other findings which have found higher levels of intimate partner violence among young females. An investigation by Puri *et al* (2015), revealed that younger women have more odds to be exposed to intimate partner violence. However, younger females within the ages of 15 to 19 have more odds of experiencing physical, sexual, and emotional violence than other age groups (Kusanthan *et al*, 2016: 2).

Similar to developing countries, intimate partner violence is also related to age in South Africa. A study done in South Africa revealed that intimate partner violence varies rendering to age. A study by the World Health Organisation (2012), revealed that women aged 13 to 23 ages, 42% of them ever experienced intimate partner violence in South Africa. These findings, however, are different from other findings which have revealed that women aged 25-64 years have more odds to undergo intimate partner violence as differentiated to those aged 18-24 years (National Department of Health *et al*, 2019: 357).

2.3.2 Population group (race)

Population group has been recognized as a feature that influences intimate partner violence. A study by Shakya (2016: 15) revealed that there is a connection between race and intimate partner violence. The reason there is a high level of intimate partner violence in South Africa is that there are different population groups, and they are experiencing violence differently. Intimate partner violence differs

by population group and it tends to be high among the black population as compared to other population groups. Myende (2017:27) revealed that blacks had more odds to experience intimate partner violence as differentiated to other racial groups. Moreover, the more the level of consumption of alcohol the higher the chances of unconsciously violating their partners both sexually and physically. According to Myende (2017: 27), 30% of the coloured population group were reported to consume more alcohol and blacks, in general, reported high intimate partner violence against overall women.

However, among the white population group, intimate partner violence was not influenced by heavy alcohol consumption, it was only approved if the partner was found cheating (Myende, 2017: 27). In Gauteng, a high rate of intimate partner violence was found amongst the black population group, where 62% of the men were reported for perpetrating both sexual and physical violence and 70, 6% for emotional violence (Myende, 2017:27). Indian/Asian population group, as well as the coloured population group, reported 63,6% of sexual and physical violence and 66,7% for emotional violence, whereas White women reported less incidence of intimate partner violence as compared to other population groups with 45,5% of sexual and physical violence and 61,4% of emotional and economic violence (Myende, 2017:27).

2.3.3 Marital status

Marital status is found to be a reason related to intimate partner violence among females globally. Intimate partner violence amongst cohabiting and currently married women tends to be high. A study by Peltzer *et al* (2017: 2), reported 29.3% of intimate partner violence among cohabiting and women who are presently married. A study conducted in Uganda revealed a connection between marital status and intimate partner violence among women (Peltzer *et al.*, 2017: 2). Women who are in union and those who are cohabiting are in danger of undergoing intimate partner violence. These findings, however, are different from the one found above, which revealed that women in union have more odds to undergo intimate partner violence because their husbands treat them with respect (Shumba, 2015:25). Shumba (2015: 25), revealed that even though married women are less likely to undergo intimate partner violence because of the respect their husband offers, however, some women in union have more odds to be exposed to intimate partner violence as they are objectified by their husbands.

Women who are divorced tend to experience intimate partner violence. A study by the National Department *et al*, (2019) in South Africa reported that females who are divorced have more odds to undergo intimate partner violence. In South Africa, females who are divorced have more odds to

undergo intimate partner violence. According to the National Department of Health *et al.*, (2019: 357), reported that nearly 45% of the females who are divorced undergo violence as differentiated to 21%-35% of any marital status. However, women who are cohabiting are more than twice likely to undergo intimate partner violence as differentiated to women in union (National Department of Health *et al.*, 2019: 357). Likewise, there is a solid association between intimate partner violence and marital status globally.

2.3.4 Education

Education is connected with intimate partner violence amongst women. Women who have lower educational attainment tend to undergo intimate partner violence as linked to individuals with higher education. According to Kabeer (2014: 11), educational attainment by women and their intimate partners has appeared in studies globally as a significant predictor in decreasing the chances of intimate partner violence, even though the level of education may differ from primary in some countries to secondary in others. Women who have lower educational attainment tend to undergo intimate partner violence as compared to those with higher education. According to Nkosi (2011: 27), lower education is more likely to upsurge the intimate partner violence risk. Lower educational attainment amongst females leads to a rising number of intimate partner violence, these findings, however, are different from other findings which have revealed that women with high educational attainment also report a high number of intimate partner violence cases (World Health Organisation, 2010). A study by Atteraya *et al* (2016) reported that in Nepal nearly 37% of women had no level of education and nearly 41.6% of women whose husband is not educated have more odds to testify intimate partner violence. These findings, however, are different from other findings which have revealed that men who have finished school and those who did not finish school were 1.62 and 1.30 times more likely to engage in intimate partner violence respectively (Shakya, 2016: 15). It was found that in Mpumalanga more than 55 per cent of females have obtained less than grade twelve. Additionally, education is one of the factors perpetuating IPV among women.

2.3.5 Place of residence

Place of residence is another factor inducing intimate partner violence among females not only in South Africa but globally. IPV differs according to the type of place of residence and women from nonurban have more odds to testify intimate partner violence as linked to those residing in urban areas. A study by Shumba (2015: 31) conducted in Uganda, revealed that females in rural residences

were more exposed to intimate partner violence as differentiated to women residing in urban areas. Shumba (2015:31), revealed that rural women were four times more likely to be exposed to intimate partner violence than those residing in urban residences. This is because the husbands of women from rural areas tend to have more than one relationship thus posing higher intimate partner violence. A study by Shumba (2015: 31) revealed that approximately 35% of the women who had more odds of undergoing intimate partner violence were in a polygamous relationship. Kusanthan *et al.*, (2016: 2), revealed that females living in non-urban areas have high chances of testifying violence than those residing in urban areas.

2.3.6 Wealth

Wealth has been identified as one of the factors associated with intimate partner violence. Women from the highest wealth quantile have fewer chances of experiencing intimate partner violence as differentiated to those from low quantile. A study done by SADHS proved that acceptance of wife-beating usually reduces with increasing wealth, this study further revealed that females and males in the uppermost wealth quintile have fewer odds to approve that physical abuse of a partner is acceptable in at least one of the five stated conditions (National Department of Health., *et al* 2019). As for intimate partner violence, some studies reveal that this phenomenon differs significantly according to social strata. A study by Pambe` *et al* (2013) exposed that in Bangladesh, women from urban areas in the highest wealth quintiles were found to have fewer odds to experience physical violence during pregnancy as compared to those in the poorest quintile. In addition, the family salary was also completely connected to partner violence, such that the incidence of intimate partner violence was higher in richer houses than in poorer households. (Pambe` *et al.*, 2014).

2.3.7 Household composition

Household composition is another factor influencing intimate partner violence. Most male-headed households have a high chance of experiencing IPV. A study by Oyediran (2016) revealed that the culture controlled by men extensively All-over sub-Saharan Africa is the foundation of domination of males that indirectly encourages the societal acceptance of physical abuse of wives because of the subordinate social position of females. For instance, a study in Nigeria exposed that, within a marriage, traditionally, a man is always considered a head of the household and the woman submits to the man. In this tradition, violence may be an instrument that a husband applies to punish his partner and rectify the faults of his wife. A study by Pierotti (2013) established that throughout the initial

years of the millennium, a growing percentage of females in several sub-Saharan African nations did not agree with the suggestion that spouses were right in committing physical violence to their wives for any reason. Household composition is also associated with intimate partner violence.

2.3.8 Employment status

Employment status is another factor influencing intimate partner violence among women. Employment status and intimate partner violence have a strong relationship in South Africa. Unemployment also contributed to the gradual increase of intimate partner violence among women in South Africa. Communities with low- income are normally faced with violent crimes. Due to violent crimes in low-income communities the people in the community are forced to condone the notion that violence is acceptable. Communities with low income have fewer odds to experience a high level of intimate partner violence. Households with low socio-economic status and employment status have more odds to undergo intimate partner violence. A study by Vyas *et al.* (2015: 2), exposed that households with low socio-economic and employment status have more odds to experience violence. However, Sikakane (2017: 12), argued that men with low socio-economic and employment status trigger IPV. In either situation, most of the men respond in anger, as they are ashamed that they cannot provide for the family. This feeling of insecurity among men to provide for the family influences violence as men are expected to provide for the household at a younger age (Sikakane, 2017: 2). Sikakane (2017:2) emphasises the violent actions among people, for example, among friends and intimate partners.

Like other countries, employment status and intimate partner violence have a strong relationship in South Africa. A study by Shakya (2016:16) revealed that the lower the household income the higher the intimate partner violence specifically among women. Moreover, it was reported that nearly 34% of the women who are living under lower socioeconomic status were victimized for intimate partner violence (Shakya, 2016: 16). Women whose husbands are earning lower wages and are working daily wage labour are more likely to experience intimate partner violence in comparison to women whose husbands are earning higher wages. A study by Shakya (2016: 16), revealed that women whose husbands are from a lower-level employment spectrum, for instance, daily wages labour, agriculture and poultry had more odds to undergo IPV. While women who had lower occupational status had fewer odds to experience intimate partner violence as differentiated to those with higher occupational status. A study done in Nepal revealed that 43.4% of women with low occupation status had more odds of undergoing IPV as differentiated to those who had higher occupational status (Shakya,

2016:16 & Malan, 2017: 21). However, not many studies have accurately discovered the association between IPV and the community (Malan, 2017:21).

2.3.9 Alcohol consumption

Alcohol consumption is another predictor of intimate partner violence against women. A study by Aziz *et al* (2018: 2) revealed that alcohol consumption was a common cause of intimate partner violence in Botswana. Shumba (2015: 30), postulated that IPV is triggered by alcohol consumption and economic hardship. Shakya (2016: 13) also found that alcohol consumption is a feature influencing IPV. A study done in Nepal revealed that husbands who have heavy drinking were 2.32 times more likely of violating their wives as compared to men who did not consume alcohol at all and it has also been found that approximately 37.1% of females whose spouses drink alcohol had higher chances to be exposed to intimate partner violence (Shakya, 2016: 13). Men who consume alcohol have been found to exhibit tendencies of violence towards their partners. Various authors argue that alcohol consumption is a major aspect associated with IPV (Malan, 2017:17, Shakya, 2017: 13). Other researchers have also found that women who consume alcohol are at more risk of intimate partner violence. A study by Malan (2017: 17), found that women who consume alcohol had more odds to be ill-treated by their spouses. Likewise, alcohol consumption has been identified as the main predictor perpetuating intimate partner violence in South Africa.

2.3.10 Women empowerment

Women empowerment is related to intimate partner violence. According to the National Department of Health *et al* (2019), women empowerment is in terms of employment, education, earnings, control over earnings, and magnitude of earnings relative to those of their partners. Intimate partner violence is a strong pointer of inequality in gender, wherever in the world one in three women have been exposed testifying on physical or sexual violence in their lives (Denvies *et al.*, 2013). Ranganathan *et al* (2019) revealed that one of the risk factors of intimate partner violence is low education and poverty among women. It has been reported that 72 per cent of women aged 15-49 who are married revealed that they can deny to their spouses if they do not want to engage in sex, and 77 per cent informed that they can request their spouses to practice safe sex (National Department of Health *et al.*, 2019).

In the same way, a study by Pambe` *et al* (2014) found that higher levels of spouse's education and females' primary and higher education were found to be suggestively protective against intimate

partner violence, whereas both education and employment may empower women to stand up against established discriminatory gender norms, women would contest traditional male authority and control, thus setting the phase for greater marital tension and conflict, which in turn could lead to intimate partner violence.

Several studies suggest that bases of empowerment of women might as well be compounding aspects for risk of spousal violence (Buller *et al.*, 2018). Discoveries in Turkey convey to light the difficulty and uncertainty of the permitting effects of education, wealth, and employment for women (Pambe` *et al.*, 2014). However, the same study revealed that women with no formal education and graduates from university were found to have fewer odds to testify violence within the family (Pambe` *et al.*, 2014). Moreover, at the same time, women who worked for salary and women who had personal earnings had undergone an upsurge risk of marital violence than women who were not working. These findings are, however, different from the evidence found above which revealed among wealthy, well educated, and employed Ghanaian women it was found that neither paid employment nor education shielded women from domestic violence acts (Boateng *et al.*, 2012).

Yet, it has been postulated that one of the customs to decrease intimate partner violence is through women empowerment. Women empowerment involves cultivating the capacity of females to access health, job opportunities, education, political participation, and rights (Hidrobo *et al.*, 2016). Theoretically, the empowerment of women can have a good or bad impact on their intimate partner violence risk. Females who obtained an education, who contribute to family funds or have control over resources, might consume high household status and have lesser chances of experiencing IPV (Vyas & Watts, 2009). Muchemwa (2017) cited in Wekwete *et al* (2014) exposed that females in Zimbabwe who participated in decisions on their own and self-reliantly controlled their cash earnings reported high chances of about 32.5% of physical violence as compared to women who had no control of their cash earnings. There is, nevertheless, some practical indication that has revealed that the rise in decision making among women might be completely related to intimate partner violence (Zegenhagen *et al.*, 2019). Lastly, the indication advocates choices subjugated by either women or men are related to more danger of intimate partner violence in comparison to choices associated with shared decision making (Rajan, 2014, Xu *et al.*, 2011).

2.4 Theoretical framework

2.4.1 The ecological model

Many theoretical frameworks and models have been used to define intimate partner violence among women. Based on this study, the ecological model will be applied to define more on the predictors that influence intimate partner violence among women. This model is dominantly used in dating and relationship violence research. According to the UN Women (2013), this model was introduced to understand the predictors that bring about intimate partner violence among women and girls. However, this model was also introduced to observe other kinds of violence to which females are visible. According to the Global Women's Institute and World Bank (2016), the model involves four levels of risk, namely: individual, relationship, community, and society. Individual involves, factors where personal predictors influence individual behaviour, community refers to workplaces, relationship refers to family and intimate partners and societal are those predictors that reveal IPV among women on a societal level (UN Women, 2013).

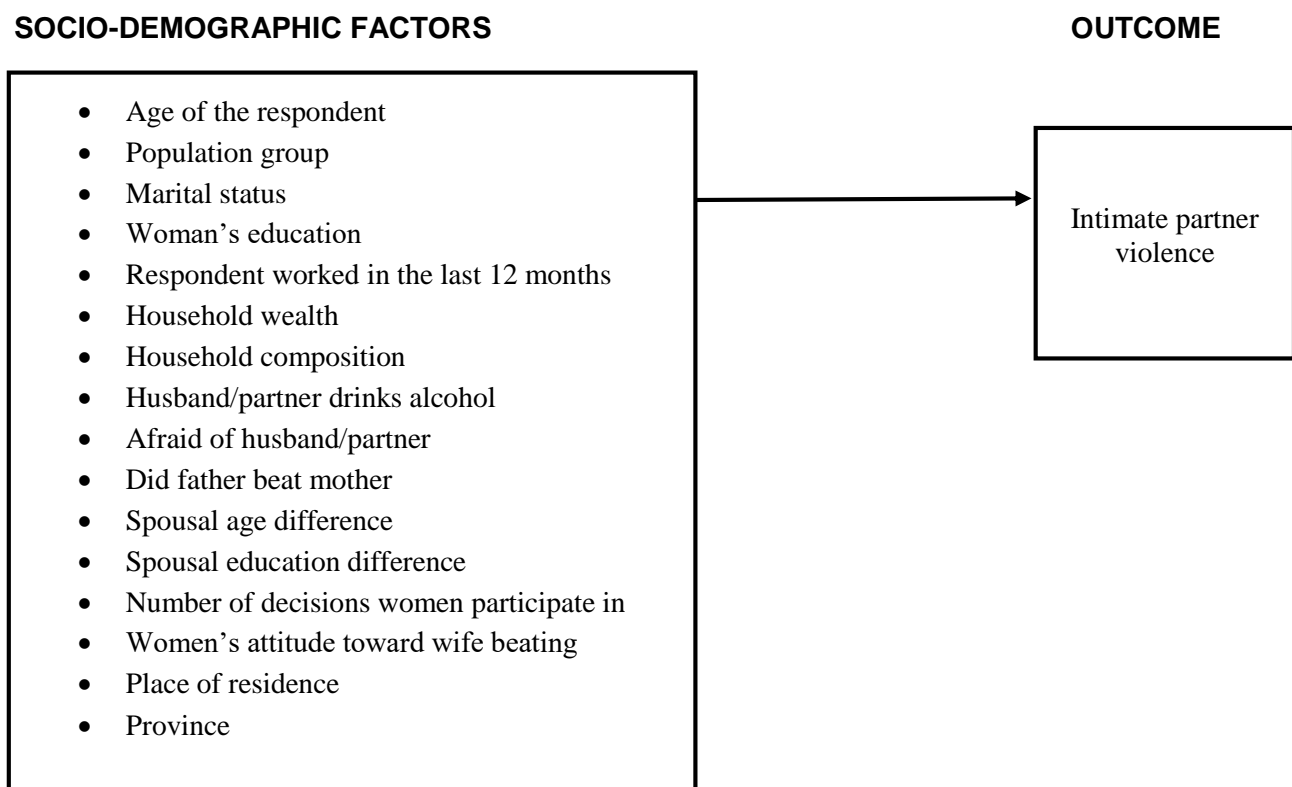
Moreover, these predictors are identified as factors of intimate partner violence among women. Based on this model, this study used some of the factors identified to bring an understanding of predictors which perpetuate IPV among women. In this study, in terms of individual predictors, it has been revealed that age, education, income and alcohol abuse tend to lead to higher rates of intimate partner violence among females, with regards to relationships it has been found that friction over women empowerment and low socio-economic status tends to increase IPV. In terms of community, it has been identified that high unemployment perpetrates intimate partner violence among women. Lastly, regarding societal factors, population group has been identified. Therefore, the predictors mentioned above reveal the reason for the high level of intimate partner violence among women, as mentioned in this study.

2.5 Conceptual framework

The above chosen theoretical framework fits in the conceptual framework used below because they both articulate the predictors of intimate partner violence among women. In addition, both frameworks expose the connection amongst identified predictors of IPV and IPV. As mentioned above age, education, income, employment status and population group and alcohol consumption as a predictor of IPV tend to be the main influencer of IPV, as stipulated in both frameworks. For this study, this conceptual framework shows the connection between IPV and background characteristics.

The background characteristics are categorised as follows: individual and household characteristics which are, age of the respondent, population group, marital status, women’s education, husband’s/partner’s education, respondent worked in the last 12 months, household wealth, and household composition. Empowerment characteristics include husband/ partner drinks alcohol, afraid of husband/ partner, did father beat mother, spousal age difference, spousal education difference, number of decisions women participate in, women’s participation in decision making and women’s attitude toward wife-beating. The geographical characteristics are place of residence and province. These background characteristics are the main predictors of intimate partner violence as revealed by literature. The framework thus shows that the background characteristics of the women and a partner influence intimate partner violence. In addition, the conceptual and theoretical frameworks are linked as they reveal the connection between predictors and IPV. For instance, both show that age, population group, education, income, and alcohol abuse are related to IPV.

Figure 2.1: Conceptual framework for determinants of intimate partner violence in South Africa



CHAPTER THREE

METHODOLOGY

3.1 Introduction

The methodology is important in the research project because it determines which sources of data and methods of analysis are going to be used. This chapter aims at presenting the methodology which involves presentation of sources of data, study population, description of study variable, methods of analysis as well as ethical consideration. Additionally, the chapter highlights methods of analysis such as univariate, bivariate as well as binary logistic regression.

3.2 Data source

This study used secondary data from the South Africa Demographic and Health Survey (SADHS) of 2016. Secondary data is data that is collected by other scholars (Bless *et al.*, 2013: 2). The Demographic and Health Survey Program is accountable for the collection and distribution of accurate, nationally representative data on health and population (National Department of Health, *et al.*, 2019: 357). The SADHS involves a variety of variables that are studied in this study. Moreover, this study uses SADHS 2016 because it includes socio-economic and demographic variables central to this study. The DHS uses a two-stage cluster sample design to produce a nationally representative sample of women aged 15–49 and men aged 15–59 in sampled households (National Department of Health *et al.*, 2019). The data that was collected by the SADHS 2016 used a two-stage stratified sample design with the probability proportional to size sampling of PSUs, which was identified as the first stage (National Department of Health *et al.*, 2019). The second stage was to use systematic sampling of DUs. Information on the technique of the sampling is outlined in the SADHS final report (National Department of Health *et al.*, 2019). This analysis used the women's individual recode data file.

According to the Demographic and Health Survey Program, the sample frame used for the SADHS 2016 is Statistics South Africa Master Sample Frame (MSF), which was formulated by means of the census 2011 enumeration (EAs) (National Department of Health *et al.*, 2019: 1). Moreover, in Master Sample Frame, the enumeration of controllable size was treated as primary sampling units (PSUs), the small neighbouring enumerations were joint together to create new primary sampling units, and large enumerations were divided into conceptual primary sampling units (National Department of Health *et al.*, 2019: 1).

The Census 2011 dwelling units total was used as the primary sampling units measure of size, a total of 750 primary sampling units were nominated from the 26 sample sections, yielding 468 designated primary sampling units in urban spaces, 224 primary sampling units in traditional areas, and 58 PSUs in farm areas (National Department of Health *et al.*, 2019: 1). According to the National Department of Health *et al.*, (2019: 9), the response rate of the SADHS 2016 revealed that a total of 15,292 houses were designated for the sample, of which 13,288 were inhabited. Moreover, of the occupied houses, 11,083 were positively questioned, yielding a reply rate of 83%. In the questioned houses, 9,878 qualified women age 15-49 were recognized for individual interviews; interviews were done with 8,514 women, yielding a reply rate of 86% (National Department of Health *et al.*, 2019: 9). In the subsample of houses designated for the male survey, 4,952 qualified men aged 15-59 were recognized and 3,618 were effectively questioned, yielding a reply rate of 73%. In this same subsample, 12,717 qualified adults age 15 and older were recognized and 10,336 were positively questioned with the adult health module, yielding a reply rate of 81%. Reply rates were reliably lesser in urban areas than in nonurban areas (National Department of Health *et al.*, 2019: 9).

3.3 Study design and study population

The study follows a cross-sectional study design. In the domestic violence module, a selection of 8 720 women aged 18 and older was done, then 7 759 women were interviewed with a woman's questionnaire (National Department of Health *et al.*, 2019: 365). Overall, privacy was obtained and the interview with the module was completed for 6,620 women (National Department of Health *et al.*, 2019: 365); however, this study only focused on a weighted total of 4 169 ever-partnered women aged 18-49 years. Therefore, this study excludes women aged 50 years and older as they do not fall within the reproductive age.

3.4 Study population

For this study, the population of interest was ever-partnered women aged 18-49 years. The SADHS collected information from 8 514 women aged 15-49 years. However, the domestic violence module only collected information on women aged 18 years and older.

3.5 Description of study variables

3.5.1 Dependent variable

In this study, the dependent variable is intimate partner violence. Intimate partner violence is measured as a combination of emotional or physical or emotional or sexual violence, coded as “no” (0) and “yes” (1).

3.5.2 Questions related to intimate partner violence

The dependent variable was derived based on the following questions:

Emotional violence included women who reported that they have:

- Ever been humiliated by husband/partner
- Ever been threatened with harm by husband/partner
- Ever been insulted or made to feel bad by husband/partner
- Been humiliated, threatened to hurt, insulted or made feel bad by previous husband

Physical violence included women who reported that they have:

- Ever been pushed, shook or had something thrown by husband/partner
- Ever been kicked or dragged by husband/partner
- Ever been strangled or burnt by husband/partner
- Ever been threatened with knife/gun or other weapon by husband/partner
- Ever been hit, slapped, kicked or physically hurt by previous husband

Sexual violence included women who reported that they have:

- Ever been physically forced into unwanted sex by husband/partner
- Ever been forced into other unwanted sexual acts by husband/partner
- Ever been physically forced to perform sexual acts respondent didn't want to
- Physically forced to have sex or to perform sexual acts by previous husband
- Ever forced to have sex by anyone other than husband/partner in last 12 months
- Ever forced to perform unwanted sexual acts
- Experienced any sexual violence by husband/partner

3.5.2 Independent variables

In this study, eighteen independent variables were carefully selected based on the reviewed literature on the topic. The selected independent variables include age group, population group, marital status, women's education, employment and earning status, household wealth, household composition, husband, or partner drinking habits, fear of partner, history of violence, woman's age difference with husband/partner, woman's education difference with husband/partner, number of decisions in which women participate, number of reasons beating is justified, type of place of residence, province.

Table 3.1: Description of study variables

Variable	Definition	Code
Ever experience intimate partner violence	Women who reported that they have ever experienced emotional or physical or sexual violence	0=No 1=Yes
Age group	Woman's current age (grouped)	1=18-19 2=20-29 3=30-39 4=40-49
Population group	The main population groups of South Africa are categorised into five categories.	1=Black 2=Coloured 3=Indian/Asian 4=White 5=Other
Marital status	Categorised into a binary variable. Ever married include women who are currently or were formerly in union.	1=Never married 2=Ever married
Woman's education	Woman's education categorised into three educational status	0=No education 1=Primary 2=Secondary+
Employment and earning status	Employment status and earning status	0=Not employed 1=Earns cash 2=Does not earn cash
Household wealth	Household wealth of woman categorised into three wealth index	1=Poor 2=Average 3=Rich
Household composition	Woman's relationship with the partner and people who reside in the household	1=Single member 2=Nuclear 3=Extended 4=Complex 9=Unspecified
Husband/partner's drinking habits	Drinking habits of woman's partner	0=Doesn't drink 1=Drinks, never drunk 2=Drinks, sometimes drunk 3=Drinks, often drunk 8=DNK
Fear of partner	Women's fear of their partner	0=Never afraid 1=Sometimes afraid 2=Afraid most of the time
History of violence	Woman's history of violence	0=No

Variable	Definition	Code
		1=Yes 2=DNK
Woman's age difference with husband/partner	Age difference between woman and partner	1=Wife older 2=Same age 3=Wife 1-4 years younger 4=Wife 5-9 years younger 5=Wife 10+ years younger 9=Cannot be determined
Woman's education difference with husband/partner	The education difference between the woman and the partner	1=Husband better educated 2=Wife better educated 3=Equally educated 4=Neither educated 5=DNK/Missing
Number of decisions in which woman participates	Continuous variable ranging from 0 to 3	0-3
Number of reasons beating is justified	Continuous variable ranging from 0 to 5	0 to 5
Place of residence	Type of place of residence categorised into two residences	1=Urban 2=Rural
Province	Nine provinces of South Africa	1=Western Cape 2=Eastern Cape 3=Northern Cape 4=Free State 5=KwaZulu-Natal 6=North West 7=Gauteng 8=Mpumalanga 9=Limpopo

3.6 Method of analysis

This study applied Statistical Package for the Social Sciences (SPSS) to analyse the data. The following analyses were conducted, the univariate analysis, which includes frequencies, as well as the bivariate analysis. The bivariate analysis included a chi-square test to test the association between the selected independent variables and the dependent variable. A multivariate logistic regression analysis was conducted to measure the relationship between the selected factors and the outcome variable. In terms of the level of significance of the associations, it was determined using the confidence interval of 95%, with a significance level of 5%. All statistics produced were based on a p-value of less than 0.05 for the different measures of association.

3.7 Limitations

The study is based on cross-sectional data which makes it difficult to determine causal relationships between the outcome and predictor variables. There may be under-reporting of experiences of

intimate partner violence due to fear of victimisation (should the perpetrator find out that the respondent reported this during data collection), and this can lead to some bias in terms of the findings. Moreover, the self-reporting of certain characteristics during data collection (i.e., having to remember some possible traumatic events) may lead to recall bias. However, the strength of this study lies in the fact that this is a timely study, focusing on current issues, in the context of South Africa (where there has been a spike in acts of violence against women and children, mostly leading to femicide) and intimate partner violence is a sensitive topic and some women may not reveal their thoughts especially in providing personal information.

3.8 Ethical consideration

This study used secondary data from South Africa Demographic Health Surveys 2016. The South Africa Demographic Health Survey is produced by ICF, and one must register and be given rights to download and use the data. Apart from this registration, the researcher does not need to get any further special ethical approval from the DHSProgram to access and use this data. The DHSProgram ensures that all data are anonymised before being released to the public so that no analyst can be able to identify the survey respondents. The data can only be used for the registered project. The study received ethical approval from the Basic and Social Sciences Research Ethics Committee (BaSSREC), at North-West University (ethics number NWU-00689-21-A7).

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION OF RESULTS

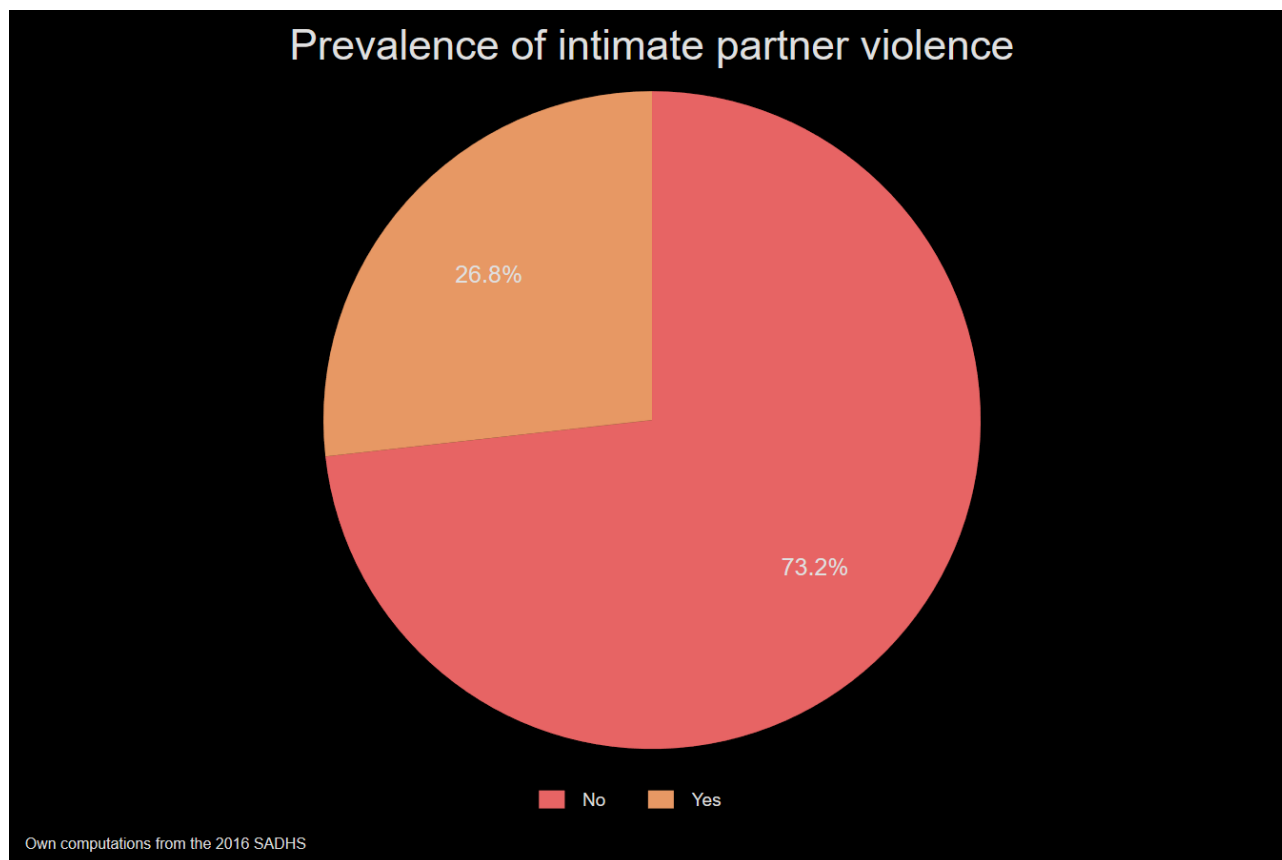
4.1 Introduction

This chapter presents the results of the study. The chapter is divided into three parts, the first part presents the results of the univariate analyses, this is followed by the results of the bivariate analyses whereas the last part presents the results of the binary logistic regression. The univariate analyses show the percentage distribution of both dependent variables. Additionally, the bivariate shows the relationship between intimate partner violence and selected independent variables.

4.2 Characteristics of the study population

Figure 4.1 presents the percentage distribution of intimate partner violence (IPV). In terms of ever experienced IPV, 73.2% did not experience intimate partner violence and 26.8% ever experienced intimate partner violence.

Figure 4.1: Percentage distribution of ever experiencing IPV



Source: SADHS 2016

Table 4.1 presents the background characteristics of the study population. Most of the women were those aged 20-29 (39.2%), followed by those aged 30-39 (32.0%), those aged 40-49 (23.1%) and the least were those in age 18-19(5.7%). Regarding the population group, the majority of persons in the study were blacks (87.7%), whites (3.0%), Indian/Asian (1.1%) and the lowest was found in the 'other' population groups (0.1%). About 50.4% were ever married and 49.6% were never married. Regarding woman's education, about 89.1% had secondary education or more, 8.7% primary and 2.1% comprised of no education respectively. In terms of employment and earning status, 55.4% were unemployed, 43.1% earn cash whereas 1.5% does not earn cash. The majority (39.9%) of women were from poor households, followed by 38.9% from rich households; and the lowest percentage was for those from the average wealth households at 21.3%. The majority (49.2%) of women were from extended households, followed by those from nuclear households (40.2%). Women from single-member households and those from complex households, 5.9% and 4.7% respectively. Nearly 56.4% of the husbands/partners do not drink alcohol, 34.9% drink alcohol and were sometimes drunk, and 7.5% drank alcohol and were often drunk. Most of the women were never afraid of their partner (81.9%), a few were sometimes afraid and afraid most of the time, 13.8% and 4.3% respectively. Just over 14% of women reported that they had a history of violence at home.

About 71.1% of husbands were better educated than their partners, whereas 14.8% of the women were better educated than their partners, 13.2% of the partners were equally educated, partners who were neither educated and those who didn't know if they are educated were 0.6% and 0.4%. Just over 57% of women did not participate in any decision making, 38.1% participated in at least three decisions, 30.4% participated in only two decisions and 0.8% participated in only one decision. Regarding the number of reasons wife-beating is justified, 93.7% of women reported that wife-beating is not justified (for any of the reasons), followed by 3.5% who reported that only one reason is justified for wife-beating. Just over 67% of women were from urban areas and 32.1% were from rural areas. The majority of the women were from Gauteng (28.3%), followed by KwaZulu-Natal (18.0%), Western and Eastern Cape (10.8%), Limpopo (9.2%), Mpumalanga (8.4%), North West (7.1%), Free State (5.3), and the lowest was for those from Northern Cape (2.0%).

Table 4.1: Percentage distribution of *background* characteristics of the study population

Characteristics	N	%
<i>Ever experience intimate partner violence</i>		
No	3 053	73.2
Yes	1 116	26.8
<i>Age group</i>		
18-19	236	5.7
20-29	1 636	39.2
30-39	1 336	32.0
40-49	962	23.1
<i>Population group</i>		
Black	3 656	87.7
Coloured	339	8.1
Indian/Asian	45	1.1
White	126	3.0
Other	4	0.1
<i>Marital status</i>		
Never married	2 068	49.6
Ever married	2 102	50.4
<i>Woman's education</i>		
No education	89	2.1
Primary	364	8.7
Secondary+	3 716	89.1
<i>Employment and earning status</i>		
Not employed	2 309	55.4
Earns cash	1 798	43.1
Does not earn cash	61	1.5
<i>Household wealth status</i>		
Poor	1 662	39.9
Average	887	21.3
Rich	1 620	38.9

Characteristics	N	%
<i>Household composition</i>		
Single member	247	5.9
Nuclear	1 675	40.2
Extended	2 051	49.2
Complex	195	4.7
<i>Husband's/partner's drinking habits</i>		
Doesn't drink	2 350	56.4
Drinks, never drunk	44	1.0
Drinks, sometimes drunk	1 454	34.9
Drinks, often drunk	311	7.5
DNK	10	0.2
<i>Fear of partner</i>		
Never afraid	3 414	81.9
Sometimes afraid	576	13.8
Afraid most of the time	180	4.3
<i>History of violence</i>		
No	3 369	80.8
Yes	603	14.5
DNK	197	4.7
<i>Woman's age difference with husband/partner</i>		
Wife older	163	3.9
Same age	110	2.6
Wife 1-4 yrs younger	645	15.5
Wife 5-9 yrs younger	543	13.0
Wife 10+ yrs younger	349	8.4
Cannot be determined	2 360	56.6
<i>Woman's education difference with husband/partner</i>		
Husband better educated	2 963	71.1
Wife better educated	615	14.8
Equally educated	552	13.2
Neither educated	23	0.6
DNK/Missing	16	0.4
<i>Number of decisions in which woman participates</i>		
0	2 406	57.7
1	34	0.8
2	140	3.4
3	1 589	38.1
<i>Number of reasons beating is justified</i>		
0	3 905	93.7
1	146	3.5
2	51	1.2
3	37	0.9
4	13	0.3
5	19	0.4
<i>Place of residence</i>		
Urban	2 831	67.9
Rural	1 338	32.1
<i>Province</i>		
Western Cape	452	10.8

Characteristics	N	%
Eastern Cape	450	10.8
Northern Cape	83	2.0
Free State	223	5.3
KwaZulu-Natal	750	18.0
North West	297	7.1
Gauteng	1 179	28.3
Mpumalanga	350	8.4
Limpopo	385	9.2
Total	4 169	100.0

Note: DNK = Do not know

4.3 Prevalence and association of intimate partner violence

Table 2 shows the prevalence of IPV by background characteristics. The findings show that age, marital status, woman's education, employment and earning status, household wealth status, household composition, partner's drinking habits, fear of partner, history of violence, woman age difference, woman education difference, number of decisions in which woman participates, number of reasons beating is justified, and province were statistically associated with intimate partner violence. There was a high prevalence (27.6%) of IPV among women in their thirties (age 30-39), as well as those in their twenties (27.0%). Coloured women had a higher prevalence of IPV (31.9%), followed by Black women (26.9%). Regarding marital status, ever-married women had a higher prevalence of IPV (28.9%). Women with primary education had a higher prevalence of IPV (36.7%). In terms of employment and earning status, women who do not earn cash had a 29.4% prevalence of IPV.

In terms of household wealth status, the findings showed that the prevalence of IPV decreased with wealth status. Women from poor households had a 31.0% prevalence of IPV and those from rich households had a 23.0% prevalence of IPV. In terms of household composition, women from extended as well as complex households had a higher prevalence of IPV at over 28%. Women whose husbands/partners often consumed alcohol had a 56.6% prevalence of IPV, and women whose partners do not drink had an 18.2% prevalence of IPV. The findings also showed that IPV increased with the level of fear the woman had for their partner. Women who reported that they were afraid of their partner most of the time had a 74.2% prevalence of IPV, those who were sometimes afraid had a 44.3% prevalence of IPV, while women who were never afraid exhibited a 21.3% prevalence of IPV. Women who reported that there was a history of violence at home (i.e., her father ever beat her mother) had a 49.4% prevalence of IPV. In terms of the age difference between woman and partner, women who were the same age as their partner had a 34.2% prevalence of IPV, and those who were

older than their partner had a 31.8% prevalence of IPV. Furthermore, the findings showed that women who were 5-9 years younger than their partner had a 23.3% prevalence of IPV.

In terms of education differences between the woman and her partner, women who were better educated than their partners had a 28.9% prevalence of IPV. Those whose partners were better educated had a 27.2% prevalence of IPV. Moreover, women who reported that they and their partners were not educated had a 14.6% prevalence of IPV. Women who participated in two decisions in the household had a 34.4% prevalence of IPV, those who did not participate in any household decision had a 27.2% prevalence of IPV. Furthermore, women who supported four reasons that wife-beating is justified had an 85.3% prevalence of IPV. Those who supported one reason for wife-beating had a 56.8% prevalence of IPV. Moreover, those who did not support wife-beating had a 25.2% prevalence of IPV. In terms of geographical factors, women from rural areas had a higher prevalence (29.0%) of IPV, while it was lower (25.7%) for those from urban areas. Women from the Eastern Cape Province had a 40.1% prevalence of IPV, followed by those from North West province (38.5%), and Mpumalanga province (34.3%). The prevalence of IPV was lower in Limpopo, Gauteng, and KwaZulu-Natal (at less than the national prevalence of 26.8%)

Table 4.2: Prevalence of IPV by background characteristics

Characteristics	Ever experience intimate partner violence				Chi-square	
	No	Yes	Total	Prevalence	value	P-value
<i>Age group</i>					85.7	0.000
18-19	180	56	236	23.6		
20-29	1 194	442	1 636	27.0		
30-39	967	369	1 336	27.6		
40-49	712	250	962	26.0		
<i>Population group</i>					8.3	0.081
Black	2 674	982	3 656	26.9		
Coloured	231	108	339	31.9		
Indian/Asian	36	9	45	19.4		
White	109	17	126	13.4		
Other	4	0	4	7.9		
<i>Marital status</i>					85.2	0.000
Never married	1 559	508	2 068	24.6		
Ever married	1 494	607	2 102	28.9		
<i>Woman's education</i>					15.3	0.000
No education	64	25	89	27.8		
Primary	230	134	364	36.7		
Secondary+	2 759	958	3 716	25.8		

Characteristics	Ever experience intimate partner violence				Chi-square	
	No	Yes	Total	Prevalence	value	P-value
<i>Employment and earning status</i>					33.9	0.000
Not employed	1 698	612	2 309	26.5		
Earns cash	1 312	486	1 798	27.0		
Does not earn cash	43	18	61	29.4		
<i>Household wealth status</i>					30.2	0.000
Poor	1 147	515	1 662	31.0		
Average	659	228	887	25.7		
Rich	1 247	372	1 620	23.0		
<i>Household composition</i>					103.1	0.000
Single member	192	55	247	22.2		
Nuclear	1 248	427	1 675	25.5		
Extended	1 475	576	2 051	28.1		
Complex	138	57	195	29.4		
<i>Husband's/partner's drinking habits</i>					1313.0	0.000
Doesn't drink	1 922	428	2 350	18.2		
Drinks, never drunk	32	12	44	27.7		
Drinks, sometimes drunk	958	496	1 454	34.1		
Drinks, often drunk	135	176	311	56.6		
DNK	7	4	10	35.7		
<i>Fear of partner</i>					1435.5	0.000
Never afraid	2 686	728	3 414	21.3		
Sometimes afraid	321	255	576	44.3		
Afraid most of the time	46	133	180	74.2		
<i>History of violence</i>					1064.5	0.000
No	2 607	761	3 369	22.6		
Yes	305	298	603	49.4		
DNK	140	57	197	28.9		
<i>Woman's age difference with husband/partner</i>					36.1	0.000
Wife older	111	52	163	31.8		
Same age	72	37	110	34.2		
Wife 1-4 yrs younger	484	161	645	24.9		
Wife 5-9 yrs younger	416	126	543	23.3		
Wife 10+ yrs younger	254	95	349	27.2		
Cannot be determined	1 715	645	2 360	27.3		
<i>Woman's education difference with husband/partner</i>					12.7	0.013
Husband better educated	2 157	806	2 963	27.2		
Wife better educated	437	178	615	28.9		
Equally educated	428	125	552	22.6		
Neither educated	20	3	23	14.6		
DNK/Missing	12	4	16	26.0		
<i>Number of decisions in which woman participates</i>					45.3	0.000
0	1 751	654	2 406	27.2		

Characteristics	Ever experience intimate partner violence				Chi-square	
	No	Yes	Total	Prevalence	value	p-value
1	23	11	34	32.9		
2	92	48	140	34.4		
3	1 187	402	1 589	25.3		
<i>Number of reasons beating is justified</i>					57.1	0.000
0	2 919	985	3 905	25.2		
1	63	83	146	56.8		
2	30	21	51	40.3		
3	29	8	37	22.1		
4	2	11	13	85.3		
5	10	8	19	44.7		
<i>Place of residence</i>					0.0	0.957
Urban	2 103	728	2 831	25.7		
Rural	951	388	1 338	29.0		
<i>Province</i>					73.6	0.000
Western Cape	317	136	452	30.0		
Eastern Cape	269	181	450	40.1		
Northern Cape	61	22	83	26.8		
Free State	159	64	223	28.8		
KwaZulu-Natal	595	155	750	20.7		
North West	183	114	297	38.5		
Gauteng	937	242	1 179	20.5		
Mpumalanga	230	120	350	34.3		
Limpopo	304	81	385	21.0		
Total	3 053	1 116	4 169	26.8		

Note: DNK = Do not know

4.4 Predictors of intimate partner violence

Table 4.3 presents the multivariate logistic regression results for the relationship between IPV and background characteristics. The findings show that ever-married women were 2.41 [95% CI: 1.77-3.29] times more likely to experience IPV compared to those who were never married. Household wealth status was also a predictor of IPV where the experience of IPV decreased with the household wealth status. Women from average-wealth households were 0.72 [95% CI: 0.58- 0.89] less likely to experience IPV compared to those from poor households. Moreover, women from rich households were 0.65 [95% CI: 0.52- 0.81] times less likely to experience IPV compared to those from rich households. In terms of the empowerment-type factors, the findings showed that the fear of the partner and justification of wife-beating showed to be important predictors of IPV. Women who reported that they were afraid of their partner most of the time were 0.35 [95% CI: 0.23- 0.52] times less likely to experience IPV compared to those who reported that they were never afraid. Those who reported that they were sometimes afraid of their partner were 0.12 times [95% CI: 0.08- 0.18] less likely to experience IPV compared to those who reported that they were never afraid. Moreover, women from

rural areas were 0.76 times [95% CI: 0.61- 0.95] less likely to experience IPV compared to those from urban areas. Women who had at least five reasons for justification of wife-beating were 10.74 times [95% CI: 1.35- 85.57] more likely to experience IPV as compared to those who never had justification of wife-beating. Furthermore, women from Gauteng were 0.59 times [95% CI: 0.41- 0.83] less likely to experience IPV compared to those from Western Cape.

Table 4.3: Binary logistics regression analysis for the relationship between intimate partner violence and background characteristics

Characteristics	S.E	Wald	Sig.	Odds ratio	95% C.I.	
					L	U
<i>Age group</i>		5.60	0.133			
18-19®				1.00		
20-29	0.18	0.74	0.391	1.17	0.82	1.68
30-39	0.20	0.75	0.386	1.18	0.81	1.74
40-49	0.21	0.12	0.727	0.93	0.62	1.39
<i>Population group</i>		4.10	0.393			
Black®				1.00		
Coloured	0.19	0.36	0.548	1.12	0.78	1.61
Indian/Asian	0.44	0.03	0.871	0.93	0.39	2.22
White	0.29	2.80	0.094	0.61	0.35	1.09
Other	1.91	0.44	0.509	0.28	0.01	12.03
<i>Marital status</i>						
Never married®				1.00		
Ever married	0.16	30.59	0.000	2.41	1.77	3.29
<i>Woman's education</i>		1.31	0.520			
No education®				1.00		
Primary	0.31	0.15	0.698	1.13	0.62	2.06
Secondary+	0.14	1.23	0.268	1.17	0.89	1.53
<i>Employment and earning status</i>		1.04	0.596			
Not employed®				1.00		
Earns cash	0.31	0.16	0.687	0.88	0.48	1.62
Does not earn cash	0.31	0.02	0.898	0.96	0.52	1.76
<i>Household wealth status</i>		16.91	0.000			
Poor®				1.00		
Average	0.11	8.93	0.003	0.72	0.58	0.89
Rich	0.11	14.88	0.000	0.65	0.52	0.81
<i>Household composition</i>		3.38	0.337			
Single member®				1.00		
Nuclear	0.19	0.34	0.561	1.12	0.77	1.64
Extended	0.19	1.88	0.170	1.29	0.90	1.87
Complex	0.26	0.67	0.414	1.24	0.74	2.07
<i>Husband's/partner's drinking habits</i>		141.76	0.000			
Doesn't drink®				1.00		
Drinks, never drunk	0.70	1.20	0.274	0.46	0.12	1.84
Drinks, sometimes drunk	0.79	0.04	0.834	0.85	0.18	3.95
Drinks, often drunk	0.70	0.00	0.965	0.97	0.24	3.85

DNK	0.71	0.97	0.324	2.02	0.50	8.13
<i>Fear of partner</i>		200.41	0.000			
Never afraid®				1.00		
Sometimes afraid	0.19	122.29	0.000	0.12	0.08	0.18
Afraid most of the time	0.21	25.73	0.000	0.35	0.23	0.52
<i>History of violence</i>		123.80	0.000			
No®				1.00		
Yes	0.18	0.65	0.420	0.87	0.61	1.23
DNK	0.20	25.98	0.000	2.73	1.86	4.02
<i>Woman's age difference with husband/partner</i>		14.02	0.015			
Wife older®				1.00		
Same age	0.30	2.09	0.149	1.54	0.86	2.79
Wife 1-4 yrs younger	0.22	0.87	0.350	0.81	0.52	1.26
Wife 5-9 yrs younger	0.23	1.25	0.263	0.77	0.49	1.21
Wife 10+ yrs younger	0.24	0.11	0.737	0.92	0.58	1.48
Cannot be determined	0.48	3.06	0.080	2.31	0.91	5.88
<i>Woman's education difference with husband/partner</i>		7.19	0.126			
Husband better educated®				1.00		
Wife better educated	0.15	2.55	0.110	1.27	0.95	1.69
Equally educated	0.16	0.05	0.818	0.96	0.71	1.32
Neither educated	0.73	1.77	0.183	0.38	0.09	1.58
DNK/Missing	0.62	1.48	0.223	2.12	0.63	7.06
<i>Number of decisions in which woman participates</i>		2.21	0.529			
0®				1.00		
1	0.41	0.43	0.513	0.77	0.34	1.71
2	0.44	0.71	0.400	0.69	0.29	1.63
3	0.22	0.94	0.333	1.23	0.81	1.88
<i>Number of reasons beating is justified</i>		47.90	0.000			
0®				1.00		
1	0.59	0.01	0.935	0.95	0.30	3.02
2	0.62	3.30	0.069	3.07	0.92	10.29
3	0.67	0.25	0.616	1.40	0.38	5.19
4	0.75	1.49	0.223	0.40	0.09	1.74
5	1.06	5.02	0.025	10.74	1.35	85.57
<i>Place of residence</i>						
Urban®				1.00		
Rural	0.12	5.65	0.017	0.76	0.61	0.95
<i>Province</i>		49.00	0.000			
Western Cape®				1.00		
Eastern Cape	0.19	1.92	0.165	1.30	0.90	1.87
Northern Cape	0.31	0.33	0.567	0.84	0.46	1.53
Free State	0.23	0.12	0.731	0.92	0.59	1.45
KwaZulu-Natal	0.19	2.06	0.151	0.76	0.52	1.11
North West	0.22	1.58	0.209	1.31	0.86	2.00
Gauteng	0.18	9.17	0.002	0.59	0.41	0.83
Mpumalanga	0.21	0.95	0.331	1.22	0.82	1.84
Limpopo	0.22	1.31	0.253	0.78	0.50	1.20
Constant	1.04	0.34	0.560	1.83		

Note: DNK = Do not know; yrs = years; L = lower limit; U = Upper limit; ® = reference category

Furthermore, Table A1 in the appendices shows that there are variations in the predictors of IPV by background characteristics (when divided into different models). Women from the white population group, ever-married women, and those with secondary or more education were found to be important predictors of IPV (when looking at individual characteristics in model 1). For empowerment characteristics (model 2), fear of a partner was found to be an important predictor of IPV. Moreover, for household characteristics (model 3), being from average or rich households, from extended households, from rural households, from Eastern Cape, KwaZulu-Natal, North West, Gauteng, and Limpopo provinces was found to be important predictors of IPV.

CHAPTER 5

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.1 Introduction

This chapter focuses on discussions of the results presented in the previous chapter as well as highlighting conclusions and recommendations of the study. The study approaches these discussions based on the predictors that were selected for this study.

5.2 Discussions

The results reveal that there are several predictors of intimate partner violence among ever-partnered women in South Africa. These predictors are influencing intimate partner violence among ever-partnered women in the country. Population group, marital status, women's education, household wealth, partner's drinking habits, fear of a partner, history of violence, and the number of reasons beating is justified are some of the significant predictors that influence intimate partner violence.

One of the findings of the study found that intimate partner violence among ever-partnered women is closely associated with population group. There is a racial difference in terms of experiencing intimate partner violence among women. This study found that intimate partner violence was high among the black population as compared to other population groups (coloured, whites, Indians) (Another study by Shakya (2016), also revealed that intimate partner violence is related to population group). The finding is similar to other studies (Myende, 2017 & Shakya, 2016). On the contrary, a study by Myende (2017) revealed that intimate partner violence is high among the coloured population as compared to other population groups. Additionally, the study revealed that intimate partner violence is closely related to marital status. Intimate partner violence is high among women who are cohabiting and women who are presently married. This finding is similar to what other scholars have reported (Peltzer *et al.*, 2017). This finding is, however, different from the one above, which found that women who are married are more likely to experience intimate partner violence because their husbands treat them with respect (Shumba, 2015).

Furthermore, another finding of the study is that women's education is related to intimate partner violence. This finding revealed that women who are better educated were more likely to experience

intimate partner violence. Other studies found that those with lower education tend to be abusers and also women with lower education tend to be abused more (Nkosi, 2011). The finding is also similar to studies done by other scholars (World Health Organisation, 2010). However, other studies disagree with the finding above that revealed that women who are educated have more odds to face intimate partner violence. A study by Nkosi (2011), found that women who are less educated are more likely to experience intimate partner violence. The results from the current study reveal that partners' drinking habits are associated with intimate partner violence among ever-partner women in South Africa. A study by Mthembu *et al* (2021), has also found that drinking more alcohol is related to intimate partner violence in South Africa. This simply means that women who are more likely to experience intimate partner violence are those whose partners drink too much alcohol. The study conducted by WHO (2012) also revealed alcohol consumption as the predictor of intimate partner violence. However, women who consume alcohol are at more risk of intimate partner violence (Malan, 2017).

Household wealth is related to intimate partner violence among ever-partnered women. In the findings, it was proven that intimate partner violence among ever-partnered women is significantly related to household wealth. A report from South Africa showed that acceptance of wife-beating usually reduces with wealth, this further revealed that females and males in the upper wealth quintile have fewer odds to approve that a partner is acceptable in abusing his partner physically in at least one of the five stated conditions (National Department of Health Research Council, & ICF 2019). This finding is also stable with results from other studies (Pambe *et al.*, 2014). Moreover, another finding of the study discovered that women who fear their partners experienced more intimate partner violence as compared to those who do not fear their partners. This is corroborated by a study conducted by World Health Organisation (2012), that revealed how women who have more odds of experiencing intimate partner violence are those who are afraid of their partners and in most of the cases they are afraid to leave the relationship because they are afraid of their partners.

The results from the study also found that the number of reasons for justifying wife-beating is strongly associated with intimate partner violence. The finding revealed that women who justified beating by their partners were four times more likely to experience intimate partner violence than women who did not justify IPV. This evidence is similar to what other scholars have reported (Sunmola *et al.*, 2020). For example, a study conducted by Sunmola (2020), reported more than 70% of women in seven sub-Saharan African countries had justified wife-beating in various circumstances. The findings are linked to the theoretical framework of the study (ecological framework) because the

findings reveal that population group, education, and partners' drinking habits are predictors of intimate partner violence among ever-partnered women.

5.3 Conclusion

The study showed that intimate partner violence is a problem among women in South Africa. The study findings suggest that several predictors are associated with intimate partner violence among women in South Africa. Moreover, the study found that these predictors such as population group, marital status, woman's education, partner's drinking habits, household wealth, fear of partner as well as reasons for justifying wife-beating were statistically associated with intimate partner violence among ever-partnered women in South Africa. There is a need to reduce intimate partner violence among ever-partnered women in South Africa. In reducing intimate partner violence there are several strategies targeting women experiencing intimate partner violence, with regards to uneducated women experiencing intimate partner violence, there should be programs that aim at enhancing women's skills and encouraging them to finish their basic education. Furthermore, the findings suggest that women should be empowered through the creation of job opportunities, especially those from poor backgrounds as a way of reducing intimate partner violence. In addition, intimate partner violence among ever-partnered women in South Africa is a problem that needs to be addressed.

5.4 Recommendations

To address the issue of intimate partner violence among ever-partner women in South Africa, several recommendations can be useful in solving the challenge and are as follows:

- Since uneducated women are at risk of intimate partner violence, there should be programs targeting uneducated women, these programs should focus on enhancing the skills of those women and encouraging women to join Adult Basic Education and Training (ABET), which mainly focus on assisting adult people to complete their basic education.
- Women from poor households are more likely to experience intimate partner violence, so there should be an implementation of programs that will assist in reducing poverty through the creation of job opportunities for those women who come from poor backgrounds.
- Most of the women who are facing intimate partner violence are those whose partners drink alcohol, however, this issue can be resolved by taking their partners to rehab such as AA (Alcoholics Anonymous), rehabilitation centres that will assist their partners to reduce or stop

drinking. Additionally, this would assist in reducing intimate partner violence among women whose partners drink alcohol.

- Women who always have reasons for justifying wife-beating are more at risk of experiencing intimate partner violence, there should be programs encouraging women to stop justifying the act of violence of their partners and take legal actions such as reporting them to the police stations.
- Additionally, women who are afraid of their partners most of the time are more likely to experience intimate partner violence. Therefore, there should be programs (from relevant stakeholders, such as the media, business and government) that aim at empowering women to act immediately and report the act of violence of their partners and leave those relationships because some may lead to death.

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APPENDICES

Figure A1: Ethics approval letter



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Senate Committee for

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2 September 2021

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the **Basic and Social Sciences Research Ethics Committee (BaSSREC)** on 02/09/2021, the Basic and Social Sciences Research Ethics Committee hereby **approves** your study as indicated below. This implies that the North-West University Senate Committee for Research Ethics (NWUSERC) grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Prevalence and predictors of intimate partner violence among ever-partnered women in South Africa.

Study Leader/Supervisor: Dr M. Tsawe.

Student/Research Team: S.K. Mbele (27485986).

Ethics number:

N	W	U	-	0	0	6	8	9	-	2	1	-	A	7
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Institution Study Number Year Status
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Single Study

Commencement date: 02/09/2021

Risk:

No Risk

Expiry date: 02/09/2022

Approval of the study is initially provided for a year, after which continuation of the study is dependent on receipt and review of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation.

Special in process conditions of the research for approval (if applicable):

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The study leader/supervisor (principle investigator)/researcher must report in the prescribed format to the BaSSREC:*
 - *annually (or as otherwise requested) on the monitoring of the study, whereby a letter of continuation will be provided, and upon completion of the study; and*
 - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the study leader/researcher must apply for approval of these amendments at the BaSSREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*
- *Annually a number of studies may be randomly selected for an external audit.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility, the NWU-SCRE and BaSSREC reserves the right to:*

- *request access to any information or data at any time during the course or after completion of the study;*
- *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process; – withdraw or postpone approval if:*
 - *any unethical principles or practices of the study are revealed or suspected;*
 - *it becomes apparent that any relevant information was withheld from the BaSSREC or that information has been false or misrepresented;*
 - *submission of the annual (or otherwise stipulated) monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and / or*
 - *new institutional rules, national legislation or international conventions deem it necessary.*

□ *BaSSREC can be contacted for further information or any report templates via 21081719@nwu.ac.za / 13128388@nwu.ac.za.*

The BaSSREC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the BaSSREC or the NWU-SCRE for any further enquiries or requests for assistance.

Yours sincerely



Prof Jacques Rothmann

Chairperson NWU Basic and Social Sciences Research Ethics Committee

Original details: (22351930) C:\Users\22351930\Desktop\ETHICS APPROVAL LETTER OF STUDY.docm 8
November 2018

File reference: 9.1.5.4.2

Figure A2: Prevalence and distribution of IPV

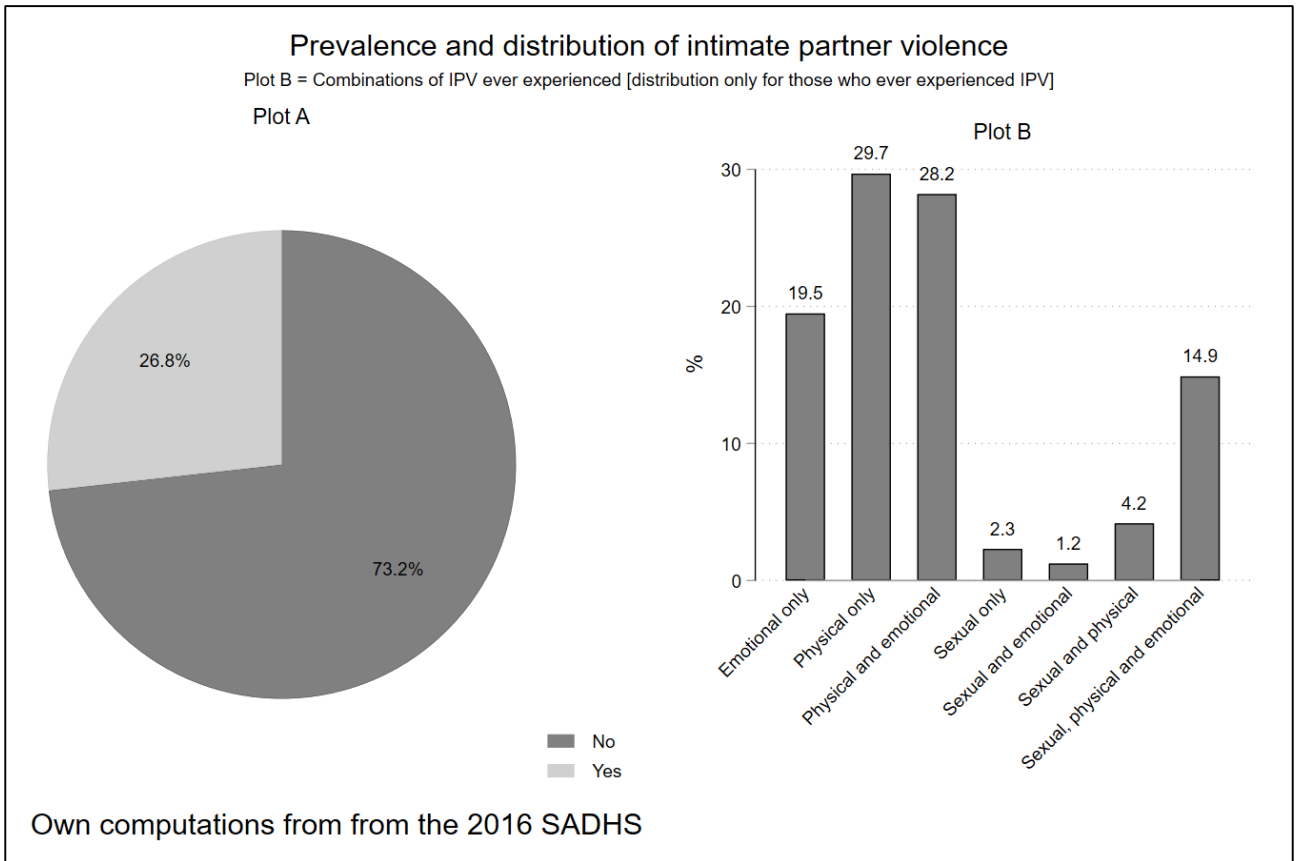


Table A1: Predictors of IPV by background characteristics (different models)

Characteristics	Model 1				Model 2				Model 3			
	Sig.	Exp(B)	95% C.I.		Sig.	Exp(B)	95% C.I.		Sig.	Exp(B)	95% C.I.	
			L	U			L	U			L	U
<i>Individual characteristics</i>												
Age group	0.269											
18-19@		1.00										
20-29	0.644	1.08	0.78	1.50								
30-39	0.940	1.01	0.72	1.43								
40-49	0.513	0.89	0.62	1.27								
<i>Population group</i>												
Black@		1.00										
Coloured	0.089	1.24	0.97	1.58								
Indian/Asian	0.272	0.66	0.31	1.39								
White	0.001	0.41	0.25	0.70								
Other	0.447	0.24	0.01	9.76								
<i>Marital status</i>												
Never married@		1.00										
Ever married	0.001	1.31	1.12	1.52								
<i>Woman's education</i>												
No education@		1.00										
Primary	0.665	1.11	0.69	1.79								
Secondary+	0.000	1.64	1.30	2.06								
<i>Employment and earning status</i>												
Not employed@		1.00										
Earns cash	0.545	0.84	0.48	1.48								
Does not earn cash	0.674	0.89	0.50	1.56								
<i>Empowerment characteristics</i>												
<i>Husband's/partner's drinking habits</i>					0.000							
Doesn't drink@						1.00						
Drinks, never drunk					0.208	0.42	0.11	1.62				
Drinks, sometimes drunk					0.877	0.89	0.20	4.01				
Drinks, often drunk					0.914	0.93	0.24	3.57				
DNK					0.317	2.01	0.51	7.85				
<i>Fear of partner</i>					0.000							
Never afraid@						1.00						
Sometimes afraid					0.000	0.11	0.08	0.16				
Afraid most of the time					0.000	0.32	0.21	0.47				
<i>History of violence</i>					0.000							
No@						1.00						
Yes					0.175	0.79	0.56	1.11				
DNK					0.000	2.63	1.81	3.83				
<i>Woman's age difference with husband/partner</i>					0.138							
Wife older@						1.00						
Same age					0.226	1.43	0.80	2.54				
Wife 1-4 yrs younger					0.348	0.82	0.54	1.25				
Wife 5-9 yrs younger					0.175	0.74	0.48	1.14				
Wife 10+ yrs younger					0.710	0.92	0.58	1.45				

Characteristics	Model 1				Model 2				Model 3			
	Sig.	Exp(B)	95% C.I.		Sig.	Exp(B)	95% C.I.		Sig.	Exp(B)	95% C.I.	
			L	U			L	U			L	U
Cannot be determined					0.957	0.98	0.41	2.34				
<i>Woman's education difference with husband/partner</i>					0.089							
Husband better educated®						1.00						
Wife better educated					0.188	1.21	0.91	1.59				
Equally educated					0.395	0.88	0.65	1.18				
Neither educated					0.165	0.40	0.11	1.47				
DNK/Missing					0.235	2.04	0.63	6.61				
<i>Number of decisions in which woman participates</i>					0.614							
0®						1.00						
1					0.720	0.87	0.40	1.90				
2					0.574	0.78	0.33	1.84				
3					0.262	1.27	0.84	1.92				
<i>Number of reasons beating is justified</i>					0.000							
0®						1.00						
1					0.669	0.79	0.26	2.36				
2					0.094	2.68	0.85	8.51				
3					0.686	1.30	0.37	4.58				
4					0.236	0.43	0.11	1.74				
5					0.019	10.80	1.47	79.49				
<i>Household characteristics</i>												
<i>Household wealth status</i>									0.000			
Poor®										1.00		
Average									0.000	0.70	0.57	0.84
Rich									0.000	0.60	0.50	0.72
<i>Household composition</i>									0.079			
Single member®										1.00		
Nuclear									0.208	1.24	0.89	1.71
Extended									0.038	1.41	1.02	1.96
Complex									0.059	1.53	0.98	2.39
<i>Place of residence</i>												
Urban®										1.00		
Rural									0.031	0.80	0.66	0.98
<i>Province</i>									0.000			
Western Cape®										1.00		
Eastern Cape									0.027	1.39	1.04	1.86
Northern Cape									0.416	0.80	0.47	1.37
Free State									0.602	0.91	0.63	1.30
KwaZulu-Natal									0.000	0.55	0.42	0.74
North West									0.039	1.42	1.02	1.97
Gauteng									0.000	0.56	0.44	0.72
Mpumalanga									0.546	1.10	0.80	1.52
Limpopo									0.001	0.56	0.39	0.79
Constant	0.001	0.35			0.080	5.23			0.000	0.49		

Note: DNK = Do not know; yrs = years; L = lower limit; U = Upper limit; ® = reference category