

Endorsement of Spousal Sexual Violence Across Gender: Evidence from Zambia Demographic and Health Survey

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Abstract

Spousal sexual violence (SSV) constitutes a pressing public health and human rights crisis, exerting detrimental impacts on women's well-being and imposing significant social and economic costs on their lives. This study aimed to ascertain the comprehensive prevalence of SSV endorsement and investigate the factors associated with such endorsement among both men and women in Zambia. The 2013-2014 Zambia Demographic and Health Survey (ZDHS) served as the dataset for this study. Employing chi-square tests and two multiple logistic regression analyses stratified by gender, the research revealed that 36.6% of women and 11.5% of men endorsed SSV. Regression results highlighted significant associations between SSV endorsement and variables such as resident type, marital status, education level, and frequency of reading newspapers/magazines, cutting across genders. Among women, employment, religion, and frequency of listening to/watching television also emerged as significant factors. Conversely, wealth status and alcohol consumption significantly correlated with SSV endorsement exclusively among men in Zambia. Recognizing the potential of media platforms to shape attitudes, the study recommends leveraging them to disseminate messages discouraging SSV endorsement. Furthermore, this study emphasizes the necessity of involving multiple stakeholders, including religious leaders, traditional leaders, and non-governmental organizations (NGOs), to address cultural norms promoting SSV endorsement. The implementation of policies regulating gender-based violence and alcohol becomes imperative in diminishing both the prevalence and tolerance of SSV in Zambia. Finally, this study recommends that future research endeavors delve into men's perspectives on understanding SSV beyond the conventional focus on women victims in Zambia.

Keywords: *Endorsement, spousal sexual violence, intimate partner violence, gender, media, alcohol, factors, Zambia.*

Introduction

Spousal sexual violence (SSV), which is used interchangeably with intimate partner violence (IPV), is both a public health and human rights crisis with detrimental effects on women's health and causes significant social and economic costs on their lives [1-7]. IPV involves a complex interaction between the community, perpetrators, and victims of abuse [8]. IPV is defined by the World Health Organization (WHO) as "any behavior within an intimate relationship that causes psychological, physical, or sexual harm" [9]. During the 1996 World

Health Assembly, IPV particularly spousal sexual violence (SSV) was found to affect 1 in 3 women during their lifetime [2]. In some countries, SSV perpetrated by male on their female partners (aged 15 to 49) ranged from 6% to 49% [10-16]. Many studies previously conducted have examined predictors of SSV in different parts of the world [8, 17-19]. In low-and-middle-income countries (LMIC), particularly in Africa, the prevalence of SSV is significantly higher than in high-income countries [20]. This is attributed to cultural values that promote and normalize SSV

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reinforced by patriarchal social structures that gives men power to have control over women in our society [16, 20-25]. Among LMICs, Sub-Saharan Africa (SSA) has one of the highest prevalence rates of IPV, which can also include the potential risk of SSV, which is estimated to be between 5% and 37% [26-30]. The immediate causes of SSV within IPV are not fully understood, which hamper efforts to implement effective prevention campaigns or interventions [31-35]. However, what is known is that any form of IPV either physical or sexual negatively affects women's health, emotional or psychological wellbeing [15]. The detrimental effects of SSV can even get worse when women are forced into unconsensual sexual activities within intimate relationships, which deprive them of their freedom to make decisions about their own lives, leading to the erosion of their self-esteem, dignity, and respect that they deserve in society [36, 37].

Zambia is one of the Sub-Saharan African countries with highest reported incidences of IPV which comes in various forms such as physical and sexual violence, rape, exploitation, defilement, incest, and wife battery [38]. Particularly, wife battery is often socially condoned in Zambia, and the most pervasive form of violence and predominantly involves SSV [38]. On the other hand, although GBV policies do exist, there has been lack of stringent enforcement of laws to protect SSV victims in Zambia [39]. The majority of SSV cases that occurs in intimate relationships are often ignored, unreported, or treated as personal and familial issues [40]. These widely accepted beliefs that women must submit to men's sexual obligations further disadvantages them and increases their vulnerability to SSV [41]. Although SSV occurs in every society, how they are perceived varies based on their socio-cultural context, beliefs, values, and family patterns [40, 42, 43]. For instance, certain cultural beliefs widely held suggest that a husband can beat his wife or partner for various reasons, including disobedience or the woman's failure to fulfill her

gender roles, such as denying her husband sexual privileges in Zambia [14, 42, 44]. The lack of true gender equality enables men to resort to SSV as a means of disciplining disobedient partners or coercing their partners into sexual activities [14]. Numerous non-governmental organizations, human rights activists, religious groups, and SSV victims have come together to denounce all forms of IPV in their homes and communities where they live. As a response to the growing challenges of IPV, in 2011, the Zambian Parliament enacted the Anti-Gender Based Violence Act (AGBVA) to protect victims of gender-based violence, and was celebrated as one of the most comprehensive laws on gender-based violence in Southern Africa [39].

Previous research has identified multiple potential factors contributing to SSV in Zambia and other African nations. For instance, women face a higher risk of experiencing SSV if they are unemployed, underemployed, have lower education are married, rely on their male partners for financial support and use alcohol or other drugs [22, 24, 45]. Despite this, numerous studies have pointed heavy alcohol consumption to be the major adverse risk factor that can lead to physical, emotional, or sexual violence, which is often heightened when women are living with partners who frequently become inebriated in the intimate relationship [46-52]. Across different cultures, SSV becomes even more severe when one or both partners, usually the male partner, engage in heavy alcohol consumption [48, 51, 53].

Alcohol has psychoactive effects that impair judgment, diminish reasoning skills, and reduce one's sense of responsibility [54-56]. Other researchers argue against widely accepted notion that intoxication from alcohol impairs a person's ability to make sound decisions, asserting that alcohol is often used as an excuse or justification for committing SSV against women [50]. Certain perpetrators may already have predetermined their violent actions before

becoming intoxicated with alcohol of any kind [14].

Moreover, the media plays a critical role in shaping and influencing public opinions, particularly regarding sensitive issues such as DV, IPV or SSV [57, 58]. Newspapers, television, and magazines exert control over readers in various ways, such as selecting, adding, or omitting information that can influence or alter public perceptions of social situations, and can be used particularly to distort or provide positive information about domestic violence [59-63].

Although media outlets do not operate in isolation, the persuasive impact of their messages should not be underestimated especially when it comes to changing attitudes towards IPV [57, 64]. Access to public information through the media remains a crucial indicator for measuring progress in shifting social and cultural norms that can either reinforce or challenge SSV against women in society in developing nations [65].

Although numerous studies on IPV have contributed to an improved comprehension of the commonalities shared by victims and perpetrators worldwide, as well as the discernible variations in partner violence policies and laws across countries, how the public perceives these acts, particularly SSV has received comparatively less attention within the realm of IPV research [8]. There is a dire need for comprehensive research that can delve into the intricate understanding of factors that influences endorsement of SSV across genders. Previous studies in Zambia and other African countries have predominantly focused on female victims of IPV, neglecting the inclusion of male perpetrators, who are responsible for most IPV cases [40, 66-70]. Therefore, to address the existing gaps in the literature, this study has two primary aims: (1) Determine the overall prevalence of SSV endorsement and (2) Examine factors associated with the endorsement of SSV among women and men aged 15 to 59 in Zambia.

Methods

Data Source

The data utilized for this study were derived from the 2013-2014 Zambia Demographic and Health Survey (ZDHS). ZDHS is nationally representative and organized under the Central Statistics Office (CSO), Ministry of Health, and ICF International in partnership with non-governmental and governmental organizations. The data collected through the ZDHS 2013-2014 survey captures various aspects of background characteristics, marriage, and sexual activity, fertility, family planning, maternal health, nutrition, alcohol use, HIV/AIDS, and domestic violence [71]. Therefore, the current study merged the individual males and females' datasets for analysis.

Sampling Procedures

The 2013-2014 Zambia Demographic and Health Survey (ZDHS) employed a two-stage sampling design based on the 2010 Census of Population and Housing (CPH, 2010). To cover the ten provinces of Zambia, 20 strata were established, representing both rural and urban areas. In the first stage of selection, 722 standard enumeration areas (SEAs) were chosen from the strata. From these SEAs, a total of 18,050 households were selected. The ZDHS utilized an updated frame derived from the 2010 Population and Housing Census, which was prepared by the Central Statistics Office (CSO) [71]. For participant recruitment in both surveys, a two-stage sampling procedure was employed to identify eligible households and participants. The data collected in this study encompassed a representative sample of 16,411 women aged 15 to 49 and 14,773 men aged 15 to 59.

However, due to missing cases in the samples, multiple imputation techniques were utilized to handle the missing data. As a result, the final sample size consisted of 8,928 males and 8,928 females, yielding a total of 17,856 participants [71].

Measures

Dependent Variable

Endorsement of spousal sexual violence (SSV) was assessed by asking the respondents: “*In your opinion, is a husband justified in beating or hitting his wife if she refuses to have sex with him?*” (1=yes, 2=no, 8= Don't know). The dependent variable was recoded dichotomously as 0 (no - don't endorse SSV) or 1 (yes – endorse SSV).

Independent Variables

The independent variables included several sociodemographic characteristics across the gender of the participants (*i.e.*, age, resident type, education, religion, marital status, employment status, and wealth index), media use, and alcohol use. In order to ensure the clarity and consistency of the results, some of the variables were recoded, such as age, marital status, education, religion, and wealth status.

Sociodemographic Characteristics

Age was measured by asking the respondents: “*How old were you at last birthday?*” (1= 15 - 29 years, 2=30–39 years, 3= 40–49 years, 50 – 59 years). *Resident type* was measured by asking respondents: “*Before you moved here, did you live in Lusaka, another city, in a town, or a village?*” (0=urban, 1=rural). *Marital status* was measured by asking the respondents: “*What is your marital status now?*” (0= never married, 1=married/living with a partner, 2=other). *Education* was measured by asking respondents: “*What is the highest level of school you attended?*” (0=no education, 1=primary, 2=secondary/higher). *Employment* was measured by asking the respondents: “*Are you currently working?*” (0=no, 1=yes). *Religion* was measured by asking the respondents: “*What is your religion?*” (1= Catholic, 2= Protestant, 3= Muslim/other), and *Wealth index* measured by asking whether respondents were 1=poor, 2=middle, or 3=rich. These variables were selected based on their dominance in literature, presence in the ZDHS dataset, and the already

known association and/or conceptual relationship with IPV.

Media Use included the frequency of listening to the radio, reading newspapers/magazines, and watching television. Each of these three variables was measured by asking the respondents: “*Do you listen to the radio, read newspapers/magazines and watch television almost every day, at least once, less than once a week, or not at all?*” (0= not at all, 1=less than once a week, 2=at least once a week, 3=almost every day). These variables were considered for this study primarily because campaigns against gender-based violence are predominantly communicated through media such as television, radio, and newspaper channels in Zambia [72, 73].

Alcohol consumption was measured by asking the respondents: “*Do you drink alcohol?*” (0=no, or 1= yes). Alcohol use was included because prior studies have found that men and women who consume alcohol are more likely to commit domestic violence or IPV compared to non-alcohol users [46-52].

Data Analysis

Before data was analyzed, data cleaning started with checking for multicollinearity and missingness of the values for all the selected variables. Missing data were managed by performing multiple imputations, which refers to a general approach to solving the problem of uncertainty in the missing data by creating many different plausible datasets and appropriately combining results from each [74]. The first stage involved creating five dataset copies with the missing values replaced by imputed values. The second step involved using standard statistical methods to fit the model by calculating the standard errors required to see the variability in the results that reflect the uncertainty associated with missing values from the imputed datasets. The inferences were obtained by averaging the distribution of the missing data from the observed data.

For univariate analyses, descriptive statistics were conducted to obtain the frequencies and percentages of the respondents across gender. For bivariate analyses, chi-square tests (χ^2), particularly cross-tabulations were employed to obtain the prevalence estimates across independent and dependent variables.

For multivariate analyses, two sets of adjusted logistic regressions across male and female respondents were performed in order to determine the significant association among independent and dependent variables. All statistical procedures were conducted using SPSS version 28.0 [75].

Ethical Considerations

Permission to use the 2013-2014 dataset was obtained from the DHS Program website. All ethical protocols were fulfilled by the ICF International office and Central Statistics Office (CSO) during the initial stages of primary data collection (Central Statistical Office, Ministry of Health and ICF International, 2013-2014). All the respondents provided informed consent before taking part in the DHS survey [76].

DHS surveys are approved by the International Review Board, responsible for reviewing the procedures and questionnaires for standard DHS surveys. This study was exempted from IRB based on the guidelines of Lewis University due to the secondary nature of this data analysis.

Results

Descriptive Characteristics of the Respondents Across Gender

The descriptive characteristics of the participants across gender are presented in Table 1. In terms of age, 50% of the male respondents were aged 15 to 29, while 42% of the female respondents were aged 30 to 39. More than half of females (57%) and males (54%) lived in rural areas. Around 72% of the females and 57% of the males were married. Regarding education, 53% of the females completed primary education, while 56% of the males completed secondary or higher education. When it came to employment, the majority of males (75%) were employed compared to their female counterparts (62%). Regarding religious affiliation, most females (81%) and males (78.3%) identified themselves as belonging to Protestantism. About wealth status, less than half of all males (44%) and female participants (41%) fell into the “rich” category, indicating a high income. Media use patterns varied among participants. About 68% of females and 49.2% of male respondents reported not reading newspapers at all. Approximately 44% of males reported listening to the radio almost daily, while 38% of female respondents did not listen to the radio at all. More than half of the females (59%) and approximately 44% of males reported not watching television.

Table 1. Descriptive Characteristics of the Participants Across Gender (n=17,856)

Variables	Females (n=8928)		Males (n=8928)	
	N	%	N	%
Age				
15 -29	3124	35.0	4500	50.4
30-39	3724	41.7	2185	24.5
40-49	2080	23.3	1482	16.6
50 -59	—	-	761	8.5
Resident type				
Urban	3819	42.8	4127	46.2
Rural	5109	57.2	4801	53.8
Marital status				
Never in Union	1046	11.7	3495	39.1

Married/Living with partner	6420	71.9	5044	56.5
Other	1462	16.4	389	4.4
Education level				
No education	977	11.7	346	3.9
Primary	4688	52.5	3582	40.1
Secondary/higher	3259	36.5	4996	56.0
Employment				
No	3394	38.1	2238	25.1
Yes	5511	61.9	6684	74.9
Religion				
Catholic	1575	17.7	1785	20.0
Protestant	7216	81.0	6981	78.3
Muslim/other	123	1.4	149	1.7
Wealth status				
Poor	3313	37.1	3100	34.7
Middle	1947	21.8	1880	21.1
Rich	3668	41.1	3948	44.2
Frequency of reading newspaper/magazine				
Not at all	6041	67.8	4392	49.2
Less than once a week	1070	12.0	1690	19.0
At least once a week	1170	13.1	1684	18.9
Almost everyday	631	7.1	1152	12.9
Frequency of listening to radio				
Not at all	3351	37.6	1775	19.9
Less than once a week	951	10.7	1242	13.9
At least once a week	1537	17.2	1963	22.0
Almost everyday	3082	34.5	3942	44.2
Frequency of watching television				
Not at all	5286	59.2	3906	43.8
Less than once a week	484	5.4	1247	14.0
At least once a week	644	7.2	1082	12.1
Almost everyday	2508	28.1	2685	30.1
Alcohol use				
No	5671	63.5	5671	63.5
Yes	3257	36.5	3257	36.5
Endorsing SSV				
No	5921	66.3	7791	88.5
Yes	3257	36.5	1013	11.5
<i>Computed from 2013- 2014 Zambia Demographic Health survey</i>				

In terms of alcohol use, 36.5% of the female and 36.5% of the male respondents reported drinking alcohol. Finally, an estimated 36.5% of females and 11.5% of males endorsed or justified SSV.

The Prevalence of Endorsement of SSV Across Gender

Table 2 below displays the prevalence of endorsement of SSV among male and female

respondents across sociodemographic factors, media use, and alcohol consumption. The results indicate that females aged 40 to 49 (36.9%) and males aged 15 to 29 (12.8%) endorsed SSV. When considering the type of residence, females living in urban areas (37.8%) and males residing in rural areas (13.3%) endorsed SSV. With respect to education level, females with no education (43.2%) and males with at least primary education or no education (16.4%) endorsed SSV. Regarding employment status, females who were currently working (36.9%) and males who were not currently employed endorsed SSV (11.1%). Regarding religious

affiliations, females (36.1%) and males (13.2%) who identified as Catholic endorsed SSV. Furthermore, among respondents categorized by wealth status, both females (46.9%) and males (15.7%) classified as poor endorsed SSV to a greater extent. Regarding media use, both female and male respondents who did not read newspapers at all (39.6% vs. 15.7%), did not listen to the radio (39.7% vs. 14.6%), and did not watch television at all (41.8% vs. 14.3%) endorsed SSV more frequently. Finally, 33.5% of female and 89% of male respondents endorsed SSV.

Table 2. Bivariate Analysis of Factors Associated with Endorsement of SSV

Variables	Endorsing SSV			
	Female		Male	
	N	%	N	%
Age (years)				
15-29	979	31.3***	560	12.8***
30-39	1260	33.8***	225	10.3***
40 -49	768	36.9***	155	10.5***
50-59	-	-	73	9.6***
Resident type				
Urban	1443	37.8***	384	9.4
Rural	1564	30.6***	629	13.3
Marital status				
Never in union	230	22.0***	427	12.6**
Married/living with partner	2254	35.1***	539	10.7**
Other	523	35.8***	47	12.1**
Education				
No education	422	43.2***	39	11.4***
Primary	1925	41.1***	577	16.4***
Secondary/higher	659	20.2***	397	8.0***
Employment				
Not working	968	28.5***	273	12.6
Currently working	2036	36.9***	739	11.1
Religion				
Catholic	569	36.1**	232	13.2***
Protestant	2398	33.2**	771	11.2***
Muslim/Other	34	27.6**	9	6.2***
Wealth status				
Poor	1554	46.9***	479	15.7***
Middle	729	37.4***	271	14.6***

Rich	724	19.7***	263	6.7***
Frequency of reading newspaper/magazine				
Not at all	2390	39.6***	676	15.7***
Less than once a week	224	20.9***	165	9.8***
At least once a week	287	24.5***	109	6.5***
<i>Almost everyday</i>	97	15.4***	60	5.3***
Frequency of listening to radio				
Not at all	1330	39.7***	253	14.6***
Less than once a week	315	33.6***	178	14.5***
At least once a week	517	33.6***	241	12.5***
<i>Almost everyday</i>	843	27.4***	340	8.7***
Frequency of watching television				
Not at all	2207	41.8***	549	14.3***
Less than once a week	153	31.6***	171	13.8***
At least once a week	219	34.0***	125	11.7***
<i>Almost everyday</i>	425	16.9***	168	6.3***
Alcohol use				
No	1915	33.8	613	11.0
Yes	1092	33.5		

Note= *p.<.05, **p.<.01, ***p <.001, Chi-square tests (X²) was used to calculate the prevalence rates

Multivariate Logistic Regression Results Showing Endorsement of SSV Across Gender

Table 3 shows the results of the adjusted multiple logistic regression analysis. In rural areas, females (OR = 0.65, CI = 0.59 - 0.71) and males (OR = 0.74, CI = 0.62 - 0.89) had a lower likelihood of endorsing SSV than their urban counterparts. Females who were married (OR = 1.62, CI = 1.35 - 1.96) and in other marital categories (divorced, widowed, or separated) (OR = 1.57, CI = 1.27 - 1.94) were more likely to endorse SSV compared to unmarried. However, married males (OR = 0.78, CI = 0.64 - 0.96) had lower odds of endorsing SSV than unmarried. More so, females who completed secondary education or higher (OR = 0.74, CI = 0.62 - 0.89) were less likely to endorse SSV than those with no formal education. Conversely, males who completed at least primary education were more likely to justify SSV compared to those with no formal education (OR = 1.67, CI = 1.17 - 2.37). Females who were currently working were more likely to endorse SSV compared to those who were not working (OR =

1.40, CI = 1.27 - 1.55). Females who were part of the protestant denominations (OR = 0.88, CI = 0.78 - 0.99) and belonged to other religious groups such as Muslims/others (OR = 0.65, CI = 0.42 - 0.57) were less likely to endorse SSV compared to those who were affiliated with Catholicism. Concerning wealth status (income), males in the “rich” wealth index, representing higher income (OR = 0.49, CI = 0.38 - 0.62), were less likely to endorse SSV compared to those in the “poor” category, representing low income.

Furthermore, the analysis revealed the influence of media use on the endorsement of SSV. Among female respondents, those who read newspapers/magazines less than once a week (OR = 0.64, CI = 0.54 - 0.76), almost every day (OR = 0.58, CI = 0.46 - 0.74), and watched television almost every day (OR = 0.65, CI = 0.55 - 0.76) were more likely to endorse SSV compared to their female counterparts who did not. In contrast, male participants who read newspapers/magazines less than once a week (OR = 0.77, CI = 0.63 - 0.93), at least once a week (OR = 0.57, CI = 0.45 - 0.72), and almost

every day (OR = 0.51, CI = 0.39 - 0.69) were less likely to endorse SSV compared to their male counterparts who did not. Finally, male respondents who were drinking alcohol were more likely to endorse SSV (OR = 1.20, CI =

1.03-1.39) compared to those who did not use alcohol. Nonetheless, alcohol use was not significantly associated with the endorsement of SSV among female respondents in the sample.

Table 3. Binary Logistic Regression Results Predicting Endorsement of SSV Across Gender

Variables	Endorsement of SSV			
	Females		Males	
	OR	95% CI	OR	95% CI
Age				
15-29	Ref	Ref	Ref	Ref
30-39	0.95	(.85 – 1.07)	.81	(.66 – 1.01)
40 -49	1.01	(.89 – 1.15)	.84	(.67 – 1.07)
50-59	--	--	.80	(.59 – 1.08)
Resident				
Urban	Ref	Ref	Ref	Ref
Rural	.65	(.59 - .71)***	.74	(.62 - .89)***
Marital Status				
Never in union	Ref	Ref	Ref	Ref
Married/living with partner	1.62	(1.35 – 1.96)***	.78	(.64 - .96) **
Other	1.57	(1.27 - 1.94)***	.89	(.62 – 1.28)
Education				
No education	Ref	Ref	Ref	Ref
Primary	1.08	(.93 – 1.25)	1.67	(1.17-2.37)***
Secondary/higher	.74	(.62 - .89)***	1.05	(.72 – 1.52)
Employment				
No	Ref	Ref	Ref	Ref
Yes	1.40	(1.27 – 1.55)***	.91	(.77 – 1.08)
Religion				
Catholic	Ref	Ref	Ref	Ref
Protestant	.88	(.78 - .99)*	.86	(.73 – 1.01)
Muslim/Other	.65	(.42 - .57)*	.49	(.25 – 1.00)
Wealth Index				
Poor	Ref	Ref	Ref	Ref
Middle	.76	(.67 - .86)	.94	(.78 – 1.12)
Rich	.49	(.42 - .57)	.49	(.38 - .62) ***
Frequency of reading newspaper/magazine				
Not at all	Ref	Ref	Ref	Ref
Less than once a week	.64	(.54 - .76)***	.77	(.63 - .93)***
At least once a week	.90	(.77 – 1.06)	.57	(.45 - .72)***
Almost everyday	.58	(.46 - .74)***	.51	(.39 - .69)***
Frequency of Listening to Radio				
Not at all	Ref	Ref	Ref	Ref
Less than once a week	.96	(.81 – 1.13)	1.04	(.83 – 1.29)

At least once a week	1.06	(.92 – 1.21)	1.05	(.86 – 1.29)
Almost everyday	.95	(.85 – 1.08)	.86	(.71 – 1.04)
Frequency of watching television				
Not at all	Ref	Ref	Ref	Ref
Less than once a week	.91	(.74 – 1.14)	1.10	(.90 – 1.35)
At least once a week	1.06	(.87 – 1.28)	1.13	(.89 – 1.43)
Almost everyday	.65	(.55 - .76)***	.90	(.70 – 1.15)
Alcohol consumption				
No	Ref	Ref	Ref	Ref
Yes	.99	(.89 – 1.09)	1.20	(1.03 -1.39)**

*p<.05, **p<.01, ***p<.001, Ref = used as a reference group in logistic regression, -- = not analyzed because those age ranges were not included in the female ZDHS

Discussion

The present study investigated the overall prevalence of endorsement of spousal sexual violence (SSV) as well as examined factors associated with SSV from the perspective of men and women aged 15 to 59 in Zambia. This research is vital to inform an understanding of the pervasive SSV within Zambian society, considering the documented higher rates of IPV [14, 24]. In the present study, first, it was indicated that 36.5% of the women and 11.5% of men endorsed SSV in Zambia. This is consistent with prior studies within Zambia and other African countries that found women to be more likely to approve of IPV, including SSV, which was termed as “wife beating” [14, 40, 43, 77]. Despite this, the lower prevalence rates of endorsing SSV among men should not be mistaken for decreased occurrences of SSV. It is worth noting that men are predominantly the main perpetrators of the majority of incidences of the reported IPV-related cases, which have already been documented in Zambia [40, 42, 66-70, 78]. On the other hand, the higher endorsement of SSV among women is worrying, given that they are predominantly the victims themselves. Thus, this requires a collaborative approach with various stakeholders that includes policymakers, victims of SSV and other gender-based violence, and advocacy groups to address the widespread of SSV, which is a public health crisis. Prior research has found that being

permissive, endorsing, or accepting IPV makes a significant contribution to its perpetration and increases the vulnerability of the victims to some form of SSV [79].

Regarding media use, women who read newspapers/magazines less than once a week, almost every day, and watched television almost every day were more likely to endorse SSV. Conversely, men who read newspapers/magazines less than once a week, at least once a week, and almost every day were less likely to endorse SSV. First, this study is contrary to the prior study in Ghana, which found that women who watched television had lower inclinations to endorse or approve of IPV, such as wife battery (Dickson et al., 2012). Second, given that men are known to be the main perpetrators of IPV [40, 42, 66-70, 78], such a decreased tolerance towards SSV endorsement indicates a positive stance that should be embraced in Zambia. This suggests that various media platforms can serve as effective intervention tools for promoting positive behaviors and disseminating crucial information to prevent SSV while discouraging cultural practices that contribute to the victimization of women. However, it is concerning to note that many women, despite being exposed to information, continue to endorse SSV. This observation highlights the enduring influence of cultural norms perpetuating male dominance, control, and privilege over women. This also underscores the limited progress in combating

gender inequality, which remains highly prevalent in Zambian society [14, 77, 80, 81].

Several studies found heavy alcohol consumption as the most ubiquitous predictor of IPV perpetrated against women in many African countries [14, 49, 82-84]. Alcohol consumption, especially drinking large amounts per occasion, is linked to male-to-female IPV [49-51, 85]. This is similar findings in the current study that found men who drank alcohol to have a higher likelihood of endorsing SSV. However, other studies argue that the role of alcohol use in IPV may vary in different contexts [86, 87]. Large amounts of alcohol consumption can impair cognitive and physical functioning and promote infidelity and aggressive behaviors [48, 56]. Regardless of the effects of alcohol use, some men who have been drinking alcohol may intentionally engage in violence or aggression towards an intimate partner because they expect their behavior to be excused due to their intoxication with alcohol [50]. Prior findings by WHO [88] suggested that drinking can occur without IPV and IPV can occur without alcohol, and the two are sufficiently connected. Therefore, problematic alcohol use reflects broader environmental contexts perpetuating SSV [86].

In regard to gender, this study indicated that both men and women living in rural areas were less likely to endorse SSV compared to those living urban areas in Zambia. These findings must be interpreted cautiously, as not all forms of SSV have been adequately studied in rural communities in Zambia. Henceforth, this may not truly reflect the reality of SSV cases in rural areas where resources are limited. People living in rural areas face disparities in accessing services to intervene against IPV due to a lack of public transportation, requiring them to travel long distances and other important resources in their communities [99]. Prior studies in other countries have suggested that hiding violence may be more successful in most rural areas than urban areas [89, 90]. As a result, many cases related to SSV in rural areas may be

underreported or unreported due to the difficulties associated with documenting such records in Zambia.

The findings of the current study suggested that married women were more likely to endorse SSV, which aligns with previous research [14, 42, 78, 91]. In many cultural contexts, being a woman in a marriage can increase the feelings of powerlessness, vulnerability, and limited decision-making abilities. This is particularly true in societies such as Zambia where women hold subordinate positions or rely on men for financial support [14, 77]. As a result, women may be able to tolerate or accept various forms of SSV in order to preserve their marriages as a means of survival, disregarding the potential long-term physical and psychological consequences. Women who grew up observing domestic violence between their parents in their homes may be more likely to accept SSV as a normal part of their daily lives. This same explanation applies to the connection between being victims of violence and having witnessed parental violence at home during childhood. In contrast, the current study found that married men demonstrated a lower tendency to endorse SSV in Zambia. This could be attributed to the existing power dynamics that exists within marriages or partnerships, where men often hold positions of authority and possess greater influence, privilege, and control over women. Consequently, unlike women, men might have less incentive to endorse SSV to secure favor or financial advantages in the relationship. Notably, the prevailing cultural norms reinforce the idea of female submissiveness to husbands, further solidifying the existing power dynamics including issues that affect intimate relationships in Zambia.

Furthermore, education also emerged as a significant predictor of SSV. This study revealed that women completed at least secondary education or higher were less likely to endorse SSV. In contrast, only men with primary education were found to have a higher likelihood of endorsing SSV. Previous studies conducted in

various African countries consistently highlights the importance of education in promoting self-confidence, self-reliance, decision-making, empowerment, autonomy, and liberation for women, and effectively combating women suppression from IPV [77, 86, 87]. This emphasizes the vital role of education as a preventive measure that can foster positive attitudes and behaviors, particularly in marital or intimate relationships to deter tolerance of SSV. However, the absence of education may possibly have adverse consequences, perpetuating cultural norms that undermine women's autonomy and reinforcing ideologies that condone SSV. Finally, highly educated women possess the added benefits of being exposed to knowledge regarding their rights, freedom, privileges, and the repercussions of various forms of violence. This awareness reduces their inclination to support or tolerate any form of SSV that could undermine their dignity and the respect they rightfully deserve within society.

The results of this study revealed that women who were currently working exhibited a greater inclination to endorse SSV. These findings are surprising since one might expect that financially independent, secure, and empowered women in the workforce would be less tolerant of SSV. This contradicts a previous study by Simona [14], which demonstrated that lack of job opportunities contributes to women's financial dependence on their husbands or partners and makes it harder for them to leave relationships where IPV may be involved. Therefore, it appears that women's acceptance of SSV is not primarily influenced by their financial reliance on their partners or husbands. Instead, cultural values may play a more dominant and influential role in shaping perceptions of IPV-related cases, including SSV, than the economic advantages within relationships.

In terms of religion, this study found that women who were Protestants, Muslims or belonged to other religious groups had lower inclinations to endorse SSV compared to

Catholics. However, religion was not significantly associated with the endorsement of SSV among men in the present study. Religious beliefs and practices may be critical in influencing a person's response to IPV [92-94]. For instance, people connected to the Christian faith may be more likely to use their faith and beliefs as a means to reject IPV [94, 95]. Despite this, some women may choose to stay in the relationship even when their partners are abusive [96] to maintain their religious oath, which is "for better or worse". In 1996, President Fredrick Titus Jacob Chiluba declared Zambia a Christian nation, and Christianity had been widely practiced in Zambia even before this declaration [97, 98]. Since religion is an important part of Zambian society, religious leaders often educate and help their church members to understand IPV dynamics, including the pervasive forms of SSV, and provide support to victims who come forward in their respective churches in the communities. Even in cases where women become victims of IPV, religious beliefs and practices such as prayer or reading the word of God are often used to cope with such ordeals [99-101].

Finally, the present study showed that men in rich category had lower likelihood of endorsing SSV. This is consistent with previous research, although such observations were found in both men and women [77]. When men can handle the financial burden of their families, they may experience fewer frustrations and irritations that often lead to perpetration of IPV [102, 103]. Generally, it is possible that having stable income itself may represent power and can be associated with education or making good, informed decisions that reduces the probability of committing IPV [104, 105]. However, for men in a low-income nation like Zambia, where the majority of people live in poverty [106], alcohol consumption may be used as a coping mechanism for economic pressures, which may subsequently contribute towards endorsement of SSV or other forms of IPV related cases. For instance, men who are poor might consider IPV

as a strategy to alleviate the psychological trauma induced by their low economic status [86]. Previous studies in Uganda that examined the relationship between poverty and IPV found that the prevalence of endorsing IPV among men and women in the highest wealth quintile was less than half the level among those in the lowest wealth quintile [107, 108].

Implications for Practice

First, the practitioners working in domestic violence agencies or advocacy can utilize media platforms such as television and newspapers at the local, community, and national levels because they are effective and protective means of communication for campaigning against IPV in Zambia [72, 73]. Human rights activists can also utilize these media platforms (TV and newspapers) as interventions to disseminate important messages for raising awareness, changing attitudes, and preventing SSV in Zambia. Media, especially newspapers, could be a place where accurate information that calls for prevention of IPV could be disseminated to empower women and men to hold a strong position to end cultural norms and practices that justify the use of violence [109, 110]. Second, at the community level, religious and traditional leaders could serve as agents of change in promulgating awareness of the potential consequences of SSV in their respective churches and community gatherings, especially in rural areas. For instance, religious leaders are often trusted individuals in society, and many victims turn to them when facing life challenges, including SSV [111]. Religious communities have the power to ensure that faith is not manipulated by perpetrators but rather used as a source of community empowerment to foster a healthy and safe environment for victims of SSV. Additionally, traditional leaders can be utilized as change agents because of their influence in their communities to speak against issues, attitudes and cultures that promote the occurrences and justification of SSV, especially in rural areas [112, 113]. Traditional leaders are

the heads of their communities, leading in crucial decision-making, and are custodians of traditions, rites, mores, norms, and values. Other non-governmental organizations, such as CARE International and Zambian Women for Change (WFC) and many other charitable organizations involved in domestic violence prevention can work in collaboration with traditional or religious leaders to address cultural practices that promote gender-based violence, and work on promoting gender equality in Zambia.

Implications for Policy

First, since the passing of the Anti-Gender-Based Violence Act in 2011 and the National Gender Policy in 2014, there has been little change in the decrease of IPV cases in Zambia [114-117]. Although Zambian law prohibits IPV, the state and its informal agents have little ability to detect and address sexual violence victims until bystanders come forward to report the incidents. Hence, the prevention of SSV against women shares much in common with persistent policy problems in Zambia. As such, there is a dire need for Zambian government and NGOs to work together to plan, implement, and evaluate domestic violence laws and policies. In addition, NGOs, and responsible government agencies such as police services must involve the affected victims of IPV-related cases in crucial decision-making and programming for interventions. These collaborative and community-engaged efforts with other organizations, government agencies, and international communities, including the victims, can help identify significant challenges and possibly implement policies that effectively reduce the incidences of SSV. Second, alcohol consumption is well-known risk factor that contributes to IPV related cases in Zambia [118-119]. In 2018, the government of Zambia introduced the Alcohol Implementation Plan to achieve a safe, healthy, and productive nation free of alcohol-related harms [120]. Despite this, there are still inadequate and effective alcohol use regulations or alcohol policing in Zambia.

First, excessive alcohol use is influenced by the price of alcohol, primarily determined by government policy on taxation systems. Previous studies suggested that increasing the cost of alcohol, either through taxation or market forces, could help reduce the amount of alcohol use by men who perpetrate alcohol related IPV [50, 55, 121, 122]. Therefore, combining alcohol and IPV intervention/policy approaches at the individual and community levels may present the best opportunity for effectively raising awareness of IPV as part of the strategy to prevent SSV, which results from heavy drinking and unregulated alcohol use by the government.

Implications for Research

There is a need for research to explore the roles that cultures, traditions, and religion play in influencing the acceptability and promotion of SSV, especially targeting married men and women in Zambia. This should include specific cultural beliefs internalized and externalized within variations of cultures in Zambia, in urban and rural areas. This is in line with Fine and colleagues (2019) who suggested that more research is needed to focus on local conceptualizations of gender norms, views, practices, and relationships and conduct an in-depth exploration of IPV or SSV. This could unravel various forms of discrepancies that may hinder informed decision-making based on cultural factors that may trigger or promote endorsement of SSV. Further research is warranted to understand men's perspectives on IPV rather than focusing solely on female victims. This balanced research approach would enhance our understanding of the triggers that cause men to engage in SSV and further understand how to collaborate with victims and perpetrators to identify possible solutions to mitigate SSV cases. Finally, more research is needed to specifically investigate the use of alcohol and its effects on promoting gender-based violence. Alcohol consumption is still a common predictor of IPV cases in African countries, including Zambia [82]. Nevertheless,

the causal link between alcohol use and SSV is confounding due to cultural differences and interpretations of alcoholism. It remains unclear whether alcohol use causes violence against women or whether the desire to commit IPV causes alcohol use [14]. Therefore, understanding these differences will help fill the gaps in the existing literature and suggest interventions to change attitudes towards endorsement of SSV in the Zambian society as well as other African countries where such issues are still prevailing.

Limitations of the Study

The current study has both limitations worth noting. This study utilized a cross-sectional study design in the DHS, which restricts the ability to establish causal relationships between variables. This study relied on secondary data which limited the selection variables that were available in the dataset and excluded other forms of IPV as well as other factors such as physical, psychological, and economic violence that could influence SSV. Thus, this study provides only a snapshot of a few variables related to the endorsement of SSV among males and females in Zambia. This study relied on self-reported answers from the respondents, which may introduce biases, and the researchers' presence could have influenced the results. Due to cultural differences and other many underlying factors, it is likely that sensitive topics like endorsement of SSV were underreported, leading to the potential underestimation of the prevalence of SSV among the selected sample population. Despite these limitations, the use of DHS data offers significant strengths. The survey employed probability sampling, ensuring the representativeness of participants from the entire country, and allowing for the generalization of the findings to the whole population. The standardized format of the DHS survey facilitates compatibility within and between countries, as well as across repeated surveys. Finally, data were collected through a carefully designed questionnaire by highly experienced

teams of researchers with extensive training, knowledge and supervision, ensuring that the quality of the information was obtained.

Conclusions

In summary, the findings of this study underscore the prevalence of SSV endorsement, revealing notable gender disparities, with 36.5% of women and 11.5% of men acknowledging such attitudes. In rural areas, marital status, educational background, and media consumption patterns were identified as significant factors associated with SSV endorsement across both genders. While employment, religion, and media habits played a role exclusively among women, wealth status and alcohol consumption were uniquely associated with SSV endorsement among men in Zambia. To counteract the endorsement of SSV, it is imperative to leverage media platforms such as newspapers, magazines, and television to promote positive behaviors and discourage tolerance toward SSV endorsement. A comprehensive approach involves engaging various stakeholders, including religious and traditional leaders, along with NGOs specializing in domestic violence, to address cultural norms, practices, and behaviors that contribute to SSV endorsement. Implementing

References

- [1] Pallitto, C.C., et al., Intimate partner violence, abortion, and unintended pregnancy: results from the WHO Multi-country Study on Women's Health and Domestic Violence. *International Journal of Gynecology & Obstetrics*, 2013. 120(1): p. 3-9.
- [2] WHO. Global and regional estimates of violence against women. 2013 [cited 2023 June 14th]; Available from: <https://www.who.int/publications/i/item/9789241564625>.
- [3] Wake, A.D. and U.R. Kandula, The global prevalence, and its associated factors toward domestic violence against women and children during COVID-19 pandemic—"The shadow pandemic": A

stringent measures and policies to combat gender-based violence and alcohol abuse is crucial for reducing both the incidence and endorsement of SSV. Furthermore, future research should broaden its focus by exploring men's perspectives on SSV endorsement, extending beyond a singular focus on female victims to understand the experiences of men who may also fall victim to SSV. This inclusive approach will contribute to a more comprehensive understanding of the dynamics surrounding SSV and inform more effective strategies for prevention and intervention.

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review of cross-sectional studies. *Women's Health*, 2022. 18: p. 17455057221095536.

[4] Lee, Y.S., M. Behn, and K.M. Rexrode, Women's health in times of emergency: We must take action. *Journal of Women's Health*, 2021. 30(3): p. 289-292.

[5] Giudice, L.C., et al., Climate change, women's health, and the role of obstetricians and gynecologists in leadership. *International Journal of Gynecology & Obstetrics*, 2021. 155(3): p. 345-356.

[6] Shukla, S., J.A. Ezebuihe, and J.I. Steinert, Association between public health emergencies and Sexual and reproductive health, gender-based violence, and early marriage among adolescent girls: a rapid review. *BMC Public Health*, 2023. 23(1): p. 1-14.

- [7] Weiss, H.A., et al., Spousal sexual violence and poverty are risk factors for sexually transmitted infections in women: a longitudinal study of women in Goa, India. *Sexually transmitted infections*, 2008. 84(2): p. 133-139.
- [8] Waltermaurer, E., Public justification of intimate partner violence: A review of the literature. *Trauma, Violence, & Abuse*, 2012. 13(3): p. 167-175.
- [9] WHO. Violence Against Women. 2017 [cited 2017 June 14th]; Available from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.
- [10] Gohari, M.A., et al., Prevalence of domestic violence against women and its visibility in southeast Iran. *Iranian Journal of Public Health*, 2023. 52(3): p. 646.
- [11] Cantor, D., et al., Report on the AAU campus climate survey on sexual assault and sexual misconduct. 2015, Association of American Universities Washington, DC.
- [12] Kalichman, S.C., et al., Gender attitudes, sexual violence, and HIV/AIDS risks among men and women in Cape Town, South Africa. *Journal of Sex Research*, 2005. 42(4): p. 299-305.
- [13] Krebs, C.P., et al., The sexual assault of undergraduate women at Historically Black Colleges and Universities (HBCUs). *Journal of Interpersonal Violence*, 2011. 26(18): p. 3640-3666.
- [14] Simona, S., M. Muchindu, and H. Ntalasha, Intimate Partner Violence (IPV) in Zambia: Socio-demographic Determinants and Association with Use of Maternal Health Care. *Int'l J. Soc. Sci. Stud.*, 2018. 6: p. 42.
- [15] Watts, C.H., et al., Sexual violence and conflict in Africa: prevalence and potential impact on HIV incidence. *Sexually transmitted infections*, 2010. 86(Suppl 3): p. iii93-iii99.
- [16] Abramsky, T., et al., What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, 2011. 11(1): p. 1-17.
- [17] Adebowale, A.S., Spousal age difference and associated predictors of intimate partner violence in Nigeria. *BMC Public Health*, 2018. 18(1): p. 1-15.
- [18] Svalin, K. and S. Levander, The predictive validity of intimate partner violence risk assessments conducted by practitioners in different settings—a review of the literature. *Journal of Police and Criminal Psychology*, 2020. 35: p. 115-130.
- [19] Lee, S. and E. Lee, Predictors of intimate partner violence among pregnant women. *International Journal of Gynecology & Obstetrics*, 2018. 140(2): p. 159-163.
- [20] Carpenter, R.K. and J.D. Stinson, Neighborhood-level predictors of sexual violence across intimate partner and non-intimate partner relationships: a case-control study. *Sexual Abuse*, 2022. 34(6): p. 716-743.
- [21] Koris, A., et al., Opportunities and challenges in preventing violence against adolescent girls through gender transformative, whole-family support programming in Northeast Nigeria. *Conflict and Health*, 2022. 16(1): p. 1-15.
- [22] Okenwa, L. and S. Lawoko, Social indicators and physical abuse of women by intimate partners: A study of women in Zambia. *Violence and Victims*, 2010. 25(2): p. 278-288.
- [23] Okenwa, L.E., S. Lawoko, and B. Jansson, Exposure to intimate partner violence amongst women of reproductive age in Lagos, Nigeria: Prevalence and predictors. *Journal of Family Violence*, 2009. 24: p. 517-530.
- [24] Lawoko, S., Predictors of attitudes toward intimate partner violence: A comparative study of men in Zambia and Kenya. *Journal of Interpersonal Violence*, 2008. 23(8): p. 1056-1074.
- [25] Krupa, E., et al., Catalyzing Action on Intimate Partner Violence Against Pregnant Adolescent Girls Adolescent girls and Young Women in Zambia, in Young People, Violence and Strategic Interventions in Sub-Saharan Africa. 2023, *Springer*. p. 163-185.
- [26] Zegeye, B., et al., Understanding the factors associated with married women's attitudes towards wife-beating in sub-Saharan Africa. *BMC Women's Health*, 2022. 22(1): p. 1-11.
- [27] Arthur-Holmes, F., et al., Intimate partner violence and pregnancy termination among women in Sub-Saharan Africa. *Journal of Interpersonal Violence*, 2023. 38(1-2): p. 2092-2111.

- [28]El-Bassel, N., et al., Intertwined epidemics: progress, gaps, and opportunities to address intimate partner violence and HIV among key populations of women. *The Lancet HIV*, 2022.
- [29]Coll, C.V., et al., Intimate partner violence in 46 low-income and middle-income countries: an appraisal of the most vulnerable groups of women using national health surveys. *BMJ Global Health*, 2020. 5(1): p. e002208.
- [30]Muluneh, M.D., et al., Gender based violence against women in sub-Saharan Africa: a systematic review and meta-analysis of cross-sectional studies. *International Journal of Environmental Research and Public Health*, 2020. 17(3): p. 903.
- [31]Beres, L.K., et al., Intimate partner violence poly victimisation and HIV among coupled women in Zambia: Analysis of a population-based survey. *Global Public Health*, 2020. 15(4): p. 558-570.
- [32]Muchomba, F.M., Sex composition of children and spousal sexual violence in sub-Saharan Africa. *Maternal and Child Health Journal*, 2019. 23: p. 1130-1139.
- [33]Farrell, A.-M., et al., Regulating tech-sex and managing image-based sexual abuse: an Australian perspective. *Information & Communications Technology Law*, 2022: p. 1-18.
- [34]Obagboye, T. and S. James, Preventing Gender-Based Violence in Africa (Nigeria And Ethiopia); Socio-Legal Considerations. *Irish International Journal of Law, Political Sciences and Administration*, 2022. 6(5).
- [35]Aho, N., M. Gren-Landell, and C.G. Svedin, The prevalence of potentially victimizing events, poly-victimization, and its association to sociodemographic factors: A Swedish youth survey. *Journal of Interpersonal Violence*, 2016. 31(4): p. 620-651.
- [36]United Nations Human Right. Women's Rights are Human Rights. 2014 June 9th, 2023]; Available from: <https://www.ohchr.org/documents/events/whrd/womenrightsarehr.pdf>.
- [37]Aborisade, R.A., On the 'darkness of dark figure'of sexual crimes: Survivors' rape reporting experiences with the Nigerian police. *International Journal of Law, Crime and Justice*, 2023. 73: p. 100576.
- [38]Jere, V., Causes of Gender-Based Violence in Mtenguleni and Madzimawe Villages of Chipata District. 2022.
- [39]Shikupilwa, A., Everyday Violence and Women's Lives in Zambia: An Autoethnography. 2018.
- [40]Payton, E., et al., Women's perceptions of intimate partner violence in Zambia. *Violence and Gender*, 2019. 6(4): p. 219-226.
- [41]Ajayi, C.E., K. Chantler, and L. Radford, The role of cultural beliefs, norms, and practices in Nigerian women's experiences of sexual abuse and violence. *Violence against women*, 2022. 28(2): p. 465-486.
- [42]Shezongo-Macmillan, J., Women, and L.i.S.A.T. Zambia, Women's sexual and reproductive rights and HIV/AIDS transmission in Zambia. 2007: Women and Law in Southern Africa Research and Educational Trust-Zambia.
- [43]Fine, S.L., et al., The role of violence acceptance and inequitable gender norms in intimate partner violence severity among couples in Zambia. *Journal of Interpersonal Violence*, 2021. 36(19-20): p. NP10744-NP10765.
- [44]Murray, S.M., et al., A qualitative exploration of mechanisms of intimate partner violence reduction for Zambian couples receiving the Common Elements Treatment Approach (CETA) intervention. *Social Science & Medicine*, 2021. 268: p. 113458.
- [45]Tadesse, G. and B. Yakob, Risky sexual behaviors among female youth in Tiss Abay, a semi-urban area of the Amhara Region, Ethiopia. *PLoS One*, 2015. 10(3): p. e0119050.
- [46]Backe, E.L., E. Bosire, and E. Mendenhall, "Drinking Too Much, Fighting Too Much": The Dual "Disasters" of Intimate Partner Violence and Alcohol Use in South Africa. *Violence against women*, 2022. 28(10): p. 2312-2333.
- [47]Steele, M.E., et al., A test of General Strain Theory: Explaining intimate partner violence and alcohol use among black women. *Feminist criminology*, 2022. 17(2): p. 163-184.
- [48]Bello, B., et al., Alcohol use and sexual risk behaviour among men and women in inner-city

- Johannesburg, South Africa. *BMC Public Health*, 2017. 17: p. 65-75.
- [49]Foran, H.M. and K.D. O'Leary, Alcohol, and intimate partner violence: A meta-analytic review. *Clinical psychology review*, 2008. 28(7): p. 1222-1234.
- [50]Wilson, I.M., K. Graham, and A. Taft, Alcohol interventions, alcohol policy and intimate partner violence: a systematic review. *BMC Public Health*, 2014. 14: p. 1-11.
- [51]Graham, K., et al., Alcohol may not cause partner violence, but it seems to make it worse: A cross national comparison of the relationship between alcohol and severity of partner violence. *Journal of interpersonal violence*, 2011. 26(8): p. 1503-1523.
- [52]Kane, J.C., et al., Concordance of self-and partner-reported alcohol consumption among couples experiencing intimate partner violence in Zambia. *Alcoholism: Clinical and Experimental Research*, 2019. 43(12): p. 2568-2577.
- [53]Gaskins, J.L., The Impact of Gender, Sexual Orientation, and Victim Injury Severity on Perceptions of Intimate Partner Violence. 2013.
- [54]Carels, C., et al., Youths' perceptions of the relation between alcohol consumption and risky sexual behaviour in the Western Cape, South Africa: a qualitative study. *Child Indicators Research*, 2022. 15(4): p. 1269-1293.
- [55]Babor, T.F., et al., Alcohol: no ordinary commodity: research and public policy. 2022.
- [56]Rehm, J., et al., Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *The lancet*, 2009. 373(9682): p. 2223-2233.
- [57]Lloyd, S. and S. Ramon. Media representations of intimate partner domestic violence (IPDV) and mental health issues: a UK Case Study. in Conference: Domestic Violence and Mental Health: *Empowering Women and Professionals*. 2013.
- [58]Sidiq, A., Function of Mass Communication in the Social Development of Afghanistan. *Integrated Journal for Research in Arts and Humanities*, 2022. 2(4): p. 134-139.
- [59]Guðjónsdóttir, R.Á. and J. Ingvar Kjaran, Discourses on fathers who use intimate partner violence: an example from Icelandic mass media. *Norma*, 2023: p. 1-17.
- [60]Copeland, D.A., Newspapers in the Americas. The function of newspapers in society: a global perspective, 2003: p. 103-126.
- [61]Consalvo, M., "3 shot dead in courthouse": Examining news coverage of domestic violence and mail-order brides. *Women's Studies in Communication*, 1998. 21(2): p. 188-211.
- [62]Berns, N., "My problem and how I solved it": Domestic violence in women's magazines. *The Sociological Quarterly*, 1999. 40(1): p. 85-108.
- [63]Bullock, C.F. and J. Cubert, Coverage of domestic violence fatalities by newspapers in Washington State. *Journal of Interpersonal Violence*, 2002. 17(5): p. 475-499.
- [64]Vives-Cases, C., J. Torrubiano-Domínguez, and C. Álvarez-Dardet, The effect of television news items on intimate partner violence murders. *The European Journal of Public Health*, 2009. 19(6): p. 592-596.
- [65]Sutherland, G., et al., Mediated representations of violence against women in the mainstream news in Australia. *BMC Public Health*, 2019. 19: p. 1-8.
- [66]Jabbi, A., et al., Prevalence and factors associated with intimate partner violence against women in The Gambia: a population-based analysis. *Women & Health*, 2020. 60(8): p. 912-928.
- [67]Edwards, K.M. and C.M. Dardis, Disclosure recipients' social reactions to victims' disclosures of intimate partner violence. *Journal of Interpersonal Violence*, 2020. 35(1-2): p. 53-76.
- [68]Hardesty, J.L. and B.G. Ogolsky, A socioecological perspective on intimate partner violence research: A decade in review. *Journal of marriage and family*, 2020. 82(1): p. 454-477.
- [69]Alsawalqa, R.O., A qualitative study to investigate male victims' experiences of female-perpetrated domestic abuse in Jordan. *Current psychology*, 2023. 42(7): p. 5505-5520.
- [70]Walker, A., et al., Male victims of female-perpetrated intimate partner violence, help-seeking, and reporting behaviors: A qualitative study. *Psychology of Men & Masculinities*, 2020. 21(2): p. 213.

- [71]Zambia Statistics Agency, M.o.H.Z. and ICF, Zambia demographic and health survey 2018. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, Ministry of Health, and ICF, 2019.
- [72]Phiri, B., The Role of Mass Media as a Tool for Public Enlightenment in Achieving the Sustainable Development Goals in Lusaka. 2021, Cavendish University.
- [73]Mukuka, N., Gender Based Violence Against Men in Bauleni Compound of Lusaka, Lusaka Province. 2021, Cavendish University.
- [74]Sterne, J.A., et al., Multiple imputation for missing data in epidemiological and clinical research: potential and pitfalls. *BMJ*, 2009. 338.
- [75]George, D., and P. Mallery, IBM SPSS statistics 27 step by step: A simple guide and reference. 2021: Routledge.
- [76]Zambia Demographic and Health Survey. Central Statistics Office, Ministry of Health, Lusaka, Zambia. 2007 [cited 2021 November 23rd]; Available from: http://www.measuredhs.com/pubs/pdf/FR211/FR211_1_revised-05-12-2009.pdf.
- [77]Dickson, K.S., E.K. Ameyaw, and E.K.M. Darteh, Understanding the endorsement of wife beating in Ghana: evidence of the 2014 Ghana demographic and health survey. *BMC Women's Health*, 2020. 20(1): p. 1-7.
- [78]Murray, T., Overview, and summary: Addressing social determinants of health: Progress and opportunities. *OJIN: The Online Journal of Issues in Nursing*, 2018. 23(3).
- [79]Chirwa, E.D., et al., Prevalence and risk factors of physical or sexual intimate violence perpetration amongst men in four districts in the central region of Ghana: Baseline findings from a cluster randomised controlled trial. *PloS one*, 2018. 13(3): p. e0191663.
- [80]Dover, P., Gender, and embodiment: Expectations of manliness in a Zambian village. African masculinities: Men in Africa from the late nineteenth century to the present, 2005: p. 173-187.
- [81]Simpson, A., Sons, and fathers/boys to men in the time of AIDS: Learning masculinity in Zambia. *Journal of Southern African Studies*, 2005. 31(3): p. 569-586.
- [82]Kimuna, S.R. and Y.K. Djamba, Gender based violence: Correlates of physical and sexual wife abuse in Kenya. *Journal of Family Violence*, 2008. 23: p. 333-342.
- [83]Gass, J.D., et al., Gender differences in risk for intimate partner violence among South African adults. *Journal of Interpersonal Violence*, 2011. 26(14): p. 2764-2789.
- [84]Ghose, B. and S. Yaya, Experience of intimate partner violence and help-seeking behaviour among women in Uganda. *Psych*, 2019. 1(1): p. 182-192.
- [85]White, H.R. and P.-H. Chen, Problem drinking and intimate partner violence. *Journal of Studies on Alcohol*, 2002. 63(2): p. 205-214.
- [86]Fulu, E., et al., Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations multi-country study on men and violence in Asia and the Pacific. 2013.
- [87]Fulu, E., et al., Why Do Some Men Use Violence Against Women and How Can We Prevent it? 2013.
- [88]World Health Organization [WHO], Global Status Report on Alcohol and Health. 2011, Geneva, Switzerland: World Health Organization.
- [89]Murty, S.A., et al., Physical and emotional partner abuse reported by men and women in a rural community. *American Journal of Public Health*, 2003. 93(7): p. 1073-1075.
- [90]Peek-Asa, C., et al., Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health*, 2011. 20(11): p. 1743-1749.
- [91]Kusanthan, T., S. Mwaba, and J. Menon, Factors affecting domestic violence among married women in Zambia. *British Journal of Education, Society & Behavioural Science*, 2016. 12(2): p. 1-13.
- [92]Drumm, R., et al., "God just brought me through it": Spiritual coping strategies for resilience among intimate partner violence survivors. *Clinical Social Work Journal*, 2014. 42: p. 385-394.
- [93]Ware, K.N., H.M. Levitt, and G. Bayer, May God help you: Faith leaders' perspectives of intimate partner violence within their communities. *Journal of Religion & Abuse*, 2004. 5(2): p. 55-81.
- [94]Davis, M. and M. Johnson, exploring black clergy perspectives on religious/spiritual related domestic violence: First steps in facing those who

- wield the sword abusively. *Journal of Aggression, Maltreatment & Trauma*, 2021. 30(7): p. 950-971.
- [95] Koch, J.R. and I.L. Ramirez, Religiosity, Christian fundamentalism, and intimate partner violence among US college students. *Review of Religious Research*, 2010: p. 402-410.
- [96] Wang, M.-C., et al., Christian women in IPV relationships: An exploratory study of religious factors. *Journal of Psychology and Christianity*, 2009. 28(3): p. 224.
- [97] Kafunda, C., An investigation on the declaration of Zambia as a Christian nation and its contribution to peace and conflict resolution. 2022, The University of Zambia.
- [98] Dube, S.I., Praying for Change in the Nations: Prayer, Politics, and Power in Sub-Saharan Africa. *Journal of Church and State*, 2021. 63(3): p. 396-418.
- [99] Chaudhry, T. and L. Cattaneo, Religious Help-Seeking in Survivors of Intimate Partner Violence. *Journal of Family Violence*, 2023: p. 1-13.
- [100] Istratii, R. and P. Ali, A multi-sectoral evidence synthesis on religious beliefs, intimate partner violence and faith-based interventions. 2022.
- [101] Istratii, R. and P. Ali, A Scoping Review on the Role of Religion in the Experience of IPV and Faith-Based Responses in Community and Counseling Settings. *Journal of Psychology and Theology*, 2023: p. 00916471221143440.
- [102] Doku, D.T. and K.O. Asante, Women's approval of domestic physical violence against wives: analysis of the Ghana demographic and health survey. *BMC Women's Health*, 2015. 15: p. 1-8.
- [103] Owusu Adjah, E.S. and I. Agbemaflé, Determinants of domestic violence against women in Ghana. *BMC Public Health*, 2016. 16(1): p. 1-9.
- [104] Darteh, E.K.M., et al., Justification of physical intimate partner violence among men in sub-Saharan Africa: a multinational analysis of demographic and health survey data. *Journal of Public Health*, 2021. 29: p. 1433-1441.
- [105] Darteh, E.K.M., D.T. Doku, and K. Esia-Donkoh, Reproductive health decision making among Ghanaian women. *Reproductive Health*, 2014. 11(1): p. 1-8.
- [106] Milimo, J., et al., Economic support, education and sexual decision making among female adolescents in Zambia: a qualitative study. *BMC Public Health*, 2021. 21(1): p. 1-8.
- [107] Hindin, M.J. and L.S. Adair, Who's at risk? Factors associated with intimate partner violence in the Philippines. *Social Science & Medicine*, 2002. 55(8): p. 1385-1399.
- [108] Hindin, M.J., Adolescent childbearing and women's attitudes towards wife beating in 25 sub-Saharan African countries. *Maternal and Child Health Journal*, 2014. 18: p. 1488-1495.
- [109] Rolle, L., et al., Domestic violence and newspaper: an explorative study. *Procedia-social and Behavioral Sciences*, 2014. 127: p. 504-508.
- [110] Haider-Markel, D.P. and M.R. Joslyn, Gun policy, opinion, tragedy, and blame attribution: The conditional influence of issue frames. *Journal of Politics*, 2001. 63(2): p. 520-543.
- [111] Alpert, E., A. Miles, and V. Coffey, Responding to domestic violence: An interfaith guide to prevention and intervention. Chicago: The Chicago metropolitan battered women's network, 2005.
- [112] Sikweyiya, Y., et al., Patriarchy and gender-inequitable attitudes as drivers of intimate partner violence against women in the central region of Ghana. *BMC Public Health*, 2020. 20: p. 1-11.
- [113] Slakoff, D.C., W. Aujla, and E. PenzeyMoog, the role of service providers, technology, and mass media when home isn't safe for intimate partner violence victims: best practices and recommendations in the era of Covid-19 and beyond. *Archives of Sexual Behavior*, 2020: p. 1-10.
- [114] Chinambu, K.K., Gender based Violence in Zambia: The Ineffective Enforcement of the Anti-Gender based Violence Act of 2011. *Journal of Legal Studies & Research*, 2023. 9(2): p. 127-133.
- [115] Kabeya, E., A Critical Examination of The Anti-Gender Based Violence Act and Marital Rape In Zambia. 2021, Cavendish University.
- [116] Lwatula, M., Gender-based violence in Zambia: a post-colonial feminist critique. 2019, University of Sussex.
- [117] Brundige, E. and T. Banda, when criminal law is not enough Toward a holistic approach to gender-based violence prevention and response in Zambia and beyond, in *The Routledge Handbook of African Law*. 2021, *Routledge*. p. 392-406.

[118]Ngonga, Z., Factors contributing to physical gender based violence reported at Ndola Central Hospital, Ndola, Zambia: A case control study. *Medical Journal of Zambia*, 2016. 43(3): p. 145-151.

[119]Paul, R., J. Ncheka, and N. Hammerstein, Increasing problem of alcohol abuse among the Zambian population in the Psychiatric Setting. 2017.

[120]Ministry of Health. Attain the goal of circumcising 2 000 000 males by the year 2020. 2019 [cited 2019 November 23rd]; Available from: <https://www.moh.gov.zm/?p=5842>.

[121]Babor, T., Alcohol: no ordinary commodity: research and public policy. 2010.

[122]Markowitz, S., The price of alcohol, wife abuse, and husband abuse. *Southern Economic Journal*, 2000. 67(2): p. 279-303.